

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 withholding 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 | 13/11/2018 14:11 |
| Date Of Accident | 27/10/2018 19:00 |
| Exact Location Of Accident | JOHOR CUSTOM |
| Country/State of Loss | MALAYSIA/JOHOR DARUL TAKZIM |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SBM25L |
| Insured/Policyholder | |
| Name Of Registered Owner | HO POH HUAT |
| NRIC No | S0789823A |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91203938 |
| Alternative Phone No | OFFICE-91203938 |

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? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|-----------------------|
| Name of Insurance Company | AXA INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | P2069976 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | HO POH HUAT |
| NRIC No | S0789823A |
| Date Of Birth | 01/01/1935 |
| Occupation | INDOOR |
| Date Of Driving Pass | 06/07/1959 |
| Driving Experience | 59 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91203938 |
| Fax Number | |
| Contact Number | OFFICE-91203938 |
| EEmail Address | NOEMAIL |

| | |
|---|---------------|
| Address | 25 CLOVER WAY |
| Postcode | 579054 |
| 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 | - |
| | - |
| | - |

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? | NO |
| 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: : CHEW TUI JOON |
| | GENDER: : FEMALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | WOODLANDS WEST NPC |
| Police Station Address | ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| 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? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SLQ6851P |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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.
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.


Policyholder's Signature / Date &
Time

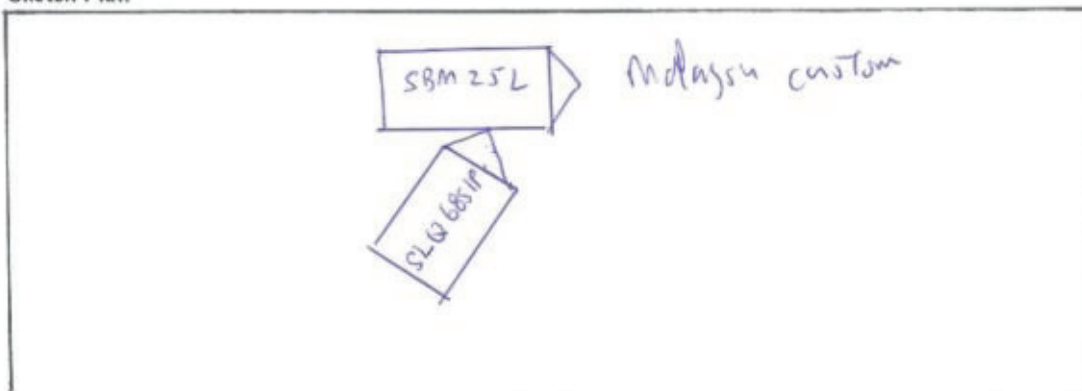
13/11/18 12:30pm


Driver's Signature (If driver is not the policyholder) / Date
& Time

13/11/18 12:30pm


Witnessed by Reporting Centre
Personnel

Sketch Plan



Accident Sketch Plan

Describe Circumstances of the Accident

As see police Report:

- Additional Notes:

Because the damage to my car was not serious, I did not
claim send for servicing nor claim for insurance.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time 13/11/18 12:50 pm

Driver's Signature (If driver is not the policyholder) / Date & Time
13/11/18 12:30pm

Witnessed by Reporting Centre Personnel

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel: (65) 63387288 Fax: (65) 63382522
 Website: www.axa.com.sg
 GST Registration Number: 199903512M
 customer.service@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. : VPA/P2069976 Account No. : 14885
 Coverage : Comprehensive (SmartDrive Toyota Prestige)
 Sum Insured : Market Value At The Time Of Loss
 Name of Policy Holder : HO POH HUAT @HO KIOK SING
 Vehicle Registration No. : SBM25L
 Period of Insurance : From 02/02/2018 To 01/02/2019 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

- (a) The Policyholder
 The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner
 (b) Any other person who is driving on the Policyholder's order or with his 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*

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, speedtesting, 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.

(01)

Basic Own Damage Excess : SGD 500.00

An Additional Excess is applicable as follows:

S\$2,500.00 for Young or Inexperienced Driver.

Young or Inexperienced Driver is defined as any driver whom is aged below 23 years old and/or less than one year of driving experience.

(Please refer to your policy on the terms & conditions)* 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 - SGOAGPH on 14/02/2018

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). The Premium 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, covernote and endorsement etc.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Vehicle Number: **S0789823A**

Name: **HO POH HUAT**

Birth Date: **1935**

Issue Date: **15 Mar 2003**

1000290107Q



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S0789823A**



Name: **HO POH HUAT**
@HO KIOK SING
何克新

Race: **CHINESE**

Date of Birth: **1935**

Sex: **M**

Country of Birth: **SINGAPORE**



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

| Class | Description | PASS DATE |
|----------|--|-------------|
| Class 2B | Motorcycles not exceeding 200 cc | 14 Jun 1960 |
| Class 2A | Motorcycles between 201 cc and 400 cc | 14 Jun 1960 |
| Class 2 | Motorcycles exceeding 400 cc | 14 Jun 1960 |
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 06 Jul 1959 |

Licence No. **S0789823A**

NP 428A

S0789823A

UIC No. **S0789823A**

Postal Group: **A+**

Date of Issue: **30-08-1991**

Address: **25 CLOVER WAY
SINGAPORE 2057**



POLICE REPORT



**SINGAPORE
POLICE FORCE**



J/20181027/2156

1 of 2

POLICE REPORT (NP299)

Report No. J/20181027/2156

Police Station Of Origin
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

| | | | | | |
|---|--|---|-----------|-----------------------------|-----------------|
| Date/Time Report Made 27/10/2018 22:30 | | Vide Report No. | | Station Diary No. 73 | |
| Name Of Informant HO POH HUAT | | Address 25 CLOVER WAY SINGAPORE 579094 | | | |
| ID Type / ID No. NRIC NO / S0789823A | | Contact No. Home/Office | | Mobile 91203938 | |
| Nationality SINGAPORE CITIZEN | | Email Address | | | |
| Occupation Retiree | | Sex Male | Age 83 | Date of Birth 01/01/1935 | Race Chinese |
| Institution/School Name | | Language | | | |
| Date/Time Of Incident 27/10/2018 19:00 | | Location Of Incident near Sultan Iskandar Custom Complex MALAYSIA | | | |

Brief details.

On 27/10/2018 at about 1900hrs, the traffic at Johor Bahru towards the Sultan Iskandar Custom Complex was heavy. There were about 5 lanes and I was driving my grey Toyota Corolla Altis with registration number SEIM25L at the third lane. When I have the opportunity to move forward, suddenly a black car with registration number SLQ6851 hit onto the right side of my vehicle. I then stopped my vehicle and went out to make a checked on my vehicle. I discovered that my car's right side in between the front and passenger door got scratched. I requested the other party to alight however she refused. I only managed to take down the said car registration number only. My car has the in-car camera installed. I am lodging

| | |
|--|--------------------------------|
| Signature Of Officer Recording The Report: J / Sgt 3 ZAKIAH BINTE MOHAMMED RASHIDIN | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 27/10/2018 22:30 |
| Officer In-Charge Of Case: J / Woodlands West N.P.C. / Sgt 3 MUHAMMAD FAIDHI BIN ROZZID Contact No.: 67910000 | Classification Of Case: |

Authentication Stamp



POLICE REPORT



SINGAPORE
POLICE FORCE



J/20181027/2156

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20181027/2156

this report for insurance claim purposes.

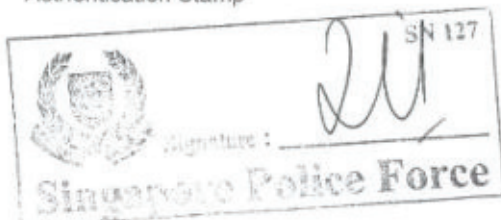
Signature Of Officer Recording The Report:

J / Sgt 3 ZAKIAH BINTE MOHAMMED RASHIDIN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Woodlands West N.P.C. /
Sgt 3 MUHAMMAD FAIDHI BIN ROZZID
Contact No.: 67910000

Authentication Stamp



Signature Of Informant:

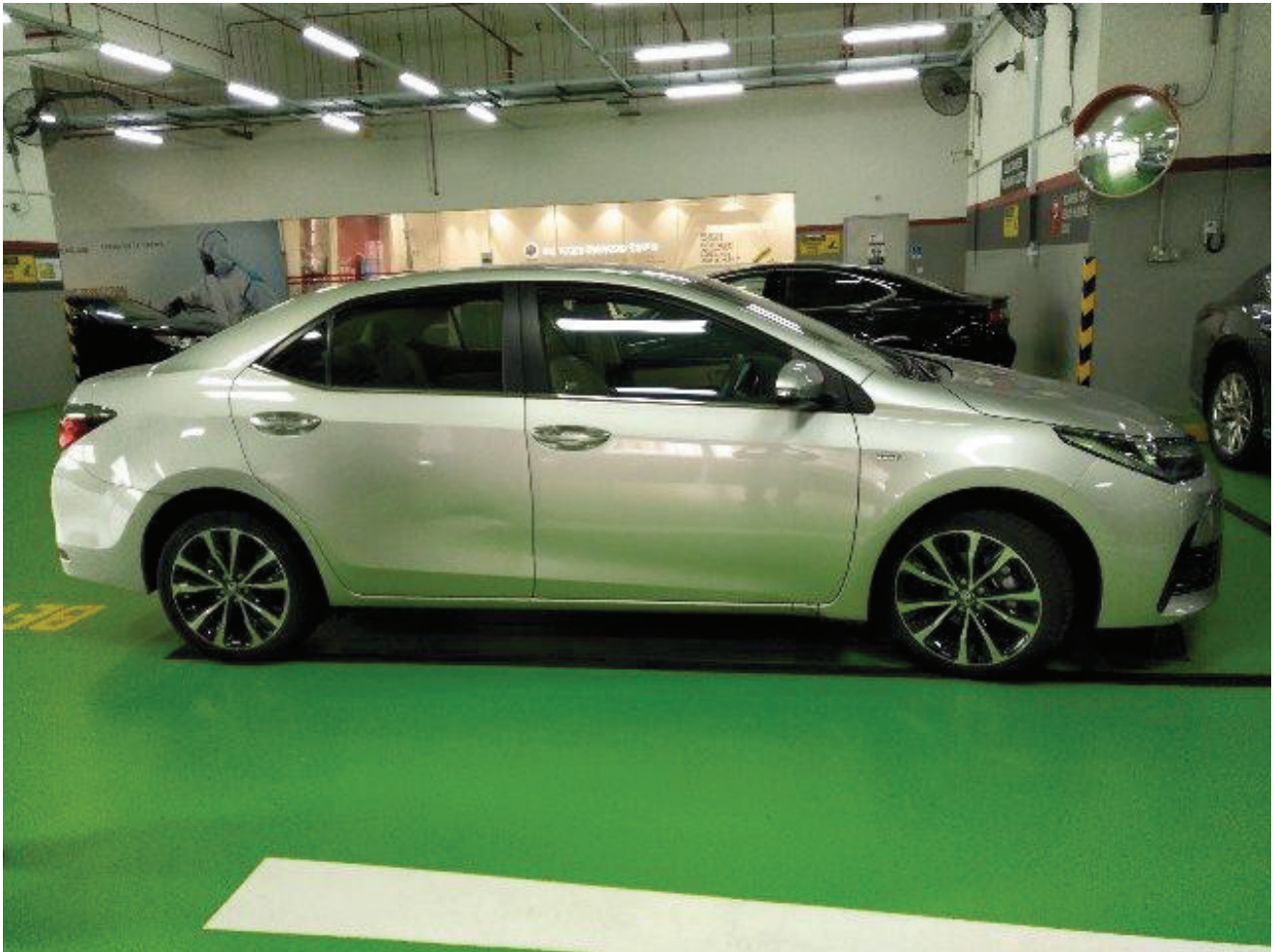
Date/Time:
27/10/2018 22:30

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo

