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 consaforesaid. | sent to the archiving of this report at the centre and to copies of the report being made available | |
|---|---|--|
| | ACCIDENT STATEMENT | |
| Date Of Report | 17/10/2019 14:32 | |
| Date Of Accident | 16/10/2019 21:35 | |
| Exact Location Of Accident | BLK 682 HOUGANG AVE 4 | |
| Country/State of Loss | SINGAPORE | |
| | DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SJK5785J | |
| Insured/Policyholder | | |
| Name Of Registered Owner | POON HWA ONN | |
| NRIC No | S7514899B | |
| Email Address | VICTORPHA26@GMAIL.COM | |
| Mobile Phone No | (LOCAL) +65-91089566 | |
| Alternative Phone No | OTHERS-91089566 | |
| Vehicle Particulars | | |
| Manufacturer | HONDA | |
| Model | CIVIC-1.6 L (A) | |
| 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? | 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 | GA405600 | |
| Cover Note Number | 12/10/2018 - 23/10/2019 | |
| Driver | | |
| Name of Driver | POON HWA ONN | |

Name of Driver POON HWA ONN S7514899B NRIC No

Date Of Birth 20/05/1975 Occupation **INDOOR Date Of Driving Pass** 22/08/1997

Driving Experience 22 YEARS AND 1 MONTH

MALE Gender

Mobile Number (LOCAL) +65-91089566

Fax Number

Contact Number OTHERS-91089566

EMail Address VICTORPHA26@GMAIL.COM

307C ANCHORVALE ROAD Address

#17-68

Postcode 543307

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

COLLISION - MAJOR/MINOR RD Type Of Accident

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

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

Was any other material or property damaged?

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

NO

NO

YES

Number of Passengers (Including Driver)

3

Passenger 1

ambulance?

NAME: : STEPHANIE THAM

GENDER: : MALE

Passenger 2 NAME: : GWEN POON XIUXUAN

> GENDER: : FEMALE

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 THE SKETCH PLAN BY DRIVER

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

GBJ5874K Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

MOHAMED DANIS BIN MOHAMED TAIB Name of Driver

NRIC/Passport Number S9415045J

Contact Number

Address Postcode Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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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
- 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:

- 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
- 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:

nel's Signature Reporting

NRIC/FIN No.:

Name:

Sketch Plan Pg. 2

| My Vehicle A: | SJK57BCJ | Vehicle R | G215874 | : Hougary Ave 4 K Vehicle C: - |
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| KETCH PLAN | | venicle b | G 70 | veincle C: |
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| Remarks : Pleas | se forward a copy of i | | | |
| My workshop | : | , | | |
| Email address | ! | | | |
| & myself : | : | | | |
| | - | | | |
| Note: Please ta | ke note that your ins | urer have 14 days | timeframe for yo | ou to submit own damage claim under |
| you own policy. | Kindly check with yo | our own insurer fo | r more informat | ion. |
| ECLARATION | | | Name of the second | |
| We declare the fore | egoing particulars are tr | ue in every respect. | | OP |
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| ate & Time: | lia (If di | river is not the policyl | nolder) | Name: |
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AHLIM MOTOR COMPANY



POLICYHOLDER ACKNOWLEDGEMENT FORM STREASTS Date: To: Owner of Vehicle Number: The-follpwing has been advised to you via your workshop, AH LIM MOTOR COMPANY through their staff, ZILA AEILEEN / MUI HONG 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. if fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be <u>no recovery prospect</u> and NCD will be affected. if fire damage and you are claiming against the Third Party, your NCD will not be affected. However, the recovery is not quaranteed, and AXA will not be held responsible. 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 on 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 Pamage 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,

Name and signature of workshop personnel including company stamp

permitted drivers who are permitted to drive the insured Vehicle.





POON HWA ONN (PAN HUA'AN) BLK 307C ANCHORVALE ROAD #17-68 SINGAPORE 543307 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

New business

date 11/10/2018

your servicing distributor
S & M ALLIANCE PTE LTD / 04066

your servicing distributor contact 65425535

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policyholder name

POON HWA ONN (PAN HUA'AN)

Policy number

VA1 / GA405600 S7514899B

Cover Period of Insurance Comprehensive FIN / NRIC from 12/10/2018 to 23/10/2019 (both dates inclusive)

Premium breakdown

Gross Premium after 50% NCD Total Discounts

- SGD 44.83 SGD 55.72 SGD 851.71

SGD 840.82

7% GST Final Premium

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Essentiar Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability

Add-on Benefits

Off-Peak car

- Personal accident benefit of up to \$ 50,000.00 for you and your named drivers
- No Claim Discount Protector

Vehicle details

Make & Model of Vehicle Vehicle registration number Body type Seating capacity (excl driver)

HONDA CIVIC 1.6 SJK5785J SALOON 4 No Year of manufacture
Type of Use
Engine capacity (c.c.)
Engine number
Chassis number

2008 Private use 1595 R16A14000415 JHMFD46209S200055

Insured's Estimated Market Value

Limitation to use
Finance Loan Company

Market Value at the time of Loss (including accessories and spare parts)

As per Certificate of Insurance HONG LEONG FINANCE LIMITED

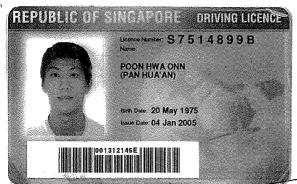
Excess applicable (refer to Policy Wording for other applicable Excesses)

Basic Own Damage Excess Windscreen Excess SGD 300.00 SGD 100.00

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower,

1 of 2

Identification Card Pg. 1



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7514899B



POON HWA ONN (PAN HUA'AN)

潘 Race

CHINESE Date of birth 20-05-1975

SINGAPORE

375148990

STRICTLY FOR WORKSHOP USAGE USE FOR ACCIDENT REPORTING ONLY

Wile: Stephanic Tham Danghter: Ginen Poon Xiuxnan

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STRICTLY FOR WORKSHOP USAGE

USE FOR ACCIDENT

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Molorcycles =< 200 cc
Motorcycles between 201 cc and 400 cc
Motorcycles > 400 cc
Motor cars =< 3000 kg with =< 7 passengers,
exclusive of the driver; and motor tractors
/vehicles =< 2500 kg
Heavy motor cars and motor tractors > 2500 kg
Motor vehicles > 7250 kg not constructed to
carry any load

20-05-2005

APT BLK 307C ANCHORVALE ROAD #17 - 68 SINGAPORE 543307

NRIC No: \$7514899B

Date: 17/11/2010

No: 6655372

3716813

NP 428A

Class 4 Class 5









