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, yo aforesaid. | u hereby consent to the archiving of this report at the centre and to copies of the report being made available |
|---|---|
| | ACCIDENT STATEMENT |
| Date Of Report | 04/10/2019 15:33 |
| Date Of Accident | 04/10/2019 08:50 |
| Exact Location Of Accident | MARYMOUNT RD NEAR PEMIMPIN DRIVE |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SMG2707R |
| Insured/Policyholder | |
| Name Of Registered Owner | ZHANG JIANHUA |
| NRIC No | S8475206A |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-94594822 |
| Alternative Phone No | OFFICE-94594822 |

Vehicle Particulars

HONDA Manufacturer Model **VEZEL**

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?

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 GA426335

Cover Note Number

Driver

Name of Driver **ZHANG JIANHUA**

NRIC No S8475206A Date Of Birth 28/02/1984 Occupation INDOOR Date Of Driving Pass 06/06/2017

Driving Experience 2 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94594822

Fax Number

OFFICE-94594822 Contact Number

EMail Address NOEMAIL Address 176 CANBERRA DRIVE #02-13

Postcode 767950

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 CHAIN COLLISION

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Passenger 1

NO

NO

2

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: :

: WANG XIAO CHEN

GENDER: : FEMALE

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

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

Police Station Address 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 POLICE REPORT: T/20191004/7005.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMK8212R

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJQ5460P

Vehicle Make/Model/Colour

Details Of Properties VEHICLE C
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)

DETAILS OF INJURED PERSON 1

Name WANG XIAO CHEN

Approximate Age Injuries Sustain

Injured person in which vehicle? SMG2707R

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

Page 3 of 17

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 Policyhalder and/or the Authorised Driver,
- Information provided must be as truthful and accurate as possible. Any will all misrepresentation or withholding of material facts may allow insprance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by inturence companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false recording may be referred to the Police for investigation.
- 5. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for architring and that copies of this report will for a fee be made available upon application by interested parties.
- 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 aforeseld.
- S. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (E) 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 (i.e. "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, hending and/or doesing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my ciains:
 - (iii) carrying out and/or dealing with my instructions or responding to any enquirles 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 dains.(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, dicclose and/or process my Personal information for one or more of the above Perposes; and
- (b) thy Personal Information may/ran be disclosed by any of the Insurers and/or GIA to their third party service providers or agasts (including their lawyers/law firms), which may be sted outside of Singaporo, for one or more of the above Purposes.
- (b) my Personal information will also be collected and used to compile cisims history for the purpose of freud detection, investigation and management in present and all future daims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to 20 insurers end/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, favy enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholders Signature Date & Timer

Driver's Signature

(If driver is not the policyholder)

Date & Timé:

Reporting Centre Personnel's Signature

Rame;

RRIC/FIN No.:

Sketch Plan #2 Pg. 1

| SKETCH PLAN | | |
|--|--|--|
| | | |
| | the street to a measurement of the street was to be street and the street of the stree | |
| | | Ven A SMG 2707R |
| - | | |
| | | The same size |
| - the root of the superior of the same | | |
| | | The States |
| | | |
| | | |
| | | |
| | | |
| الدورون والمسالسية والمسالم | | |
| <u> </u> | | |
| | <u> </u> | |
| 11:11: | | <u></u> ╏ ┆╅┪╬╒╒╃╌╬╌┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼ |
| ESCRIBE CIRCUMSTA | YCES OF THE ACCIDENT | and a state of the |
| | | the state of the s |
| - Reder | to police Report - | |
| | TO FORCE TYPE | Adaptive of the second of the |
| | a today simple was a programme and till a line of the | The state of the s |
| | | |
| 11.11.1 | | |
| | | |
| | | and the second s |
| | | and the state of t |
| | | |
| | | |
| | And the state of t | The second secon |
| CARLOR SHIP AND A SHIP | | |
| | | |
| | · · | and the second s |
| | and the state of t | |
| | The state of the s | |
| | | Washer. |
| | the state of the s | and the second section of the secti |
| ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | |
| | | |
| and the state of t | and a section of the second of a second of the second of t | The second secon |
| والهبيرة إرام واستند مستوسطة ستعامله معاميد سيبيب يدومون | and the same of th | |
| | | Section Many Suprema |
| | and the state of t | |
| نام (المسامية الله هم الميسانية و في معهد الميامية الميامية الميامية الميامية الميامية الميامية والماء والما | والمرابعة ومستند معينية بنستان وعدرتها فياجه وبالمرابعة والمرابعة والمرابعة والمرابعة والمرابعة والمرابعة والمرابعة والمرابعة | the state of the s |
| | | |
| | - | |
| | * | |
| A D 6 TH C h 1 | | |
| ARATION declarathe foregoithe or | rikulars are true in every respects | |
| The second secon | The construction and the construction of the c | |
| | 2 08/ | ······································ |
| | | |
| หญิสติร์ s Signoruse | Orlect's Signature | Reporting Centre Personnel's Signature |
| E Turniqu | (li diver is not (ne policyholder) | Name: |
| | Sate & Time: | NRIC/FIN No.: |

LETTER OF UNDERTAKING

| Nzie no. & signature of policyholder | | Signed and Acknowledge by: | Triy/Our Tillion Fairy Claim is mailule by my/our preferred workshop, | My/Our Third Dorty olding is boards by the of the of the order y of trainage. | within 14(fourteen) days of occurrence or discovery of damage | My/Our Insurance is under M/s AXA Insurance Pte Ltd , I/we | I/We, THANG JUAN KUA |
|--------------------------------------|--------------|----------------------------|---|---|---|--|------------------------|
| Company stamp | | | ny/our preferred workshop | e of discovery of damage. | e Third Party and if the for Ltd with all relevant facts a | surance Pte Ltd , I/we shall | , the owner of vehicle |
| Date | 04/(0/ Do ge | | | | former shall submit cts and documents | shall decide whether to | hicle no. Swe stork |

Sketch Plan #4 Pg. 1





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20191004/7005

REPORT OF A TRAFFIC ACCIDENT

| | Pate/Time Report Made: 4/10/2019 10:59 | | Vide Report No.: | Station Diary No.: | |
|---|---|---------------------------|--|----------------------------|--|
| Informant | 's Particu | lars | | | |
| Name of Informant: ZHANG JIANHUA | | | Address: 176 CANBERRA DRIVE #02-13 SINGAPORE 767950 | | |
| ID Type / I NRIC NO / | D No.: / S847520 | 6A | Contact No.: Home/Office: | Mobile: 94594822 | |
| Nationality: SINGAPORE CITIZEN | | | Email: Jianhua1984@hotmail.com | | |
| Sex: Male | Age: 35 | Date of Birth: 28/02/1984 | Type of Informant: Driver | | |
| Race: Chinese | 10.00 | | Language: English | Institution / School Name: | |
| Occupation: FINANCIAL SERVICES EXECUTIVE | | ES EXECUTIVE | Driving Licence Information: Class: | Date of Expiry: | |

| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 04/10/2019 08:50 | Type of Location: Straight Road |
|--------------------------|--|-----------------------|---|------------------------------------|
| Location: | | | | |
| MARYMOUN | T ROAD | | | |
| | | | | |
| Weather: Drizzling | | Road Surface: Wet | | Road Speed Limit: 50 Km/h |
| | 3 111/1/10/10/10/10/10/10/10/10/10/10/10/1 | Traffic Control: | 1 | Traffic Volume: |
| Traffic Flow: One Way | | Traffic Light - Wor | rking | Moderate |

| Details of V | ehicle Invo | lved | | | | |
|--------------|-------------|-------|-------------------|-------|---------------------|-----------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
| SJQ5460P | Car | | | | | 0 |
| SMG2707R | Car | HONDA | VEZEL 1.5X CVT | Blue | Slightly Damaged | 1 |
| SMK8212R | Car | | | | | 0 |

| Details of Vo | ehicle Insurance | | | |
|---------------|---------------------------------|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SMG2707R | AXA INSURANCE SINGAPORE PTE LTD | GA426335 | 12/12/2018 | 11/12/2019 |

Sketch Plan #5 Pg. 1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20191004/7005

CONTINUATION OF REPORT

| Details of Perso | n Involved | | | | | |
|-------------------|-----------------------|---|---|---|-------|-----------------------------------|
| Any Pedestrian I | nvolved: No | | | | | |
| No. of Pedestriar | ns Injured: NIL | | Use of Peo | destriar | Cross | sing: NA |
| Passenger | | | | | | |
| Name | WANG XIAO CHEN | | | ID No. | | S8675293Z |
| Related Vehicle | SMG2707R (Car) | | *************************************** | Contact No. | | 96886593 |
| Hospital/Clinic | NIL | | | Class of Driving Licence & Expiry Date | | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Disch | narge | NIL | AT ASSERTING |
| No. of Days gran | nted Medical Leave 03 | | Degree of Injury Slight | | | |
| Driver | | | | | | |
| Name | ZHANG JIANHUA | | | ID No | | S8475206A |
| Related Vehicle | SMG2707R (Car) | | | Contact No. | | 94594822 |
| Hospital/Clinic | NIL | | | Class of Driving Licence & Expiry Date | | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | *************************************** | Date Disch | narge | NIL | |
| No. of Days grant | ted Medical Leave | NIL | Degree of | Injury | NIL | |

Brief Details.

On the stated time and date, I was driving my vehicle SMG2707R, Approaching to a traffic light I came to a stop. Suddenly I felt a great impact from the rear and realize SMK8212R had collided to my rear, the impact was so big that my vehicle propelled forward and collided to the car infront me bearing car plate number SJQ5460P.

My wife is pregnant at 33 weeks and was conveyed by an ambulance to KKH.

Sketch Plan #6 Pg. 1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20191004/7005

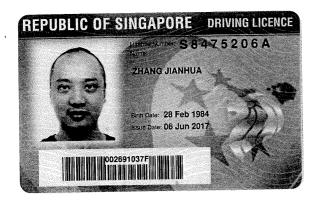
CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch plan

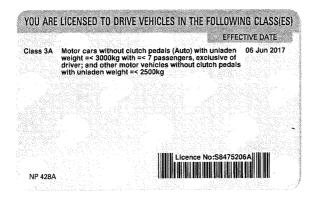
NP168

| The identity of the person making this report has been authenticated by SingPass. No signature is required. |
|--|
| Date/Time: |
| 04/10/2019 10:59 |
| |
| Classification Of Case: |
| |
| |
| |
| The state of the s |
| |

Driving License 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 00772

GA426335 / 1

RU11309663

L15B5559674

-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 ZHANG JIANHUA
Cover Comprehensive
Plan name Flexi
NCD applicable 0%
Vehicle registration number SMG2707R

Period of Insurance from 12/12/2018 to 11/12/2019 (both dates inclusive)

Finance loan company OCBC 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 700.00 SGD 100.00

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 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

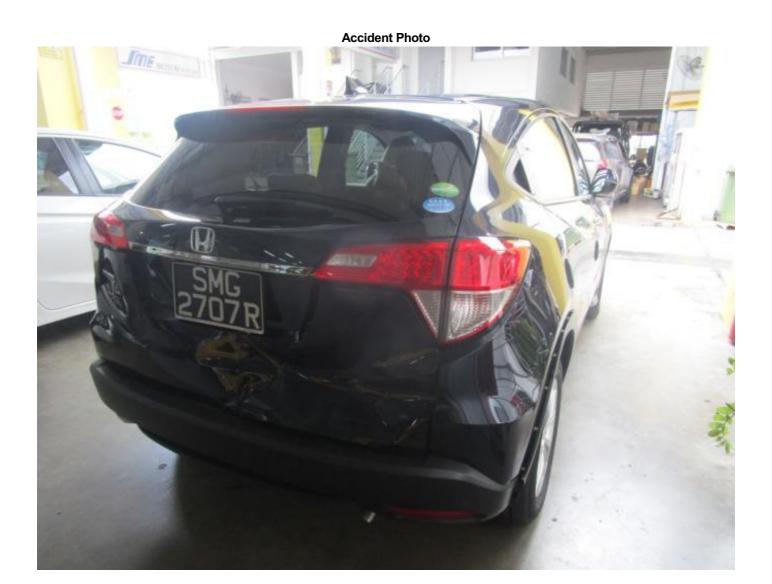
All Authorized signatures

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.









Accident Photo



Accident Photo

