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.

Date Of Report 25/02/2019 12:23 Date Of Accident 23/02/2019 10:20 Exact Location Of Accident TRAFFIC JUNCTION OF THOMSON RD TOWARDS CHANGI Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SLA548P Insured/Policyholder Name Of Registered Owner LEE GUAN HIAH NRIC No S01536411 Email Address JEAN@ALPHASECURITY.COM.SG Mobile Phone No (LOCAL) +65-90098433 Alternative Phone No OTHERS-90098433	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 23/02/2019 10:20 Exact Location Of Accident TRAFFIC JUNCTION OF THOMSON RD TOWARDS CHANGI Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SLA548P Insured/Policyholder Name Of Registered Owner LEE GUAN HIAH NRIC No S0153641I Email Address JEAN@ALPHASECURITY.COM.SG Mobile Phone No (LOCAL) +65-90098433		ACCIDENT STATEMENT	
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Insured/Policyholder Name Of Registered Owner NRIC No S0153641I Email Address JEAN@ALPHASECURITY.COM.SG Mobile Phone No (LOCAL) +65-90098433	DETAILS OF OWN VEHICLE		
Name Of Registered Owner NRIC No S0153641I Email Address JEAN@ALPHASECURITY.COM.SG Mobile Phone No (LOCAL) +65-90098433	Vehicle Registration Number	SLA548P	
NRIC No S0153641I Email Address JEAN@ALPHASECURITY.COM.SG Mobile Phone No (LOCAL) +65-90098433	Insured/Policyholder		
Email Address JEAN@ALPHASECURITY.COM.SG Mobile Phone No (LOCAL) +65-90098433	Name Of Registered Owner	LEE GUAN HIAH	
Mobile Phone No (LOCAL) +65-90098433	NRIC No	S0153641I	
(= 0)	Email Address	JEAN@ALPHASECURITY.COM.SG	
Alternative Phone No OTHERS-90098433	Mobile Phone No	(LOCAL) +65-90098433	
	Alternative Phone No	OTHERS-90098433	

Vehicle Particulars

BMW Manufacturer

Model 116D 5DR HATCHBACK DSC LED

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?

REPORTING ONLY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number P1722818

Cover Note Number

Driver

Name of Driver LEE GUAN HIAH NRIC No S0153641I Date Of Birth 26/11/1951 Occupation INDOOR Date Of Driving Pass 22/05/1982

Driving Experience 36 YEARS AND 9 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-90098433

Fax Number

Contact Number OTHERS-90098433

EMail Address JEAN@ALPHASECURITY.COM.SG Address 40 WEST COAST RISE

Postcode 127483

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 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

2 NO

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 1

Number of Passengers (Including Driver)

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

KINDLY REFER TO SKETCH PLAN.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLZ2422Z
Vehicle Make/Model/Colour TOYOTA

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver RONNIE NG HOCK HENG

NRIC/Passport Number S7226498C Contact Number 81111150

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.
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- 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 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 malling 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 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:

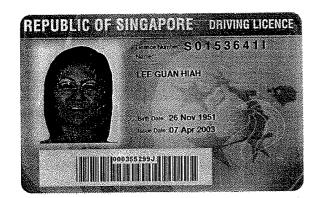
NRIC/FIN No.:

GIARMC SketchPlanForm_V3

SKETCH PLAN				
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DESCRIBE CIRCUMSTANCES OF T	HE ACCIDENT			
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Cauper light in a large of the stranger to fit charp. Heavy traffic.				
1) Por 512 1411 2 1 111 2 1 111 2 1 111 1 2 1 1 1 1				
1) if waited for green light is proceeded straight to PIE change. Heavy traffic. Queen light in my favour & my can was in correct lane/space. 2) Cer SLZ 24222 priver Romie Ng Hock Heng 57226498 C drove into my lane and hit the right side of my car.				
are my ran and	nit the vight side of me	1 car.		
33 110 110 110 110				
a) 11x andring Looked as	- MR for not giving way & y	unfined fax to ame out.		
I told him aven	light & I have right of	wey to go.		
4) the car seemed	locked at my visible mi	Hor & & cauld ad - +		
I) He apprily looked at up for not given way & motioned the to ame out. I told him aven eight & I have right of very to go. If the car seemed looked at my right mirror & & could not get out of my car, because his cor's no close to mine wine. I could not open my door.				
open my door.				
5) He had to november to the				
get out to see	Davis So that I all	Ma open my car door to		
30 BUT 16 SEE	The dumages caused by f	us impalient way of duiting		
5) He had to vereige back so that I could open my car door to get out to sex the damages caused by his impolient way of driving to know his intention!				
to man by apparent				
y Both caus sust	ained soretables - will	MOYE scretches they his		
Important:		- Reporting Only		
You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14)		- Claim OD		
DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame		- Claim TP		
from the day of the occurrence.	while die supulated time traine			
DECLARATION		- Claim OD/ TP at other workshop		
I/WE declare the foregoing particul	ars are true in every respect.			
1.				
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		The same of the sa		
Policyholder's signature	Driver's Signature	Reporting Centre Personnel's Signature		
Date & Time	(if driver not the policyholder)	Name:		
25 78819	Date & Time	Nric/Fin No.		
		* · · · · · · · · · · · · · · · · · · ·		



Date: 25/02/2019		
To: Owner of Vehicle Number: SLA548P		
The following has been advised to you via your workshop, ETHOZ PROTECT PTE LTD through their staff, JACKSON TEO .		
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 case 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.		
(\checkmark) 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.		
) There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.		
The estimated 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 <i>any combination</i> 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 <u>Own Damage</u> repairs on workmanship related to the accident.		
For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.		
() Others		
Signed and acknowledge by:		
Name and signature of workshop personnel including company stamp		
rraine and signature of workshop personnel including company stamp		



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$01536411



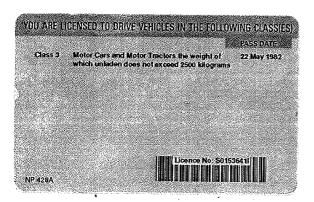


LEE GUAN HIAH

李 玩 度 CHINESE







NRICN∞ S0153641I

8lood Group Date of issue 0+ 27-10-1993

40 WEST COAST RISE SINGAPORE 0512

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



CERTIFICATE OF INSURANCE

■ 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)

CERTIFICATE NO.

: VPA/P1722818

Account No. : 11615

Coverage

: Comprehensive

Sum Insured

: Market Value At The Time Of Loss

Name of Policy Holder

: LEE GUAN HIAH

Vehicle Registration No. : SLA548P

Period of Insurance

: From 22/02/2019 To 21/02/2020 (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 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.

LIMITATIONS 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, 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 800.00

An Additional Excess is applicable as follows: S\$500.00 for Unnamed Authorized Driver &/or Declared Young & Inexperienced Driver. S\$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 Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGTRUPT2 on 15/01/2019

IMPORTANT :

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.

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.

