MALM19077276 / Ah Lim Motor Company - AMK ENTRY DATE & TIME: 13/06/2019 16:41 SUBMITTED BY: Eileen Chua

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.

	ACCIDENT STATEMENT			
Date Of Report	13/06/2019 16:41			
Date Of Accident	08/06/2019 15:45			
Exact Location Of Accident	ALONG BRAS BASAH ROAD			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SBU7878D			
Insured/Policyholder				
Name Of Registered Owner	NG GHEE SOON			
NRIC No	S1358606C			
Email Address	NGS78@LIVE.COM.SG			
Mobile Phone No	(LOCAL) +65-96698178			
Alternative Phone No	OTHERS-96698178			
Vehicle Particulars				
Manufacturer	MERCEDES-BENZ			
Model	E 300			
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE			
Are you claiming under your own insurance policy for repair to your vehicle?	NO			
, ,				
If No, Please state action to be taken	REPORTING ONLY			
	REPORTING ONLY PRIVATE CAR			
If No, Please state action to be taken				
If No, Please state action to be taken Vehicle Category				
If No, Please state action to be taken Vehicle Category Insurance Company	PRIVATE CAR			
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company	PRIVATE CAR AXA INSURANCE PTE LTD			
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage	PRIVATE CAR AXA INSURANCE PTE LTD COMPREHENSIVE			
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy	PRIVATE CAR AXA INSURANCE PTE LTD COMPREHENSIVE NO			
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number	PRIVATE CAR AXA INSURANCE PTE LTD COMPREHENSIVE NO GA233584			
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number	PRIVATE CAR AXA INSURANCE PTE LTD COMPREHENSIVE NO GA233584			
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver	PRIVATE CAR AXA INSURANCE PTE LTD COMPREHENSIVE NO GA233584 04/07/2018 - 03/07/2019			
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver	PRIVATE CAR AXA INSURANCE PTE LTD COMPREHENSIVE NO GA233584 04/07/2018 - 03/07/2019 NG GHEE SOON			
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No	PRIVATE CAR AXA INSURANCE PTE LTD COMPREHENSIVE NO GA233584 04/07/2018 - 03/07/2019 NG GHEE SOON S1358606C			
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth	PRIVATE CAR AXA INSURANCE PTE LTD COMPREHENSIVE NO GA233584 04/07/2018 - 03/07/2019 NG GHEE SOON \$1358606C 17/01/1959			
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation	PRIVATE CAR AXA INSURANCE PTE LTD COMPREHENSIVE NO GA233584 04/07/2018 - 03/07/2019 NG GHEE SOON \$1358606C 17/01/1959 INDOOR			
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass	PRIVATE CAR AXA INSURANCE PTE LTD COMPREHENSIVE NO GA233584 04/07/2018 - 03/07/2019 NG GHEE SOON \$1358606C 17/01/1959 INDOOR 14/09/1978			
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience	PRIVATE CAR AXA INSURANCE PTE LTD COMPREHENSIVE NO GA233584 04/07/2018 - 03/07/2019 NG GHEE SOON \$1358606C 17/01/1959 INDOOR 14/09/1978 40 YEARS AND 8 MONTHS			
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender	PRIVATE CAR AXA INSURANCE PTE LTD COMPREHENSIVE NO GA233584 04/07/2018 - 03/07/2019 NG GHEE SOON \$1358606C 17/01/1959 INDOOR 14/09/1978 40 YEARS AND 8 MONTHS MALE			

NGS78@LIVE.COM.SG

Address 129 ELIAS TERRACE

Postcode 519837

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

NO

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? NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

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 SKZ8576K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE HIRE

Name of Driver ONG RONG HUA

NRIC/Passport Number S8509258H

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

Date of accident:	118 Time: 34	TPM Location:	Bras Ra	eah bed
Date of accident: S My Vehicle A: SBリネ	<u>それをD</u> Vehicle B	: <u>8/kz</u> 85 16 le	Vehicle C:	
SKETCH PLAN				
		-1		
	A A			
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT			
Vehicle / cann	B Endder f Sty 1 thicle 8	nly Jan	n brake	and
only n	chicle B	ne en G	remor.	
V			, , , , , , , , , , , , , , , , , , ,	
Veh B	Ong Ro	ing flux	(8870	59218H.
☐ Claim OD/TP at Ah L		OD/TP at other wo	orkshop Rep	orting Only
Remarks: Please forward My workshop:	a copy of my efile accide	nt report to:		
Email address : & myself :				
Email address :				
Note: Please take note th	at your insurer have 14 da eck with your own insure	ays timeframe for your or for more information	u to submit own dam: on.	age claim under
DECLARATION			71178 74.1	
I/We declare the foregoing parti	culars are true in every respe	ect.	a AH	A
7/17				
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the po Date & Time:	olicyholder)	Reporting warpe Name: NRIC/FIN No.:	onnel's Signature

ARTHMENOTOR CONFANY

Sketch Plan Pg. 2

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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)

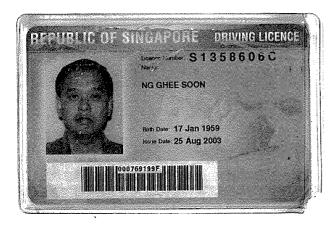
I understand, acknowledge, agree and consent that:

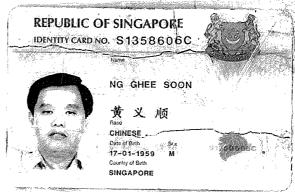
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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) 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 Date & Time:

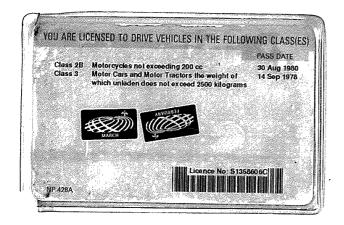
Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Sketch Plan Pg. 3





Hy: 9669 8178 Event, mg 578 @ live. com. sg privali





Ly: ho Ca. NO.



Certificate of Insurance

account number

14403

-Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules 1980 - Road Transport Act 1987 (Malaysia) -Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name

NG GHEE SOON

Certificate number

GA233584 / 1

Cover Plan name Comprehensive Flex 40%

Chassis number Engine number

WDD2120542A061249 27295231292624

NCD applicable Vehicle registration number Period of Insurance

SBU7878D

from 04/07/2018 to 03/07/2019 (both dates inclusive)

Finance loan company OCBC BANK LIMITED

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. 1987 (Malaysia) are not to be included under these headings

EXCESS

Basic Own Damage Excess

Windscreen Excess

SGD 500.00 SGD 100,00

An Additional Excess is applicable as follows:

- 1 S\$500 for unnamed Authorised Driver
- 2. \$\$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

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

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 Customer Centre, #B1-01

1 of 3



POLICYHOLDER ACKNOWLEDGEMENT FORM			
Date: 18/6/19			
To: Owner of Vehicle Number: \(\langle \mathbb{g} \mathbb{B} \mathcal{U} \ 78 \ 78 \ \mathcal{S} \)			
The following has been advised to you via your workshop, <u>AH LIM MOTOR COMPANY</u> through their staff <u>ZILA/EILEEN/MUI HONG</u> .			
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.			
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.			
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 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 any combination 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 or 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 acknowledged by:			
Name and signature of policyholder/ authorized driver* and company stamp (where applicable)			
*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles permitted drivers who are permitted to drive the insured Vehicle.			
Name and signature of workshop personnel including company stamp			





