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

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	ACCIDENT STATEMENT
Date Of Report	29/07/2018 14:36
Date Of Accident	28/07/2018 21:10
Exact Location Of Accident	SCOTT RD TOWARDS NEWTON @NEWTON CIRCUS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT6918R
Insured/Policyholder	
Name Of Registered Owner	HAND GREGORY LEWIS
NRIC No	F5599076W
Email Address	GREGHAND@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-93866075
Alternative Phone No	OFFICE-93866075

DRIVING HOME

Vehicle Particulars

MAZDA Manufacturer Model RX-8-1.3 (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?

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

Vehicle Category

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number GA289048/1

Cover Note Number

Driver

Name of Driver HAND GREGORY LEWIS

NRIC No F5599076W Date Of Birth 11/08/1957 Occupation INDOOR Date Of Driving Pass 13/08/1998

Driving Experience 19 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93866075

Fax Number

OFFICE-93866075 Contact Number

EMail Address GREGHAND@SINGNET.COM.SG Address 79 JALAN KASAU

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

-

NO

2

NO

NO

NO

General Information of the Accident

Type Of Accident SIDE SWIPE
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? NO

Was any injured conveyed to hospital by

ambulance?

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)

Passenger 1

NAME: : WIFE

GENDER: : FEMALE

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

SIDE SWIPE

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 SLK1989R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE HIRE

Name of Driver MONHOGARAN S/O RENGASAMI

NRIC/Passport Number S1676593G Contact Number 96155452

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

		NEWTON	
BT TIN	144 Rd 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	circus	
A: SLT 6918R B: SLK 1999R			
	Scott Ro	ad	
DESCRIBE CIRCUMSTANCES		21:10 at Scotts Ro	
DECLARATION			
DECLARATION //We declare the foregoing partic	ulars are true in every respect.		

ACCIDENT STATEMENT Date of Accident Location of Accident Scotts Roundabout Just under Newton thy over Hendded East on to Newtor Road 28/7/2018 21:10 INSURED/ POLICY HOLDER (VEHICLE A) Vehicle Registration Number SLT 6918 R Name of Policyholder Hand Gregory Lewis F5599076 W Address 79 Jalan Kasau. Contact Number 93866073 10 93866075 Tel 63647811 Occupation Potrochemicals VEHICLE PARTICULARS (VEHICLE A) Vehicle Make / Model MAZAA RX 8 Type of Vehicle Speeds

Exact Purpose for which vehicle was being used Saloon, MPV CRV Van Lorry, Bus M/cycle, Others 574573 at the time of accident. Driving Home Are you claiming under your own insurance policy? O Commercial O Motorcycle dain. O Yes Vehicle category Private INSURANCE COMPANY (VEHICLE A) Name of Insurance Company imprehensive O IP Fire & Theft O Third party Type of Policy Fleet Policy Policy Number DRIVER Name of Driver NRIC/FIN/Passport 11 Aug 1957 Date of Birth Occupation 13 Aug 1998 Driving Pass Date O Female Gender Contact Number Hp ~ Address Email Address * greghand & Sing Net ,
Was driver an employee of the Insured's Company? COM. 59 O Yes If No, relationship of Driver with the Insured OWNEY. Vehicle Number of Driver's Own Vehicle (if applicable) Insurance of Driver's Own Vehicle (if applicable) GENERAL INFORMATION OF THE ACCIDENT Type of Collision (E.g. Chain Collision) Head On, etc.) Raining Weather Conditions O Others O Diy O Others Road Surface Damage Area 2 pax. OTHER INFORMATION O Yes Was there any foreign vehicle(s) involved? Was anybody injured in the accident? (Including Witness) O Yes O No Was any other vehicle(s) or property damaged? No Was there any camera video footage (in car)? O Yes DETAILS OF POLICE ACTION O Yes Was the accident reported to the Police? If Yes, please state which police station & Report No. O Yes Was notice of intended Prosecution given? If Yes, against whom?

O Owner O Driver

OWN VEHICLE REGISTRATION NUMBER		
DETAILS OF OTHER VEHICLES OR PROPERTY	Y DAMAGED	
Other Vehicle or Property 1 (VEHICLE 8)		
Vehicle Registration Number	SUC 1989 R.	
Vehicle Make/ Model/ Colour		
Details of Properties (If Other Party is not a Vehicle)		
Damage Area		
Name of Driver	MANHOGARAN S/O REVIGACIONI	
NR(C/FIN/Passport	MANHOGARAN S/O RENGASAMI S 16765936	
Contact Number / Email Address	9615 5452	
Address		
Name of Insurance Company		
Other Vehicle or Property 2		
Vehicle Registration Number		
Vehicle Make/ Model/ Colour		
Details of Properties (If Other Party is not a Vehicle)		
Damage Area		
Name of Driver		
NRIC/ FIN/ Passport		
Contact Number / Email Address		
Address		
Name of Insurance Company		
DETAILS OF WITNESS		
Name		
Phone / Email Address		
Address NRIC/FIN/ Passport		
DETAILS OF INJURED PERSON 1		
Name		
NRIC/FIN/ Passport		
Address		
Approximate Age		
Injuries Sustained		
If Vehicle Occupants, state in which vehicle?		
Were Seat Belts Worn?	C Yes C No	
Was Injured conveyed to hospital by ambulance?	O Yes O No	
DETAILS OF INJURED PERSON 2		
Name		
NRIC/FIN/ Passport		
Address		
Approximate Age		
Injuries Sustained		
If Vehicle Occupants, state in which vehicle?		
Were Seat Beits Worm?	C Yes C No	
Was Injured conveyed to Hospital by Ambulance?	O Yes O No	
Declaration		
(We declare that the above particulars & information provi-	vided above are true in every aspect	
^		
21	¥ 3	
Sheggy Africa Date & Tim	- 29/7/2018	
Qualure at Provincy Professor	1//	
(Company Chop if applicable)		
120000000000000000000000000000000000000		
Date & Tim	ne .	
Signature of Driver / Date & Time		
(If Driver is not the Policy Holder)	U	

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)
 - (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
- 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

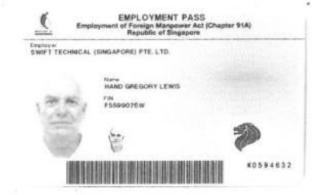
Name

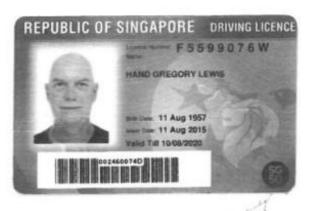
NRIC/FIN No.:

: 0	wner of Vehicle Number	
e fi	ollowing has been advised to you via your workshop,	through
ease	tick the applicable box if you had been advice on the content as seen below:	
1	You had been advised by the workshop that in the case that you wish to claim there is a Fourteen (14) days clause whereby the claim must be made within from the day of occurrence.	n against your own po the stipulated timefro
1	You had been advised by the workshop on the liability and ments of the case	accordingly.
7	You had been advised by the workshop on the claims procedure for the type making due to this accident.	of claim that you wil
	There will be delay to your vehicle repair due to the unavailability of spare pa other option except to indent it from overseas.	rts locally and there is
1	There will be no cancellation/withdrawal of the Own Damage claim once the have been placed. If you wish to cancel/withdraw the claim, you shall bear related charges incurred directly &/or indirectly to the procurement of the spo	all costs, expenses &
-	The estimated waiting time for the spare parts to arrive is.	
,	estimated arrival time does not include the repair period.	
	You will be driving the vehicle out despite being advised by the workshop mech vehicle may not be road worthy	nanic/personnel that
	For vehicles below Three (3) years old, your Insurance Company will use only a repair your vehicle	genuine original parts
	For vehicles above Three (3) years old, your Insurance Company will be carryin combination of genuine original parts and/or original equipment manufactures	ng out repairs using a (OEM) parts.
	You had been advised by the workshop of the Twelve (12) months warranty to on workmanship related to the accident.	or Own Damage repa
	For vehicles that are under warranty with a local distributor, you have been as to check with your local distributor on any effect to your warranty prior to ma claim.	lvised by the workshi king this Own Dama
	others Flynd party clother	

Name and signature of workshop personnel including company stamp

NRIC AND LICENSE









INSURANCE CERTFICATE





Cartificate number

Chassis number

Engine number

AXA Insurance Pte Ltd 2 1800 880 4888 (Within Singapore) (65) 6880 4888 (International) (65) 6880 4740 customer.care@aza.com.sg

www.axa.com.ag

Certificate of Insurance

account number 05397

GA289048 / 1

138544608 SE3P301657

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. 1969 (Malaysia)

Policy details

Policybolder name

Cover

Plan same NCD applicable

Vehicle registration number

Period of Insurance Finance loan company Comprehensive Essential 50% 5LT6918R

HAND GREGORY LEWIS

from 10/11/2017 to 11/12/2018 (both dates inclusive)

Persons or classes of persons entitled to drive*

(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.

* Umitations rendered inoperative by Section 8 of the Molor Vehicles (Third Party Risks and Compensation) Act. (Chapter 189) and Section 96 of the Road Transport Act. 1967 (Malaysia), are not to be included under these headings.

Windscreen Excess

Not Applicable -

An Additional Excess is applicable as follows:

- 1 5\$500 for unnamed Authorised Driver
- 2 S\$500 for declared Young and Inexperienced Driver
- 3. \$\$5.000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$\$2.500 if You have chosen AXA Premium.

Additional clauses & endorsements to your policy

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 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 Pregium 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. endorsement etc.

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way #24-01 AXA Tower Singapore 068811 Customer Centre: #81-01

1 of 3

















CHASSIS NUMBER

