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 c aforesaid.	onsent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	21/05/2019 10:51
Date Of Accident	18/05/2019 13:20
Exact Location Of Accident	ALONG PIE TOWARDS TUAS BEFORE CTE EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGK7094S
Insured/Policyholder	
Name Of Registered Owner	QUEK WEI KIAT
NRIC No	S8532360A
Email Address	ARISTOGAVINQUEK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82455944
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	HONDA
Model	ACCORD-2.0 I-VTEC (A)

Exact Purpose for which vehicle was being used at

time of accident

TRAVEL TO WORKING

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

THIRD PARTY 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 GA394057

Cover Note Number

Driver

Name of Driver QUEK WEI KIAT NRIC No S8532360A Date Of Birth 27/09/1985 Occupation INDOOR **Date Of Driving Pass** 20/02/2014

Driving Experience 5 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82455944

Fax Number

Contact Number **OFFICE-NOPHONE**

EMail Address ARISTOGAVINQUEK@GMAIL.COM Address BLK 38C BENDEMEER ROAD

#12-850

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

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?

YES

Was any injured conveyed to hospital by ambulance?

NO YES

Was any other material or property damaged?

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?

YES

If Yes, Please state which Police Station

Police Station Name KOLAM AYER NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 72 GEYLANG BAHRU #01-3038, POSTCODE: 330072,

COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-2969999 - **FAX NO**: 62937659

Was notice of intended Prosecution given? NO

interface i roscoution given:

If Yes, against whom?

Circumstances of Accident

REFER SKETCH PLAN

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 SJT6557Y

Vehicle Make/Model/Colour HYUNDAI/AVANTE/SILVER

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver JAMSHEED MAJEED

NRIC/Passport Number G6413229L Contact Number 96259059

Address Postcode

Insurance Company Name

Page 2 of 16

Address Postcode

Name QUEK WEI KIAT Approximate Age Injuries Sustain Injured person in which vehicle? SGK7094S Were seat belts worn? YES Was this injured conveyed to hospital by ambulance?

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the socident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrapresentation or withholding 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.
- Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers to the GIA Records Mangement Centre establised 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.
- 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.
- 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 :
 - 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(a) who have insured vehicle(a) involved in this accident and the Insurera' favyers/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 detention, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insureres 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 requirments under any regulations, laws or court orders.

Policyholder's Signature

Oriver's Signature (If driver is not the policyholder) Date & Time Reporting Centre Personnel's Signature

COUPORTDELGRO ENGINEERING PTE LTD EXTERNAL BUSINESS GIV, PANGAN SHAKON

HRIC/Fin No.: 616-1, 21

NAME & SIGNATURE:

Pag

Sketch Plan #2

A-S	GK-7094-S	10	PAI	>		
30.8			111			
	JT-6557-7				101	
	1111	1111			11111	
	1117	Page 1	Continue Contra Sanda			
SCRIBE CI	IRCUMSTANCES C		e aman'a de destre la recus	notes in hotelinian	nata dahah samua	
Refer	to Police	ce Report.	Report No	1/20196	5-18/2160	
er General	Condition - Cond	uct of Claim of the Mo not to claim under the	tor Policy, you have to policy. Please check y	decide within 21 days	s of occurrence	
CLARATIC	Condition – Condidemage whether or	uct of Claim of the Mo not to claim under the re true in every respect.	tor Policy, you have to policy. Please check y	our policy for more info	GRO ENGINEERING PTE LTD ENEST GRA, FANGAN BRANCH	

CERTIFICATION OF INSURANCE Pg. 1





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 09116

Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189). Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960. Road Transport Act. 1937 (Malaysia) Motor Vehicles (Third-Party Risks) Rules 1959 (Malaysia)

Policy details

Policyholder name QUEK WEI KIAT Certificate number GA394057 / 1 Cover Comprehensive Chassis number CL73203223 Plan name Essential Engine number K20A6043736 NCD applicable

Vehicle registration number SGK7094S

Period of Insurance from 29/08/2018 to 28/08/2019 (both dates inclusive)

Finance loan company TECK WEI CREDIT PTE LTD

Persons or classes of persons entitled to drive*

(a) The Policyholder

(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, 1997 (Malaysia) are not to be included under these headings

EXCESS Basic Own Damage Excess

Windscreen Excess

SGD 700.00

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

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

1 of 3

POLICE REPORT Pg. 1





Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE 330072

Tel No: 1800-2969999

REPORT OF A TRAFFIC ACCIDENT

1 of 3
Report No. T/20190518/2160

Date/Time Report Made: 18/05/2019 21:50		ade:	Vide Report No.:	Station Diary No.: 34			
Informani	t's Particu	ilars					
Name of I			Address:				
		- 1400	APT BLK 38C BENDEMEER ROAD #12-850 SINGAPORE 333038				
ID Type / I	ID No.:		Contact No.:				
NRIC NO	/ S853236	60A	Home/Office:	Mobile: 82455944			
Nationality: SINGAPORE CITIZEN		ΞN	Email:	•			
Sex:	Age:	Date of Birth:	Type of Informant:	. 7/11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/			
Male	33	27/09/1985	Driver				
Race:		t	Language:	Institution / School Name:			
Chinese			English				
Occupation:			Driving Licence Information:				
RENOVATION CONTRACTOR			Class: 3A	Date of Expiry:			

General Inforn	nation of the Accid	lent			
Type of Accident:	Injury Others .	Drink Drive: No	Date/Time of Accident: 18/05/2019 13:20	Type of Location: Straight Road	
, , , , , , , , , , , , , , , , , , , ,	EXPRESSWAY				
Weather:	DOIOIO OTE CAR	Road Surface:	A CONTRACTOR OF THE CONTRACTOR	Road Speed Limit:	
Clear Dry		Dry		80 Km/h	
Traffic Flow: Traffic		Traffic Control:		Traffic Volume:	
Dual Carriage Way Not C		Not Controlled		Moderate	
Type of Collisi Between Movi	on: ng Vehicles - Head	To Rear		Anyone conveyed by ambulance: No	

Details of V	ehicle Involved	i				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGK7094S	Car	HONDA	ACCORD	Black	Slightly	0
			2.0 A		Damaged	
SJT6557Y	Car	HYUNDAI	AVANTE 1.6	Silver	Slightly	0
	ļ		AT	·	Damaged	

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGK7094S	AXA INSURANCE SINGAPORE PTE	GA394057	29/08/2018	28/08/2019
	LTD			

POLICE REPORT Pg. 1





Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE 330072 2 of 3 Report No. T/20190518/2160

Tel No: 1800-2969999

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No				599211-7-E8504-1-901	
No. of Pedestriar	ıs İnjured: NIL		Use of Peo	destriar	Cross	sing: NA
Driver						
Name	QUEK WEI KIAT		-	ID No	•	S8532360A
Related Vehicle	SGK7094S (Car)	***************************************	**************************************	Conta	ct No.	82455944
Hospital/Clinic	SIMS DRIVE MEDICAL CLINIC			Class Drivin Licend Expiry	g	Class: 3A Date of Expiry: NIL
Date Treatment	18/05/2019		Date Disch			5/2019
No. of Days gran	ted Medical Leave	03	Degree of			t
Driver						
Name	Jamsheed Majeed			ID No		G6413229L
Related Vehicle	SJT6557Y (Car)		-	Conta	ct No.	96259059
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NL		Date Disch	narge	NIL	
No. of Days grant	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

I was driving my car SGK7094S at along Pan Island Expressway towards Tuas. I then filter to the left most lane as I wanted to exit at CTE exit towards Woodlands. My car was stationery when I heard a loud bang on my rear. I then realized that one car SJT6557Y had banged on the rear of my car. The other driver was not injured. His car was slightly scratched on the front bumper. My rear bumper was slightly dented and scratches. We exchanged particulars.

On the same day, at about 2030hrs I felt pain on my neck and back. I then went to see a doctor at Sims Drive Medical . I was given three (3) days medical leave. When I viewed the rear camera of my In-car camera, I realized that the SJT6557Y had filter to the left of PIE and banged on my rear of my car SGK7094S. That's all.

POLICE REPORT Pg. 1





Report No. T/20190518/2160

Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE 330072

Tel No: 1800-2969999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

/)	
Signature Of Officer Recording The Report: A / Sr Staff Sgt MUNAWIR BIN MOHAMMAD TAHIR	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	18/05/2019 21:50
, 101 4. p. 104. 104	
Officer In Charge Of Case:	Classification Of Case:
TP / AEIT /	
Staff Sgt WONG SIEU LUI	
Contact No.: 65476151	
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Authentication Stamp	- Q

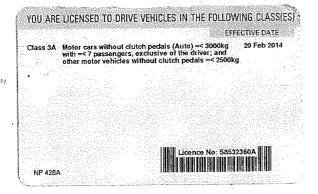
INSURED IC AND LICENCE Pg. 1



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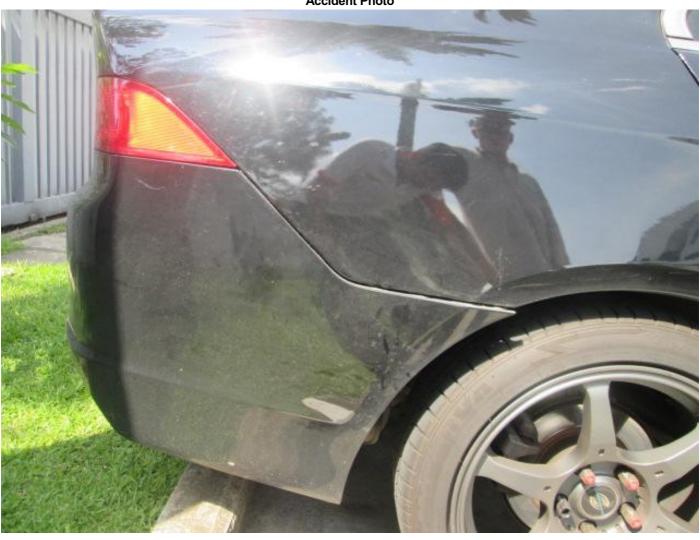








Accident Photo



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 :	Vehicle Registration No:				
	Name(as shownin NRIC):	NRIC/FIN/Passport No:				
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate						
	Address :	Singapore(
	Contact (Tel) :	Mobile No.:				
	Email Address :					
	Date of Accident :	Time of Accident :				
	Place of Accident :					
	Insurance Company :					
B)	ADDITIONALINFORMATIO	N/AMENDMENTS:				
•		above mentioned accident and would like to include additional information or				
	A ment Third	Party volicle number of to SJT 65877				
		1				
	Policyholder / Driver's Signa	ture Reporting Centre/Personnel's Signature Name: (しんじょっ) NRIC/FIN No.; (1) しのりょう				
	Date:	Name: / the fig.				