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.

	ACCIDENT STATEMENT					
Date Of Report	27/08/2018 15:33					
Date Of Accident	26/08/2018 15:30					
Exact Location Of Accident	ECP TWDS CHANGI AIRPORT BEFORE EXIT					
Country/State of Loss	SINGAPORE					
DETAILS OF OWN VEHICLE						
Vehicle Registration Number	EW42Z					
Insured/Policyholder						
Name Of Registered Owner	LEE SIEW KONG					
Vehicle Particulars						
Manufacturer	TOYOTA					
Model	ALPHARD					
Vehicle Category	PRIVATE CAR					
Insurance Company						
Name of Insurance Company	AXA INSURANCE PTE LTD					
Type Of Coverage	COMPREHENSIVE					
Fleet Policy	NO					
Policy Number	GA008098					
Cover Note Number						
Driver						
Name of Driver	LEE SIEW KONG					
NRIC No	S1786126C					
Address	BLK 58 MARINE TERRACE #05-69					
General Information of the Accident						
Type Of Accident	COLLISION - CHANGE/CROSS LANE					
Weather Conditions	CLEAR					
Other Information						
Was any foreign vehicle involved in this accident?	NO					
Was any body injured in the Accident?	NO					
Was any other material or property damaged?	YES					
Number of Passengers (Including Driver)	1					
Circumstances of Assident						

Circumstances of Accident

ON 26/08/2018 AT 3.30PM, I WAS DRIVING (EW42Z) ALONG ECP TOWARDS CHANGI AIRPORT ON LANE 2 BEHIND VEHICLE (SLK729G) AND VEHICLE (SHD2318E) WAS ON LANE 1. I OBSERVED THAT ROAD AHEAD OF (SHD2318E) WAS CLEAR OF TRAFFIC. SO, I TURNED ON RIGHT SIGNAL TO PROCEED TO SWITCH TO LANE 1. NOT AWARE OF (SHD2318E) DRIVER HAD ACCELERATED TOO CLOSE TO A GAP THAT HIS FRONT LEFT MIRROR HAD HIT MY REAR RIGHT WINDOW. MY VEHICLE THEN BOUNCED OFF TO THE RIGHT AND HIT SLK729G AT HIS REAR RIGHT WHEEL. THERE AFTER, WE PULLED TO THE ROAD SHOULDER. WE EXCHANGED PARTICULARS. THAT'S ALL.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLK729G

Vehicle Make/Model/Colour

Name of Driver TEW CHIN TAT

Insurance Company Name

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHD2318E

Vehicle Make/Model/Colour

Name of Driver

Insurance Company Name

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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- 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:
 - (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 & Tilpe: 12.20 pm (If

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN	s more as an and a constraint of a special constitution of the	to an experimental formula for the manufacture and an experimental and the second of t
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(A) + SHO33187		
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	2016 at 3.30p	v. I was driving towards changi aimpor
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	2318 Z Was	,
1 observed	that road	a head of SHD 2319
was clear of	traffic so	
Signal to 1	proceed to s	switch to lane 1.
Not quare	'that SHD2	318E driver had
accelerated	too close t	ro a gap that hi
front 18ft	m'mor hid	t my rear right
window. r	my vehicle	then bounced
off to the	left at hi	it suctogs at his
rear n'out	wheel,	
	A	
There at	Her, I (we)	
road Shoul	lder, We e	exchanged particul
That's		
DECLARATION		
r-XVIIVII OIA	re true in every respect.	
/We declare the foregoing particulars a		
We declare the foregoing particulars a.		
570818	Drived Clear	Parastin Carta Dansan W. Clark
olicyholder's Signature atel& Time: \$20 W	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Sketch Plan #3 Pg. 1

LETTER OF UNDERTAKING

I/We, LEZA SIEW KONC	, the owner of vel	nicle no.	EW 427	2	
My/Our Insurance is under M/s AXA Instoclaim under my/our Policy or against claim to M/s AXA Insurance Singapore I 14(fourteen) days of occurrence or My/Our Third Party claim is handle by my	Re Ltd with all relevant discovery of damage	facts and	documents W	ithin	LTO
			•		
Signed and Acknowledge by:					
270818			27 (&	3018	3
Nric no and signature of policyholder	Company Stamp		Date		

INSURANCE

mr Gan



redefining / insurance



AXA Insurance Pte Ltd

\$2 (480) 686 4888 (480) (55) 6886 4888 (International)

± (65) 6890 4740

🖾 customer.care@wa.com.sg

he www.non.com.sg

Certificate of Insurance

eccount number 03160

-Motor Vehicles (Thire-Party Risks and Comparisation) Ast. (Chapter 188) - Motor Vehicles (Thire-Party Risks and Compensation) Fules. 1960-Road Transport Ast. (Pear (Malaysia) - Motor Vehicles (Thire-Party Risks) - Azies. 1969 (Malaysia)

entrycolder (some) Corez Phaspame 80% application vehicles plateation accessor

LEE SIELV KONG Comprehensive Private MPV APW 50% EW42Z

Cordificulte number Creation processor is Engine concile GA009058 / 1 ANH208016887 2AZQ4798\$1

McChappinanie VeMcCorpleta den autori Profes aktoapianie Elhance kompopinanie

from 20/01/2018 to 19/01/2019 (both dates inclusive; foil

(a) The Policyholder

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

Provided that the cerson driving is dermitted in accordance with the liberaing or other laws or regulations to drive the Mixtor Vehicle or has been be permitted and is not disqualified by order of a Court of Law or by reason of any shadament or regulation in that behalf from driving the Mater Vehicle.

Use only for social, domestic and pleasure durgoods and for the Policyholder's business.

The policy does not cover use for him or reward, racing, pade-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or when the Votor Car, whether stationary in use or otherwise, is in or on, a racing track, dirout, route, course or any other roads by whatever name called that are hydrosily used for racing, pade-making or such aim for purposes.

A Limitations rendered indocration by Section 8 of the Motor Vehicles (Thrid-Party Bisks and Companyation) Act (Chapter 189) and Section 98 of the Road Transport Act, 1957 (Malaysia), are not up to a motivate under these need has

EXCESS

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Art Additional Excess is applicable as follows:

1. 8\$500 for unnamed Authorised Driver

2. \$\$500 for declared mong and inexperiented Driver

SES,CCO for undertand forung and inexperienced Solvers. This additional evoses is reduced to \$\$2,500 if You have phosen AVA Premium.
 Workshops.

N.

L'Wa aereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Web dies (Third Perty Ricks and Compensation) Act. (Chapter 189; and Fart Mot the Road Transport Act. 1987 (Malassia).

AXA Insurance Pte Ltd.

W

Authorised signature

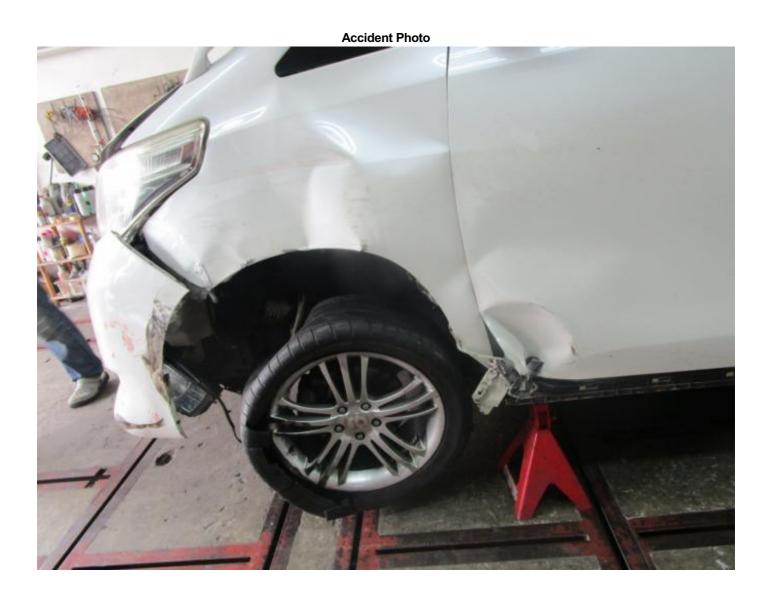
Important note

Pollopholders are warned that on the sale of a motor vehicle they must surrender the Cartifloots of Insurance and the Policy to the insurance continues of Insurance and the Policy to the insurance continues of Insurance and Early Set of destroyed a Statutory Constraint to the effect must be made. Failure to contary with this obligation is an effect under the Motor Vehicle (Third-Farty Risks and Componitation Act (the 189)

The Premark Warranty Clause rate, iss the premium to be call in full within a specific period falling which there would be no liability under the policy, received earling which there would be no liability under the policy, received earling which there would be no liability under the policy, received earling which there would be no liability under the policy, received earling which there would be no liability under the policy, received earling which there would be no liability under the policy, received earling the policy and the premium to be called in full within a specific period falling which there would be no liability under the policy, received earling the policy.

AXA Insurance Pto 1.63 (1994).en; 24.01 8 Shenton Worl, #24.01, AXA towar, Singapore U68831 Cuetorger Centro, #51.01

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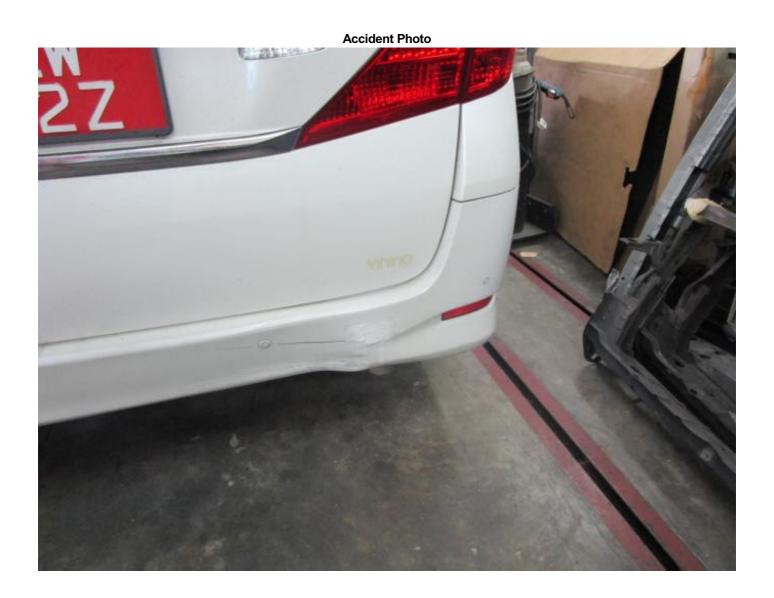














Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MBME | C110841 Vehicle Registration No: EW 422 Name(as shown in NRIC): LEE SIEW CONG NRIC/FIN/Passport No: 21786126C (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate . BUC 58 MARINE TERRACE #05-69 Singapore(440058) Address Contact (Tel) **Email Address** Date of Accident ECP TWOS CHANGI AIRPORT BEFORE EXIT Insurance Company: _ (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: - AMEND VEHICLE NUMBER. Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: NRIC/FIN No.:

Date:

Addendum Sheet Pg. 1



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ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : $\frac{MSME |S|(0S4)}{Vehicle Registration No:}$ $\frac{EW43E}{S(786)36C}$ Name(as shownin NRIC): $\frac{VEH}{VEH}$ $\frac{Vehicle Registration No:}{Vehicle Registration No:}$ $\frac{EW43E}{S(786)36C}$ (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate : BIR 58 MARTALE TERRACE # 05-67 _____Singapore (44005) Address Contact (Tel) **Email Address** Date of Accident Place of Accident: ECP TWDS CHANGEL ARPORT BEFORE EXIT Insurance Company: ____ (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: - AMENO DATE OF ACCIDENT. Reporting Centre Personnel's Signature Policyholder / Driver's Signature Name: Date:

NRIC/FIN No.: Date: