MALM18078785 / Ah Lim Motor Company - AMK ENTRY DATE & TIME: 19/06/2018 11:02 SUBMITTED BY: Meili Tan

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 <u>truthful and accurate</u> 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.
- 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

aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available		
	ACCIDENT STATEMENT		
Date Of Report	19/06/2018 11:02		
Date Of Accident	14/06/2018 15:40		
Exact Location Of Accident	CTE TO CITY (EXIT 10)		
Country/State of Loss	SINGAPORE		
D	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GBE5086U		
Insured/Policyholder			
Name Of Registered Owner	HORIZON AUTOMOTIVE PTE LTD		
Co Reg No	201216371K		
Email Address	JEREMYKONGCW@HORIZON-AUTOMOTIVE.COM		
Mobile Phone No	(LOCAL) +65-94305858		
Alternative Phone No	OFFICE-64579400		
Vehicle Particulars			
Manufacturer	NISSAN		
Model	NV350		
Exact Purpose for which vehicle was being used at time of accident	WORK		
Are you claiming under your own insurance policy for repair to your vehicle?	YES		
If No, Please state action to be taken			
Vehicle Category	COMMERCIAL VEHICLE		
Insurance Company			
Name of Insurance Company	AXA INSURANCE PTE LTD		
Type Of Coverage	Coverage COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	P1810877		
Cover Note Number			

n	ri	.,	^
		v	еı

Name of Driver WONG YEW CHONG

NRIC No S1557456I

Date Of Birth 20/06/1962

Occupation OUTDOOR

Date Of Driving Pass 03/09/1983

Driving Experience 34 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84991500

Fax Number

Contact Number OTHERS-94305858

EMail Address JEREMYKONGCW@HORIZON-AUTOMOTIVE.COM

Address APT BLK 225C COMPASSVALE WALK #14-345

Postcode 543225

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - CLIENT

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions AFTER RAIN

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?

Was any injured conveyed to hospital by

ambulance?

NO

NO

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.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

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

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP2373E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number 91881159-68427522

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 21

Sketch Plan Pg. 1

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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.
- 7. By the lodgment 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)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve 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.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Mu U

NRIC/FIN No .:

Sketch Plan Pg. 2

1540 hrs Time: 5-10ph Location: CTE To City Date of accident: 17 TP 2373E My Vehicle A: GRF Vehicle B: Vehicle C: SKETCH PLAN Book Reason, Braddell ncreids. **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT** I tracke lline æ. The road WOOS MES CTE Æ, MUST Mas Stoock Mercedus Siddenly -the right MOD vehicle iammed lane The **S** into Within , *†*; V155 arond slammed brake rehide un Portunation could brokes yetwole (sto 14 NO aval Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Remarks: Please forward a copy of my efile accident report to:
My workshop: Than there stuat - than ie, shuat & gmail. Gom.
Email address wereny kong on @ horizon - autonotive, com. & myself Email address : Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. Respect Vehicle **DECLARATION** I/We declare the foregoing particulars are true in ever GBE 5086 U Policyholder's Signal Driver's Signature Reporting Centre (if driver is not the policyholder) Name: Main Date & Time: NRIC/FIN No.: Date & Time: GIARMC SketchPlanForm_V3

Driver's Particulars Pg. 1

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)

: VFX/P1810877 CERTIFICATE NO. Account No.: 11492

: Comprehensive Coverage

Sum Insured : Market Value At The Time Of Loss : HORIZON AUTOMOTIVE PTE. LTD. Name of Policy Holder

Vehicle Registration No. : GBE5086U

Period of Insurance : From 07/07/2017 To 06/07/2018 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the hirer'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*

- (a) Use for the carriage of passengers or goods in connection
- with the hirer's business.
 (b) Use for social domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.
 The Policy does not cover

- (a) Use for racing, pace making, reliability trial or speed-testing
 (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle
 (c) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired

(09)

EXCESS :

Sect I - Used In S'pore Only : SGD 600.00 Sect II-Used In Singapore Only : SGD 600.00 Sect I - Used Outside S'pore : SGD 600.00 Sect II-Driven Outside S'pore : SGD 600.00 W/screen Excess in Singapore : SGD 100.00 W/screenExcess(Outside S'pore) : SGD 100.00

* 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).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOSTPR on 05/07/2017

IMPORTANT

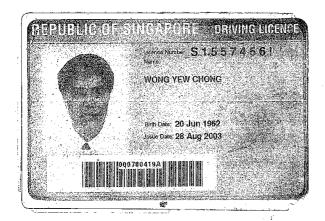
IMPORTANT:

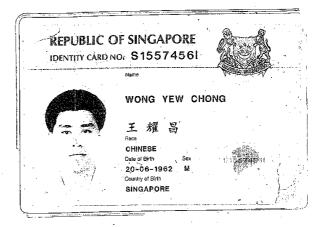
Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation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

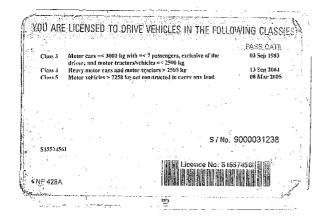
:Cover Under the policy is valid only upon the payment of the full premium stated on the policy. FOR INDIVIDUAL CUSTOMERS

FOR NON-INDIVIDUAL CUSTOMERS : Please refer to the Premium Warranty Clause on the policy

Driver's Particulars Pg. 2









Policy Holder's LA & Briefings Pg. 1

To Whom It May Concern,

Accident involving my vehicle no GBE 5086U on 1406/18 (date YP 2373E (other veh no) along CTE to City Cexit 10)) with
I, Morizon Automotive Ple Hd NRIC No: 2012/637/K	<u> </u>
owner of vehicle no - GBE 508U am aware of the accident of my vehicle 14/06/18 (Date) while car was driven by MV Wong Yew Chone	
IC No: S 1447446 1. I hereby authorise him/her to make the report.	
Tomorre of the state of the sta	
Name Forg Clean War , Janery	
Date: 19/06/18	
To fill in if there is 6 OD daim	

I am aware of the circumstances and agreeable to claim my own insurance for the above accident.

Name For Chin Wi, Jevery
Date 19/06/18

Page 7 of 21

Policy Holder's LA & Briefings Pg. 2

A	M	redefining / insurance			
D:	ate:	19/06/18			
_	_	5086U			
Th st	ne fol aff, _	lowing has been advised to you via your workshop, The Lim Notry Co through their			
Ρl	ease 1	tick the applicable box if you had been advice on the content as seen below:			
(,~	You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.			
()	You had been advised by the workshop on the liability and merits of the case accordingly.			
()	You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.			
()	There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.			
()	There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.			
()	The estimated waiting time for the spare parts to arrive is The estimated arrival time does not include the repair period.			
()	You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.			
()	For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.			
		For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using <i>any combination</i> of genuine original parts and/or original equipment manufacturer (OEM) parts.			
()	You had been advised by the workshop of the Twelve (12) months warranty for <u>Own Damage</u> repairs on workmanship related to the accident.			
()	For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.			
()	Others			
<u>_</u>		and acknowledge by:			
		and signature of policyholder/authorised driver			

