SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

| By the lodgement of this report to the insurers, you haforesaid. | nereby consent to the archiving of this report at the centre and to copies of the report being made available |
|--|---|
| | ACCIDENT STATEMENT |
| Date Of Report | 26/06/2018 11:09 |
| Date Of Accident | 25/06/2018 08:40 |
| Exact Location Of Accident | ALONG AYE TOWARDS TUAS (KENT RIDGE) |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SKJ7828A |
| Insured/Policyholder | |
| Name Of Registered Owner | SEW-EURODRIVE PTE LTD |
| Co Reg No | 198105464C |
| Email Address | MINGCHAI.TNG@SEW-EURODRIVE.COM |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-97270944 |
| Vehicle Particulars | |
| Manufacturer | VOLKSWAGEN |
| Model | CC TSI-1.8 (A) |
| Exact Purpose for which vehicle was being time of accident | g used at |

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

AXA INSURANCE PTE LTD Name of Insurance Company

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number

Cover Note Number

Driver

Name of Driver TNG MING CHAI NRIC No S7201939C Date Of Birth 24/01/1972 Occupation INDOOR **Date Of Driving Pass** 15/10/1993

Driving Experience 24 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97270944

Fax Number

Contact Number

EMail Address MINGCHAI.TNG@SEW-EURODRIVE.COM Address 74A REDHILL ROAD #23-44

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

NO 1

YES

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 65470000 - **FAX NO**:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

REFER TO ATTACHMENT FILE

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLV4354U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJN5116A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJH6732X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TNG MING CHAI

Approximate Age Injuries Sustain

Injured person in which vehicle? SKJ7828A

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material factor allow insurance companies to repudiate policy liability.
- 4. The saue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies
- 5. Any false reporting may be referred to the Police for investigation
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the Seneral insurance Has Selected.
- of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

l understand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use: discusse and/or process my personal data/personal information set out in this [form] and any other personal information provided by me 31 possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all the who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' law yers/law firms, the Monetary Authority of Singapore and any resevant government agency/authority (such as the police), for the purpose(s) of
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations response the clams.
- (s) investigating the accident and/or my claims:
- (iii) carrying out and/or dealing with my instructions or responding to any enquines by me
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could invo disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers law versitaw firms, may/are permitted to collaboration. use, disclose and/or process my Personal information for one or more of the above Purposes, and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sted outside of Singapore, for one or more of the above Purposes

Policyholder's Signature / Date & Time

Driver's Signature (# driver is not the policyholder) - Daile

Witnessed by Procesno

Sketch Plan

AXE TOWARDS Tuas (Kent Ridge 4-

A - SLJ 7828A D = SJH 6732X B = SLV 4354U - SIN TILLA

AXA INSURANCE PTE LTD 8 Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Service Centre #B1-01 Tel:(65)63387288 Fax:(65)63382522 Website:www.axa.com.sg GST Registration Number: 199903512M customer.service@axa.com.sg



CERTIFICATE OF INSURANCE

■Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) ■Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960 ■Road Transport Act. 1987 (Malaysia) ■Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Account No.: 13820 CERTIFICATE NO. : VPA/P1329243

Coverage : Comprehensive

Sum Insured : Market Value At The Time Of Loss

: SEW-EURODRIVE PTE LTD Name of Policy Holder

Vehicle Registration No. : SKJ7828A

: From 06/12/2017 To 05/12/2018 (Both Dates Inclusive) Period of Insurance

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

LIMITATIONS AS TO USE*

Use only for social, domestic and pleasure purposes and for the Policyholder's business The Policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade. (03)

Basic Own Damage Excess

An Additional Excess is applicable as follows: \$\$500.00 for Unnamed Authorized Driver &/or Declared Young & Inexperienced Driver. \$\$5,000.00 for Undeclared Young and Inexperienced Driver. (Please refer to your policy on the terms & conditions)

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

N.B : (Private Car Only)

You have signed an Undertaking to use exclusively AXA Premium Workshops for all your accident repairs insured by AXA.

Basic Own Damage Excess for Insured & Named Drivers is reduced as follows:

. 50% NCD - Nil Excess . 0% - 40% - Excess Halved

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOMOHA on 25/11/2017

IMPORTANT:
Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap.

189). The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and

Page 5 of 29

Sketch Plan #3 Pg. 1

INSURANCE PTE LTD nton Way, #24-01 Tower, Singapore 068811 stomer Service Centre #B1-01 el:(65)63387288 Fax:(65)63382522 Website:www.axa.com.sg GST Registration Number: 199903512M customer.service@axa.com.sg



Private Cars COMP POLICY SCHEDULE RENEWAL Original

| POLICY INFORMATION | Policy No. : VPA/P1329243 |
|-----------------------------|--|
| Source | : (01) 13820 ARF AP) PTE LTD(VW-ENHANCED) |
| Insured | : SEW-EURODRIVE PTE LTD |
| Address Business/Profession | : 9 TUAS DRIVE 2 JURONG SINGAPORE 638694 : MANUFACTURING AUTOMATION MACHINERY |
| Business/Fioression | Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance. |

Period of Insurance : From 06/12/2017 To 05/12/2018 (Both Dates Inclusive)

Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.

PREMIUM

Premium After 50.00%: SGD 1,564.28

W/Shop Disc : SGD 234.64 Prem

15.00%

Driver Disc : SGD 78.21 Safe

5.00%

A

7.00% : SGD 87.60 GST : SGD 1,339.03 Annual Premium : SGD 1,339.03

Total Payable

RISK DETAILS THE MOTOR VEHICLE

: Comprehensive Type Of Cover

: SKJ7828A Regn No. Type Of Use : Private Car

: VOLKSWAGEN CC 1.8 TSI

Make/Model

Seating Capacity (excl. Driver) : 04 Year of Manufacture : 2012 Engine C.C. : 1798 : SALOON Body Type

Chassis No. : WVWZZZ3CZCE702764 : CDA2864161 Engine No.

Insured's Estimated : Market Value At The Time Of Loss (including Accessories and Spare Parts) Market Value

Limitations as to Use: As specified in Certificate of Insurance

Limits (SGD) Premium (SGD) Extra Coverage (Premium Breakdown)

NCD Protector

VW Replacement Car-Loss of Use

: SGD Basic Own Damage Excess

Named Drivers

1 TNG MING CHAI

Page 1

Sketch Plan #4 Pg. 1

Driver: SKJ 7828A - VW CC.





Hp: 9692 5981

Email: mingchairting@ sew-eurodrive-com

Weather Condition: christing

Road Condition: wet

No. of Person: 1





Sketch Plan #6 Pg. 1

| Time | CUMStances of the Accident |
|--------|--|
| Ol . | 0820 hrs AYE Towards Tuns (Vin Kent Ridge NUH). 25/06/2018. |
| Place. | 25/06/2018 |
| Those: | g = 701 B; |
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I/We declare the foregoing particulars are true in ever

Policyholder's Signature / Date & Time

Oriver's Signature (if driver is not the policyholder) / Date & Time

Witnessed ov Reportin





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20180626/7004

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch plan

| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
|--|--|
| Signature Of Interpreter: Not applicable | Date/Time: 26/06/2018 10:56 |
| Officer In Charge Of Case: TP / TPHQ / MUHAMMAD KHAIRIL BIN KAMAL Contact No.: 65476131 | Classification Of Case: |





T/20180626/7004

3 of 4

Report No. T/20180626/7004

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

| Driver | | | | 200 | | |
|---------------------------------------|-------------|-----------|-------------------------------------|--------|-----------------------------------|-----|
| Name | Lee Bee Pin | | ID No. | | NIL | |
| Related Vehicle | NIL | | | Conta | ct No. | NIL |
| Hospital/Clinic | NIL | | Class Drivin Licend Expiry | g | Class: NIL Date of Expiry: NIL | |
| Date Treatment | NIL | Date Disc | harge | NIL | | |
| No. of Days granted Medical Leave NIL | | | Degree of | Injury | NIL | |

Brief Details.

I was driving my vehicle (SKJ7828A) along AYE towards Tuas (Kent Ridge) at lane 1. Due to heavy traffic condition, I slowed down my vehicle and come to a stop due to the front vehicles slowing down and stopping. When I stopped my car, the vehicle (SLV4354U) hit on the rear of my car. When I came out to confront the driver, I realised there are 2 more cars involved (SJN5116A) and (SJH6732X). We exchange drivers particulars for the involved parties. The traffic police arrived.

After leaving the scene, I felt discomfort on my back and went to A&E Tan Tock Seng to see a doctor.

SLV4354U : Chan Hock Meng @ 81573944 SJN5116A : Lee Bee Pin @ 97508221 SJH6732X : Philip Leow @ 81807510





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 4 Report No. T/20180626/7004

REPORT OF A TRAFFIC ACCIDENT

| Date/Time 26/06/2018 | | ide: | Vide Report No.: | | Station Diary No.: |
|--------------------------------|------------|---------------------------|---|--------------|--------------------|
| Informant | s Particul | ars | | | |
| Name of In | | | Address: APT BLK 74A REDHILL ROAI | D #23-44 SIN | NGAPORE 151074 |
| ID Type / II NRIC NO / | |)C | Contact No.: Home/Office: | Mobile: 96 | 925981 |
| Nationality SINGAPOR | | N | Email: tngcalson@yahoo.com.sg | | |
| Sex: Male | Age: 46 | Date of Birth: 24/01/1972 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: Institution / School Name: English | | |
| Occupation: FINANCE MANAGER | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

| | | | | | T (1 1 |
|--------------------------|--------------------------------|------------------------------------|---|----------------|------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 25/06/2018 08:37 | 7 | Type of Location: Flyover |
| Location: | | | | | |
| AYER RAJAH | EXPRESSWAY | | | | |
| Beside NUH | | | | | |
| Weather: Drizzling | | Road Surface: Wet | | Road 90 Kr | Speed Limit: m/h |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffi Heav | c Volume: y |
| Type of Collision | on: ng Vehicles - Head To R | | | | ne conveyed by |

| Details of V | ehicle Invo | lved | | | | |
|--------------|-------------|------|-------|-------|-----------|-----------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
| SJH6732X | | | | | | 0 |
| SJN5116A | | | | | | 0 |
| SKJ7828A | | | | | | 0 |
| SLV4354U | | | | | 2 12 | 0 |





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20180626/7004

CONTINUATION OF REPORT

| Details of Perso | | | | | | |
|-------------------------|------------------------|-----|------------|---|---------------------|-----------------------------------|
| Any Pedestrian Ir | | | 11 - (D | 1 4 - 1 | 0 | in an ALA |
| No. of Pedestrian | s Injured: NIL | | Use of Ped | destrian | Cross | ing: NA |
| Driver | | | | ID N | | S7201939C |
| Name | TNG MING CHAI | | | ID No. | | 57201939C |
| Related Vehicle | SKJ7828A | | | Contact No. | | 96925981 |
| Hospital/Clinic | TAN TOCK SENG HOSPITAL | | | Class of Driving Licence & Expiry Date | | Class: 3 Date of Expiry: NIL |
| Date Treatment | 25/06/2018 | | Date Discl | narge | 25/06 | 6/2018 |
| | ted Medical Leave | 02 | Degree of | | Slight | |
| Driver | | | | | | THE REPORT OF THE PERSON |
| Name | Chan Hock Meng | | | ID No. | | NIL |
| Related Vehicle | NIL | | | Contact No. | | NIL |
| Hospital/Clinic | NIL | | | Class Driving Licent Expiry | g ce & | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Disc | ischarge NIL | | |
| | ted Medical Leave | NIL | | gree of Injury NIL | | |
| Driver | | | | | | |
| Name | Philip Leow | | | ID No | | NIL |
| Related Vehicle | NIL | | | Contact No. | | NIL |
| Hospital/Clinic | NIL | | | | g ce & / Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Disc | | NIL | |
| No. of Davs gran | ted Medical Leave | NIL | Degree of | Injury | NIL | |

































