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.	Thouse to the distinsing of this report at the contact and to copies of the report being made attainable		
	ACCIDENT STATEMENT		
Date Of Report	07/05/2019 15:53		
Date Of Accident	06/05/2019 20:10		
Exact Location Of Accident	BUKIT BATOK RD (CCK)		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SMC8716X		
Insured/Policyholder			
Name Of Registered Owner	NG WEE LEI		
NRIC No	S8228145B		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-91057250		
Alternative Phone No	OFFICE-91057250		
Vehicle Particulars			
Manufacturer	HYUNDAI		
Model	ELANTRA-1.6 (A)		
Exact Purpose for which vehicle was being used a time of accident	at		
Are you claiming under your own insurance policy for repair to your vehicle?	NO NO		
No, Please state action to be taken THIRD PARTY			
Vehicle Category	PRIVATE CAR		
Insurance Company			
Name of Insurance Company	ny AXA INSURANCE PTE LTD		

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number P2159956

Cover Note Number

Driver

Name of Driver NG WEE LEI NRIC No S8228145B Date Of Birth 05/09/1982 Occupation **INDOOR** 02/09/2005 **Date Of Driving Pass**

Driving Experience 13 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91057250

Fax Number

OFFICE-91057250 Contact Number

EMail Address NOEMAIL Address BLK 489C CHOA CHU KANG AVE 5 #10-221

Postcode 683489

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 - 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

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

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?

Circumstances of Accident

I WAS TRAVELLING ALONG BUKIT BATOK ROAD TOWARDS CHOA CHU KANG BEFORE JUNCTION OF BUKIT BATOK WEST AVE 6 ON LANE 2. DUE TO THE AMBER LIGHT ON, I SLOWED DOWN TO STOP. SUDDENLY, VEHICLE B COULD NOT STOP IN TIME THEN COLLIDED ONTO MY VEHICLE REAR PORTION. I FELT MY NECK AND BACK PAIN.

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 SJG6553B

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 Pg. 1

SKETCH PLAN

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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
- 8. Consent under the Personal Data Protection Act (PDPA)

l understand, acknowledge, agree and consent that:

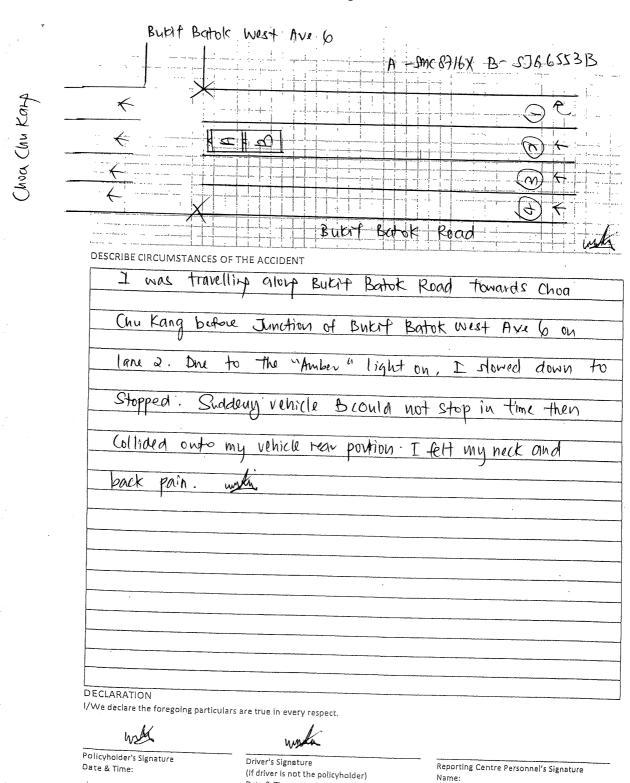
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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)
 - (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
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the
- 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.
- 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.
- 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.:

Sketch Plan #2 Pg. 1



Date & Time:

Street, Chieffin op

Name:

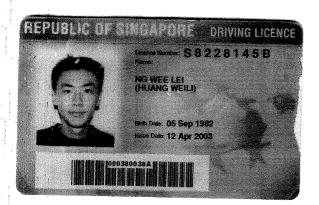
NRIC/FIN No .:

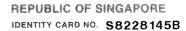
Sketch Plan #3 Pg. 1

LETTER OF UNDERTAKING

I/We, Ng Wee	Lei	, the owner of vehicl	e no. <u>SMC8716X</u>		
My/Our Insurance is und claim under my/our Polic such a claim to M/s AXA within 14(fourteen) day	by or against the Linsurance Pte I	Third Party and if the for td with all relevant facts	rmer shall submit and documents		
My/Our Third Party claim is handle by my/our preferred workshop, CAS GARAGE PTE LTD					
Signed and Acknowledge by:					
S822814ZB	nuka.		07(05(2019		
Nric no. & signature of p	olicyholder	Company stamp	Date		

Sketch Plan #4 Pg. 1





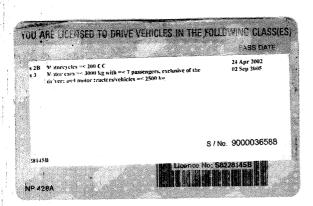




NG WEE LEI (HUANG WEILI) 黄 伟 Race CHINESE 伟

Date of birth 05-09-1982 M

Country of birth
SINGAPORE





Sketch Plan #5 Pg. 1

""""" will some the control #85.01. Te8 (65,53397288 Fax (65)6382522 Website www.axa.com.sg GST Registration Number 1999/03517M customer service@axa.com.sq.



CERTIFICATE OF INSURANCE

Miles Welster Harrister, Einke and Impended in Art Stagter Ser Mores John Der Hiritation Carron and Service Harrister Community of the Communi

SEPTIFICATE NO.

VPA/P2159956

Account to

0.8240

Comprehensive

Market Value At The Time Of Long

NG WER LET (HUANG WEILE)

: SMC8716X

From 26/07/2018 To 25/07/2019 Hoth Dates to

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

The Company of the control of the property of the control of the c

LIMITATIONS AS TO USE:

is contact and pleasure purposes and for the indicyholder's business and for the indicyholder's business in the order as few hire at leward, racing, pace making, reliable to a connection without the connection with motor trade; or when the wholes in the structure, in use or otherwise, is in it or, a racing tradity of the process of any other leads by whatever name mailed that are typically sent to the connection with motor trade; or when the connection with the connect inti

Basic Own Damage Excess

An Additional Excess is applicable as follows: SSITE.00 for Unnamed Authorized Driver SSITE.00 Of for Undeclared Young and Inexperienced Driver. -Flease reter to your policy on the terms & conditions)

The Latinus tendered imperative by Section 8 of the Motor Vehicles (Third Party Risks and Section 95 of the Road Transport Act, 1987 (Malaysia), and Section 95 of the Road Transport Act, 1987 (Malaysia), and Spicial Levis

error that the policy to which this Certificate relates is issued in accordance with the The Company of the Co

Your authorised workshop is Komoco Motors Pte Ltd.

AXA INSURANCE PTE LTD

Authorized Signature

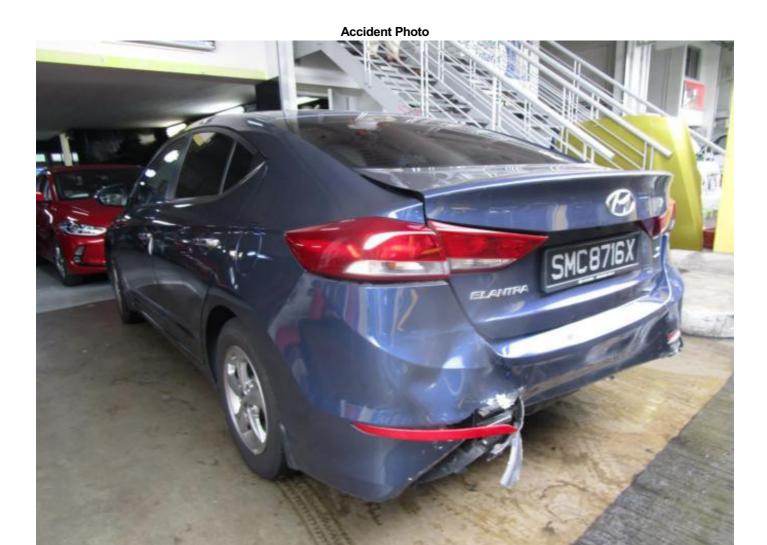
Insued by SGIHUKH2 ON 08/08/2018

IMPORTANT

Fig. Their are majored that on the major of a motor vehicle they must suffer the certificate of its interpretation of the insulative company. If the existinguistic of its interpretation is the effect must be made Failure to make fully the figuration in an another under the Motor Vehicle . Third Pasty Rights and the figuration of an existing the figuration of The lier, or marraily lause requires the premium is the paid to full within a specific failure which there would be or liability under the policy remember certification could be or liability under the policy remember certification could be or liability under the policy remember certification.

Accident Photo





Accident Photo



Accident Photo

