

Insurance policy





Certificate of Insurance

account number 03203

Muse introduction (find Party Risks and Companion and Act. (Checker 189). Meser denides (China-Party Risks and Companion Detection Albert Act. 1981 (Makagestra)

Policy details

Cover Man name

Bear NCO applicable Vahicle registration number SAUG36A

Sinance Sean Company

WII SHADWEL GAVIN

Seat 27/07/2014 26/07/2020 Eastin dates aschauser TURYO CENTURY LEASING (SINGAPORE) PTE LID

Certificate number Charisis momber

WODD-1500WOHL02829 27492030359285

Persons or classes of persons entitled to drive*

this Vivi person who is drawing on the Praicybolder's order or with their permission

Previous that the person streng is permitted in accordance with the localising or other taws or regulations to drive the Militial vehicle or his been so is consisted and is not discussified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motion Vehicle.

Limitation as to use*

Use only for social, demestic and pleasure purposes and for the Policyholder's business.

The policy does not server use for three of covering, racing, date equality, reliability from specific street, the carriage of goods other than samples in connection with any trade in business or use for the purpose in connection with any trade in business or use for the purpose in connection with any trade in business or use for the purpose in connection with any trade in business or use for the purpose in connection with any trade in business or use for the purpose in connection. a racing track, circuit, route, course or any other mads by will revenue made that are famous used for racing piece-making or such sometime purposes.

mentered means allowing Section 5 of the Model Weights (Fourt-Party Rights and Companyation) Act. (Diagnal 1814) and Section 65 of the Road Process Act. 1887 Midwight, secret for a substant and a base.

EXCESS

Renar Chan Dannings Excess Whitefucktions Excepts

SGD 500.00 SGD 100 00

An Additional Express is applicable as follows:

- 1. 9\$500 for unreamed Authorison Driver
- 2. 5\$500 for declared Young and inexperienced Devel
- 3. 555.000 for underland found and inexperienced Drivers. This additional mores is reduced to 582,500 if You have chosen ANA Promium

Additional clauses & endorsements to your policy

UVin harvery certify that the policy to which this Certificate relatins a resulted in accordance with the privation of the Motor Vehicles. Thurs Parts Risks and Compensation! Act, (Chapter 189) and Part IV of the Road Transports. 1997 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

Important note

Policyholdest are earned that are the balls of a meter vesicle timp result computer the Contituent is insurance and the Policyholdest are earned that are descripted a Eachitest Declaration is the strict much resident to insurance and the objection is all officed under the bloom volume in the Party Plant and Computers and objection is all officed under the bloom volume in the objection is all officed under the bloom volume in the objection of th

414 presidence the Ltd 1959; 151 MA 8 Sharifuri Way #78-GL AGE kewe-Seignwore ORBB11 Customer Centre, #81-51

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Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Coay #18 00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours | Monday to Friday, 09:00 – 17:00 URN 5465300206 / 657 Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MALF (9)3 (202) Vehicle Registration No: SK 4636A Name(as shownin NRIC): NRIC/FIN/Passport No : SPT 126787 (*Vehicle Oriver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(Contact (Tel) Email Address Time of Accident : _ 095J 15/11/2014 Date of Accident AYF Place of Accident AXA Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: 3H put to On class INSUAL Wrong Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date Name: Juhan NRIC/FINNo :

Date:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Our Ref No:

GR-19-194377

Date of Request:

26/11/2019

Your Ref No:

SB/PO/ACC/2019-9200

ORACLE LAW CORPORATION 237 Alexandra Road #04-11 The Alexcier Singapore 159929

Dear Sir/Madam,

Date of Accident:

15/11/2019

Vehicle No:

SKJ2933L

Place of Accident:

CTE TOWARDS CITY BEFORE CAIRNHILL EXIT 5

Involving Vehicle No: SLC8686K

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SLC8686K	CTE TOWARDS CITY BEFORE CAIRNHILL EXIT 5	14.00	1	13.08
GST Amount				0.92
Total Amount Di	ue (GST Inclusive)			14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[X] GIRO [] Cash [] Cheque

MBHH19151406 / Ajax Mars Pte Ltd - Bukit Merah ENTRY DATE & TIME: 15/11/2019 22:01 SUBMITTED BY: Sabitra Shangri Kanthirajan

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 ssue 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 Managerr ent 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 upor 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.

学说 1000 1000 1000 1000 1000 1000 1000 10	ACCIDENT STATEMENT		
Date Of Report	15/11/2019 22:01		
Date Of Accident	15/11/2019 21:40		
Exact Location Of Accident	CTE TOWARDS CITY BEFORE BUKIT TIMAH EXIT		
Country/State of Loss	SINGAPORE		
The book of the state of the st	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLC8686K		
Insured/Policyholder			
Name Of Registered Owner	LIM YAN YI VALISSA		
Vehicle Particulars			
Manu ⁻ acturer	BMW		
Mode	523I A		
Vehic e Category	PRIVATE CAR		
Insurance Company			
Name of Insurance Company	AVIVA LTD		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	10928616		
Cover Note Number			
Driver			
Name of Driver	LIM KIM HAI STEVE		
NRIC No	S1700251A		
Address	NIL		
General Information of the Accident			
Type Of Accident	CHAIN COLLISION		
Weather Conditions	CLEAR		
Other Information			
Was any foreign vehicle involved in this accident?	NO		
Was any body injured in the Accident?	NO		
Was any other material or property damaged?	YES		
Number of Passengers (Including Driver)	1		
A1			

Circumstances of Accident

I was travelling along CTE TOWARDS CITY JUST BEFORE BUKIT TIMAH EXIT it was a 4 lane traffic and my vehicle was positioned in the 1st lane as vehicle ahead of brake and come to an stop I also braked and came to an stop suddenly third party vehicle collided onto my vehicle rear and followed by another impact(hit 2 times)causing my vehicle to roll forward and hit onto third party rear which was ahead of me. CHAIN COLLISION TOTAL OF 4 VEHICLES INVOLVED.

Attachment(s)

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

Remarks/ Reasons: WILL UPLOADED INTO FILEZILLA

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKJ2933L

Vehicle Make/Model/Colour MERCEDES BENZ / C180 / DARK BLUE

Name of Driver CHING WEI XIAN JACKSON

Insurance Company Name

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJJ3887S

Vehicle Make/Model/Colour TOYOTA / COROLLA ALTIS 1.6 AUTO , WHITE

Name of Driver LONG TYAN HOCK

Insurance Company Name

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKU636A

Vehicle Make/Model/Colour MERCEDES BENZ / E 250 SEDAN (R17) / DARK BLUE

Name of Driver WU SHAOWEI, GAVIN

Insurance Company Name

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/er the Authorised Driver.
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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:

- 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
- 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.
- 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.
- 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.

VERIFY BY AJAX MARS (ARC) REPORTING OFFICER

MOHAMED SAIFULLAH S/O SYED MASOOD

Reporting Centre Personnel's Signature

Policyholder's Signature Date & Time:

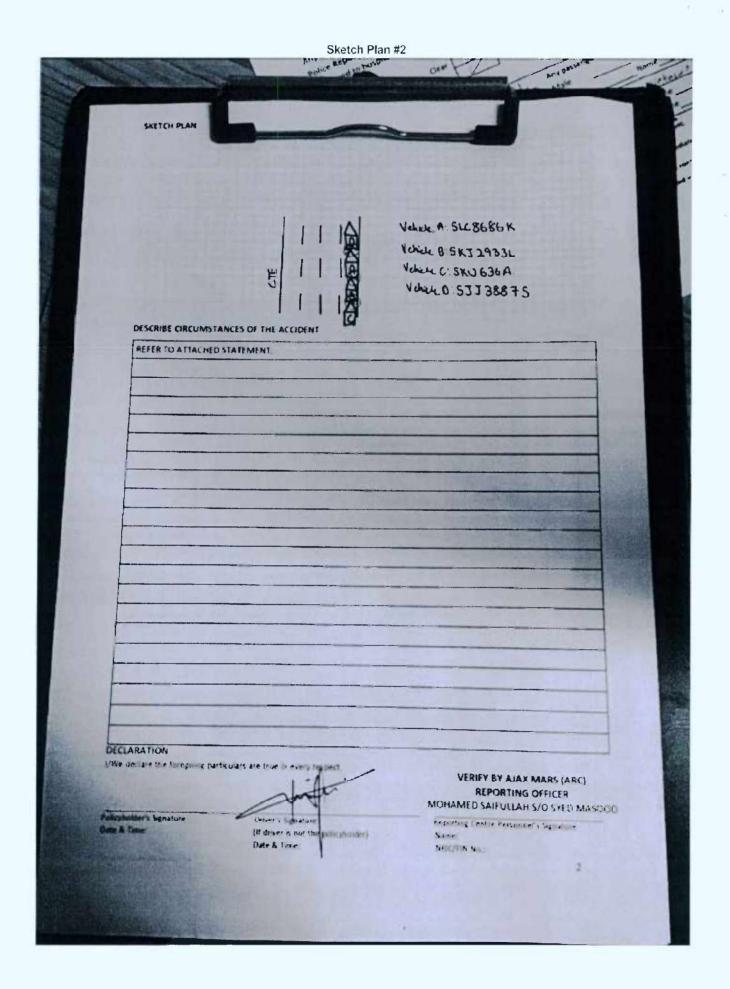
Driver's Signature (If driver is not the polizyholder)

Date & Time:

NRIC/FIN No.:

Name:

15 Nov 2019



Common Statement Pg. 1

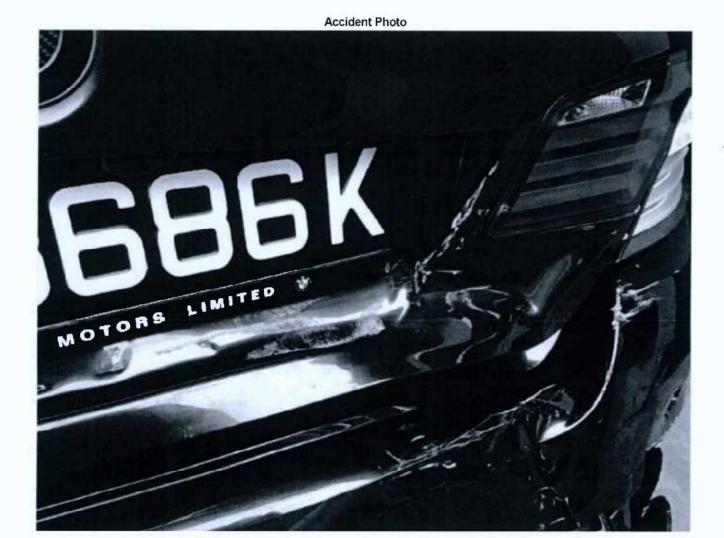
ACCIDENT STATEMENT (2000 characters)

SOIDENT STATEMENT (2000 Characters)
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CHAIN COLLISION TOTAL OF 4 VEHICLES INVOLVED.
Taxi Voucher No.:
DECLARATION
AVe declare that the above particulars & information provided above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - MOHAMED SAIFULLAH S/O SYED MASOOD
MARS Officer Registered Owner or Driver's Signature
lob Complete Date/Time Date/Time:
15 November 2019 at 6:24 PM 15 November 2019 at 6:24 PM



Accident Photo





Accident Photo











