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.	sent to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	10/05/2019 17:04	
Date Of Accident	09/05/2019 17:30	
Exact Location Of Accident	HOLLAND DRIVE	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKR2172Z	
Insured/Policyholder		
Name Of Registered Owner	TAN KIM MUAN	
NRIC No	S7367739D	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-94233533	
Alternative Phone No	OFFICE-94233533	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	WISH	
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?	YES	
If No, Please state action to be taken		
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	AXA INSURANCE PTE LTD	

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number GA019880

Cover Note Number

Driver

Name of Driver TAN KIM MUAN
NRIC No S7367739D
Date Of Birth 27/01/1973
Occupation INDOOR
Date Of Driving Pass 14/01/1998

Driving Experience 21 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-94233533

Fax Number

Contact Number OFFICE-94233533

EMail Address NOEMAIL

BLK 461 TAMPINES ST 44 #03-42 Address

Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** DRY Road Surface

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

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)

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?

NO

If Yes, against whom?

Circumstances of Accident

VEHICLE B SUDDENLY JAM BRAKE. I CAN'T STOP IN TIME AND REAR ENDED VEHICLE B.

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

SGK3539C Vehicle Registration Number

Vehicle Make/Model/Colour

VEHICLE B Details Of Properties PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 13

Sketch Plan Pg. 1

IMPORTANT NOTICE

- 1. Please (CPOS) correctly the decads of the accident to speed up the claims process
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- Information provided must be as <u>truthful</u> and <u>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.
- 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)

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) 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.

Policyholder's Signature

Qate & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT	
DESCRIBE CIRCUNSTANCE	2 4 4 i	1 14 04 0
Vehicle L	suddenly jam Dr	ake, 1 (and 360)
in time	and rear ende	ake, i can't stop el velude B.
		·
U		
1		
DECLARATION		
I/We declare the foregoing part	iculars are true in every respect.	
	7 .	
		Reporting Centre Personnel's Signature
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

Sketch Plan #3 Pg. 1



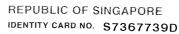
POLICYHOLDER ACKNOWLEDGEMENT FORM

Date:	10/05/2019	
To: Ow	vner of Vehicle Number: SKR 2/727	
The fo	llowing has been advised to you via your workshop, ME MOTOR PTE CTD through their staff,	
Please	tick the applicable box if you had been advised on any of the following:	
	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.	
	You had been advised by the workshop on the liability and merits of the case accordingly.	
W	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 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.	
14	The estimated waiting time for the spare parts to arrive is 6 to 8 week. The estimated arrival time does not include the repair period.	
V	You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.	
W	For vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.	
	For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using <i>any combination</i> of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.	
()	You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.	
(V)	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 a	and acknowledged by:	
L	Me 1	
Name and signature of policyholder/ authorized driver* and company stamp (where applicable)		
*authoriz	ted driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, d drivers who are permitted to drive the insured Vehicle.	

Name and signature of workshop personnel including company stamp

Sketch Plan #4 Pg. 1









TAN KIM MUAN

陈 金 满 Race CHINESE

Date of birth Sec 27-01-1973 F Country of birth MALAYSIA

97**3677**350

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS[ES]

PASS DATE

Class 2B Motorcycles ≤ 200 cc 14 Jan 1998
Class 3 Motor Cars ≤ 3000 kg with ≤ 7 passengers, exclusive 14 Jan 1998
of the driver; and other motor vehicles ≤ 2500kg

NP 428A

NRIC No. S7367739D

NAtionality
MALAYSIAN
Date of issue
22-09-2008

APT BLK 461 TAMPINES STREET 44 #03-42
SINGAPORE 520461
NRIC No: S7367739D Date: 21/01/2019 (R)

Sketch Plan #5 Pg. 1





Certificate number

Chassis number

Engine number

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

03813

-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 Cover Plan name

NCD applicable
Vehicle registration number
Period of Insurance

TAN KIM MUAN Comprehensive Essential 50% SKR2172Z

from 17/11/2018 to 16/11/2019 (both dates inclusive)
HENLY ENTERPRISES CO (PTE) LTD

GA019880 / 1

JTDER12W103001031 1ZZ3165441

Persons or classes of persons entitled to drive*

(a) The Policyholder

Finance loan company

(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

Windscreen Excess

Not Applicable

An Additional Excess is applicable as follows:

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

Additional clauses & endorsements to your policy

Nil

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.

與利企業(私人)有限公司 HENLY ENTERPRISES CO. (PTE) LTD. NO 18 UBI ROAD 4 #02-07 (UBI CAR MALL) SINGAPORE 408616 TEL:(8460012 (5 Lines)

1 of 3

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 Customer Centre, #81-01











