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 liability.
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	10/10/2018 11:20
Date Of Accident	09/10/2018 20:35
Exact Location Of Accident	MARINA BOULEVARD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFS8288M
Insured/Policyholder	
Name Of Registered Owner	IMPERIAL CHAUFFEUR SERVICES PTE LTD
Co Reg No	201013851C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67340428
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200
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	VFX/P1427879
Cover Note Number	
Driver	
Name of Driver	TAN KAI CHUA
NRIC No	S1413835H
Date Of Birth	15/05/1960
Occupation	OUTDOOR
Date Of Driving Pass	08/03/1983
Driving Experience	35 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84433773
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	7 MARINE TERRACE #12-250
Postcode	S440007
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : COLIN PYLE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

I WAS DRIVING STRAIGHT ALONG MARINA BOULEVARD AT 3RD LANE OF 5 LANES. HEAVY TRAFFIC AND RAINING, ALL VEHICLE MOVED SLOWLY, I FOLLOWED SUITE. SUDDENLY I FELT AN IMPACT. VEHICLE B ENCROACED INTO MY LANE AND COLLIDED ONTO FRONT RH PORTION OF MY VEHICLE AND CAUSED DAMAGES. I WISH LODGE THE REPORT CLAIM AGAINST VEHICLE B.

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	SHA1585Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

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:

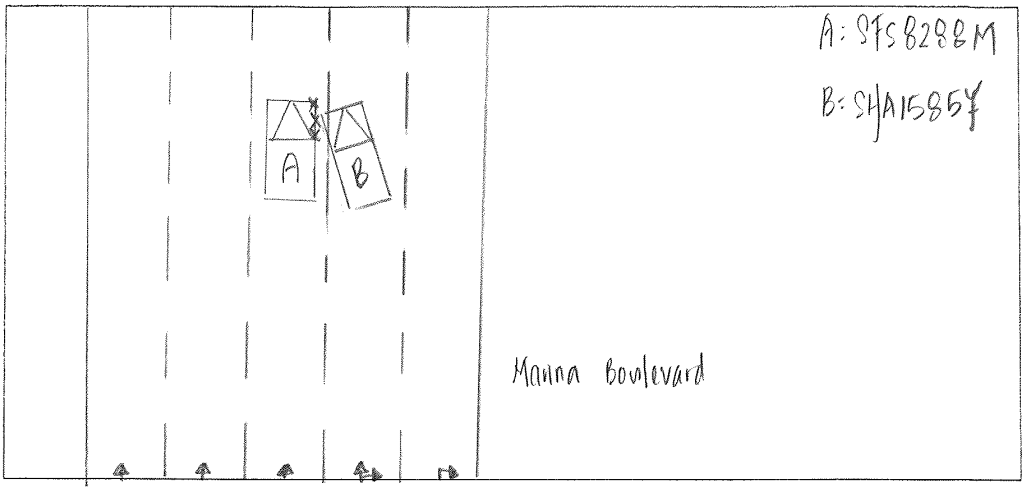
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along Manna boulevard at 3rd lane of 5 lanes. Heavy traffic and rainning, all vhicle moved slowly, I followed suite. Suddenly, I felt an impact. Vh "B" encroached into my lane and collided onto front RH portion of my vhicle and caused damages.

I wish lodge the report claim against vh "B".

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Centre #01-21
Tel:1800 8804888 Fax:-
Website:www.axa.com.sg
GST Registration Number: 199903512M
customer.care@axa.com.sg

CERTIFICATE OF INSURANCE

■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, 1959 (Malaysia)

CERTIFICATE NO.	: **VFX/P1427879**	Account No. : 00355
Coverage	: **Comprehensive**	
Sum Insured	: **Market Value At The Time Of Loss**	
Name of Policy Holder	: **IMPERIAL CHAUFFEUR SERVICES PTE. LTD.**	
Vehicle Registration No.	: **SKM1052U**	
Period of Insurance	: From **01/09/2018** To **31/08/2019** (Both Dates Inclusive)	

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

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.

LIMITATIONS AS TO USE*

(a) Use for the carriage of passengers or goods in connection with the Policyholder's business
(b) Use for social,domestic and pleasure purposes and business purpose of any person to whom the vehicle is hired

The Policy does not cover
(a) Use for racing, pace making, reliability trial or speed-testing
(b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle
(c) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired

(04)

EXCESS :

Sect I - Used In S'pore Only	: **SGD 2,000.00**
Sect II-Used In Singapore Only	: **SGD 1,500.00**
W/screen Excess in Singapore	: **SGD 100.00**
Sect I - Used Outside S'pore	: **SGD 2,000.00**
Sect II-Driven Outside S'pore	: **SGD 1,500.00**
W/screenExcess(Outside S'pore)	: **SGD 100.00**

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions 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

Authorized Signature

Issued by - **MVUELSIE** on 27/09/2018

IMPORTANT :
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).

FOR INDIVIDUAL CUSTOMERS : *Cover Under the policy is valid only upon the payment of the full premium stated on the policy.*

FOR NON-INDIVIDUAL CUSTOMERS : *Please refer to the Premium Warranty Clause on the policy*

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1413835H

Name

TAN KAI CHUA

Race
CHINESE

Date of Birth
15-05-1960

Sex
M

Country of Birth
SINGAPORE

3104822

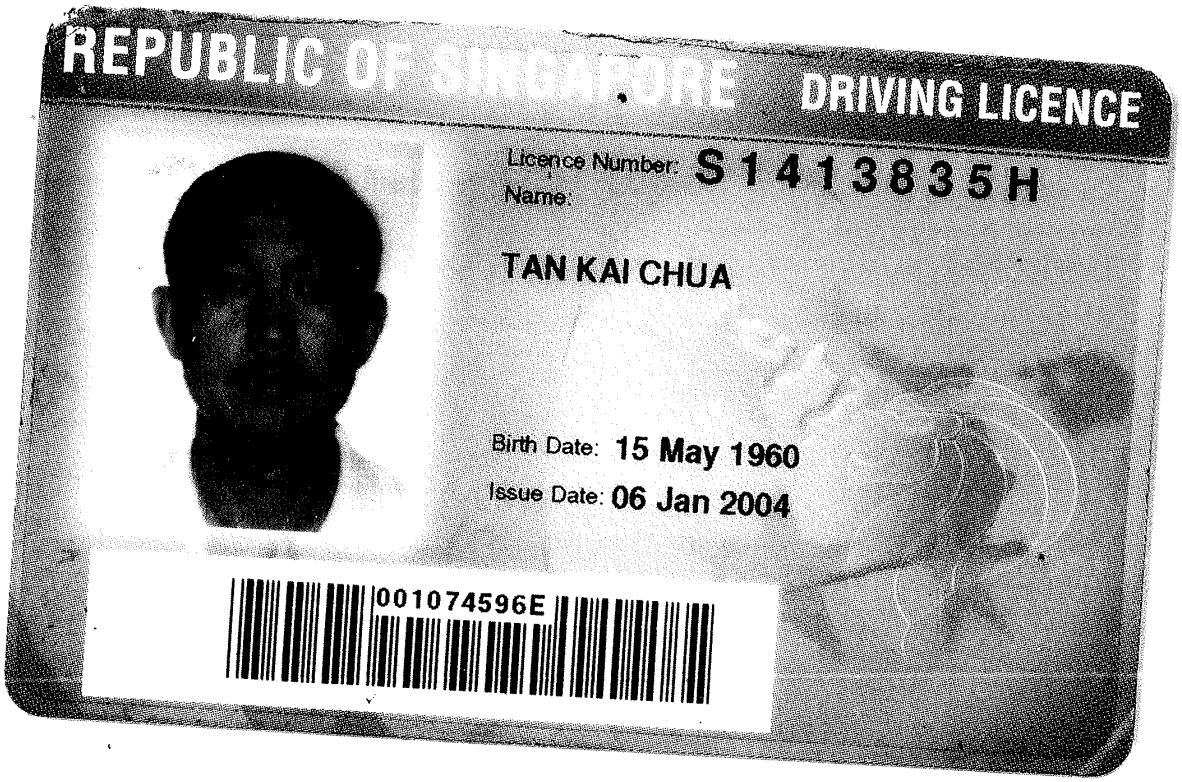
NRIC No. S1413835H

Blood Group
B+

Date of issue
28-10-1999

APT BLK 7 MARINE TERRACE #12-250
SINGAPORE 440007

NRIC No: S1413835H Date: 02/01/2018



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	08 Mar 1983

Licence No: S1413835H

NP 428A

LETTER OF UNDERTAKING

I/We, Imperial chauffeur Services Pte Ltd, the owner of vehicle no. SFS82881M

My/Our Insurance is under M/s AXA Insurance Pte Ltd , I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, Ng Hock Tack Motor Pte Ltd.

Signed and Acknowledge by:

S7613851C

Nric no. & signature of policyholder

Imperial Chauffeur Services Pte Ltd

Company stamp

10/10/18

Date

Replace Vehicle No. (Confirmation)

Replacement Details

Vehicle No. To Be Replaced:	SKM1052U
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	E200 SEDAN (R17)
Chassis No.:	WDD2120342A921487
Engine No.:	27492030121769
Motor No.:	
Replace With:	SFS8288M
Expiry Date:	27 Apr 2019

Note:

Upon successful replacement of the vehicle registration number:

- You are required to change the physical number plate(s) on the existing vehicle and display the newly replaced vehicle registration number by 05 Oct 2018. Please print and produce the receipt at the workshop as proof of approval from the LTA to change your vehicle number plate(s).
- Please visit our website at www.onemotoring.com.sg if you have any queries.

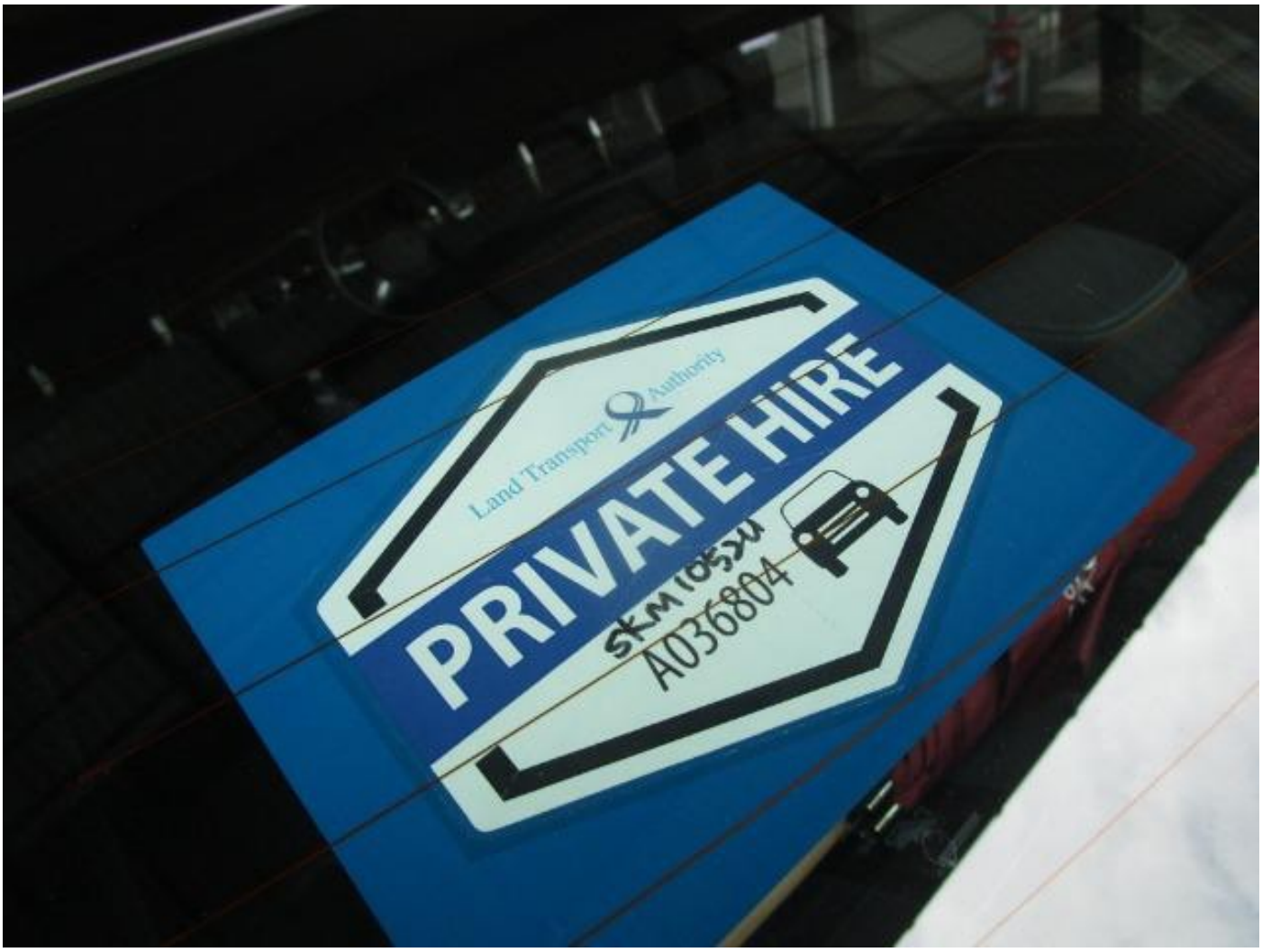
Previous Print Confirm Cancel

Accident Photo

Accident Photo

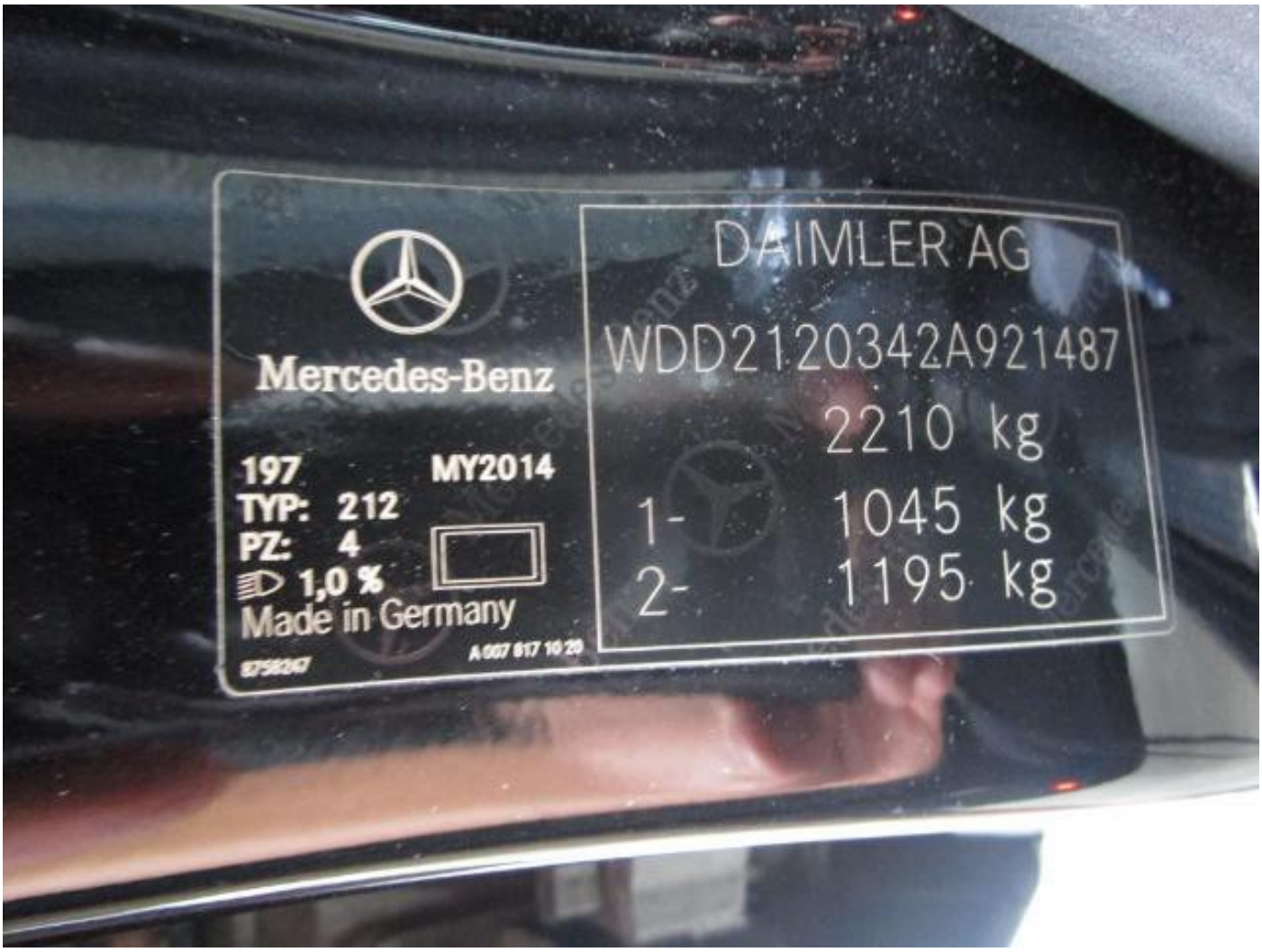
Accident Photo

Accident Photo



Accident Photo

Accident Photo



Accident Photo

Accident Photo