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.	
	ACCIDENT STATEMENT
Date Of Report	28/07/2018 09:10
Date Of Accident	27/07/2018 15:55
Exact Location Of Accident	ALONG PIE TOWARDS TOA PAYOH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGB6299Y
Insured/Policyholder	
Name Of Registered Owner	TAN KIAN HING
NRIC No	S7004233I

Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-98214970

Alternative Phone No OFFICE-98214970

Vehicle Particulars

Manufacturer TOYOTA

Model HARRIER-2.0 (A)

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

20/09/1994

If No, Please state action to be taken

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number GA126750/1

Cover Note Number 06/10/2017-05/10/2018

Driver

Name of DriverTAN KIAN HINGNRIC No\$7004233IDate Of Birth06/02/1970OccupationINDOOR

Driving Experience 23 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98214970

Fax Number

Date Of Driving Pass

Contact Number OFFICE-98214970

EMail Address NOEMAIL

BLK 107 BUKIT BATOK WEST AVENUE 6 Address

05-102 650107

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

Was notice of intended Prosecution given?

If Yes, against whom?

If Yes, Please state which Police Station

Circumstances of Accident

REFER TO THE SKETCH PLAN

Attachment(s)

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

Was there any audio recorded?

NO

В

DETAILS OF OTHER VEHICLE PROPERTY 1

GBF2544D Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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:
 - (i) 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:
 - 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:

Oriver's Signature

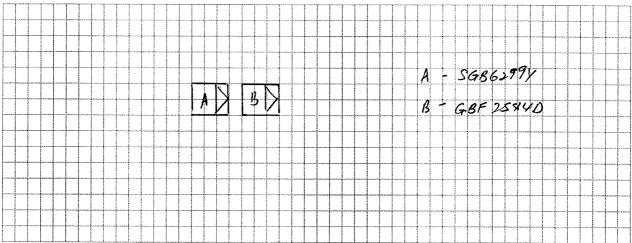
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Kenneth

Name: NRIC/FIN No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

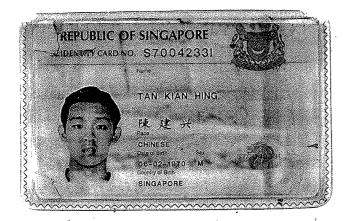
DESCRIBE CIRCUISTANCES OF THE ACCIDENT			
I was traveling PIE along PIE to To	so Payo	n. Vochi	se B
	y salv	11 11	stop in time
and hit outs the rear portion.	No.	<u></u>	1
A service from the service of the se			
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	T		
Important:		- Reporti	ng Only
You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14)	/	- Claim O	D
DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame		- Claim TI)
from the day of the occurrence.		- Claim OI	D/ TP at other workshop
			•

DECLARATION

I/WE declare the foregoing particulars are true in every respect.

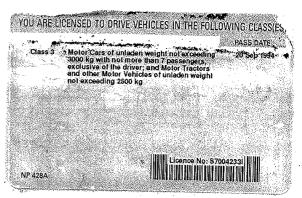
Policyholder's signature Date & Time Driver's Signature (if driver not the policyholder) Date & Time Reporting Centre Personnel's Signature Name: Kenneth
Nric/Fin No.

Sketch Plan Pg. 3





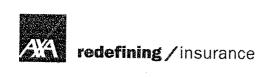




Sketch Plan Pg. 4



Date: 21/7/18			
To: Owner of Vehicle Number: SGB 61994			
The following has been advised to you via your workshop, ETNO2 PROTECT PT6 LTD through their staff,			
Please 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 despits 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 any combination 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 Own Damage 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			
Signed and acknowledge by:			
Name and signature of policyholder/authorised driver			
Kenneth			
Name and signature of workshop personnel including company stamp			





Certificate number

Chassis number

Engine number

AXA Insurance Pte Ltd 1800 880 4888 (Within Singapore) (65) 6880 4888 (International) (65) 6880 4740 ⊠ customer.carc@axa.com.sg

www.axa.com.sg

Certificate of Insurance

account number 03153

GA126750 / 1

3ZRB514076

ZSU600038197

-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)

Policy details

Policyholder name Cover Plan name

TAN KIAN HING Comprehensive Essential 20% Vehicle registration number

SGB6299Y

Finance loan company OCBC BANK LIMITED

from 06/10/2017 to 05/10/2018 (both dates inclusive)

Persons or classes of persons entitled to drive*

(a) The Policyholder

Period of Insurance

NCD applicable

(b) 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.

Limitation 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 motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on. a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* 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.

EXCESS

Basic Own Damage Excess Voluntary Excess Total Own Damage Excess Windscreen Excess

SGD 500.00 SGD 1,000,00

An Additional Excess is applicable as follows:

- 1. S\$500 for unnamed Authorised Driver
- 2. \$\$500 for declared Young and Inexperienced Driver
- 3. S\$5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium

Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision 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

Authorised signature

Important note

Policyholders are warned that on the sele of a motor vehicle they must surrender the Certificate of insurance and the Policy to the insurance company. If the Certificate of Insuránce 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 Werranty 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,

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01., AXA Tower, Singapore 068811 Customer Centre, #B1-01

1 of 3













