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

| Date Of Accident 08/01/2019 07:20 Exact Location Of Accident JUNCTION OF OPHIR RD AND NORTH BRIDGE RD Country/State of Loss SINGAPORE | aforesaid. | |
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| Date Of Accident 08/01/2019 07:20 Exact Location Of Accident JUNCTION OF OPHIR RD AND NORTH BRIDGE RD Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SJQ5869U Insured/Policyholder Name Of Registered Owner WANG CHUANYANG NRIC No S7463451F Email Address WCY2010SET@HOTMAIL.COM Mobile Phone No (LOCAL) +65-97765877 Alternative Phone No OTHERS-97765877 Vehicle Particulars Model X3 Exact Purpose for which vehicle was being used at time of accident NORMAL USAGE Are you claiming under your own insurance policy or repair to your vehicle? NO If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company AXA INSURANCE PTE LTD Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number CN005114 | | ACCIDENT STATEMENT |
| Exact Location Of Accident Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SJQ5869U Insured/Policyholder Name Of Registered Owner NRIC No S7463451F Email Address WCY2010SET@HOTMAIL.COM Mobile Phone No (LOCAL) +65-97765877 Alternative Phone No OTHERS-97765877 Vehicle Particulars Manufacturer Manufacturer Manufacturer Motich vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category NRIC No AXA INSURANCE PTE LTD Type Of Coverage Fleet Policy Policy Number DETAILS OF OWN VEHICLE SINGAPORE WAND VEHICLE WAND VEHICLE WAND VEHICLE WAND CHUANYANG WAND VEHICLE W | Date Of Report | 08/01/2019 11:34 |
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| Name of Insurance Company AXA INSURANCE PTE LTD Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number CN005114 | Vehicle Category | PRIVATE CAR |
| Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number CN005114 | Insurance Company | |
| Fleet Policy NO Policy Number CN005114 | Name of Insurance Company | AXA INSURANCE PTE LTD |
| Policy Number CN005114 | Type Of Coverage | COMPREHENSIVE |
| · | Fleet Policy | NO |
| Cover Note Number | Policy Number | CN005114 |
| | Cover Note Number | |

Driver

Name of Driver

NRIC No

S7264106Z

Date Of Birth

Occupation

Date Of Driving Pass

LIU TINGTING

9/12/1972

INDOOR

13/09/2016

Driving Experience 2 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-81018536

Fax Number

Contact Number

EMail Address NOEMAIL

99 LORONG N TELOK KURAU #02-05 Address

Postcode

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 - CHANGE/CROSS LANE**

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

ambulance?

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

NO 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

REFER TO ATTACH.

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **SDF3848Y**

Vehicle Make/Model/Colour MERCEDES BENZ

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver TAN SHAO CHONG

NRIC/Passport Number S7034791A Contact Number 96448593

Address

Postcode

Insurance Company Name AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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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)

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' 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:

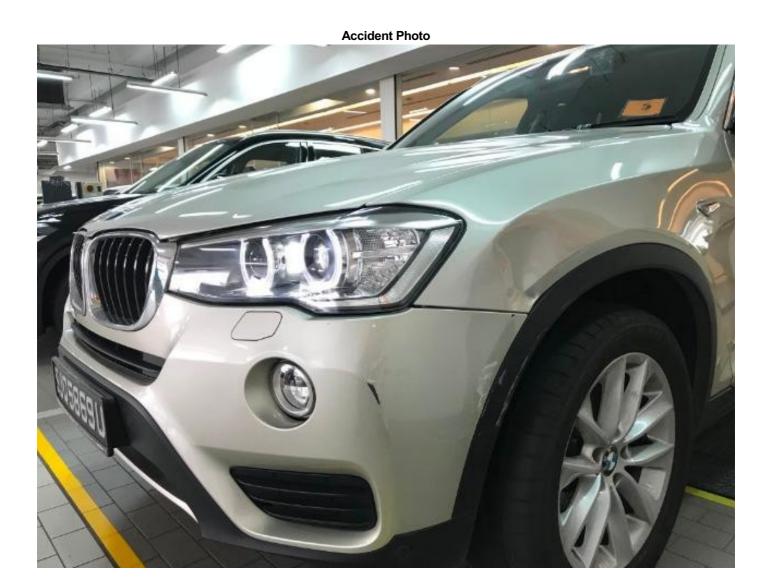
Reporting Centre Personnel's Signature Name:

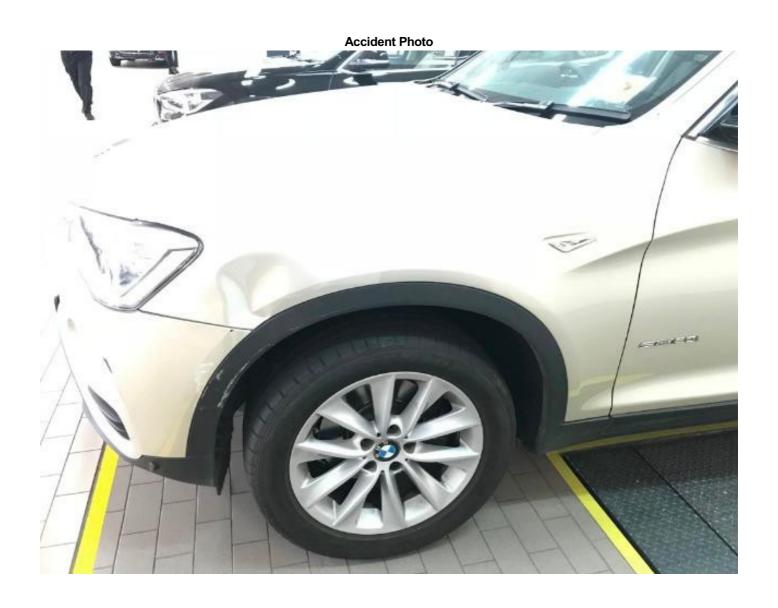
NRIC/FIN No.:

Sketch Plan Pg. 2

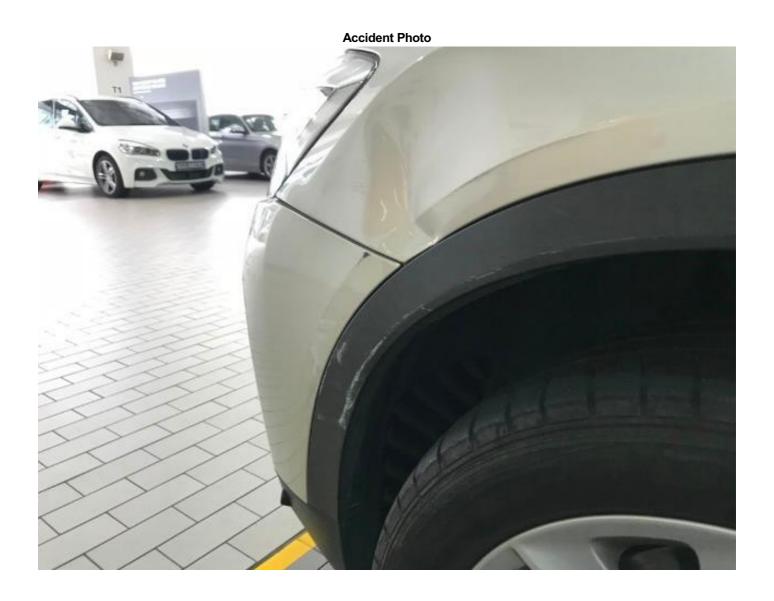
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| DECLARA | TION | | | |
| I/We decla | re the foregoing particular | s are true in every respect. | | 1 |
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| K 2) | 42 NO | x Uth | | 4 |
| | r's Signature | Driver's Signature | Reporting Centre Person | nrel's Signature |
| Date & Tim | e: | (If driver is not the policyholder) Date & Time: | Name: |) |
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| | | 08/01/2019 | | |
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Accident Photo



Accident Photo

