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	14/04/2020 11:18	
Date Of Accident	13/04/2020 13:15	
Exact Location Of Accident	HOUGANG AVE 8 MAIN GATE OF THK NURSING HOME @ HOUG	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SGK473C	
Insured/Policyholder		
Name Of Registered Owner	KARZ-TA LEASING	
Co Reg No	53318368E	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-83223232	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	VIOS	
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	
17.1.1.6.7	DDB (ATE OAD	

Vehicle Category

PRIVATE CAR

Insurance Company

AXA INSURANCE PTE LTD Name of Insurance Company

Type Of Coverage THIRD PARTY

NO Fleet Policy

Policy Number P2320344

Cover Note Number

Driver

Name of Driver CHRISTOPHER LONG @ LONG SEA WAVE

NRIC No S1367255E Date Of Birth 11/04/1959 Occupation **OUTDOOR Date Of Driving Pass** 12/11/1980

Driving Experience 39 YEARS AND 5 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-93868969

Fax Number

Contact Number

EMail Address NOEMAIL Address BLK 582 BUANGKOK GREEN #16-526

Postcode 530582

Was driver an employee of the Insured's Company NO

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 - 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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

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) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON 13/04/2020 AT ABOUT 1315HRS, I ALIGHT A PASSENGER AT THE MAIN GATE OF THK NURSING HOME @ HOUGANG. WHILE I WAS REVERSING, I FELT A LIGHT IMPACT FROM THE REAR PORTION OF MY VEHICLE AND NOTICED THAT VEHICLE B WAS BEHIND ME AND MOVING OFF. (REVERSING OF VEHICLE)

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 SJV3444Z

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B
Vehicle Category PRIVATE CAR

Name of Driver IMMANUEL ROSZINI @ AZZAM ROSZINI

NRIC/Passport Number S7634489B Contact Number 82993179

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 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 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:

- (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

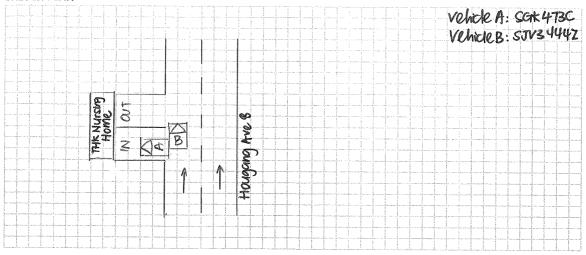
Date & Time:

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

04 12 04 2020 At about 1215 has a globbed a good				
On 13.04.2020 at about 1315 hrs, 1 alighted a passenger at the				
main gate of THK Nursing Home @ Hougang.				
while I was reversing, I felt a light impact from the rear portion of				
my vehicle. And noticed that vehicle is was behind me and moving off.				

DECLARATION

I/We declare the regoing 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.:

Sketch Plan #3 Pg. 1

LETTER OF UNDERTAKING

I/We, Kurz-la Leasing	, the owner of vehicle no	9GK473C
My/Our Insurance is under M/s AXA Insura to claim under my/our Policy or against the claim to M/s AXA Insurance Singapore Pte I 14(fourteen) days of occurrence or disc	Third Party and if the forme td with all relevant facts an	er shall submit such a
My/Our Third Party claim is handle by my/our	preferred workshop, Z	ONE .
Signed and Acknowledge by:		
Nric no. and signature of policyholder		14 04 2020 Date

Driving License Pg. 1



REPLANCE OF SEAL CORP. SPRINGREAM \$1367255E





CHRISTOPHER LONG @LONG SEA WAVE

龙仕卫

CHINESE

11-04-1959 M

SINGAPORE





VOCATIONAL LICENCE Licence No. \$1357255E Name: CHRISTOPHER LONG @LONG SEA WAVE

Card Issue Date : 20/02/2018

Please visit www.lta.gov.sg to check the status of this vocational licence

Usage for Insurance Motor Accident Reporting and Claims Purposes Only

SOIC 493C

Vehicle no: _

13/04/2080

Date of Accident:

OU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Class 3 Motor Cars and Metor Exectors the weight of 12 Nov 1980 which unladen does not exceed 2500 kilograms



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Туре

Description

Issue Date

13

PRIVATE HIRE CAR VL

20/02/2018

AXA INSURANCE PTE LTD

8 Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Centre #01-21 Tel:1800 8804888 Fax:-Website:www.axa.com.sg GST Registration Number: 199903512M customer.care@axa.com.sg



CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960 MR Road Transport Act. 1987 (Malaysia) Motor Vehicles (Third-Party Risks and Compensation) Rules. Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO.

: VFX/P2320344

Account No.: 03483

Coverage

: Third Party Only

Sum Insured

: NIL

Name of Policy Holder

: KARZ-TA LEASING

Vehicle Registration No. : SGK473C

Period of Insurance

: From 18/08/2019 To 17/08/2020 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Named Driver(s) as stated in the Policy

1. ANY AUTHORISED DRIVER

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.

LIMITATIONS AS TO USE*

- (a) Use for the carriage of passengers or goods in connection with the
- Policyholder's business.
 (b) Use for social, domestic and pleasure purposes.

The Policy does not cover

- (a) Use for racing, pace making, reliability trial or speed-testing(b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

EXCESS :

Sect II-Used In Singapore Only : SGD 2,000.00 : SGD 4,000.00 Sect II-Driven Outside S'pore

* 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.

I/We hereby certify that the 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 IVof the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOGOWT

on 15/08/2019

IMPORTANT :

INSURIANT:
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
chligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 1891

FOR INDIVIDUAL CUSTOMERS

:Cover Under the policy is valid only upon the payment of the full premium stated on the policy.

FOR NON-INDIVIDUAL CUSTOMERS : Please refer to the Premium Warranty Clause on the policy

RENTAL AGREEMENT Pg. 1

KARZTA-001A Dated 28 Apr 2017 Page 1 of 4

Leasing Contract of Agreement

This Contract of Agreement is drafted on 11th Month Sept Year 2019

KARZ-TA LEASING "hereby called The Owner" (Singapore Company Registration No.: 53318368E), A company incorporated in Singapore and having its registered address at 317, OUTRAM ROAD, B1-03 CONCORDE SHOPPING CENTRE, HOLIDAY INN ATRIUM, (169075)

And

Christopher Long @ Long Sea Wave of NRIC S1367255E, DOB: 11/04/1959, Driving pass Date: 11/12/1980 "hereby called 'The Hirer/Driver" residing at BLK 582 Buangkok Green #16-526 S(530582).

Relive Driver

N.A

On this lease agreement "The Owner" shall lease the vehicle with the below mentioned details hereinafter named as "The Vehicle" to 'The Hirer/Driver" on the agreed terms and condition as set out by "The Owner" in this agreement contained herein -

Description of Vehicle

Make and Model: Toyota Vios 1.5E

Registration No:

SGK473C

Chassis No:

MR053HY4204197763

Engine No:

1ZNX458702

Registration Date: 27 July 2006

Lease Period

As agreed on a lease period of 12 Mth with effect from the 11th Day of Sept 2019 to 10th Day of Sept 2020.

Rental Rates

The rate has been hereby agreed between both parties at \$\sspace{8.8310}\$ Weekly with a refundable security deposit of \$\sspace{8.8500}\$.

"The Owner" shall reserve the rights to change or amend any of the clause and rental rates without prior notice to "The Hirer/Driver" or additional driver(s) if any.

1st Driver

Hirer / Driver Signature:

Name:

Christopher Long

Email:

chrislong136@gmail.com

NRIC / Passport No.:

S1367255E

Bank A/C:

247-58657-1 POSB saving

Date:

11 Sept 2019

Contact:

93868969

Additional Driver

KARZ TA LEASING Representative

Signature / Company Stamp:

Date:

11 sept 2019

317, Outram Road, Concorde Shopping Centre. Holiday Inn Atrium, (169075), Tel: 83223232, Fax: 67388360, Email: !:arztaleasing@gmail.com, Reg No.: 53318368E



Accident Photo







Accident Photo



Accident Photo

