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.
- 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.

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	ACCIDENT STATEMENT		
Date Of Report	08/08/2018 17:32		
Date Of Accident	07/08/2018 07:45		
Exact Location Of Accident	PIONEER RD NORTH TO AYE		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SKW6968S		
Insured/Policyholder			
Name Of Registered Owner	LEE MUI LIAN JENNY		
NRIC No	S6802976G		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-98194688		
Alternative Phone No	OFFICE-98194688		
Vehicle Particulars			
Manufacturer	HONDA		
Model	VEZEL		
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?	NO		
If No, Please state action to be taken	THIRD PARTY		
Vehicle Category	PRIVATE CAR		
Insurance Company			
Name of Insurance Company	AXA INSURANCE PTE LTD		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	GA130880		
Cover Note Number			
Driver			

Name of Driver CHEO CHYE KOON

NRIC No S1228624D Date Of Birth 13/07/1957 Occupation **INDOOR Date Of Driving Pass** 21/08/1978

Driving Experience 39 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96657022

Fax Number Contact Number

EMail Address NOEMAIL Address BLK 915 JURONG WEST ST 91 #04-182

Postcode 64091

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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

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) 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?

If Yes, against whom?

Circumstances of Accident

I WAS DRIVING FROM PIONEER ROAD NORTH HEADING TOWARDS AYE. I CHECK ON MY RIGHT SIDE TRAFFIC CLEAR. SO, I PROCEED TO MOVE OUT. THEN I SAW AN ONCOMING TRAFFIC CAME ON MY RIGHT. SO, I STOPPED MY CAR. SUDDENLY, I FELT AN IMPACT FROM MY REAR AND I REALISED I WAS HIT BY VEHICLE (GBD3666P).

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 GBD3666P

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- 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:
 - (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:
 - (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: 7/8/18/16-34/85

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

	Sketch Plan #2 Pg. 1	
SKETCH PLAN	and Horx	A = SEW6968S B = GBD 3666P
DESCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT	Pioneer 14 36-6
	S OF THE ACCIDENT	
I was driv		rd north headings
	are check	s m risht
`	effic clear, so	
note out		an encoming
Aprilie La	ne or my risk-	1 /
	siddenty / fel	thit by a vehicle
My rear GTBO 3666A	4 replied was	MIT & G VENICRE
C(A) 3666P	·	
	· · · · · · · · · · · · · · · · · · ·	
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
144 4 44		INSURER: AXA INCIDENCE I
		VEHICLE: SKW 69685
		CLAIM TYPE:
		WORKSHOP:
DECLARATION		(8) /3/
I/We declare the foregoing par	ticulars are true in every respect.	2:500
Jumy.		
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name: NRIC/FIN No.:
3/8/1/2000 P	Date & Time: 7/8/18 (6231/63	ANIONI IN INC.

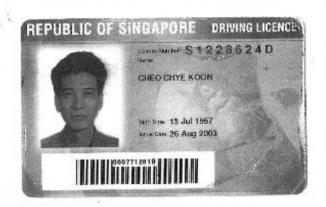
Page 4 of 15

Sketch Plan #3 Pg. 1

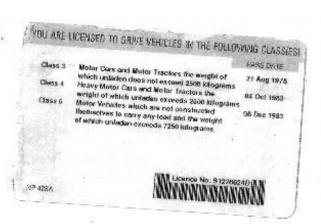
LETTER OF UNDERTAKING

I/We, COO MUI CAN JONNY	, the owner of vehicle	e no
My/Our Insurance is under M/s AXA Insuranto claim under my/our Policy or against the T claim to M/s AXA Insurance Singapore Pte L 14(fourteen) days of occurrence or disc	hird Party and if the fo td with all relevant fact	ormer shall submit such
My/Our Third Party claim is handle by my/our p	referred workshop,	BAN FOOT SING
Signed and Acknowledge by:		
Amus		07/08/18.
ric no. and signature of policyholder C	ompany Stamp	Date

Driving License













Bortificals number

Chareis number

Engine number

AXA Insurance Pts Ltd

1800 880 4898 (Within Singapore) (66) 6880 4899 (International)

E (65) 6880 4788

(a) customer.com@dx8.com.eg

R WWW.BK3.50M.EE

Certificate of Insurance

account number 0.38 %6

-Motor Vehicles (Trins-Party Rake and Coproposation) Act. [Chatter 188] - Motor Vehicles (Third Failly Hisks and Compensation) Huite. 1980 - Rose Transmot Act. 1987 (Malaysia) Motor Vehicles (Third-Perty Risks) Rules. 1909 (Malaysia)

Policy details

Pollowhalder name

Cover Plan name

SCC applicable

Vahicle registration number Perfod of Instirence

Finance from company

LEE MUI LIAN JENSY Comprehensive

Personalial SD%

SKW8D195

from \$6/10/2017 to 29/10/2018 (outh dates inclusive)

TATCO CREDIT PTE LTD

0**4130890/** 4 RU41101915 L1504021615

Persons or classes of persons entitled to drive*

(a) The Polityholder

(b) Any parson who is driving on the Policyholder's order or with their permission

Provided that the person driving is perincted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or high basis 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 thiving the Motor Vehicle.

LIMITATION SE 40 USST tiss only for social, domestic and pleasure purposes and for the Policyholder's business

The policy does not cover ruse for the direward, racing, pacemaking, reliability trial, speed testing, the carriage of goods other than complete in connection with protor trade; or whom the Motor Car, whother stationary, in use or otherwise, is no or on, a racing track, exoult, route, cruitso or any other loads by whatever name salled that are typically used for racing, page-making or such similar purposas.

* Unitstands randored inoposetive by Section 8 of the Morur Verticles (Tomo-Party Right and Companies on) Act. (Chapter 198) and Section 95 of the Road Transport Act. 1987 (Malayela), are not to be included under these headings.

EXCESS

Basio Dwr. Demage Exococ

Windscrean Expessi

An Additional Excess is applicable as follows:

1. \$9500 for unnamed Authorised Oriver

2, \$5500 for declarab Young and inexperienced Drive:

3, \$55,000 for undeclared Young and Inexperienced Solvers. This additional axpass is reduced to \$\$2,500 A You have dimeen AXA Premium Workshops.

Additional clauses & endorsements to your policy

y We hereby carrify that the policy to which this Certificate relates is indued in accordance with the provision of the Motor Vehicles United Porty Rake and Compensation) Art, (Chapter 189) and Part (Violithe Road Transport Act, 1987 (Melaysia).

AXA Insurance Pte Ltd

Authorised algnature

important note

He lighteders are warred that or the sale of a motor vehicle they must athrender the Certificate of Institutes and the Policy to the Insurance congeny, if the Certificate of Institutes and the Policy to the Insurance based on the Association to the effect must be made. Fairure to comply with this abligation is an original under the Mosor Vahido (Trind-Parts Risks and Ov Jupenseton Act (Cap. 119).

The Premium Warranty Clause regulate the premium to ne paid in full within a specific paried failing which there would be no liability under the purity, renewed as thickets. endarsement etc.

AXA Incurance Pte Ltd (200903012M) 5 Sheriton Way, #24-01, AXA Tower, Singapora 06881 Customer Centro #81-01

1 of 3





Accident Photo REPORTING HOURS ACCIDENT REPORT HOURS ACCIDENT REPORTING HOURS ACCIDENT REPOR









