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 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	20/11/2018 16:20	
Date Of Accident	20/11/2018 09:30	
Exact Location Of Accident	KPE TOWARDS MCE, BEFORE KPE TUNNEL	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKV1670M	

Insured/Policyholder	

Insured/Policyholder

Name Of Registered Owner LIM CHOON KHAI

NRIC No S8578079D

Email Address KELVINLCK17@HOTMAIL.COM

Mobile Phone No (LOCAL) +65-96376459
Alternative Phone No OFFICE-96376459

Vehicle Particulars

Manufacturer NISSAN

Model SYLPHY-1.6 CVT ABS D/AIRBAG 2WD 4DR (A)

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 GA256097/1

Cover Note Number

Driver

Name of Driver LIM CHOON KHAI

 NRIC No
 \$8578079D

 Date Of Birth
 17/04/1985

 Occupation
 INDOOR

 Date Of Driving Pass
 26/11/2013

Driving Experience 4 YEARS AND 11 MONTHS

Gender MALE

Mobile Number +65-96376459

Fax Number

Contact Number OFFICE-96376459

EMail Address KELVINLCK17@HOTMAIL.COM

Address 405A FERNVALE LANE

#16-119

Postcode S(791405)

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 CHAIN COLLISION

Weather Conditions CLEAR

Road Surface DAMP & SLIPPERY

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

Number of Passengers (Including Driver)

ambulance?

NO

NO

2

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : PNG JIAXI

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED SKETCH PLAN DETAILS

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 SJZ3429Y
Vehicle Make/Model/Colour TOYOTA

Details Of Properties

Vehicle Category PRIVATE HIRE
Name of Driver KAVINTHIRAN
NRIC/Passport Number S8435497Z

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLA3329K

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

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.
- 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.
- 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.
- 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.
- 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:

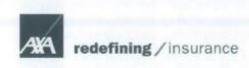
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - 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.:

Accident Sketch Plan

	1 1	
	(A)	A: SEV 1670M.
	(0)	B- SJZ 3A294
	1 1	C: SLA 3329 K.
	IN	C. SLII STOLK
	(A	
	(8)	
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
I was the II		-21- bil. the can intend no
I Was Trayetti	of Charges town &	od stopped my car then the he re bumped its car infrest m
Stopped, 2 a	policed the brook a	od stopped my car then the he
car bumped	1sto me and my co	r bumped its car infrest m
There are no	1011105	,
CHELL WILL LIVE	ray will be	
	culars are true in every respect.	
	iculars are true in every respect.	
	iculars are true in every respect.	
ECLARATION We declare the foregoing partificyholder's Signature ste & Time:	iculars are true in every respect. Driver's Signature (If driver is not the policyholds	Reporting Centre Personnel's Signature Name:

Individual Statement





Certificate of Insurance

account number 15277

-Motor Whiteles (Third-Party Risks and Companisation) Act. (Chepter 189) - Motor Whiteles (Third-Party Risks a -Andror Whiteles (Third-Party Risks) Rules. 1959 (Mataywa) Rules, 1965-Road Transport Act, 1967 (Malaysia)

Policy details

Policyholder name Caver -NCD applicable Vehicle registration number LIM CHOON KHAI Comprehensive: 40% SKV1670M from 31/08/2018 to 30/08/2019 (both dates inclusive)

Certificate number

0.8256097 / 1 MN188481720024542 HR16972868B

UNITED OVERSEAS BANK LIMITED Finance lean company

Persons or classes of persons entitled to drive*

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

Provided that the person striving is permitted in accordance with the Rosning 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.

Limitation 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, speed testing, the carrings 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, pade-making or such similar purposes.

 Linstatoms, condensed inquirative by Section 8 of the Music Writides (Third Party Russ and Conspo-(MusicyNa), one not to be instuded under these headings. mation) Act. (Chapter 189) and Section 96 of the Read Transport Act. 1967

EXCESS

Basic Own Damage Excess Windscreen Excess

An Additional Excess is applicable as follows:

- 1. S\$500 for unnamed Authorised Driver
- \$5500 for declared Young and Inexperienced Driver
 \$55,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$52,500 if You have chosen AXA Premium

Additional clauses & endorsements to your policy

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and ation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

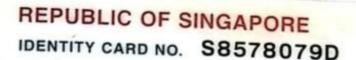
Important note

Policyholders are women that on the sale of a motor vehicle they must surrender the Cartificate of Insurance and the Policy to the insurance company, if the Cartificate insurance has been laid or declaraged a Statutury Declaration to the effect must be made. Falling to comply with this unligation is an offered under the Motor Vehicle (Thin Porty Risks and Compensation Act alloy-18th).

The President Warrant's Dauge requires the president to be post in full within a specific period fasting which there would be no liability under the policy, relewal partificate

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 Customer Centre, #61-01

1012







Name

LIM CHOON KHAI

林俊凯

Race

CHINESE

Date of birth

17-04-1985 Country/Place of birth

Country/Place of birth MALAYSIA Sex

\$8578079D



5931431





Date of issue

07-05-2018

APT BLK 405A FERNVALE LANE #16-119 SINGAPORE 791405

NRIC No: S8578079D

Date: - 10/11/2018

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

EFFECTIVE DATE

Class 2B Class 3

Motorcycles =< 200 cc Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

26 Nov 2013 26 Nov 2013

NP 428A

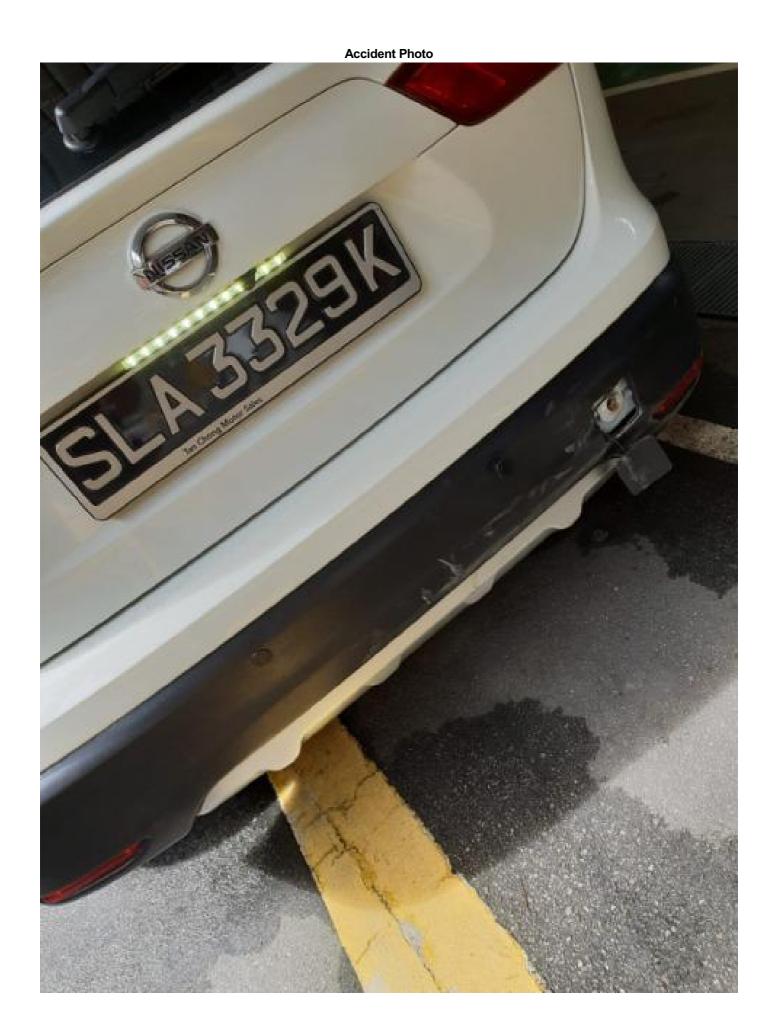


Accident Photo











Chassis Number

































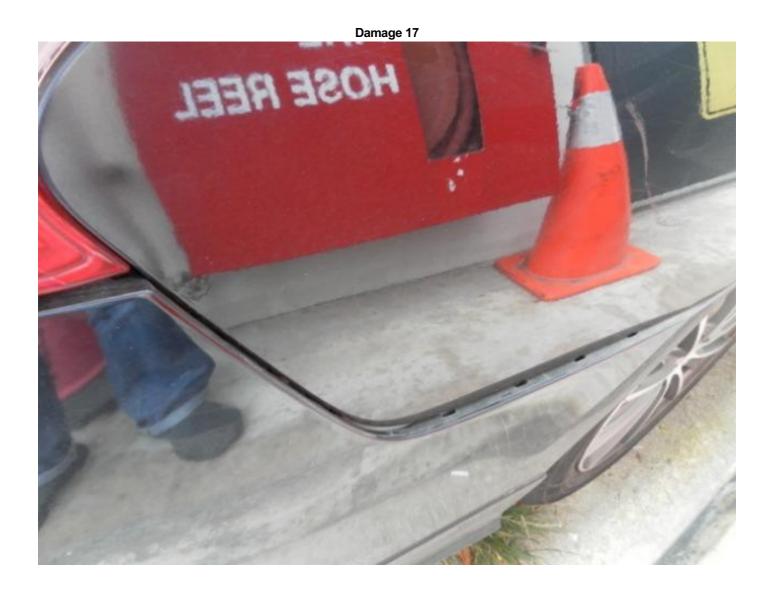
















Addendum Sheet



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: 5665500206 / GST Reg. No.: M400017735

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

		А	DDENDU	M	
P	PARTICULARS OF PERSON MAKING THE AMENDMENTS:				
C	riginal Report No	: MEAM (81 503)	ol	Vehicle Registration No:	SKV 1670M.
		: HIM CHOON K		NRIC/FIN/Passport No :	
		ehicle Owner) (*) Please o			
A	Address	405 A PERNVA	LE LAND	# 16-119.	Singapore(791405
C	Contact (Tel)			Mobile No.: 963764	159.
	mail Address	kelvinick IT @			
		8105/11/06		Time of Accident : 69	30 Ws
	Date of Accident				
F	Place of Accident	to the second	mce, the	PORE KPE TUNN	24
1	nsurance Company	: AXA			
-	ADDITIONAL INFO	RMATION / AMENDMEN	TS:		
	have made a report make the following		d accident ar	nd would like to include a	dditional information or
	VEHICLE P	ROPERTY 1 S	HOULD	BE STZ 3480	19.
	VEHICLE !	PROPERTY 2	SHOULD	BE SLA 3339	(c .
1					
				0	
				Jon-	
	Policyholder / Drivi Date:	er's Signature		Reporting Centre Per Name: NRIC/FINNo.: Date:	sonnel's Signature