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 consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available			
	ACCIDENT STATEMENT			
Date Of Report	20/03/2019 13:57			
Date Of Accident	20/03/2019 08:50			
Exact Location Of Accident	SLIP RD FROM BKE INTO MANDAI RD			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SGD6789P			
Insured/Policyholder				
Name Of Registered Owner	NEXT GENERATION PROVIDER PTE LTD			
Co Reg No	199608331H			
Email Address	NOEMAIL			
Mobile Phone No				
Alternative Phone No	OFFICE-90176789			
Vehicle Particulars				
Manufacturer	TOYOTA			
Model	VIOS			
Exact Purpose for which vehicle was being used at time of accident				
Are you claiming under your own insurance policy	NO			

for repair to your vehicle?

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

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number GA278606

Cover Note Number

Driver

Name of Driver SOH KHOON SENG

NRIC No S1107650E Date Of Birth 17/06/1955 Occupation **INDOOR Date Of Driving Pass** 21/02/1975

Driving Experience 44 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-85186789

Fax Number

Contact Number

EMail Address NOEMAIL Address BLK 262 BOON LAY DRIVE #03-559

Postcode 640262

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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?

NO

NO

2

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

en? NO

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG THE RIGHT LANE OF THE SLIP ROAD FROM BKE MERGING INTO MANDAI ROAD. WHILE GOING DOWN THE STEEP SLOPE OF THE SLIP ROAD, AT SOMEWHERE NEAR TO LAMP POST (34759), THE VEHICLE IN FRONT MADE AN EMERGENCY BRAKE SUDDENLY. I TOO MADE AN EMERGENCY BRAKE BUT COULDN'T STOP IN TIME AND HIT SLIGHTLY ONTO THE REAR OF THE VEHICLE (SFY5356M).

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 SFY5356M

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B
Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

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.
- 3. 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>.
- 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.
- 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)

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)
 - (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.

This same is PORT PROVIDED TO THE PROPERTY PROPE

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Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Sketch Plan #2 Pg. 1

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	ver's Signature triver is not the policyholder)	Reporting Centre Personnel's Signature Name:

Date & Time:

NRIC/FIN No.:

LETTER OF UNDERTAKING

LETTER OF	OIND .	
I/We, NEXT CHENERATION PROVIDER PTE	·	SGD 678913
	the owner of vehicle no.	
LEGATION PROVIDER PIE	, 110 0	
TITLE NEXT CIENTER.	- Theorem	all decide whether
1/4/0,	noo Singapore Pte Ltd, 1/We sin	shall submit such a
My/Our Insurance is under M/s AXA Insurate to claim under my/our Policy or against the	Third Party and if the former	documents within
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Dr.Br.	A PR	20(03/2017
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Sketch Plan #4 Pg. 1

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S1107650E





SOH KHOON SENG

苏坤生



CHINESE Date of Birth 17-06-1955 SINGAPORE





Licence Number: S 1 1 0 7 6 5 0 E

SOH KHOON SENG

Birth Date: 17 Jun 1955 Issue Date: 24 Jan 2004





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

Class 2B

Class 2A Class 2 Class 3

Class 4

Motorcycles not exceeding 200 cc
Motorcycles between 201 cc and 400 cc
Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms
Heavy Motor Cars and Motor Tractors the
weight of which unladen exceeds 2500 kilograms
Motor Vehicles which are not constructed
themsetves to carry any load and the weight
of which unladen exceeds 7250 kilograms

PASS DATE 20 Nov 1978 20 Nov 1978 20 Nov 1978 21 Feb 1975

11 Jul 1977 26 Jul 1978

NP 428A





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

Certificate of Insurance

account number 03165

1NZX386833

-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)

Policy details

Policyholder name

Vehicle registration number

NEXT GENERATION PROVIDER PTE LTD Comprehensive

Certificate number Chassis number Engine number

GA278606/1 MR053HY4204176878

Plan name NCD applicable

Period of Insurance

Peace 10%

SGD6789P

from 10/11/2017 to 26/04/2019 (both dates inclusive)

Finance loan company Nil

Persons or classes of persons entitled to drive*

(a) Any Named Driver as stated in the Policy:

1. SOH KHOON SENG

(b) Any person who is driving on the Policyholder's order or with their 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.

Limitation 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, speed testing, 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.

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.

EXCESS

Basic Own Damage Excess

SGD 500 00 SGD 100.00

Windscreen Excess

- An Additional Excess is applicable as follows: 1, S\$500 for unnamed Authorised Driver
 - 2. S\$500 for declared Young and Inexperienced Driver
 - 3. S\$5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

I/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

Authorised signature

Important note

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, endorsement etc.

1 of 3











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: MSME (903692 (_____Vehicle Registration No: ______Vehicle Registration No: ______ (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate : BIK 260 BOON CAY DRIVE & 03-559 _____Singapore(640262) Address ______8518 6787 Contact (Tel) **Email Address** : 20/03/2017 ____Time of Accident : _______ 06.50 Date of Accident Place of Accident : SUP RD FROM BKB INTO MANONT RD AXA 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: - AMEND VEHICUE NUMBER Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: NRIC/FIN No.:

Date: