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.	isent to the archiving of this report at the centre and to copies of the report being made available		
	ACCIDENT STATEMENT		
Date Of Report	15/02/2019 14:01		
Date Of Accident	15/02/2019 07:30		
Exact Location Of Accident	MANDAI ROAD		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLU2154Z		
Insured/Policyholder			
Name Of Registered Owner	CHOO YIAK LENG		
NRIC No	S1367959B		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-96228673		
Alternative Phone No	OFFICE-96228673		
Vehicle Particulars			
Manufacturer	TOYOTA		
Model	HARRIER-2.0 G GRADE (A)		
Exact Purpose for which vehicle was being used a time of accident	ıt .		
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		
I			

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number VA1/GA414318

Cover Note Number

Driver

Name of Driver CHOO YIAK LENG

NRIC No S1367959B

Date Of Birth 10/11/1959

Occupation INDOOR

Date Of Driving Pass 03/09/1985

Driving Experience 33 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96228673

Fax Number

Contact Number OFFICE-96228673

EMail Address NOEMAIL

Address 9 JALAN MATA AYER #02-55

Postcode 759153

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 (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

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 2

Number of Passengers (Including Driver)

Passenger 1

NAME: : LEE SECK PUN

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?

NO

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN ADDENDUM ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBC7308C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver MANI MARAN NARAYANA SAMY

NRIC/Passport Number S6809726F

Contact Number

Address BLK 131 YISHUN STREET 11 #04-233

Postcode 760131

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 Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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)

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 law yers/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;
- (ii) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyho ^l ider's Signature / Date & Tirre Sketch Plan	Driver's Sig & Time	gnature (If driver is no	t the policyholder) / Date	Witnessed by Reporting Centre Personnel
A-SL4 21	745	3- GR	C 7308C.	
			N E	4
		7	A M	4
		4		T

Common Statement

here ic no car	profile centre une & Isignal 10	est and tilter
into centre un	extreme post vight lene on the centre line of I signal to any car is almost complete into tipe 7308C cut in from the my car y	le centre lane
sunddenly a long	LIFE 7308C cut in from th	e leff lare
and wit onto	my car h	
eclaration		
We declare the foregoing particular	s are true in every respect.	
72 77		- 1
		M
11		-





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

date

05/11/2018

policy number VA1 / GA414318

account number

14885

Motor Venicles (Third-Party Risks and Compensation) Act. 1Chapter 189). Motor Venic no (Third-Party Risks and Compensation) Rules. 1960. Road Transport Act. 1987 (Malaysia) -Motor Vehicles (Third-Party Risks) Rules, 1959 (Malayata)

Policy details

Policyholder name

CHOO YIAK LENG Comprehensive Toyota Prestige

Certificate number Chassis autobor Engine anmber

GA414318 / 1 JTEKB3GH00J000943 8ARZ099347

Plan name NCD applicable Vehicle registration number Period of Insurance

50% SLU2154Z

Certificate of Insurance

from 27/11/2018 to 29/11/2019 (both dates inclusive)

UNITED OVERSEAS BANK LIMITED Figance loss company

Authorized Drivers

(a) The Policyholder

(b) Any Named Oriver as stated in the Policy.

(a) Any person who is driving an the Pokeyholder's order or with their permission

Provided that the person driving is permitted in accordance with the libensing 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 engotment or regulation in that behalf from driving the Motor Vahidle

Limitation as to use*

- Use of the motor vehicle is connected to the Policyholder's business
- Use for the carriage of passongers (besides commercial hire or reward) in connection with the Policyholder's business
- Use for social, domestic, and personal purposes.

The Policy does not cover

- Use for commercial hire or reward, or for racing, pace-moking, reliability train, or speed leading
- Use while drawing a trailer, except for the towing of a disabled person's mechanically properlod vehicle

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Perty Risks and Companiestion) 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 Not Applicable

Young/Inexperienced driver excess

An additional excess of \$2500 (to be paded to any excess imposed under the Policy) whilst the Insured MolorCur is being driven by any driver aged below 23 years old and /or has been issued a valid driving license to drive in Singapore for the relevant class of validate for less than one year

Young and/ or inexpenenced driver shall mean any person who :

- is less than 23 years old , and/or
- Hos been issued with a yalid driving itemse to drive in Singapore for the relevant class of vahiola for less than 1 year

Additional clauses & endorsements to your policy

/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

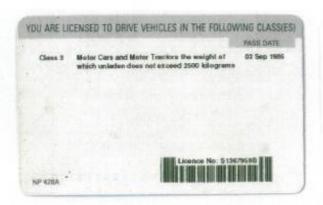
AXA Insurumou Pte Ltd (199903812M) 8 Shenton Way, #24-01, AXA Tower Singapore 068811 Customer Centre #81-01

1 of 3

Nric And Driving Licence











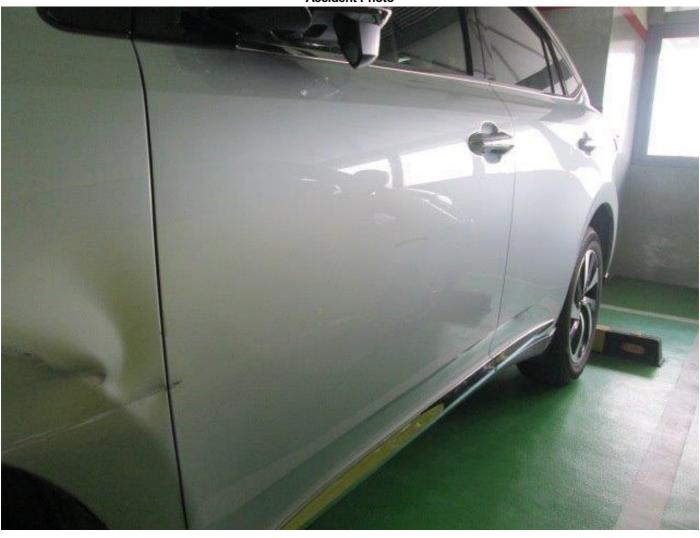












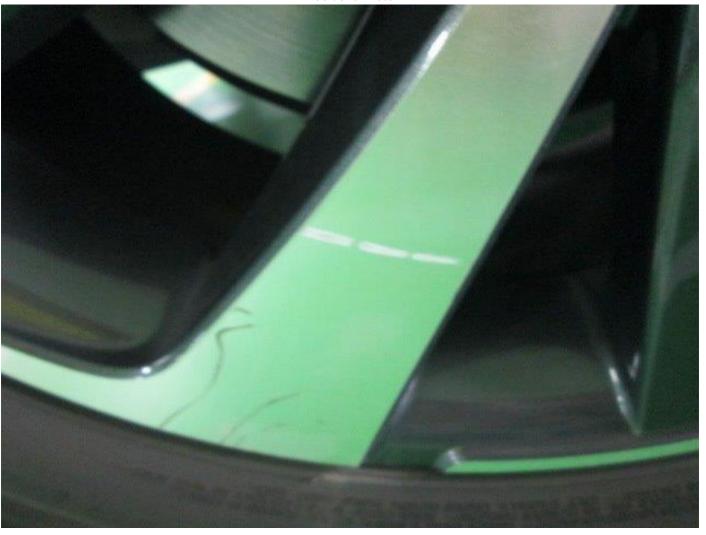




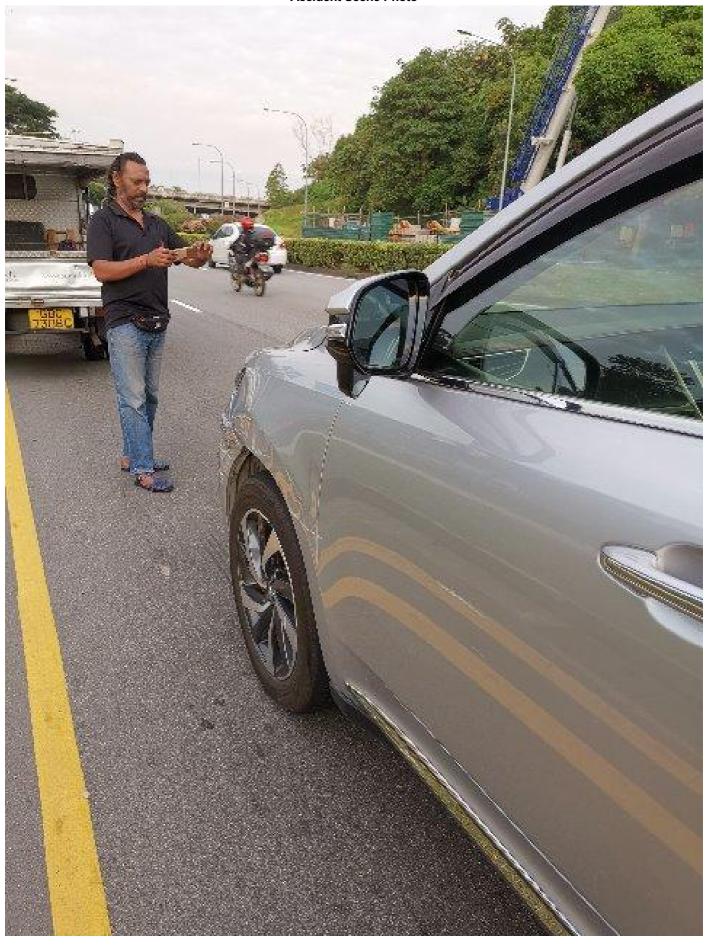


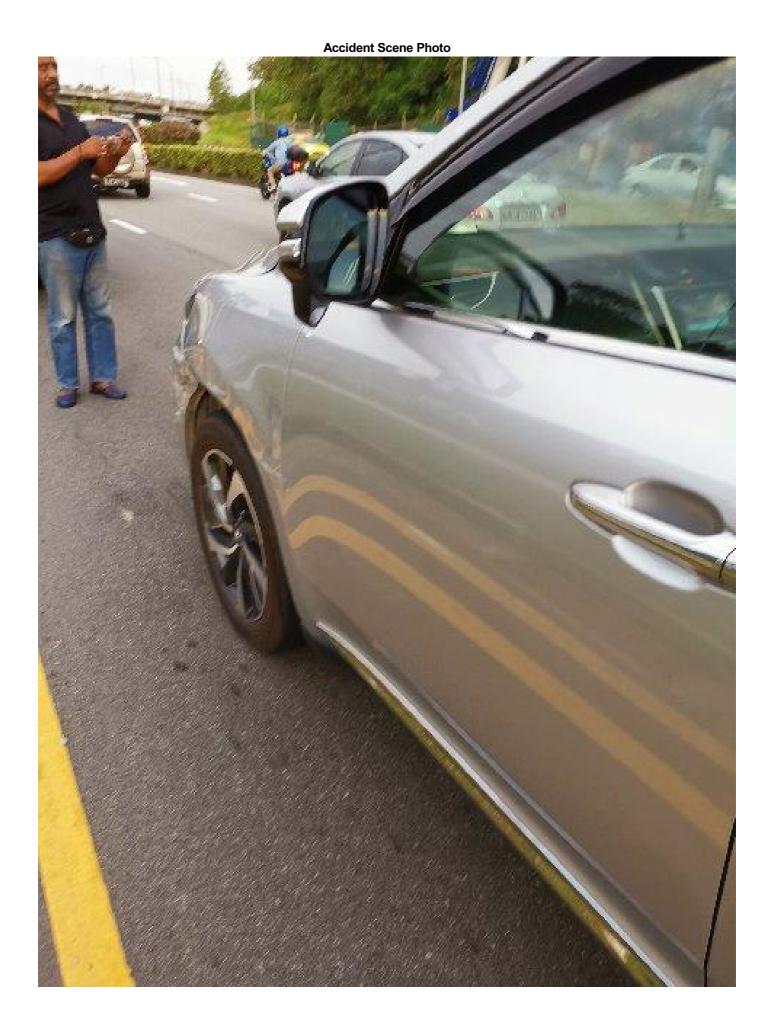


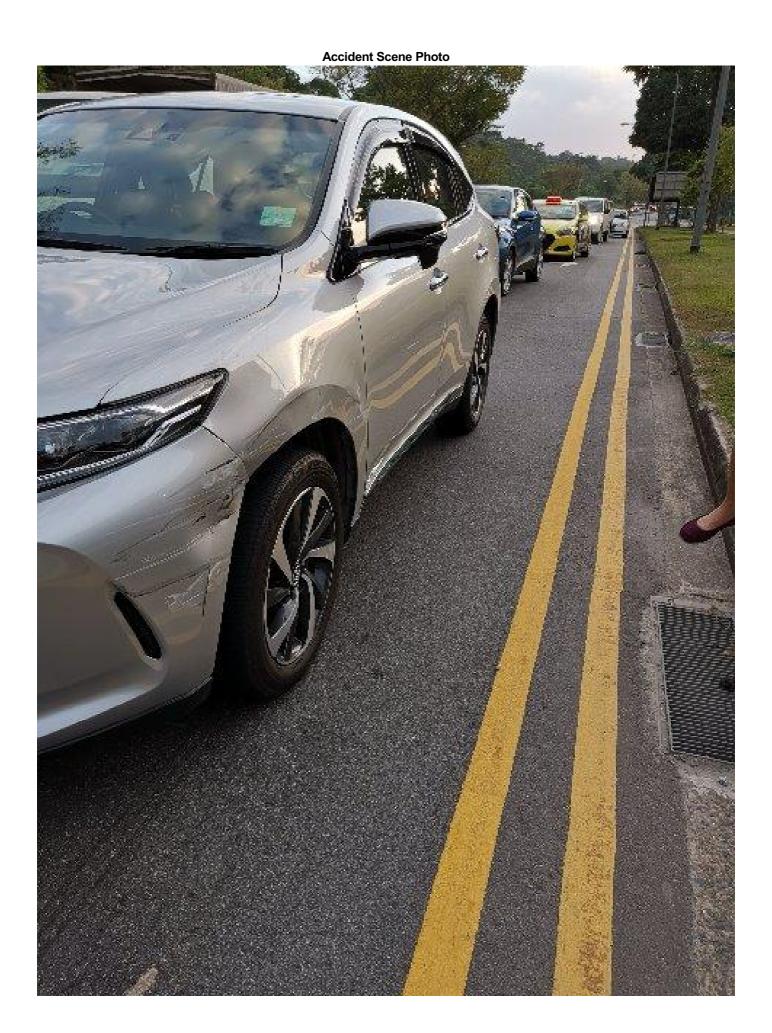


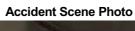


Accident Scene Photo











Addendum Sheet Pg. 1



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: S66SS0020G / GST Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: M8 m 21902 1254 Vehicle Registration No: SLU 2154Z. NRIC/FIN/Passport No: Name(as shownin NRIC): (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address _____Singapore(: _____Mobile No. :_____ Contact (Tel) Email Address : 15.2.2019 Date of Accident Place of Accident :____ Insurance Company: _____ (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name:

NRIC/FIN No.: Date: