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

ENT
& ANG MO KIO INDUSTRIAL PARK 2
HICLE

NRIC No S7937558F
Email Address LYNNKAM@HOTMAIL.COM

Mobile Phone No (LOCAL) +65-93696036

Alternative Phone No OFFICE-93696036

Vehicle Particulars

Manufacturer CITROEN

Model GRAND C4 PICASSO 1.6I EHDI ETG6 HALOGEN

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 GA189919

Cover Note Number 30/05/2019-29/05/2020

Driver

 Name of Driver
 LEE SEE HENG

 NRIC No
 \$7710771A

 Date Of Birth
 20/04/1977

 Occupation
 OUTDOOR

 Date Of Driving Pass
 03/05/1999

Driving Experience 20 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93696039

Fax Number

Contact Number

EMail Address LEESEEHENG77@GMAIL.COM

Address 63 VERDE AVENUE

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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 DRIZZLING
Road Surface WET

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?

Passenger 1

YES

NO

3

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME: : LEE SHU HUI

GENDER: : FEMALE

Passenger 2 NAME: : LEE JIE YANG

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO WITH TRAFFIC POLICE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLZ6235X

Vehicle Make/Model/Colour HONDA FREED

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LIM THIAM HUAT

NRIC/Passport Number S0223544G Contact Number 81818366

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1 NAME: : MARY MANIMUTHU

GENDER: : FEMALE

DETAILS OF INJURED PERSON 1

Name MARY MANIMUTHU

Approximate Age Injuries Sustain

Injured person in which vehicle? SLZ6235X

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

Sketch Plan Pg. 1

SKETCH PLAN

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
- 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 (GtA) for archiving and that copies of this report will for a fee be made available upon application by Interested parties
- 7. By the ladgment 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)
 - (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

(iii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Oate & Time:

Driver's Spnature

(if driver is not the policyholder)

4/10/

Date & Time:

Reporting Centre Personnel's Signature Anand

Name: FateSwaran

NRIC/FIN No.:

triaditi skendiktarkana vä

SKETCH PLAN NOVETER SLZ6235X ۵ sk\$ 5586 m \mathbf{z} DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 4th October approxima Manimethin Important: Reporting Only You have been advised by the workshop that in the event that you wish to Claim OD claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame Claim TP from the day of the occurrence. Claim OD/ TP at other workshop DECLARATION I/WE declare the foregoing particulars are true in every respect. Policyholder's signature Driver's Signature Reporting Centre Personnel's Signature Date & Time (if driver not the policyholder) Name: falishwaran Hrund.

Date & Time 4/10/19

Nric/Fin No.

CERTIFICATE OF INSURANCE Pg. 1





Certificate 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 04109

GA189919 / 1

10JBEX3043879

VF73A9HC8FJ772887

-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

Vehicle registration number

Plan name

NCD applicable

Period of Insurance

Policyholder name Cover

KAM LI YING Comprehensive Essential+ 20%

Chassis number Engine number

SK\$5586M from 30/05/2019 to 29/05/2020 (both dates inclusive)

Finance loan company DBS BANK LTD

Persons or classes of persons entitled to drive*

(a) The Policyholder

(b) Any Named Driver as stated in the Policy:

1. LEE SEE HENG

(c) 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



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

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.

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

1 of 3

CERTIFICATE OF INSURANCE Pg. 2



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: _	<u>41012019.</u>	To: Owner of Vehicle Number: SKS SS86M -
	ollowing has been advised to you via y KESWARAN ANAND.	our workshop, ETHOZ PROTECT PTE LTD through their staff,
Please	e tick the applicable box if you had been a	dvised on any of the following:
(p that in the case that you wish to claim against your own policy, there y the claim must be made within the stipulated timeframe from the day
(You had been advised by the worksho	o on the liability and merits of the case accordingly.
()	due to this accident. if fire damage and you of However, there will be no if fire damage and you are fire damage.	o on the claims procedure for the type of claim that you will be making aim under your own insurance, any applicable excess will be waived. recovery prospect and NCD will be affected. re claiming against the Third Party, your NCD will not be affected. not guaranteed, and AXA will not be held responsible.
1	There will be delay to your vehicle reproption except to indent it from overseas	air due to the unavailability of spare parts locally and there is no other s.
1	There will be no cancellation/withdraw placed. If you wish to cancel/withdraw incurred directly &/or indirectly to the p	al of the Own Damage claim once the order of spare parts have been or the claim, you shall bear all costs, expenses &/or related charges occurement of the spare parts.
5	The estimated waiting time for the spa arrival time does not include the repair	re parts to arrive is The estimated period.
4	You will be driving the vehicle out despi may not be road worthy.	te being advised by the workshop mechanic/ personnel that the vehicle
V	For vehicles below three (3) years old use only original parts to repair your ve	or under warranty with a local distributor, your insurance company will hicle.
	company will be carrying out repairs w	and no longer under warranty with a local distributor, your insurance here any damaged part that can be repaired will be repaired and any explaced using any combination of original parts and/or original nd/or second-hand parts.
1	You had been advised by the workshi workmanship related to the accident.	op of the Twelve (12) months warranty for Own Damage repairs on
4	For vehicles that are under warranty wi with your local distributor on any effect	h a local distributor, you have been advised by the workshop to check to your warranty prior to making this Own Damage claim.
()	Others	
-	and acknowledged by:	
Mana	LEE SEE HEA	ed driver* and company stamp (where applicable)
		And the second s
*authoriz permitte	ized driver to either the named drivers a ed drivers who are permitted to drive the i	s per motor insurance policy or in the case of commercial vehicles, nsured Vehicle.
EXX.	Pateswaran Anand.	
Name a	and signature of workshop personnel i	ncluding company stamp

Page 7 of 39





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 4 Report No. T/20191004/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time 04/10/2019		ade:	Vide Report No.: F/20191004/0057	Station Diary No.:	
Informant	's Particu	lars			
Name of Ir LEE SEE I			Address: 63 VERDE AVENUE SINGAF	PORE 688331	
ID Type / ID No.: NRIC NO / S7710771A			Contact No.: Home/Office: Mobile: 93696039		
Nationality SINGAPO	: RE CITIZE	EN	Email: LEESEEHENG77@GMAIL.C	ОМ	
Sex: Age: Date of Birth: Male 42 20/04/1977			Type of Informant: Driver		
Race: Chinese			Language: Institution / School Name		
Occupation SAF REGU			Driving Licence Information: Class: 2B,3	Date of Expiry: 20/04/2042	

Type of Accident:	Non-Injury Conveyed By Amb	oulance	Drink Drive: No	Date/Time of Accident: 04/10/2019		Type of Location: T-Junction
ANG MO KIO	AVENUE 5 & ANG MC	KIO IND	OUSTRIAL F	PARK 2		
Weather: Drizzling		Road Wet	Surface:		Roa	d Speed Limit:
Traffic Flow:		, , ,	Control:			fic Volume:
One Way		Traffic	: Light - Wo	rking	Mod	erate

Details of V	ehicle Involved	i				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKS5586M	Car	CITROEN	GRAND PICASSO	Blue	Slightly Damaged	2
SLZ6235X	Car	HONDA	FREED	Grey	Slightly Damaged	2

Details of Vehi	icle Insurance			
Vehicle No. Ir	nsurance Company	Insurance No	Effective	Expiry Date
SKS5586M A	XXA INSURANCE SINGAPORE PTE	GA189919	30/05/2019	29/05/2020





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20191004/7021

CONTINUATION OF REPORT

Details of Perso				
Any Pedestrian I				
No. of Pedestriar		Use of Per	destrian Cros	sina: NA
Driver		1 000 011 0	accinair cros	onig, w
Name	LEE SEE HENG	ID No.	S7710771A	
Related Vehicle	SKS5586M (Car)		Contact No.	93696039
Hospital/Clinic	NIL	•	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 20/04/2042
Date Treatment	NIL	Date Disc	harge NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		
Passenger				
Name	LEE SHU HUI MARILYN		ID No.	T1226094B
Related Vehicle	SKS5586M (Car)	***************************************	Contact No.	63665900
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		
Passenger	P. P.			
Name	LEE JIE YANG MARCUS		ID No.	T1226100J
Related Vehicle	SKS5586M (Car)		Contact No.	63665900
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	narge NIL	
No. of Days grant	ed Medical Leave NIL	Degree of	Injury NIL	



Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 4 Report No. T/20191004/7021

CONTINUATION OF REPORT

Passenger						
Name	MARY MANIMUTHU			ID No.		S1632937A
Related Vehicle	SLZ6235X (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Driving Licence Expiry	g e &	Class: NIL Date of Expiry: NIL
Date Treatment	04/10/2019		Date Discl	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver						
Name	LIM THIAM HUAT			ID No.		S0223544G
Related Vehicle	SLZ6235X (Car)			Conta	ct No.	81818366
Hospital/Clinic	NIL			Class Driving Licence Expiry	g e&	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discl	harge	NIL	
No. of Days grant	ed Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

The vehicle (SLZ6235X) in front of my car (SKS5586M) stopped suddenly in the middle of the traffic junction. My car could not stop in time and collided into the rear of the vehicle. It was raining and the road was wet.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20191004/7021

CONTINUATION OF REPORT

Sketch	Plan

NP168

Informant is not able to provide sketch plan

Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	04/10/2019 14:30
Officer In Charge Of Case: TP / TPIB /	Classification Of Case:
PHUA TIAK YEE	
Contact No.: 65472077	
Audhandiadia Ci	
Authentication Stamp	



SINGAPORE POLICE FORCE

ACKNOWLEDGEMENT SLIP

Ref: Report No: #F/20191004/00	057.
1, SSGT TIRORYS LIA	1 KWANLYU
(Recipient's Name,	Contact No. / NRIC or Passport No. / Rank and No.)
of TRAFFIC FOLLIE	ss / Police Station / NPC / NPP)
(Addre	ss / Police Station / NPC / NPP)
hereby acknowledge receipt of the below men	ntioned items of:
1 KINGSTON 8GB MSP. SW.	1738HJ 49156-
2	
3	<u>. </u>
4	
5	
6	
7	
8	
9	
10	·
from <u>\$7710771A</u> L (Name, NRI of <u>63</u> \$749\$ VERNE AVE	GE SEE IHEVG. IC or Passport No. / Rank-and No.)
of U) 45TW VCIONE 1AVE	ss / Police Station / NPC / NPP)
on 4/13/20/9 at	
(Date)	(Time)
Witnessed by / * Handed over by: (* Delete if applicable)	Received by:
/r	
(Signature)	Signature
Lee See Hens 57710771A	Theres.
(Name, NRIC or Passpor No. / Rank and No.)	(Name, Contact No. / NRIC or Passport No. / Rank and No.)
Other Remarks:	

NP 323 (2/16)

Identification Card Pg. 1



SINGAPORE ARMED FORCES

IDENTITY CARD

LEE SEE HENG

S7710771A

NRIC No

This card is the property of the Singapore Armed Forces. Any person finding this card is requestioned water of it without delay to Central Manpower Base or any Poice Station.

GEMALTOSGPU105451980116

NRIC No/Colour S7710771A/ PINK

Race CHINESE Date Of Birth

Date Of Birth 20/04/1977 Service Status

REGULAR Address 0000005028376

ood Group (+)

Country Of Birth
SINGAPORE
Military Rank Status
SENIOR MILITARY EXPERT

63 VERDE AVENUE SINGAPORE 688331

e collination of the collination

OWNER LETTER OF AUTHORIZATION Pg. 1

car no. <u>5k</u> גרסורר	Name) KAM U YING SSSSEM authorize the dri A to file accident repo t (Location) junchun of An	ver (Name) LFE SEE rt which happened i	HENG i/c	no.	
Owner's Nai Signature	ne: Kan Li Ying : MA		CF SINGAPORE ONO S7937558F Name KAM LI YING (GAN LIYING)		
	FOR ACC US	CIDENT CLAIM SE ONLY	計例 類 Race CHINESE Oute of birth Sec 10-11-1979 F Gaunty of birth SINGAPORE		

Driving License Pg. 1





















































