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

aforesaid.			
	ACCIDENT STATEMENT		
Date Of Report	03/01/2019 15:50		
Date Of Accident	22/12/2018 12:00		
Exact Location Of Accident	CARPARK TAKASHIMAYA		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SJS1035A		
Insured/Policyholder			
Name Of Registered Owner	AMES III RICHARD FRANCIS		
NRIC No	S7586889H		
Email Address	RICKAMES@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-97506391		
Alternative Phone No	OFFICE-97506391		
Vehicle Particulars			
Manufacturer	HYUNDAI		
Model	SANTA FE-2.4 (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	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	GA160433/1		
Cover Note Number			
Driver			

Name of Driver AMES III RICHARD FRANCIS

 NRIC No
 \$7586889H

 Date Of Birth
 17/09/1975

 Occupation
 INDOOR

 Date Of Driving Pass
 16/04/2018

Driving Experience 0 YEAR AND 8 MONTH

Gender MALE

Mobile Number (LOCAL) +65-97506391

Fax Number

Contact Number OFFICE-97506391

EMail Address RICKAMES@GMAIL.COM

28 AIDA STREET Address

459955 Postcode

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 **COLLIDED INTO PARKED VEHICLE**

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

NO

NO

5

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : SIMON KAYHAN AMES

GENDER: : FEMALE

Passenger 2 NAME: : VIOLET ZEHRA AMES

> GENDER: : FEMALE

Passenger 3 NAME: : CORDELIA ELIF AMES

> GENDER: : FEMALE

Passenger 4 NAME: : HELO KAYA AMES

> 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

REFER TO STATEMENT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLX228S

Vehicle Make/Model/Colour MERCEDES BENZ

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver LING

NRIC/Passport Number

Contact Number 96600400

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material factorial 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 also 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 un derstand, 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 egents(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.
- (a) 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.

P Stryholder's Signature

2 ete & Time

011.

Driver's Signature

(If driver is not the policyholder)

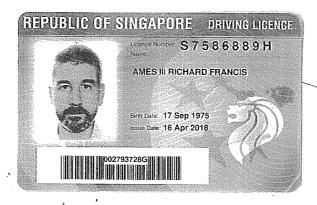
Date & Time:

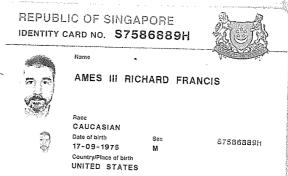
Reporting Centre Personnel's Signature

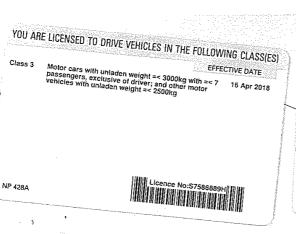
Name:

NRIC/FIN No.:

KEICH PLAN		
and the second s	And the second s	
and the second section of the section of		
Whater the state of the state o		(A) 8,78 1035 A
The second of the second secon		
The state of the s		(2) QLX 2 28 S
Pite from additional country will define an action and action action and action action and action	\ \frac{1}{2}	(B)
(A)		
A (B)		
SCRIBE CIRCUMSTANCES	S OF THE ACCIDENT	and the second s
ANNE THE REAL PROPERTY AND	HOLD PLANTS IN THE STREET THE STREET	
T	.1 0	10.
10ing o	ut as a parting spot. 1	Misjudged districe
and li	ut of a parling spot. 1 shtly scraped front	right bumper of
- Cot in	the next spot. No	damage to my
<u> </u>		
<u> </u>		
Late rep	essment mo 8 the x	for other driver to
Shor o	ssment mfo & the X	mas 8 New Years
public	holidays slowing the	ys drum. Once has
	reped came to report	
	*	
		*** A CONTROL OF THE PROPERTY
The Transcount and the Control of th		Market and a recommendation of the second of
E ⁻¹⁸ Elice - manuscapital del dels del del del dels dels dels de	ментен темперия тор и по предоставления на поставления на пределения на предоставления на предоставления на пос Предоставления на предоставления на предоставления на предоставления на предоставления на предоставления на пре	
The second secon		
THE PROCESS OF THE PROPERTY OF THE STREET OF		The rest validation at the contract of the first contract the distribution and the contract of
e Tarik 1900-pang 1971 LEDIS Akahatat Padilikikah Bahahata escar tamapapat tamapan Abar estat da San da San da	МСАР шибан Моторон Б.П.С. 1867 ж. 1875 (1867 ж. 1875) (1867 ж. 18	
aller on a street added from the production on a supply of the supply of	et opgever y til 1,0 "til 1,0" til 1,000 generaliset greise til 1,000 generaliset skille state skille til 1,000 generaliset, generalise	
LARATION		
	culars are true in every respect.	
holder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
& Time: 3/1/19	(If driver is not the policyholder)	Name:
2/1/17	Date & Time:	NRIC/FIN Ho.:













AXA Insurance Pte Ltd

1800 880 4888 (Within Singapore) (65) 6880 4888 (International)

(65) 6880 4740

customer.care@axa.com.sg

www.axa.com.sg

Certificate of Insurance

account number 03094

-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)

Policy details

Policyholder name

AMES III RICHARD FRANCIS

Certificate number Chassis number

GA160433/1

Cover Plan name

Comprehensive Peace

KMHSH81DR9U502642 G6EA9A339083 Engine number

NCD annlicable 30% Vehicle registration number

SJS1035A

from 29/01/2018 to 28/01/2019 (both dates inclusive) Period of Insurance

UNITED OVERSEAS BANK LIMITED Finance loan company

Persons or classes of persons entitled to drive*

- (a) The Policyholder
- (b) Any Named Driver as stated in the Policy:
 - 1. SIMIN KAYHAN AMES
- (c) 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.

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 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.

* 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.

EXCESS

Basic Own Damage Excess Windscreen Excess

SGD 500.00 SGD 100.00

An Additional Excess is applicable as follows:

- 1. S\$500 for unnamed Authorised Driver
- 2. S\$500 for declared Young and Inexperienced Driver
- 3. S\$5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium

Additional clauses & endorsements to your policy

Nil

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 Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

Important note

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, endorsement etc.

1 of 3

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 Customer Centre, #B1-01

VA1 / GA160433

Glass-Fix Pte Ltd (Main) (Windscreen Only)
52 Ubi Ave 3 #04-42 Frontier E Park @ Ubi Singapore 408867, Tel: 6278 0887, Fax: 6749 0541

WEST ZONE

Comfort Delgro Engineering Pte Ltd (Branch) 45 Pandan Road, Singapore 609286, Tel: 6867 6918 / 6262 5065 Fax: 6262 4113

ETHOZ Group Ltd (Main)

30 Bukit Batok Crescent, Singapore 658075, Tel: 6654 7501, Fax: 6654 7540

Hua Hong Pte Ltd (Inclusive of Heavy Vehicles)
25D Sungei Kadut St 1, Singapore 729332, Tel: 6760 8815/6760 0539, Fax: 6765 4915

Sng Ah Tee Motor & Panel Service Pte Ltd

Blk 3 Pioneer Road North #01-18 Singapore 628457, Tel: 6268 6183 / 9118 1186, Fax: 62681429

VAG Singapore Pte Ltd(Volkswagen and Audi vehicles only)
48 Toh Guan Road East, #05-155, Enterprise Hub Singapore 608586 ,Tel: 6267 9916, Fax: 6267 9313

Glass-Fix Pte Ltd (Branch) (Windscreen Only)

1 Bukit Batok Crescent, Wcega Plaza, #08-11, Singapore 658064, Tel: 6570 3906 / 6570 4751, Fax: 6570 9342

Date: 3/1/2019			
To: Owner of Vehicle Number: 938 10 3 5 A			
The following has been advised to you via your workshop, through their staff,			
Please tick the applicable box if you had been advice on the content as seen below:			
You had been advised by the workshop that in the event that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.			
) You had been advised by the workshop on the liability and merits of the case accordingly.			
) You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.			
) There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.			
The Estimation waiting time for the spare parts to arrive is The estimated arrival time does not include the repair period.			
) You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.			
) For vehicles below Three (3) years old, your Insurance company will use only genuine original parts to repair your vehicle.			
For vehicles above Three (3) years old, your insurance company will be carrying out repairs using any combination of genuine original parts and/or original equipment manufacturer (OEM) parts.			
You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.			
For vehicles below Five (5) years old, you had been advised by the workshop to check with the local distributor on your warranty status.			
() Others			
Signed and acknowledge by:			
AMES III RICHARD FRANCIS			
Name and signature of policyholder/ authorised driver			
Name and signature of workshop personnel including company stamp			

Accident Photo



