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

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	ACCIDENT STATEMENT
Date Of Report	02/10/2018 14:41
Date Of Accident	02/10/2018 08:35
Exact Location Of Accident	BUKIT BATOK RD (OUTSIDE SHELL GAS STATION)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA270C
Insured/Policyholder	
Name Of Registered Owner	HO WAI KIT
Work Permit No	G3410612L
Email Address	HKAHCHOI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97359536
Alternative Phone No	OFFICE-97359536
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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?	YES
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	CN891807
Cover Note Number	
Driver	

Driver

Name of Driver HO TIN MEI
Work Permit No G3416254P
Date Of Birth 04/11/1980
Occupation INDOOR
Date Of Driving Pass 30/08/2018

Driving Experience 0 YEAR AND 1 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-96167664

Fax Number

Contact Number

EMail Address VICKYHTM@GMAIL.COM

Address 87 WEST COAST DR #12-14 HUNDRED TREE

NO

NO

Postcode 12801

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 - 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?

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

PLEASE REFER AS ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJJ2942Y

Vehicle Make/Model/Colour TOYOTA/ALLION

Details Of Properties

Vehicle Category PRIVATE CAR

Name of DriverLAU LISANRIC/Passport NumberS7673544AContact Number90074345

Address Postcode

Insurance Company Name

Nature Of Damage REAR BUMPER

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

F20 1/4

- 1. Rease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
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- By the ladgement 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)

Lunderstand, 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' law yers/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;
- (ii) 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")

M

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

	(Oaky) to	Williams and by Reporting Control
icyholder's Signature / Date & ne CCf 2, 2018 setch Plan	Driver's Signature (If driver is not the policyholder) / Date & Time 0 x 2, 2018	Witnessed by Reporting Centre Personnel
g	ukit Batok Rd	
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Accident Sketch Plan

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AXA INSURANCE PTE LTD

8 Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Service Centre #81-01 Tet: 6338 7288 Fax: 6338 2522 Website: www.exe.com.sg GST Registration Number: 199903512M



Original

Agent Code: 14885

Policy No.(If any): BSTU008 WILLIE

New Business

SmartDrive Quote Ref:

MOTOR COVER NOTE

No. CN891807

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore; or
- The Road Transport Act 1987 of Malaysis; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 6 1975; or
- The Agreement between the Minister for Transport (Melaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992:
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD				
INSURED	HO WAI KIT				
MAKE AND DESCRIPTION OF VEHICLE	TOYOTA COROLLA ALTIS 1.6				
VEHICLE REGISTRATION NO.					
YEAR OF MANUFACTURE	2018				
ENGINE NO.	1ZR0B56316				
CHASSIS NO.	MR053REH604582971				
ENGINE CAPACITY/TONNAGE	1598				
COVER TYPE	COMPREHENSIVE				
HIRE PURCHASE	HONG LEONG FINANCE LIMITED				
VALUE (S\$)	AS PER MARKET VALUE				
PERIOD OF INSURANCE	FROM: 22/05/2018 TO: 21/05/2020				
EXCESS (S\$)	500				
AXA PREMIUM WORKSHOP?	NO EN THE O MOTORS IS LETTE LTT				

IWE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by

AISINCHCAPE2

on

22/05/2018 2:00pm

Authorised Signature

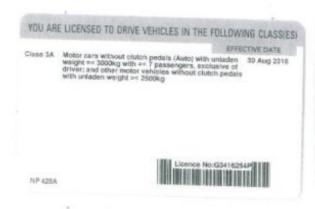
Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- · Premium for time on risk will be charged subject to minimum of \$\$53.50 (inclusive of GST), If the policy is cancelled after the inception date.
- · An administrative fee of S\$26.75 (inclusive of GST) will be charged:
 - Cover note issued and cancelled before inception.
 - Retaining the old registration number for a new vehicle insuring with AXA.
 PREMIUM WARRANTY

For Individual Customers:
Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.
For Non-Individual Customers:
Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other

cases, the premium in full should be paid before inception.

MTR/C/NOTE/V01/03





















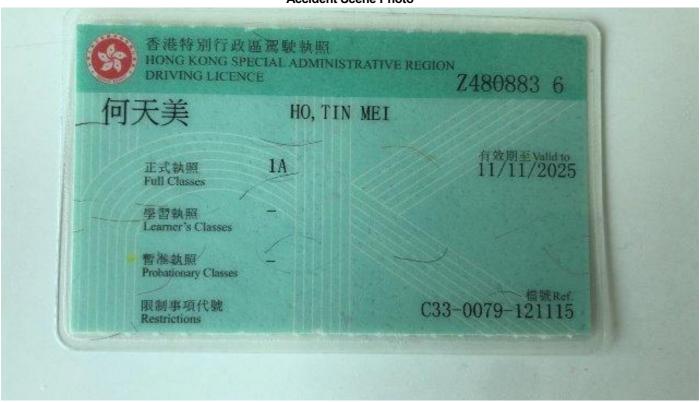
















File Ref.: C43-0117

30/10/2014

Dear MS, HO,TIN MEL

Date of Completion of Probationary Driving Period

(Driving Licence No.: Z480883(6)

According to our record, you are the holder of a probationary driving licence to drive the following class(es) of motor vehicle -

Class(es)	Valid From	Date of Completion of Probationary Driving Period				
01A	30/10/2014	29/10/2015				

Your current probationary driving licence is valid until 29/10/2015. You can apply for full driving licence for the respective vehicle class(es) within 3 years after the date of completion of the relevant probationary driving period for the relevant vehicle class; otherwise, you will have to re-apply for a learner's driving licence, pass the driving test of the relevant vehicle class(es) and complete the probationary driving period again before you can apply for a full driving licence for the respective vehicle class(es).

The above information is based on the current data kept in our computer record updated till the day before the issue of this letter and is therefore for reference only. The above information is subject to change if there is any update affecting your driving licence record including disqualification, expiry of driving licence and conviction of offences specified in the Twelfth Schedule of the Road Traffic (Driving Licences) Regulations, Cap. 374B or in the Road Traffic (Driving-offence Points) Ordinance, Cap. 375.

Yours faithfully,

for Commissioner for Transport

運輸署 電腦化筆試成績能

TRANSPORT DEPARTMENT COMPUTERIZED WRITTEN TEST RESULT SLIP

PRINT DATE & TIME: 205/2014 14:19:56

考試試場: (235室) TEST VENUE: (Room 235)

海绒收格號碼 開始完成時間 香港身份總施照號碼 考生姓名 考試日期 考試類別 考生類別 筆試成績 START/END TIME TEST FORM NO. TEST HKID/PASSPORT NO. CANDIDATE NAME. CANDIDATE WRITTEN TEST RESULT DATE HC053116 14:12/14:19 Z480883(6) 27/5/2014 HO,TIN MEI

Part A



煮生凝起 NOTES TO CANDIDATE

考牛類別 CANDIDATE TYPE

(a) Non-school

- 非學院考生

- 觀聴駕駛學院考生

- 香港解聯學院考生

Candidate from Hong Kong School of Motoring Candidate from Kwan Tong Driving School

(b) HKSM (c) KTDS 考試類別/筆試成績

TEST TYPE / WRITTEN TEST RESULT

(a) Part A

複數等試甲部試,考生在20保體目中答錄/編各4題或以下方為及核。不及核者或鐵單上會列出分數、如:(15/20) To score a PASS, candidate must not err / omit more than 4 questions from 20 questions. If FAILED, candidate will receive his/her result with score, e.g. (15/20).

及格 PASS

(b) Taxi

Non-school Candidate

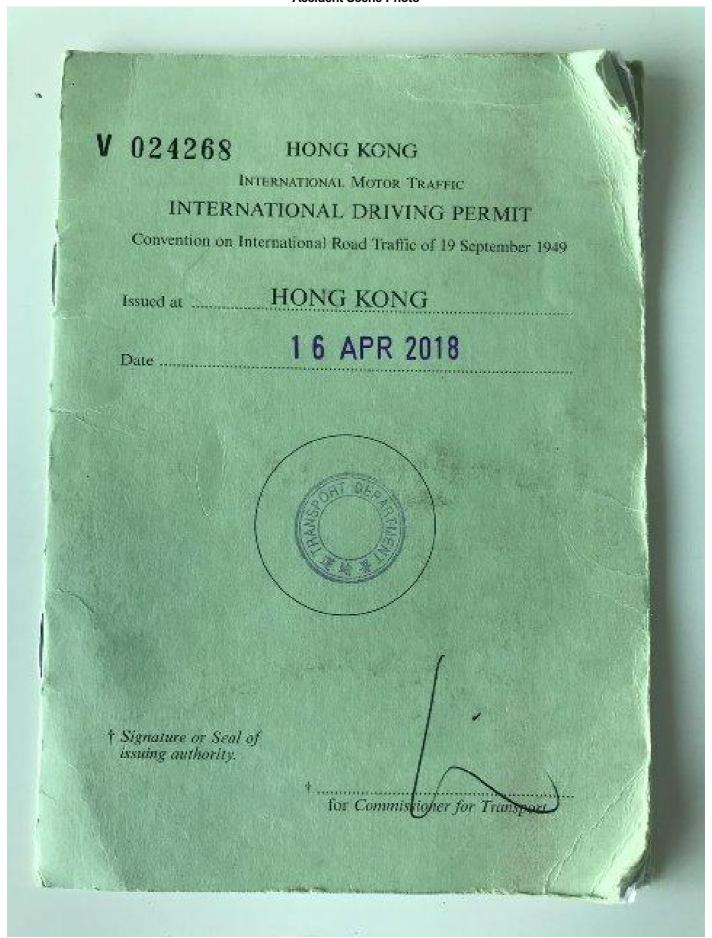
Non-school

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Remarks

比成績領絡運輸署最後等核為實。 The test result will be final after being verified by the Transport Department.

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Motor vehicles used for the transport of passengers and to the driver's seat, at most cight seats, or those us goods and having a permissible maximum weight not es ibs.). Vehicles in this category may be coupled with	ed for the transpoot of	В	(Sceau du cache de l'aucorité	
Motor vehicles used for the transport of goods and o maximum weight exceeds 3,500 kg (7,700 lbs.). Vehicle coupled with a light trailer.	f which the permissible in in this category may	C	Carbet de la carbe	
Motor vehicles used for the transport of passengers and to the driver's seat, more than eight seats. Vehicles coupled with a light trailer,	comprising, in addition in this category may be	D	Setau ou cachet de l'autorité	
Mutor vehicles of categories B, C or D, as authorized a light trailer	above, with other than	E	Scenar ou (suches de l'autorité)	
the means the weight of the vehicle and the vehicle is maximum load when the vehicle is "Light it missible in	of the country of register callers" shall be those of maximum, weight not ex (650 lbs.).	a per-	(cachet de)	Signature du titulière EXCLUSIONS 19491
EXCLUSION older of this permit is deprived of the right to live in (country)	Exclusions: (countries I-VIII)		t	Name and Address of the Address of t
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Signature Signature			TO SOUTH AND A SOUTH ASSESSMENT	