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.

| By the lodgement of this report to the insurers, you hereby aforesaid. | consent to the archiving of this report at the centre and to copies of the report being made available |
|--|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 12/02/2019 09:07 |
| Date Of Accident | 11/02/2019 17:50 |
| Exact Location Of Accident | ALONG PIONEER ROAD NORTH |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SMC9049G |
| Insured/Policyholder | |
| Name Of Registered Owner | TOH TUCK CHEE |
| NRIC No | S7266663A |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91380128 |
| Alternative Phone No | OFFICE-91380128 |
| Vehicle Particulars | |

Manufacturer PEUGEOT

Model 3008 ALLURE-1.6 E-THP EAT6 (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?

YES

If No, Please state action to be taken

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number VPA/P2157838

Cover Note Number 27/07/2018-26/07/2019

Driver

Name of Driver TOH TUCK CHEE
NRIC No S7266663A
Date Of Birth 20/08/1972

Occupation INDOOR
Date Of Driving Pass 14/06/2007

Driving Experience 11 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91380128

Fax Number

Contact Number OFFICE-91380128

EMail Address NOEMAIL

Address BLK 805C KEAT HONG CLOSE

06-78

3

NO

NΟ

Postcode 683805

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 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?

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.

Number of Passengers (Including Driver) 1

Details of Police Action

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 THE SKETCH PLAN

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFP8131Y

Vehicle Make/Model/Colour B

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver LAM LAY ENG

NRIC/Passport Number

Contact Number 97851153

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMC1582K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

С

WEE HONG SHING, SEAN

82220021

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 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.
- Any false 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 ladgment 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)

understand, acknowledge, agree and consent that:

- 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)
 - (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
- 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 fawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- 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 purpose stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Driver's Signature

(if driver is not the policyholder)

ोबास हैं। जिल्ह

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: NRIC/FIN No.:

Page 4 of 34

| TOWARDS K | JE FOWARDS PIE | |
|---|---|--|
| DESCRIBE CIRCUMSTANCES OF T | TONGER NORTH ROAD HE ACCIDENT OFRAK IN TIME WORLD & KNOCKES INTO THE STORY | A + smc 90 49 G B - SFR 81314 C - Smc 15 82 K We vehicles in front have |
| Important: You have been advised by the worksh claim against your own policy (OD CLA DAYS CLAUSE WHEREBY MUST BE MA from the day of the occurrence. DECLARATION I/WE declare the foregoing particu | AMM), There is a FOURTEEN (14) ADE within the stipulated time frame lars are true in every respect. | - Reporting Only - Claim OD - Claim TP - Claim OD/ TP at other workshop |
| Policyholder's signature Date & Time | Driver's Signature (if driver not the policyholder) | Reporting Centre Personnel's Signature Name: Kenneth |
| 0900hrs. | Date & Time | Nric/Fin No. |



| ſ | Date: _ | 12/02/2019 | | 1870 N | |
|-----|------------|--|---|--|--------------------------------------|
| 7 | o: Ow | vner of Vehicle Number: SMC 5 | 9049G | | |
| | | llowing has been advised to you via you Kenneth | ur workshop, | Was 10 | through their |
| F | elease t | tick the applicable box if you had been a | advice on the content as s | seen below: | |
| / | K , | You had been advised by the worksho there is a Fourteen (14) days clause w from the day of occurrence. | p that in the case that you hereby the claim must be | u wish to claim against e made within the stipu | your own policy, llated timeframe |
| X | /\/ | , You had been advised by the worksho | p on the liability and mer | its of the case accordin | glγ. |
| ٦ | / | You had been advised by the worksho making due to this accident. | op on the claims procedu | re for the type of claim | that you will be |
| (|) | There will be delay to your vehicle repother option except to indent it from a | air due to the unavailabil overseas. | ity of spare parts locall | y and there is no |
| (|) | There will be no cancellation/withdraw have been placed. If you wish to can related charges incurred directly &/or | cel/withdraw the claim, | you shall bear all costs | , expenses &/or |
| { |) | The estimated waiting time for the spectimated arrival time does not include | | | The |
| { |) | You will be driving the vehicle out desp vehicle may not be road worthy. | oite being advised by the v | workshop mechanic/pe | rsonnel that the |
| (|) | For vehicles below Three (3) years old, repair your vehicle. | your Insurance Company | / will use only genuine | original parts to |
| | | For vehicles above Three (3) years old, combination of genuine original parts | , your Insurance Compan and/or original equipmen | y will be carrying out re it manufacturer (OEM) | epairs using <i>any</i> parts. |
| (|) | You had been advised by the workshop on workmanship related to the acciden | | iths warranty for <u>Own</u> | Damage repairs |
| (| | For vehicles that are under warranty w to check with your local distributor on claim. | | | |
| (|) | Others | | | |
| Się | gned a | and acknowledge by: | | | |
| Ŵ | KK (| net lo | | | |
| Na | | nd signature of policyholder/authorised | d driver | | |
| { | OROT OR | P | | | |
| ıva | ıme an | nd signature of workshop personnel inc | litting company ctamp | | |

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$726663A





Name

TOH TUCK CHEE

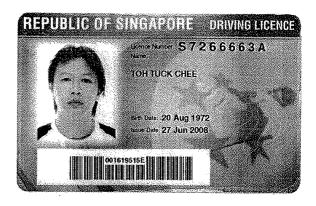
杜 得 志

)

Race CHINESE Date of birth

Date of birth
20-08-1972
Country/Place of birth
MALAYSIA

0× 1 S7266663A



5297466



NRIC No. S7266663 A



Date of issue

22-04-2014

APT BLK 805C KEAT HONG CLOSE #06~78 SINGAPORE 683805

NRIC No: \$726663A

Date: 21/05/2017

VOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 3 Motor Cars=< 3000kg with =</p>
T passengers, exclusive 14 Jun 2007 of the driver; and other motor vehicles =< 2500kg

Licence No: \$7266663A

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.sq



CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960 MRoad Transport Act. 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO.

: VPA/P2157838

Account No.: 11625

Coverage

: Comprehensive

Sum Insured

: Market Value At The Time Of Loss

Name of Policy Holder Vehicle Registration No. : SMC9049G

: TOH TUCK CHEE

Period of Insurance

: From 27/07/2018 To 26/07/2019 (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 draving 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 Use only for social, domestic and pleasure purposes and for the Policyholder's busines 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: \$\$500.00 for Unnamed Authorized Driver &/or Declared Young & Inexperienced Driver. \$\$5,000.00 for Undeclared Young and Inexperienced Driver. (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 Conpensation) Act. (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOVGRP2

on 03/08/2018

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.







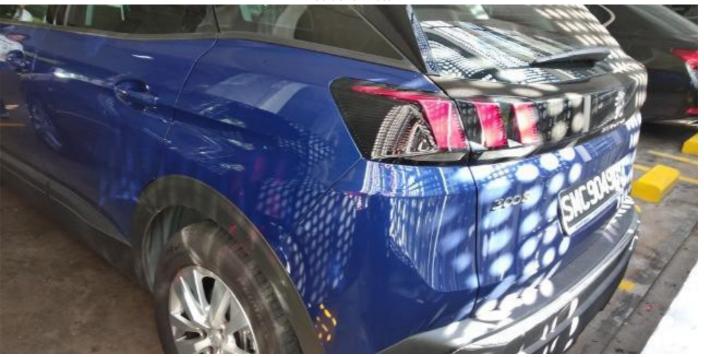












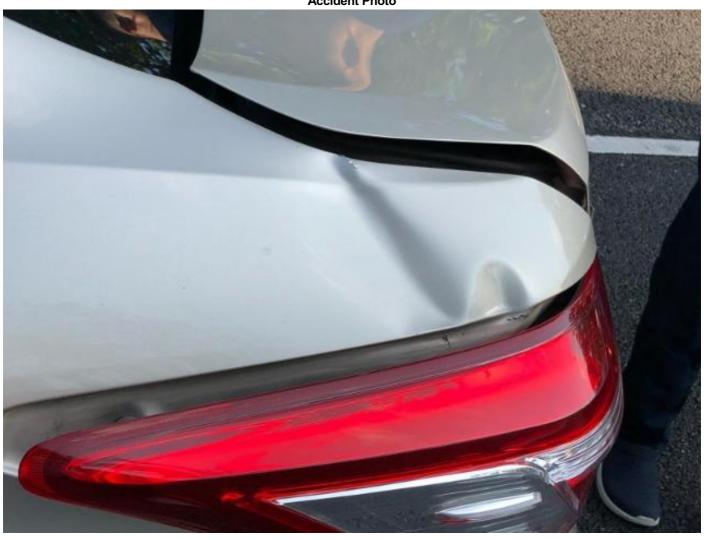








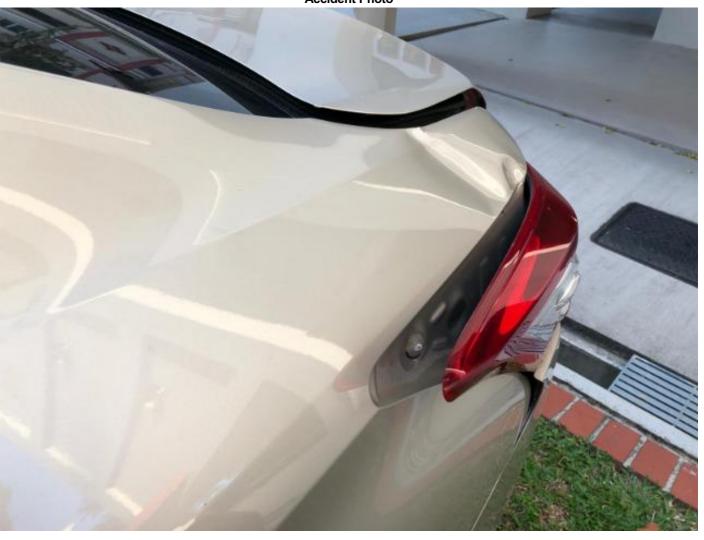


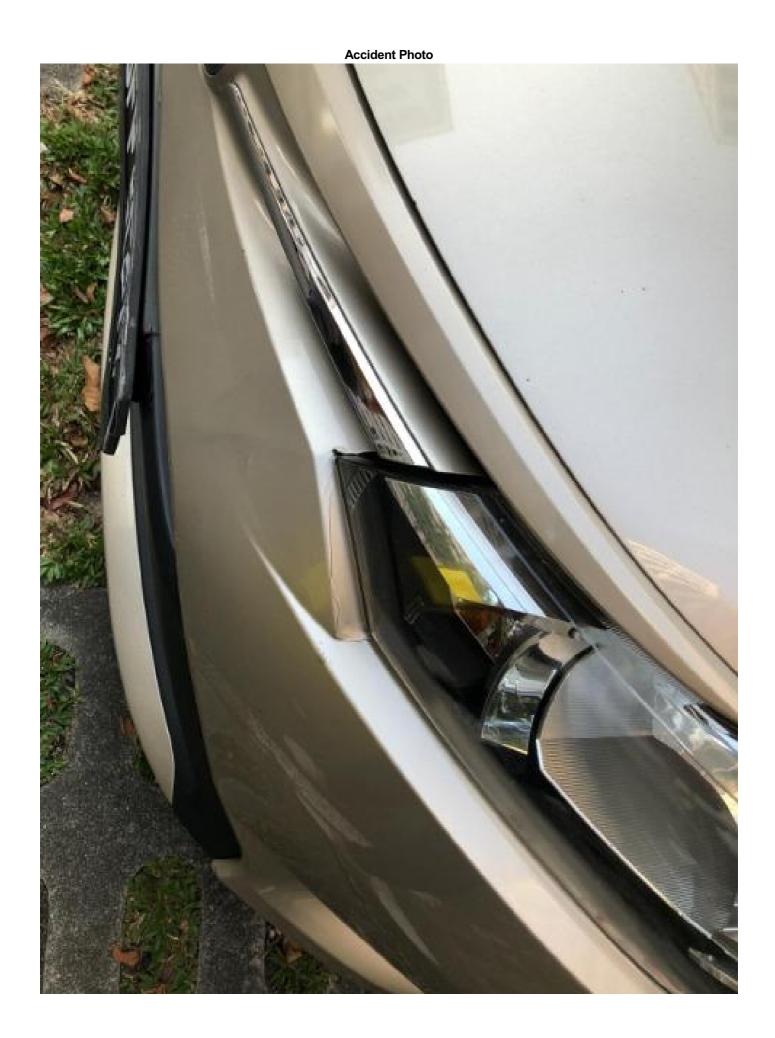


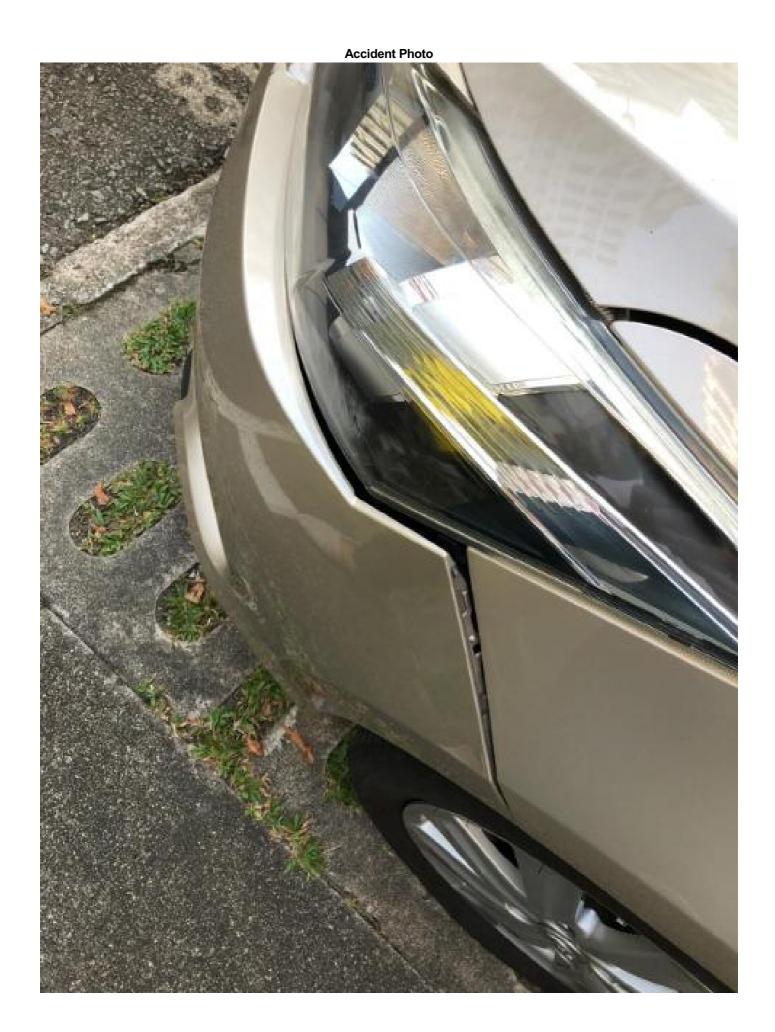




















Addendum Sheet Pg. 1

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

138 Robinson Road #07-09 The Corporate Office Singapore 068906

Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

| (A | | DDENDUM SON MAKING THE AMENDMENTS |
|--|--|--|
| | TOOM & ROOMS SECTION S | |
| | TOU THOU OHER | |
| NRIC/Passport No : | (*Vehicle Driver/Vehicle Ow | /ner) (*)Please delete as appropriate |
| Address : | | |
| | Methological and an analysis of the control of the | (H/P): 91380128 |
| (EMail) : | | |
| Date Of Accident : | 11/02/2019 | Time Of Accident : |
| Place Of Accident : | ALONG PIONEER ROA | AD NORTH |
| Incurance Company | AXA Insurance Pte Ltd | |
| Constitution of the Consti | (B)ADDITIONAL INFO | ORMATION / AMENDMENTS |
| I have made a report on th | (B)ADDITIONAL INFo | ORMATION / AMENDMENTS It and would like to include additional information or make the gamendments:- |
| I have made a report on th | (B)ADDITIONAL INFo | DRMATION / AMENDMENTS It and would like to include additional information or make the |
| have made a report on th | (B)ADDITIONAL INFo | ORMATION / AMENDMENTS It and would like to include additional information or make the g amendments:- |
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| have made a report on th | (B)ADDITIONAL INFo ne above mentioned accider followin I DAMAGE CLAIM | ORMATION / AMENDMENTS It and would like to include additional information or make the gamendments:- |

SIGNATURE OF VEHICLE OWNER/DRIVER

DATE:

12.02.2019