## 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	05/09/2018 11:46			
Date Of Accident	05/09/2018 08:00			
Exact Location Of Accident	JALAN KEMBANG MELATI			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SFS5968D			
Insured/Policyholder				
Name Of Registered Owner	ANTONIO DEL PILAR CAILAO			
NRIC No	S7461520A			
Email Address	ACAILAO88@GMAIL.COM			
Mobile Phone No	(LOCAL) +65-96993515			
Alternative Phone No	OTHERS-96887114			
Vehicle Particulars				
Manufacturer	BMW			
Model	X1			
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE			
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	CN873048			
Cover Note Number				
Driver				
Name of Driver	LEE MIN			

 Name of Driver
 LEE MIN

 NRIC No
 \$7877301D

 Date Of Birth
 13/10/1978

 Occupation
 INDOOR

 Date Of Driving Pass
 17/01/2002

Driving Experience 16 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96887114

Fax Number

Contact Number

EMail Address MINCAILAO@GMAIL.COM

Address 28 DUCHESS ROAD #02-11

Postcode 269030

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

### **General Information of the Accident**

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR
Road Surface DRY

### **Other Information**

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 2
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance? 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? NO

If Yes, against whom?

# **Circumstances of Accident**

REFER TO ATTACH.

# Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: FILE TOO BIG-BURN CD

Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number GBH3985Y
Vehicle Make/Model/Colour KIA

Details Of Properties JINZHOU CONSTRUCTION PTE LTD

Vehicle Category COMMERCIAL VEHICLE

Name of Driver TAN KIM CHAI
NRIC/Passport Number S6964941F
Contact Number 92232986

Address 30 MARSILING IND ESTATE ROAD 5 #05-03 WIDEFIELD

Postcode 739211

Insurance Company Name AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

### Sketch Plan Pg. 1

### **SKETCH PLAN**

### **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 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:

Policyholder's Signature

Date & Time:

(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:

Perfomance Motors Limited 303 Alexandra Road Sime Darby Performance Centre Singapore 159941

KEVIN-LEONG WAI KIT

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

# Sketch Plan Pg. 2

We declare the foregoing particulars are true in every respect.  KEVIN LEONG WAI KIT Perfomance Motors Limited 303 Alexandra Road Sime Darby Performance Centre Singapore 159941  Driver's Signature  Reporting Centre Personnel's Signature	SKETCH PLAN			
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT IN Vemborny Mulati  on 5th September 2018, at around 8 am 1 was traviling along JALAN Cumbang Mulati, Suddenly a truck (98H 39854), coming out from JALAN HAOM Schangkai, without stopping, and hit the right side ut my car. This resulted in both dayinght doors to be damaged.  PECLARATION We declare the foregoing particulars are true in every redect.  We declare the foregoing particulars are true in every redect.  Reposition control of the particular of the policyholder's signature of the a time:  Other's signature Other's signature Other's signature Other's signature Other's signature Other's signature Other is not the policyholder's Name:				
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT IN Vemborny Mulati  on 5th September 2018, at around 8 am 1 was traviling along JALAN Cumbang Mulati, Suddenly a truck (98H 39854), coming out from JALAN HAOM Schangkai, without stopping, and hit the right side ut my car. This resulted in both dayinght doors to be damaged.  PECLARATION We declare the foregoing particulars are true in every redect.  We declare the foregoing particulars are true in every redect.  Reposition control of the particular of the policyholder's signature of the a time:  Other's signature Other's signature Other's signature Other's signature Other's signature Other's signature Other is not the policyholder's Name:				
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT JIN Kembang Malati  on 5th September 2018, at around from I was traviling along Jalan Campang Malati, Suddenly a trace (GBH 34854), Coming out from Jalan Harom Sebangka, without stopping and hit the right side at my Car. This resulted in both the right doors to be damaged.  RECLARATION  We declare the foregoing particulars are true in every redest.  Reposition for the policyholder's signature  Other's signature				
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT JIN Kembang Malati  on 5th September 2018, at around from I was traviling along Jalan Campang Malati, Suddenly a trace (GBH 34854), Coming out from Jalan Harom Sebangka, without stopping and hit the right side at my Car. This resulted in both the right doors to be damaged.  RECLARATION  We declare the foregoing particulars are true in every redest.  Reposition for the policyholder's signature  Other's signature		lavor - D	2000	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT JIN Vembrang Melot.  In 5th September 2018, at around 8 am. I was traveling along Jalan Kembrang Melot.  Sendany a truck (GBH 39854), coming out from Jalan Harom Setangkai, without stopping, and hit the right side of my Cav. This resulted in both dia right doors to be damaged.  Sectionally a from Jalan Harom Setangkai, without stopping, and hit the right side of my Cav. This resulted in both dia right doors to be damaged.  KEVIN LEONG WAI KIT Performance Motors Limited 3030 Research Read 3030 Research Read 3030 Research Read 3030 Research Read Since District 159841  Reposition Centre Personner's Signature (If dower is not the policyholder)  Reposition Centre Personner's Signature (If dower is not the policyholder)  Name:		ccessals0)	alsh 59051	n Setangkai
In 5th September 2018, at around 8 am I was traviling along Jalan Kembang Melafi, Suddenly a fruct (9BH 39854), coming out from Jalan Harom Setangku, without stopping, and hit the fight side it my cav. This resulted in both the right doors to be damaged.  DECLARATION  We declare the foregoing particulars are true in every respect.  Driver's signature  Driver's signature  Oriver's signature  Oriver's signature  Oriver's signature  Office of the policyholder's Signature  Name:		CSF33	3	, , , , ,
In 5th September 2018, at around 8 am I was traviling along Jalan Kembang Melafi, Suddenly a fruct (9BH 39854), coming out from Jalan Harom Setangka, without stopping, and hit the fight side it my car. This resulted in both the fight doors to be damaged.  DECLARATION  We declare the foregoing particulars are true in every respect.  Driver's signature  Driver's signature  Oriver's signature  Office of the policyholder's signature  Office of th	***			
In 5th September 2018, at around 8 am I was traviling along Jalan Kembang Melafi, Suddenly a fruct (9BH 39854), coming out from Jalan Harom Setangku, without stopping, and hit the fight side it my cav. This resulted in both the right doors to be damaged.  DECLARATION  We declare the foregoing particulars are true in every respect.  Driver's signature  Driver's signature  Oriver's signature  Oriver's signature  Oriver's signature  Office of the policyholder's Signature  Name:				
In 5th September 2018, at around 8 am I was traviling along Jalan Kembang Melafi, Suddenly a fruct (9BH 39854), coming out from Jalan Harom Setangku, without stopping, and hit the fight side it my cav. This resulted in both the right doors to be damaged.  DECLARATION  We declare the foregoing particulars are true in every respect.  Driver's signature  Driver's signature  Oriver's signature  Oriver's signature  Oriver's signature  Office of the policyholder's Signature  Name:	e de la companya de			
In 5th September 2018, at around 8 am I was traviling along Jalan Kembang Melafi, Suddenly a fruct (9BH 39854), coming out from Jalan Harom Setangku, without stopping, and hit the fight side it my cav. This resulted in both the right doors to be damaged.  DECLARATION  We declare the foregoing particulars are true in every respect.  Driver's signature  Driver's signature  Oriver's signature  Oriver's signature  Oriver's signature  Office of the policyholder's Signature  Name:				
In 5th September 2018, at around 8 am I was traviling along Jalan Kembang Melafi, Suddenly a fruct (9BH 39854), coming out from Jalan Harom Setangku, without stopping, and hit the fight side it my cav. This resulted in both the right doors to be damaged.  DECLARATION  We declare the foregoing particulars are true in every respect.  Driver's signature  Driver's signature  Oriver's signature  Oriver's signature  Oriver's signature  Office of the policyholder's Signature  Name:				
In 5th September 2018, at around 8 am I was traviling along Jalan Kembang Melafi, Suddenly a fruct (9BH 39854), coming out from Jalan Harom Setangku, without stopping, and hit the fight side it my cav. This resulted in both the right doors to be damaged.  DECLARATION  We declare the foregoing particulars are true in every respect.  Driver's signature  Driver's signature  Oriver's signature  Oriver's signature  Oriver's signature  Office of the policyholder's Signature  Name:	DESCRIBE CIRCURASTANCE	COETHE ACCIDENT		
Out from Jaan Harom Schangeai, without stopping, and hit the right side of my Car. This resulted in both darright doors to be damaged.  Declaration  We declare the foregoing particulars are true in every respect.  Diver's signature  Driver's signature  Driver's signature  Olicyholder's signature  Name:		111/ 1/2/	bang Melati	
Out from Jaan Harom Schangeai, without stopping, and hit the right side of my Car. This resulted in both dar right doors to be damaged.  Declaration  We declare the foregoing particulars are true in every respect.  Diver's signature  Driver's signature  Driver's signature  Olicyholder's signature  Olicyholder's signature  (if driver is not the policyholder)  Name:  Name:  We taken a 18854), Le ming a 1885	in 5th Septem	zer 2018, at around &	am. I was traveling alo.	ng
DECLARATION  We declare the foregoing particulars are true in every resect  Discholder's Signature  Driver's Signature  Name:  Name:	I CAMAN KUMBANA	Melan, snaaeniya.	truck (46H 3985V) 1	omina
the hight side of my car. This resulted in both da night doors to  be damaged.  Security and the highest doors for the policyholder's Signature are true in every respect.  KEVIN LEONG WAI KIT Performance Wolfers Limited 303 Alexandra Road Sine Darby Performance Centre Singapore 159941  Reporting Centre Personnel's Signature (If driver is not the policyholder)  Name:	out from JAAn	HArom Sehanakai W	thout stopping and hi	; <i>t</i>
DECLARATION  Twe declare the foregoing particulars are true in every respect.  We declare the foregoing particulars are true in every respect.  Signature  Driver's Signature  Driver's Signature  Oriver's Signature  (If driver is not the policyholder)  Name:  Reporting Centre Personnel's Signature  Name:	the hight side of	my car. This resulted	in both of right doors	+a
DECLARATION  We declare the foregoing particulars are true in every respect.  We declare the foregoing particulars are true in every respect.  Signature  Driver's Signature  Driver's Signature  Driver's Signature  Oriver's Signature  Oriver's Signature  Oriver's Signature  Oriver's Signature  Oriver's Signature  Name:  Name:	be damaged.		J	-(
We declare the foregoing particulars are true in every respect.  KEVIN LEONG WAI KIT Perfomance Motors Limited 303 Alexandra Road Sime Darby Performance Centre Singapore 159941  Reporting Centre Personnel's Signature ate & Time:  (If driver is not the policyholder)  Name:				
We declare the foregoing particulars are true in every respect.  KEVIN LEONG WAI KIT Perfomance Motors Limited 303 Alexandra Road Sime Darby Performance Centre Singapore 159941  Reporting Centre Personnel's Signature ate & Time:  (If driver is not the policyholder)  Name:				
We declare the foregoing particulars are true in every respect.  KEVIN LEONG WAI KIT Perfomance Motors Limited 303 Alexandra Road Sime Darby Performance Centre Singapore 159941  Reporting Centre Personnel's Signature ate & Time:  (If driver is not the policyholder)  Name:				
We declare the foregoing particulars are true in every respect.  KEVIN LEONG WAI KIT Perfomance Motors Limited 303 Alexandra Road Sime Darby Performance Centre Singapore 159941  Reporting Centre Personnel's Signature ate & Time:  (If driver is not the policyholder)  Name:	AMARA TO THE RESIDENCE OF THE PARTY OF THE P			
We declare the foregoing particulars are true in every respect.  KEVIN LEONG WAI KIT Perfomance Motors Limited 303 Alexandra Road Sime Darby Performance Centre Singapore 159941  Driver's Signature ate & Time:  (If driver is not the policyholder)  Reporting Centre Personnel's Signature Name:				
We declare the foregoing particulars are true in every respect.  KEVIN LEONG WAI KIT Perfomance Motors Limited 303 Alexandra Road Sime Darby Performance Centre Singapore 159941  Reporting Centre Personnel's Signature ate & Time:  (If driver is not the policyholder)  Name:				
We declare the foregoing particulars are true in every respect.  KEVIN LEONG WAI KIT Perfomance Motors Limited 303 Alexandra Road Sime Darby Performance Centre Singapore 159941  Driver's Signature ate & Time:  (If driver is not the policyholder)  Reporting Centre Personnel's Signature Name:				
We declare the foregoing particulars are true in every respect.  KEVIN LEONG WAI KIT Perfomance Motors Limited 303 Alexandra Road Sime Darby Performance Centre Singapore 159941  Driver's Signature ate & Time:  (If driver is not the policyholder)  Reporting Centre Personnel's Signature Name:				
We declare the foregoing particulars are true in every respect.  KEVIN LEONG WAI KIT Perfomance Motors Limited 303 Alexandra Road Sime Darby Performance Centre Singapore 159941  Reporting Centre Personnel's Signature ate & Time:  (If driver is not the policyholder)  Name:				
We declare the foregoing particulars are true in every respect.  KEVIN LEONG WAI KIT Perfomance Motors Limited 303 Alexandra Road Sime Darby Performance Centre Singapore 159941  Driver's Signature ate & Time:  (If driver is not the policyholder)  Reporting Centre Personnel's Signature Name:				
We declare the foregoing particulars are true in every respect.  KEVIN LEONG WAI KIT Perfomance Motors Limited 303 Alexandra Road Sime Darby Performance Centre Singapore 159941  Driver's Signature ate & Time:  (If driver is not the policyholder)  Reporting Centre Personnel's Signature Name:				
We declare the foregoing particulars are true in every respect.  KEVIN LEONG WAI KIT Perfomance Motors Limited 303 Alexandra Road Sime Darby Performance Centre Singapore 159941  Driver's Signature ate & Time:  (If driver is not the policyholder)  Reporting Centre Personnel's Signature Name:				
We declare the foregoing particulars are true in every respect.  KEVIN LEONG WAI KIT Perfomance Motors Limited 303 Alexandra Road Sime Darby Performance Centre Singapore 159941  Driver's Signature ate & Time:  (If driver is not the policyholder)  Reporting Centre Personnel's Signature Name:				
We declare the foregoing particulars are true in every respect.  KEVIN LEONG WAI KIT Perfomance Motors Limited 303 Alexandra Road Sime Darby Performance Centre Singapore 159941  Reporting Centre Personnel's Signature ate & Time:  (If driver is not the policyholder)  Name:				
We declare the foregoing particulars are true in every respect.  KEVIN LEONG WAI KIT Perfomance Motors Limited 303 Alexandra Road Sime Darby Performance Centre Singapore 159941  Driver's Signature ate & Time:  (If driver is not the policyholder)  Reporting Centre Personnel's Signature Name:				
We declare the foregoing particulars are true in every respect.  KEVIN LEONG WAI KIT Perfomance Motors Limited 303 Alexandra Road Sime Darby Performance Centre Singapore 159941  Driver's Signature ate & Time:  (If driver is not the policyholder)  Reporting Centre Personnel's Signature Name:				
We declare the foregoing particulars are true in every respect.  KEVIN LEONG WAI KIT Perfomance Motors Limited 303 Alexandra Road Sime Darby Performance Centre Singapore 159941  Driver's Signature ate & Time:  (If driver is not the policyholder)  Reporting Centre Personnel's Signature Name:				
Driver's Signature  Driver's Signature  ate & Time:  Driver's Signature  Olicyholder's Signature  Driver's Signature  Olicyholder's Signature  Reporting Centre Personnel's Signature  Name:	DECLARATION			<del>,</del>
Sime Darby Performance Centre Singapore 159941  Driver's Signature ate & Time:  (If driver is not the policyholder)  Name:	/We declare the foregoing partic	ulars are true in every respect	KEVIN LI Perfoment	EONG WAI KIT
olicyholder's Signature Driver's Signature Atte & Time:  Olicyholder's Signature Reporting Centre Personnel's Signature Name:		Man	/ L 303 Ale	Exandra Pood
ate & Time: (If driver is not the policyholder) Name:	Policyholdayly Communication		Singar	oore 159941
Date 0 Tr	Policyholder's Signature Date & Time:			e

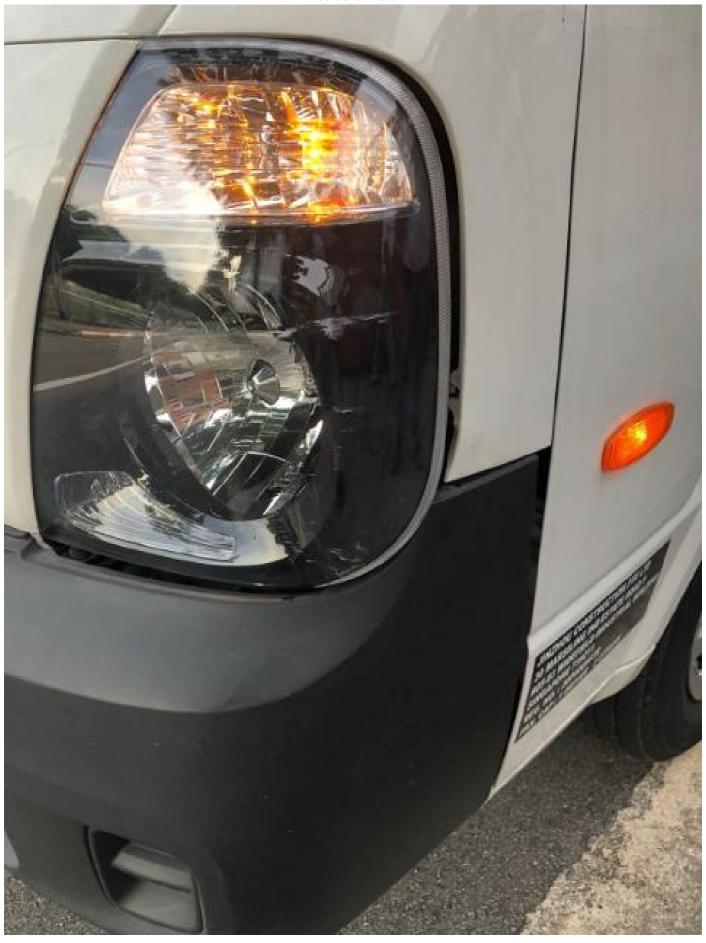
Sketch Plan Pg. 3

JON KIM CMO, DCJO49711-

2/ 7/ 2018

光量到他是我的趋力













# Accident Photo SFS 5968 D SFS 5968 D



