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 truthful and accurate 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	19/02/2019 16:10
Date Of Accident	19/02/2019 13:00
Exact Location Of Accident	TOA PAYOH EAST
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMG9604H
Insured/Policyholder	
Name Of Registered Owner	WEE LOO KANG
NRIC No	S6909615H
Email Address	WEELOOKANG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92475573
Alternative Phone No	OFFICE-92475573
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE-1.6 (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	CN027957
Cover Note Number	
Driver	
Name of Driver	FOO SHAN SHAN
NRIC No	S7711910H
Date Of Birth	20/04/1977
Occupation	INDOOR
Date Of Driving Pass	20/12/2000
Driving Experience	18 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	+65-93635277
Fax Number	
Contact Number	
EMail Address	WEELOOKANG@GMAIL.COM

Address	BLK 14A LORONG 7 TOA PAYOH #09-229
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 - CROSS JUNCTION
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?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : ANGEL WEE XIU YUN GENDER: : FEMALE

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 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	SMA7615X
Vehicle Make/Model/Colour	AUDI A3/GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO HENG CHOON
NRIC/Passport Number	S7607205A
Contact Number	97577301
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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)**

   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 :

   (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

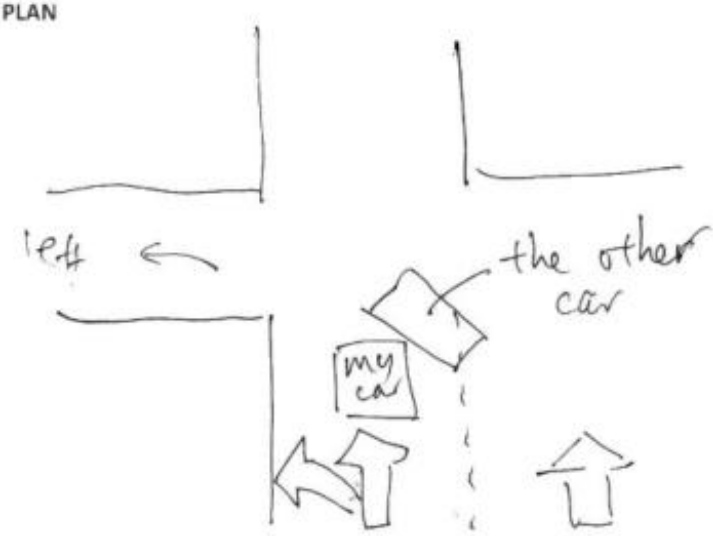
   (ii) for complying with requirements under any regulations, laws or court orders.

KOMOCO MOTORS PTE LTD
253 ALEXANDRA ROAD #01-01
SINGAPORE 159936

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name: ASYRAF

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was parked on the road left lane during school dismissal time. As ~~I may~~ I have picked my kid and started my car to drive off by ~~letting~~ turning into the left. ~~It~~ car turned into my lane, while not keeping to a safe distance from my ~~car~~ stationary car. As ~~it~~ I move my car forward, the other car was already in my lane too quickly that I could not have stopped ~~the~~ my car in time to prevent the collision as shown in the sketch.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

KOMOCO MOTORS PTE LTD
253 ALEXANDRA ROAD #01-01
SINGAPORE 159936

Accident Sketch Plan

AXA INSURANCE PTE LTD

8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Centre #01-21
TH 1800 8804888
Website:www.axa.com.sg
GST Registration Number : 199903512M
customer.care@axa.com.sg

Original

Agent Code: **08260**

Policy No (if any):

New Business

SmartDrive Quote Ref:

MOTOR COVER NOTE

No. **CN027957**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	**AXA INSURANCE PTE LTD**
INSURED	**WEE LOO KANG**
MAKE AND DESCRIPTION OF VEHICLE	HYUNDAI AVANTE 1.6 4DR AUTO 'S
VEHICLE REGISTRATION NO.	[illegible]
YEAR OF MANUFACTURE	2018
ENGINE NO.	G4FGJU040288
CHASSIS NO.	KMHD841CMKU809712
ENGINE CAPACITY/TONNAGE	1591
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	MAYBANK SINGAPORE LTD
VALUE (S$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: **26/12/2018** TO: **25/12/2019**
EXCESS (S$)	AS PER POLICY
AXA PREMIUM WORKSHOP?	NO

WE HEREBY CERTIFY THAT POLICY TO WHICH THIS COVER NOTE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by: Hock Mon Nelson TEO on 26/12/2018 5:58 pm

Authorised Signature

Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
- An administrative fee of S$26.75 (inclusive of GST) will be charged :
  - Cover note issued and cancelled before inception
  - Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

For Individual Customers:
Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.
For Non-Individual Customers:
Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days of inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

MTNACNOTE/V01/R3

Accident Sketch Plan


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7711910H
FOO SHAN SHAN
符 傻 珊
CHINESE
20-04-1977 F
SINGAPORE


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6909615H
WEE LOO KANG
黄 如 刚
CHINESE
24-03-1969 M
SINGAPORE


4034252
NRIC No. S7711910H
25-04-2007
APT BLK 14A LORONG 7 TOA PAYOH #09-229
SINGAPORE 311014
NRIC No: S7711910H Date: 24/02/2016


2186138
NRIC No. S6909615H
O+ 02-07-1994
APT BLK 14A LORONG 7 TOA PAYOH #09-229
SINGAPORE 311014
NRIC No: S6909615H Date: 24/02/2016

Accident Sketch Plan

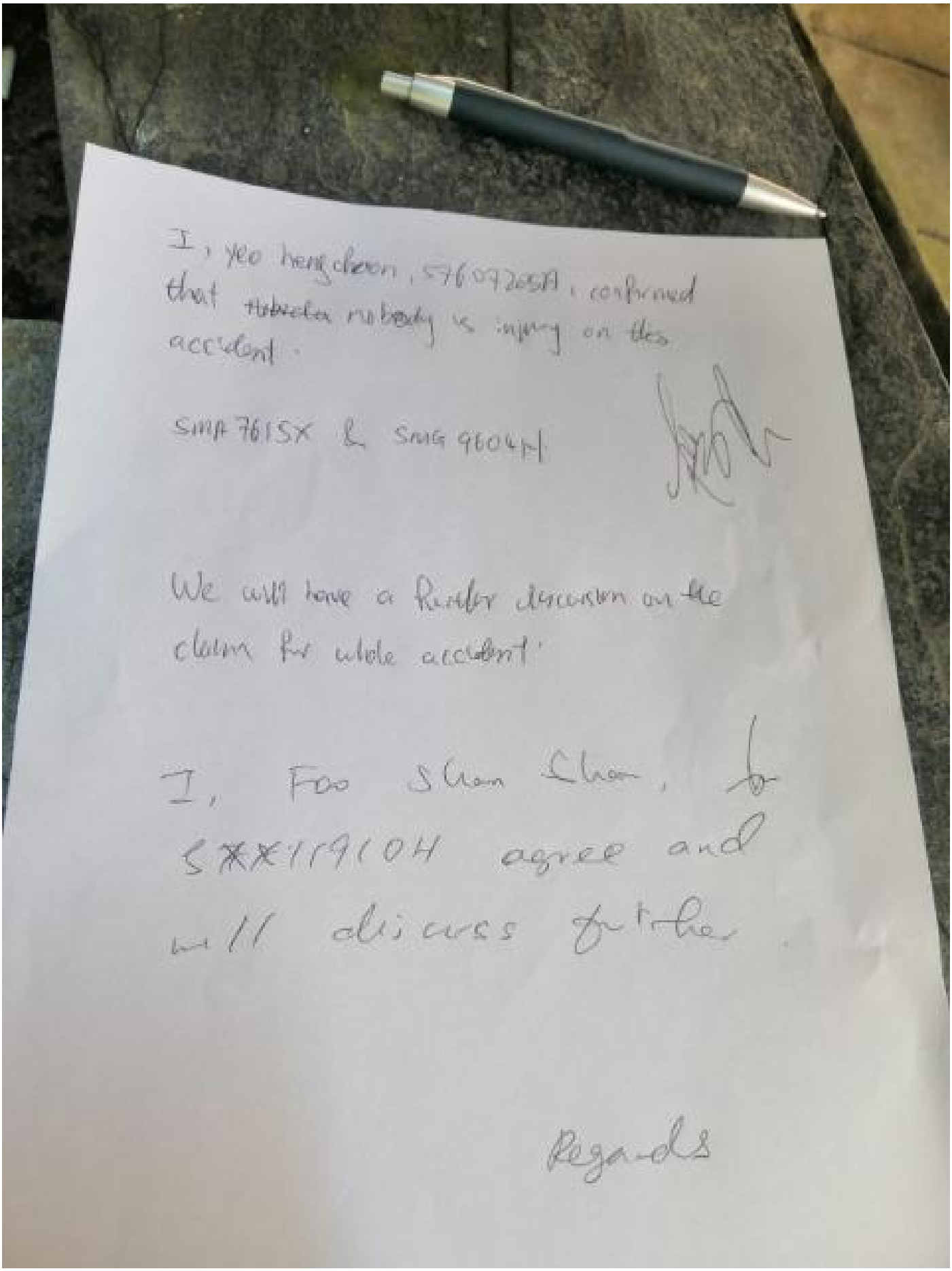
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	30 Dec 2000

Licence No: S7

NP 428A

Accident Photo



Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #28-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0090
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MRCM/902-3326 Vehicle Registration No: SJG 9604H

Name(as shown in NRIC) : Wee Loo Kang NRIC/FIN/Passport No : S6909615H

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Blk 149 Lorong 7 Toa Payoh #09-229 Singapore( )

Contact (Tel) : Mobile No. : 92675573

Email Address : weelookang@gmail.com

Date of Accident : 19-02-19 Time of Accident : 13:00

Place of Accident : Toa Payoh East

Insurance Company : AXA Insurance Pte Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I wish to amend my initial report from reporting only to 3rd party Claim

Policyholder / Driver's Signature
Date: 21/02/19

Reporting Centre Personnel's Signature
Name:

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0080
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MKCM1902331-01 Vehicle Registration No: SJM 7604H

Name(as shown in NRIC) : Wee Loo Kang NRIC/FIN/Passport No : S6709615H

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : BLK 104 Lorong 7 Toa Payoh #09-28 Singapore( )

Contact (Tel) : Mobile No. : 93635277

Email Address : weelookang@gmail.com

Date of Accident : 19.02.19 Time of Accident : 13:00

Place of Accident : Toa Payoh East

Insurance Company : AXA Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I wish to make amendment on 3rd party vehicle on my initial report it should be SJM 7615X & not SJM 7615H as reported initially. Sorry for the inconvenience caused.

Policyholder / Driver's Signature
Date: 22.02.19

Reporting Centre Personnel's Signature
Name: