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 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	10/10/2019 16:41
Date Of Accident	09/10/2019 15:50
Exact Location Of Accident	ALONG BKT BATOK WEST AVE 5 & BKT BATOK ST 34
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLQ2603R
Insured/Policyholder	
Name Of Registered Owner	JAMES SEAN MURRAY
NRIC No	S7869088G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96431020
Alternative Phone No	OFFICE-96431020
Vehicle Particulars	
Manufacturer	AUDI
Model	A3 1.8T CABRIOLET FSI
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VA1/GA257796
Cover Note Number	
Driver	
Name of Driver	SHARON SHALOM MURRAY
NRIC No	S7423574C
Date Of Birth	25/07/1974
Occupation	INDOOR
Date Of Driving Pass	12/10/1993
Driving Experience	25 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91285958
Fax Number	
Contact Number	
EMail Address	THERAPY@HOTMAIL.SG

Address	3 JALAN RAJAWALI #01-02 SINGAPORE 598436
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	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)	1

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

Please see attached files

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	SHD3235D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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. The report will be forwarded by the insurers of the GIA Reports 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 (as 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 the 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:

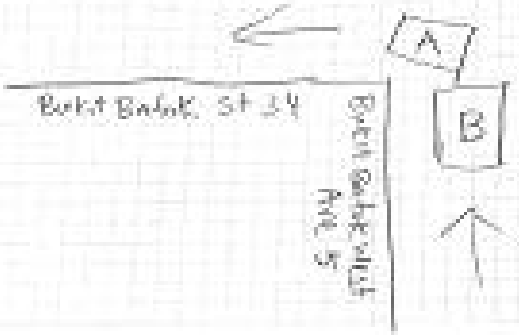
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 10/10/19 1445	(If driver is not the policyholder)	Name: Tan Ser
	Date & Time: 10/10/19 1445	NRIC/FIN No.: S[illegible]E

SKETCH PLAN

A = SLQ 2603 E
B = STHD 3235 D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Incident happened on 9/10/2019 at 1549 at the junction of Bukit Batok West Ave 5 & Bukit Batok St 34. I was in vehicle A turning left onto Bukit Batok St 34 when ~~st~~ ~~comfort~~ comfort taxi STHD 3235 D hit my car from behind. I had my signal light on & there were pedestrains crossing the road so it was impossible for him to not notice that I was turning left. Driver admitted to his carelessness.

DECLARATION

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

Policyholder's Signature
Date & Time:
10/10/19
1445

Driver's Signature
(If driver is not the policyholder)
Date & Time:
10/10/19
1445

Reporting Centre Personnel's Signature
Name: Tony Ong
NRIC/FIN No: [redacted]

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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TP DRIVING LICENCE

CONSENT LETTER

The Manager / Officer

Accident Reporting Centre

Singapore

Owner Letter of Consent

I (Owner's Name) James Sean Murray (Owner's NRIC No) S7869088G

(Owner's Vehicle Make & Model) Audi A3 Car Number Plate SLQ2603R

hereby authorise (Name of Driver) Sharon Shalom Murray

(Driver's NRIC No) S7123574C to file a traffic accident report happened on

(Date of Accident) 9/10/2019 (Place of Accident) Bukit Batok West Ave.5 / Bukit Batok St 34

(Time) 15:49

Owner's Signature:

Date: 10/10/2019

LOA

AUTHORISATION, ASSIGNMENT AND INDEMNITY

To: VAG Singapore Pte Ltd
48 Toh Guan Road East #05-155
Enterprise Hub
Singapore 608586

ACCIDENT INVOLVING MY/OUR VEHICLE NO. SLQ2663R AND SHO3235D ON 9/10/2019
AT/ALONG Bukit Batok West Ave 5 / Bukit Batok St 34

1. I/We, James Sean Murray, the owner of motor vehicle no. SLQ2663R ("my vehicle") hereby appoint you and authorise you to commence repairs to my vehicle. Except for cases where direct settlement is made with the opposite party's insurers, you will only commence repairs only upon receipt of notification from my/our appointed solicitors that I/we have appointed to act for me/us in the claim in respect of the above caption.

2. Pending notification by my/our solicitors to you, I/we authorise you to appoint a surveyor to survey the damages to my vehicle and to do all necessary work ("the preliminaries") with a view to expediting the repairs to my vehicle. In the event that I/We decide not to proceed with the repairs to my vehicle after the preliminaries were done and/or arranged by you, I/We agree to pay for all the expenses incurred for the preliminaries.

3. You shall not be liable for any delay in the repairs to my vehicle for delays occasioned by the delay in notification by my/our appointed solicitors that I/We have appointed them to act for me/us in the claim in respect of the above caption.

4. I/We also authorise you to liaise with and give all necessary instructions to my/our solicitors as if the instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including, if necessary to commence legal proceedings in my/our name against the third party. Further, I/We have authorised my/our solicitors to direct all correspondence including documents in support of my/our claim and court documents to you as my/our nominated representative to facilitate the settlement of my/our claim.

5. In consideration of you agreeing not to collect from me/us the repair costs, rental fees for another vehicle (if applicable) and surveyor's fees now, I/We agree to assign the whole proceeds of my/our third party claim to you. In this regard, I/We shall authorise my/our solicitors to receive the settlement sum from the third party's insurers and for our solicitors to release all the balance of the settlement funds less the legal costs and disbursements, directly to you whom I/We have so authorised and I/We hereby absolve you and the third party's insurers of any and all liability during your/their course of following any/or all of my/our instructions. My/Our solicitors shall accept this as my/our irrevocable authority to pay the compensation amount in my/our third party claim directly to you after deducting of their costs on a solicitor and client basis. In the event that the third party insurers should make payment to the settlement sum directly to me/us, we will notify you and/or our solicitors of same and make payment to my/our solicitors the settlement sum so received by me/us for my solicitors' necessary action.

6. In the event that my/our claim or suit for damages against the third party is unsuccessful or is dismissed for whatever reasons, I/We understand that I/we shall be liable to pay the legal costs of the third party and the sum of monies due to you including the survey fees and any other costs and disbursements and incidentals incurred by you.

7. If my/our claim against the third party and/or its insurers is unsuccessful or cannot be proceeded with and/or if any judgment or settlement is not honored or satisfied by the third party, I/we authorise you to make a claim under my own motor comprehensive policy for the repair costs and other losses recoverable under the policy. In this respect, I/we understand and accept that the excess amount under the policy shall be borne by me/us.

8. If for whatever reason, my/our insurers reject my/our claim for indemnity for the repair costs and/or other losses recoverable under the policy or offer to pay less than the amount claimed by you, I/we agree and undertake to pay the full amount of your repair bill, survey fee and other expenses reasonably incurred on my/our behalf or to pay you the difference in amount as the case may be.

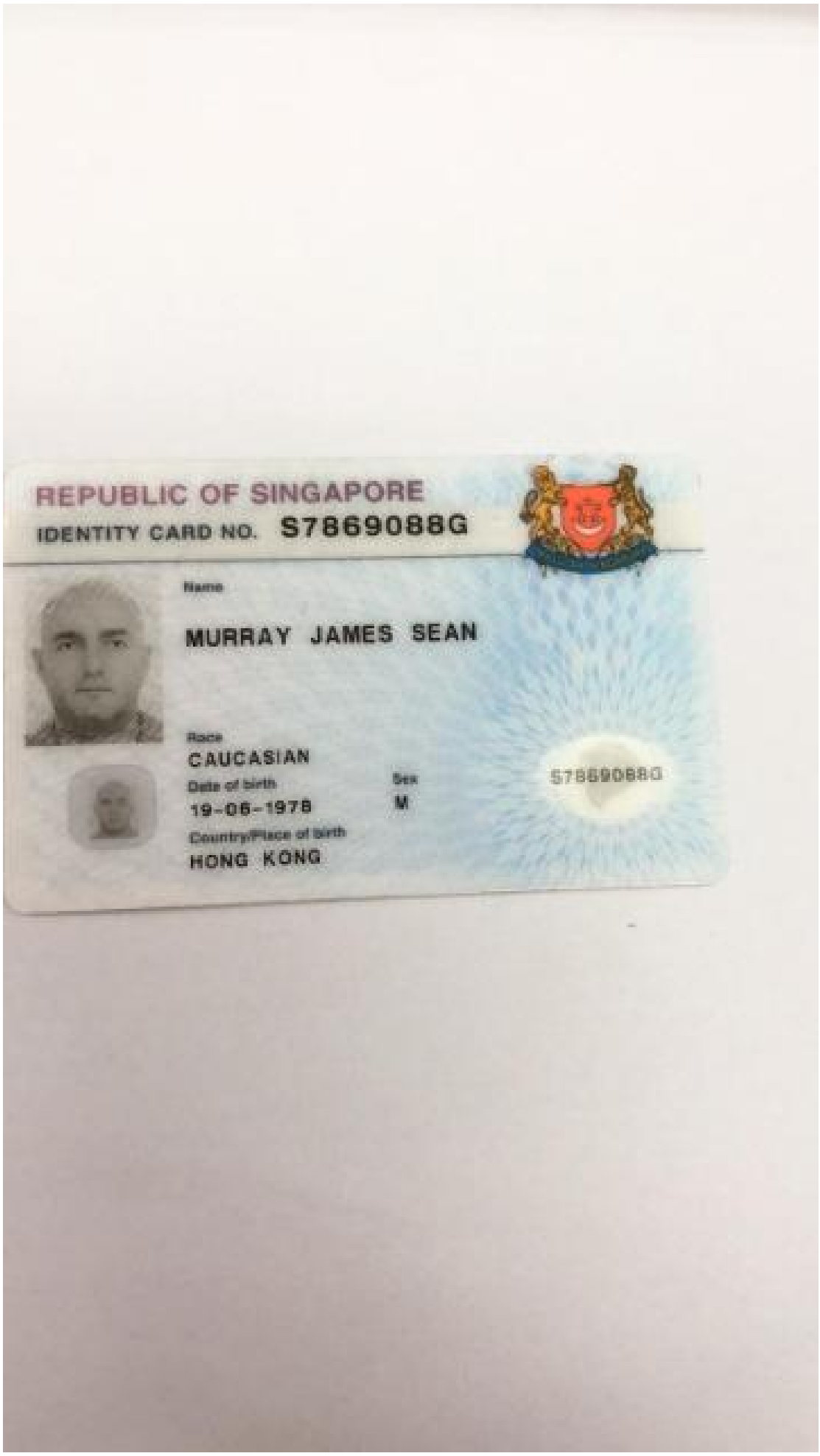
9. I/We further understand that I/we may receive communications from the third party's insurers including but not limited to statements to be signed by me/us confirming that all items being claimed were caused by the accident or letter of offer/proposal of settlement enclosing discharge voucher. I/We undertake that we will not communicate with the third party's insurers or sign any documents whatsoever or do any act which will jeopardise my/our claim but rather I/we will direct all communications and forward all documents received by me/us to you or to our solicitors.

Dated this day of 2019

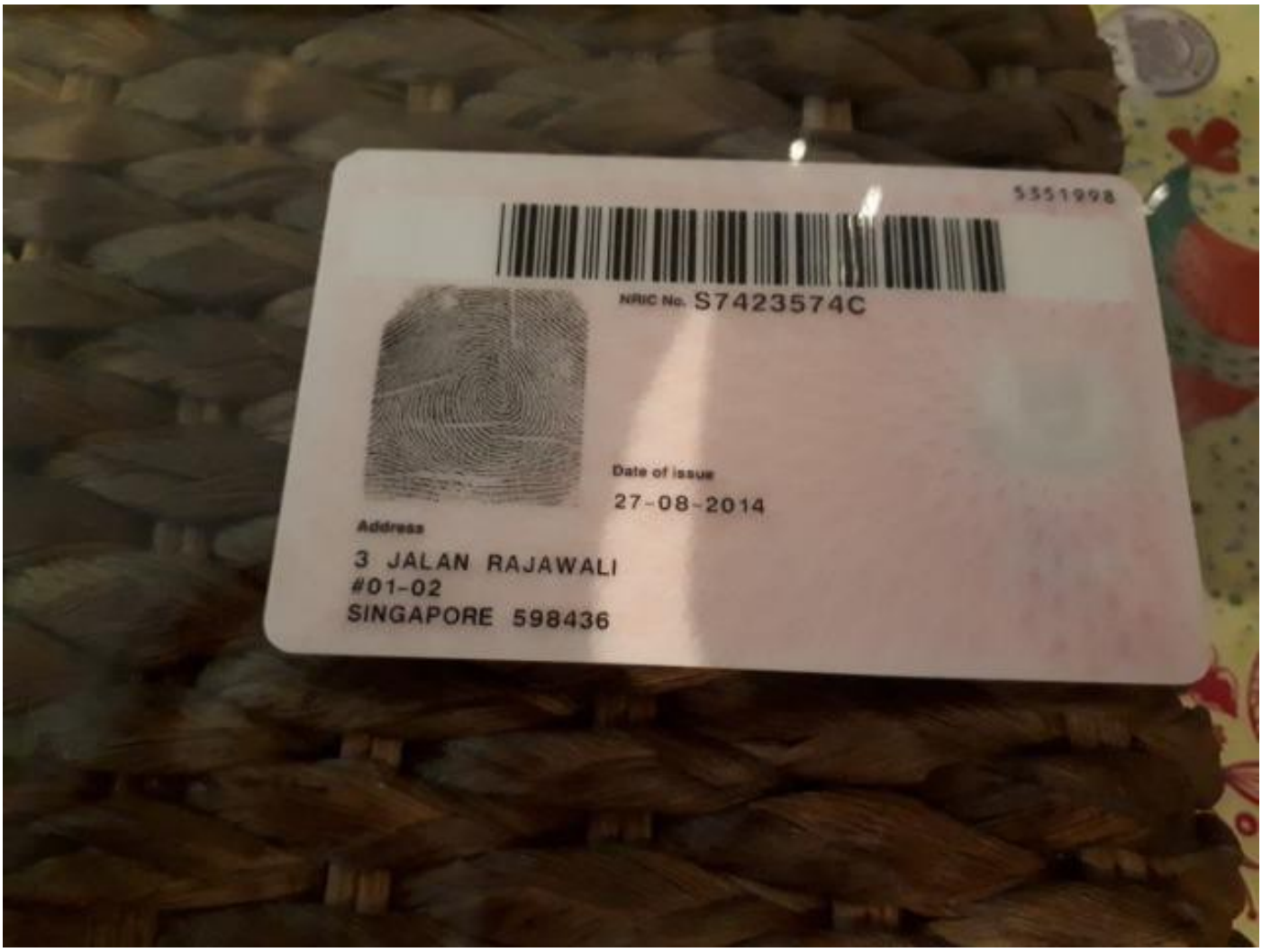
Signature / Company Stamp

NRIC: S7423574C

Identification Card



Identification Card



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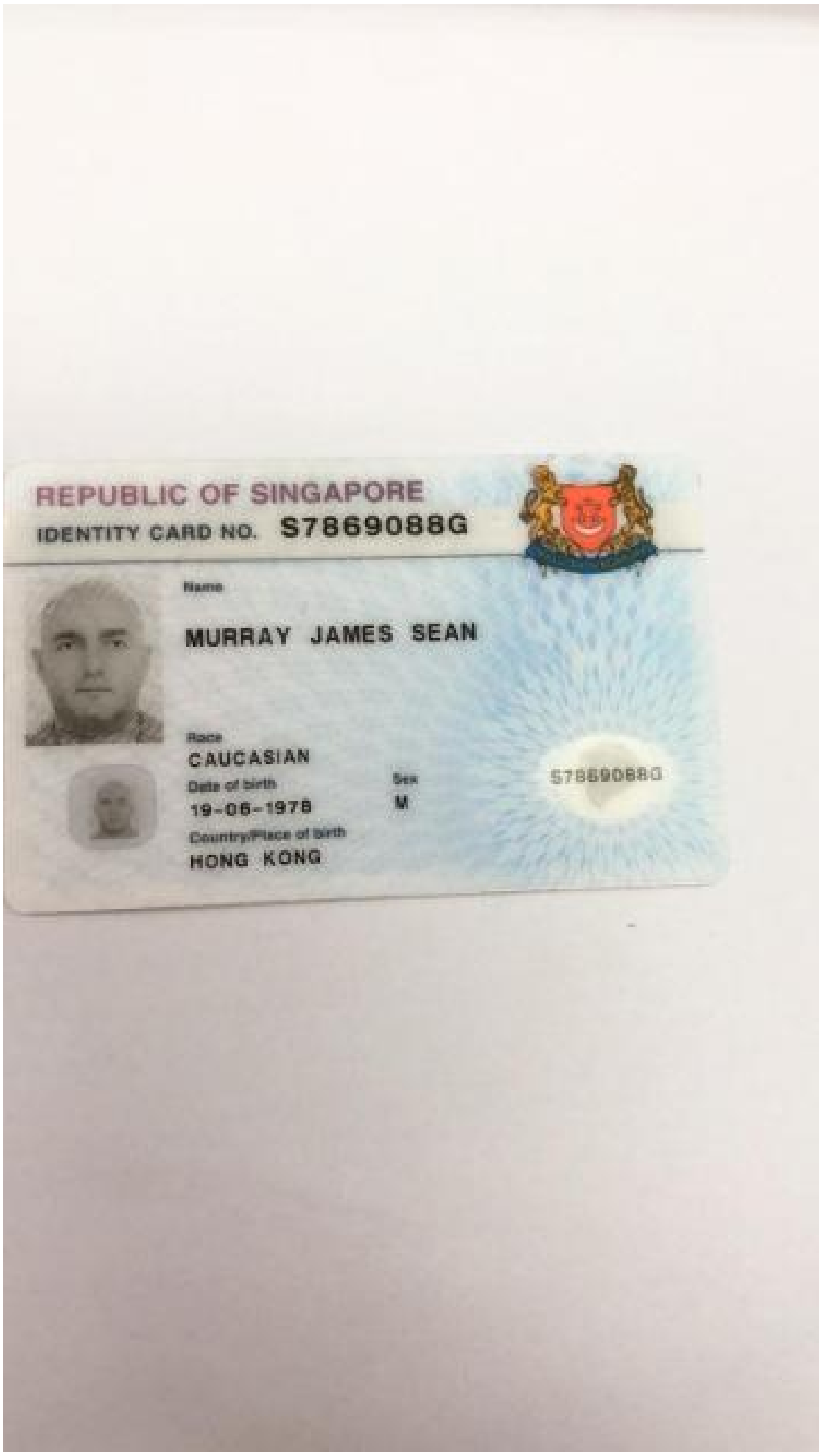

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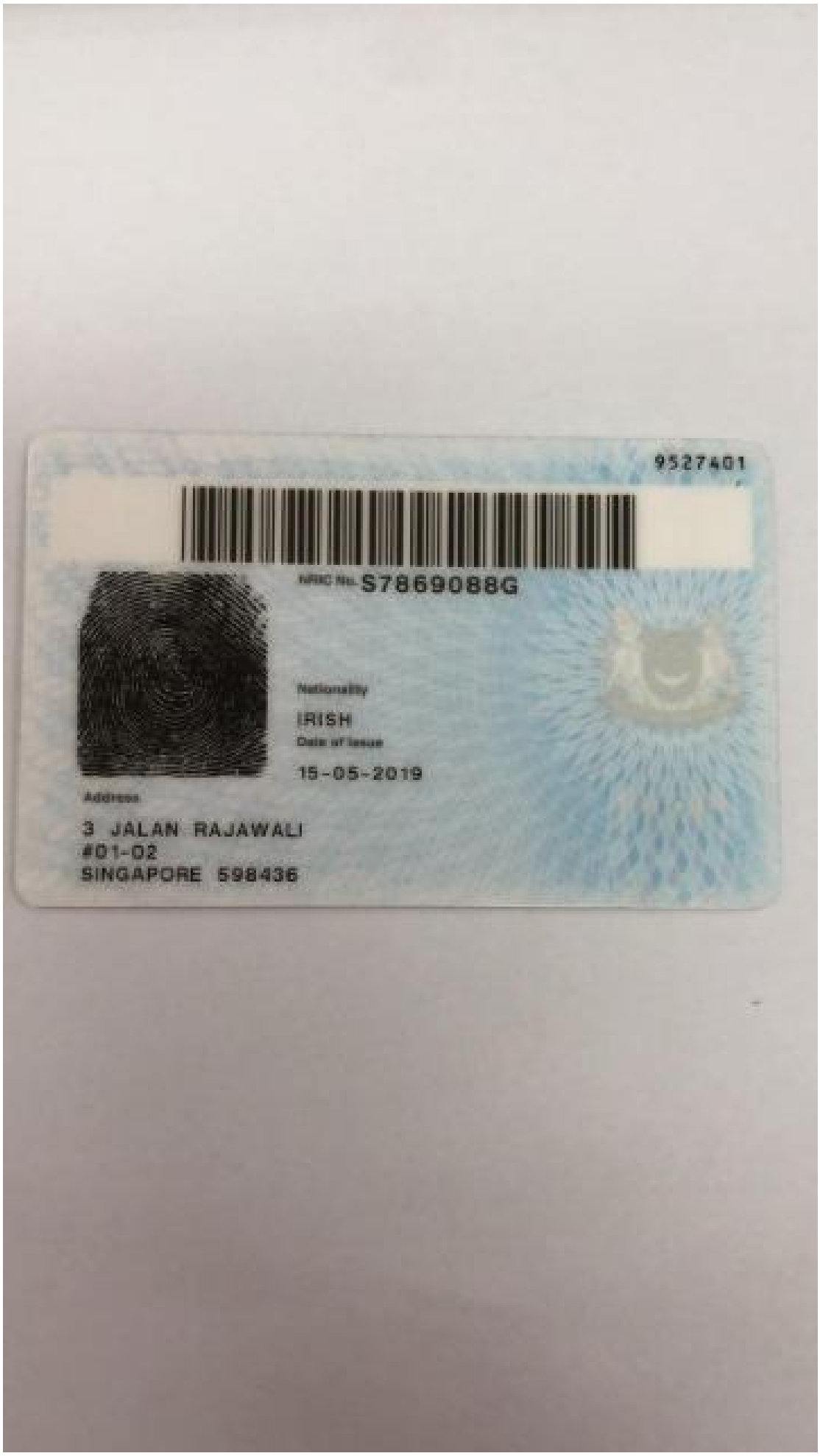

redefining / insurance

AXA Insurance Pte Ltd
1800 880 4888 (Within Singapore)
(65) 6880-4888 (International)
(65) 6880 4740
customer.service@axa.com.sg
www.axa.com.sg

Renewal

date
12/07/2019

your servicing distributor
DON MOTORING PTE LTD / 11055

your servicing distributor contact
6476 7887

JAMES SEAN MURRAY
3 JALAN RAJAWALI
#01-02
SINGAPORE 596436

Policy Schedule

Your Smart*Drive* Comprehensive Essential

Your policy snapshot

Policyholder name	JAMES SEAN MURRAY	Policy number	VA1 / GA257791
Cover	Comprehensive	IC / NRIC	[illegible]
Period of insurance	From 16/08/2019 to 15/08/2020 (both dates inclusive)		

Premium breakdown

Gross Premium after 20% NCD	SGD 1,616.06
Total Discounts	- SGD 170.18
7% GST	SGD 101.14
Final Premium	SGD 1,546.02

Your benefits highlights

Smart [illegible] Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get $20 cash reward with no excess
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability

Add-on benefits

- Personal accident benefit of up to $ 50,000.00 for you and your named drivers

Vehicle details

Make & Model of vehicle	AUDI A3 1.8 TFSI CABRIOLET	Year of manufacture	2010
Vehicle registration number	SLO2603R	Type of use	Private use
Body type	CABRIO	Engine capacity (cc)	1798
Seating capacity (excl. driver)	3	Engine number	CDA091840
Off-peak car	No	Chassis number	TRUZZZ8P1A1007771

Sum insured	Market Value at the time of Loss (including accessories and spare parts)
[illegible]	As per Certificate of Insurance
[illegible]	TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

Excess applicable *(refer to Policy Wording for other applicable Excesses)*

Own Damage Excess	SGD 500.00
Windscreen Excess	SGD 100.00

Drivers details

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

Identification Card