

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 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.
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	25/06/2019 16:45
Date Of Accident	24/06/2019 14:30
Exact Location Of Accident	DUNEARN RD TWDS BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML2848R
Insured/Policyholder	
Name Of Registered Owner	RENO BOX PTE LTD
Co Reg No	198500568M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96609354

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN045034
Cover Note Number	

Driver

Name of Driver	DAVID NAH TECK HENG
NRIC No	S1523136Z
Date Of Birth	05/04/1962
Occupation	INDOOR
Date Of Driving Pass	09/12/1982
Driving Experience	36 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96609354
Fax Number	
Contact Number	
Email Address	DAVID.NAH@RENOBOX.COM.SG

Address	BLK 661 YISHUN AVE 4 #08-425
Postcode	760661
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 - CHANGE/CROSS LANE
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
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)	3
Passenger 1	NAME: : XIAO SONG GENDER: : MALE
Passenger 2	NAME: : AH HAI GENDER: : MALE

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

REFER TO ATTACH.

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	SLF7531P
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

REF: 10000000000000000000

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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.



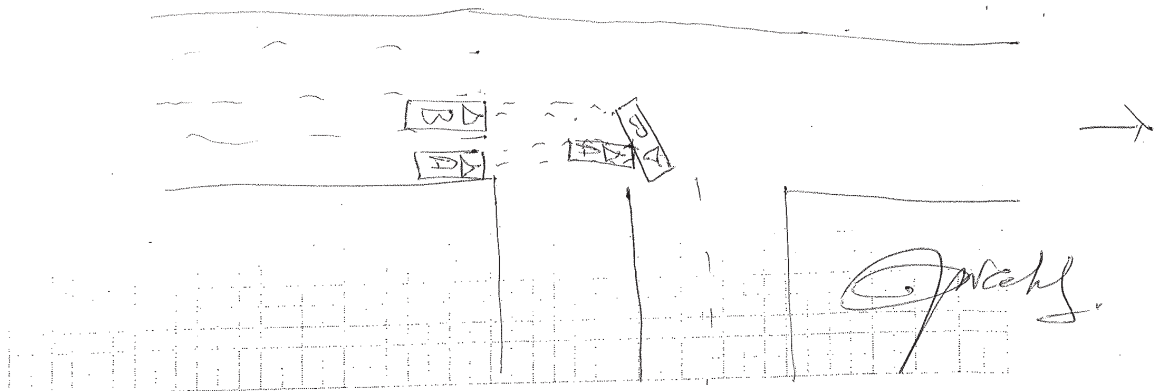
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached.

DECLARATION
I/We declare the foregoing particulars are true in every respect.

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.:

25/06/2019

Accident Report between SML 2848 R &
SLF 7531 P on 24/06/2019 at 2.30 p.m.

I am the driver of SML 2848 R.

On 24/06/2019 at around 2.30 p.m. while I was travelling from Sunearn Road towards Bukit Timah Road.

At the junction of Bukit Timah Road & Whitley Road, I was negotiating the right turn into Whitley Road when suddenly vehicle no SLF 7531 P steer into my path resulting in my vehicle colliding onto the right side of his vehicle.

I alight from my vehicle to check on the damage and exchanged particulars and since there were no injury we left the scene so as not to hold up traffic.



LETTER OF UNDERTAKING

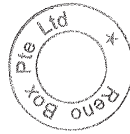
I/We, RENO BOX PTE LTD, the owner of vehicle no. SML 2888K

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, _____

Signed and Acknowledge by:


Nric no. & signature of policyholder




Company stamp

25/06/2009
Date

Sketch Plan #5 Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1523136Z



Name
DAVID NAH TECK HENG


Race
CHINESE

Date of birth
05-04-1962

Country/Place of birth
SINGAPORE

Sex
M

S1523136Z



5725517



NRIC No. S1523136Z



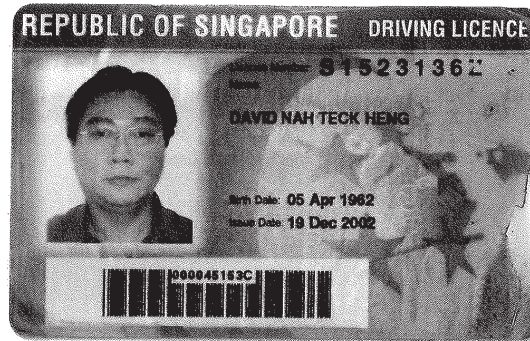
FEBRUARY



MARCH

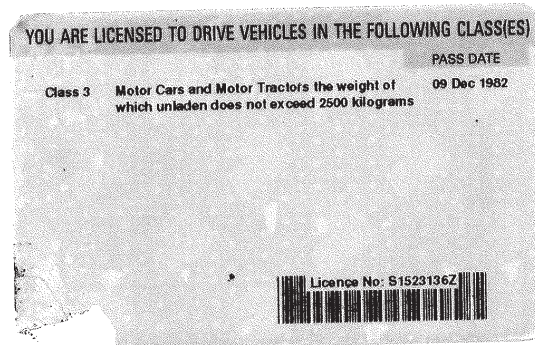
Date of issue
06-04-2017

Address
APT BLK 661 YISHUN AVENUE 4
#08-425
SINGAPORE 760661



SML 2848R

DRIVER



Accident Sketch Plan Pg. 1

AXA INSURANCE PTE LTD

5 Shenton Way, #24-01
AXA Tower, Singapore 054581
Customer Centre #01-21
Tel: 1870 8204588
Website: www.axa.com.sg
GST Registration Number: T959035170
Customer Care: axa.com.sg



Insurer's Copy

Agent Code: 08260

Policy No (if any)

New Business

SmartDrive Quota: Per

MOTOR COVER NOTE

No. CN045034

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	RENO BOX PTE LTD
MAKE AND DESCRIPTION OF VEHICLE	HYUNDAI AVANTE 1.6 4DR AUTO 'S'
VEHICLE REGISTRATION NO.	TBC
YEAR OF MANUFACTURE	2019
ENGINE NO	GJFGKU115E17
CHASSIS NO	KMHDS41CNKU909310
ENGINE CAPACITY/TONNAGE	1591
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	Nil
VALUE (\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 10/03/2019 TO: 09/03/2020
EXCESS (\$)	AS PER POLICY
AXA PREMIUM WORKSHOP?	NO

WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) AND PART II OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Authorising Signatory

Issued by: Ann GILL on: 10/03/2019 10:32 am

Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$3.50 (inclusive of GST) if the policy is cancelled after the inception date.
- An administrative fee of S\$26.75 (inclusive of GST) will be charged:
 - Cover not issued and cancelled before inception
 - Retained the old registration number for a new vehicle insured with AXA

PREMIUM WARRANTY

For Individual Customers:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customers:

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SML 2848 R



SML 2848 R



SML 2848 R



Accident Photo



SLF 7531 P



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: S66S0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : NRINE 1908 2785 Vehicle Registration No: SML 2848R
 Name (as shown in NRIC) : DAVID NATH TRICK HEALING NRIC/FIN/Passport No : 215221362
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : BK 661 YERHON AVE 4 #08-425 Singapore (760668)
 Contact (Tel) : _____ Mobile No. : 96609354
 Email Address : _____
 Date of Accident : 24/06/2009 Time of Accident : 14.30
 Place of Accident : BUNIBARAN RD TWD BUCCT TIMAH RD
 Insurance Company : AXA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

— AMEND VEHICLE NUMBER .

 Policyholder / Driver's Signature
 Date:

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: