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. | sent to the archiving of this report at the centre and to copies of the report being made available |
|--|---|
| | ACCIDENT STATEMENT |
| Date Of Report | 13/07/2018 16:22 |
| Date Of Accident | 12/07/2018 20:55 |
| Exact Location Of Accident | UPP CHANGI ROAD |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SMC3280T |
| Insured/Policyholder | |
| Name Of Registered Owner | IDEAL SOLUTIONS SINGAPORE PTE LTD |
| Co Reg No | 200207064Z |
| Email Address | VISHALS@IDEALLS.COM |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-97533802 |
| Vehicle Particulars | |
| Manufacturer | LEXUS |
| Model | RX300 |
| Exact Purpose for which vehicle was being used at time of accident | |
| Are you claiming under your own insurance policy for repair to your vehicle? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | PRIVATE CAR |
| Insurance Company | |
| Name of Insurance Company | AXA INSURANCE PTE LTD |
| Tune Of Coverage | COMPREHENSIVE |

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number CN893145

Cover Note Number

Driver

Name of Driver VISHALL SAXENA

 NRIC No
 \$7079444F

 Date Of Birth
 23/10/1970

 Occupation
 INDOOR

 Date Of Driving Pass
 27/06/1997

Driving Experience 21 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97533802

Fax Number

Contact Number

EMail Address IDEALLSS@IDEALLSS.COM

Address 1 SIMS VIEW

Postcode 416507

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

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

1

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE AUTOMOTIVE PTE LTD 67415336

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 SKP5064T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver WONG WEI QUAN

NRIC/Passport Number S9515199Z

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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 interested parties.
- 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 aforesald.
- 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.

Driver's Signature

(If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Policyholde

Date & Time:

SKETCH PLAN Vehicle No A-SMCBLOOT. B-SKP 5064T Legend INDICATOR Vehicle DESCRIBE CIRCUMSTANCES OF THE ACCIDENT CHANGING LANE SLOWLY CAR CAME IN FAST. FROM BEHIND × THE TURN AS MUCH POSSIBLE CORRECTED REAR STRUCK WHEEL AND BODY STATIONARY ALMOST WAS NOT ENOUGH AS CHEB SO SLOW CHANGE OF LANE NOT NOW DOWN FROM BEHIND DID ComING DECLARATION I/We declare the proposing particulars are true in every respect. Please be added the your insurer may have a 14 day clause whereby the claim against own polic stipulated meframe. On the date of occurrence. Vinely exect your policy for more details. Please be and stipulated ist be made within the DE'4 Reporting Centre Personnel's Signature Driver's Signature Policyhold (If driver is not the policyholder) Name: Date & T

Date & Time:

GIARME SketchPlanForm_V3

Page 4 of 12

2

NRIC/FIN No.:

Common Statement

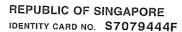
| and facts which will speed up the set [1] Date of accident Time 12 7 18- 2058 | 2 Exact location of | accident Changi | Rd. | | | To be signed 2 Injuries en | | ht |
|--|---|---|--|---|---|---|--|------------|
| Material damage To vehicles other than vehicles A av | nd 8 To objects other t | | 5 Witness' nam | e, address and tell vehicle A or vehicle | no. (to be under | | Vehicle V | |
| Address NRIC / Passport no 2007 Tel no. (from 9am till 5pm) P Velsicle Make, type LXV/S R Insurance company AXA C TP Does the policy ovver damage to win flo 1/16s Tels VIII. | COBHZ COS | Collection | CLUMSTANCES X) In each of the inflictional to your verificatale to your verificatale to your verificatale to your verificatale thought to the infliction of the property of the character of the Property of the Character of the C | elevent hicte 10 20 30 40 50 60 70 80 100 110 120 130 140 150 160 170 210 210 210 210 210 210 210 210 210 21 | Name (capital letter (capital | policyholder (s) ort no gam tili 5pm) cy cover damagy Yes tvanialvo) te driving ficence of from inspred (a 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | DTPFT approx app | Uan 297 |
| My remarks | Anomathety please n | 14.00 | a of the sirelefted on a satures of drivers | Se e D | 1€94y roman | lts | | |

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

| INDIVIDU To be completed and | AL STATEM submitted within 24 | ENT (I | Part II) rinsurer or Idac or a | ppointed works! | Own Works | hop Email / Fa | x (If any) of paper wha | er necessary) | | |
|--|---|---|---|--|---|---|-----------------------------|--|--|--|
| Insured | Cccupation (if more than one, state all) Vehicle registration no. C.C. If commercial vehicle, state permissible carrying capacity | | | | | | | | ar chemicals | |
| Of which vehicle are | 3 Is driver the owner? Yes No Time, State Relationship of the Carter with a | | | | dionatrip of state the vehicle number and name of | | | | | |
| you the owner? | 4 Exact purpose for which vehicle was being used at time of accident Private use Commercial use Hire & reward Private Hire Others - please specify | | | | | | | | | |
| | 5 Is the vehicle still in use? Yes No If no, state where it is at present Tel no. 6 Are you claiming under your own incurance policy for repair to your vehicle? Yes No BSYNCO | | | | | | | | | |
| Driver or person in charge of vehicle at the time of accident (including insured) | If no, state action to be taken | | | Reporting On Date of license | Was vehicle o | as vehicle driven with e insured's permission? | | Was driver an employee of the insured's company? | | |
| | | ndoor | Outdoor pairment of sight or her | 276 | 111 | Yes | No | Yes | No | |
| | 9 Full details of all driving convictions including pending prosecutions in the last 36 months | | | | | | | | | |
| | Dete | | C | Offence | | | | Penalty | | |
| Enjored persons | 10 Name(s), address(es) and Injuries sustained approximate age(s) | | Injuries sustaineri | | If vehicle occupants, state in which vehicle | | Were seat befts being worn? | | Was injured conveyed to hospital by ambulance? | |
| | | | | | | Yes Yes | No No | Yes Yes | No No | |
| | | | - | | | Yes Yes | No No | Yes Yes | No No | |
| Damage to property & vehicles (other than vehicles A and B) | 11 Name(s) and address(es) of Vehicle registration or details of property | | | 1 Nature of damage | | | | Insurer's name and address (if known) | | |
| Police action | 12 Was the accident If yes, please stat 13 Was notice of inte If yes, against wh | e which Police nded prosecut | station | No No | 7 | | | | | |
| | 14 Weather condition 15 Road surface 16 Speed of vehicles | S Clean | | Raining Dry B | 1 | Other Other | | | | |
| Accident details | 17 What warnings w 18 Were street lights 19 What lights were 20 If your vehicle is o | dluminated? displayed on ye ommercial, sta t happened, w | ver or other party? Yes bour vehicle/the other velute weight of load carrie | d at time of accide | - Company (1) | A | | | | |
| Declaration | Policyholder's sign | oture | ot the policyholder) | THE STATE OF THE S | 200000 E | Date | | | | |

Driver IC & LIC Pg. 1



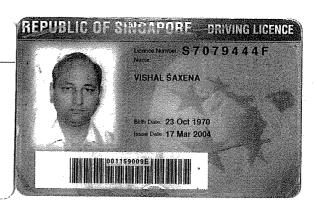


VISHALL SAXENA



Race INDIAN Date of birth 23-10-1970 Country/Place of birth INDIA

\$7079444F



vishals@ideallss.com_ ideallss@ideallss.com



Date of Issue

1 SIMS VIEW SINGAPORE 416507

24-11-2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) PASS DATE Class 28 Motorcycles not exceeding 200 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 27 Jun 1997 27 Jun 1997

NP 428A

5384400









