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

| By the lodgement of this report to the insurers, you hereby consaforesaid. | ent to the archiving of this report at the centre and to copies of the report being made available |
|--|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 28/08/2020 15:45 |
| Date Of Accident | 27/08/2020 15:50 |
| Exact Location Of Accident | RANGOON ROAD |
| Country/State of Loss | SINGAPORE |
| D | ETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLR2296M |
| Insured/Policyholder | |
| Name Of Registered Owner | T TANABAKIYAM |
| NRIC No | S1768201F |
| Email Address | TANABALSHANTHI@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91682274 |
| Alternative Phone No | OFFICE-91682274 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | COROLLA ALTIS-1.6 (A) |
| Exact Purpose for which vehicle was being used at time of accident | NORMAL USAGE |
| 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 VA1/GA486066

Cover Note Number

Driver

Name of Driver T TANABAKIYAM NRIC No S1768201F Date Of Birth 24/12/1966 Occupation **OUTDOOR Date Of Driving Pass** 22/01/2013

Driving Experience 7 YEARS AND 7 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-91682274

Fax Number

Contact Number OFFICE-91682274

EMail Address TANABALSHANTHI@GMAIL.COM Address BLK 182 #17-321 RIVERVALE CRESCENT

Postcode 540182

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 COLLISION - MAJOR/MINOR RD

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?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

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 REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

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 SMD4099P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TAN MENG HAW

NRIC/Passport Number S6944576D

Contact Number

Address Postcode

Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

| DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Report of the Accident | SKETCH PLAN | | | |
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| LANCE CONTRACTOR AND A STATE OF THE STATE OF | cyholder's Signature | (If driver is not the policyholder) | Name: | |
| FREE tale conflicted once A.A. | cyholder's Signature e & Time: | (If driver is not the policyholder) | | |

SKETCH PLAN

IMPORTANT NOTICE

- . Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
 - Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- . Any false reporting may be referred to the Police for investigation.
- i. 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 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 aforesaid.
- 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 is) of:
 - 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 or 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:
 - 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: Oriver's Signature (if driver is not the policyholder) Date & Time:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

Charles showenessed -res + 5





AXA Insurance Pte Ltd 2 1800 880 4888 (Within Singapore) (65) 6880 4888 (International) (65) 6880 4740 ☑ customer.care@uxa.com.sg

www.axa.com.sg

30/07/2020

VA1 / GA486066

Certificate of Insurance

account number

r Vehicles (Third Party Risks and Compensation) Act. (Chapter 189): Motor Vehicles (Third Party Risks and Compensation) Rules. 1960: Read Transport Act. 1987 (Malaysia) in Vehicles (Third Party Risks) in Rules, 1999 (Malaysia)

Policy details

Policyholder name Plan name NCD applicable

T. TANANBAKIYAM Comprehensive Toyota Prestige Max 50%

Certificate number Chassis number Engine number

GA486066/1 MR053REH604571256 1ZR1983646

Vehicle registration number SLR2296M Period of Insurance

from 04/08/2020 to 03/08/2021 (both dates inclusive)

HONG LEONG FINANCE LIMITED

Authorized Drivers

(a) The Policyholder (b) Any Named Driver as stated in the Policy.

(c) 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.

- Use of the motor vehicle is connected to the Policyholder's business
- Use for the carriage of passengers (besides commercial hire or reward) in connection with the Policyholder's business
- Use for social, domestic, and personal purposes

The Policy does not cover

- Use for commercial hire or reward, or for racing, pace-making, reliability trail, or speed testing
- Use while drawing a trailer, except for the towing of a disabled person's mechanically propelled vehicle

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Read Transport Act, 1987 (Mainysia), are not to be included under these headings.

Windscreen Excess

Not Applicable

Young/Inexperienced driver excess

An additional excess of \$2,500 (to be added to any excess imposed under the Policy) whilst the Insured MotorCar is being driven by any driver aged below 23 years old and /or has been issued a valid driving license to drive in Singapore for the relevant class of vehicle for less than one year

Young and/ or Inexperienced driver shall mean any person who :

is less than 23 years old, and/or

Has been issued with a valid driving license to drive in Singapore for the relevant class of vehicle for less than 1 year

Additional clauses & endorsements to your policy

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

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 Customer Centre, #81-01

1 of 5

VA1 / GA486066

Authorised signature

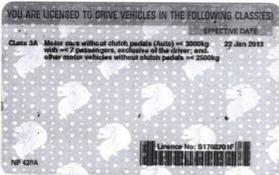
Important note

ins are warried that on the safe of a motor vehicle they must surrender the Centificate of Insurance and the Policy to the insurance company. If the Centificate of his lines livet as destroyed a Statistics Declaration to the effect must be reade. Easiers to console with this obtaining a conference under the Meter Selectio (Thair).











T/20200915/2095

Report No. T/20200915/2095

Police Station Of Origin: Toa Payoh N.P.C

| PORT OF A | TRAFFIC | CACCIDE | NI . | | | | | Cto | tion Diany No . | |
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| ame of Info | | | | 54018 | BLK 182 RIVER | VALE CR | ESCEN | T #17-32 | 21 SINGAPORI | E — |
| D Type / ID No.: NRIC NO / S1768201F | | | | Contact No.: | | | | ile: 916 <mark>82274</mark> | | |
| lationality: | | | | Email | (F | | | | | _ |
| Sex: emale | Age: 53 | - | of Birth: 2/1966 | Type Drive | of Informant: r | | | | I Name | |
| Race: | | | | Lange | N78 | | Institu | tion / Sci | hool Name: | _ |
| Occupation Real estate | | | | Drivir Class | ng Licence Infor s: 3A | mation: | Date | of Expiry | : | _ |
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| eneral Info | ormatio | on of the | Accident | | Drink | Date/Tir | ne of | | Type of Location | on: |
| Type of Accident: | | Non-Inju | iry | | Drink Drive: No | Acciden 27/08/20 | t: | | Straight Road | |
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| Accident: Location: RANGOON Weather: Clear Traffic Floo | | | iry | Dry Traf | Drive: No d Surface: | Acciden | t: | Road Traffi | Speed Limit: c Volume: raffic | |
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2 of

Report No. T/20200915/205

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194

Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

| Details of V | ehicle Insurance | | | |
|--------------|-----------------------------|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SLR2296M | AXA INSURANCE SINGAPORE PTE | GA486066 | 04/08/2020 | 03/08/2021 |

| Details of Person Any Pedestrian In | | | | 1041010022 | Habanda Spa | |
|--|--|-------------|------------|--------------------------------------|-------------|-----------------------------------|
| No. of Pedestrian | | | Use of Ped | destrian | Cross | ing: NA |
| Driver | and the second | | | 地名用特 | | HARLING KARRESTER |
| Name | T TANABAKIYAM | | | ID No. | | S1768201F |
| Related Vehicle | SLR2296M (Car) | | | Conta | ct No. | 91682274 |
| Hospital/Clinic | NIL | | | Class Driving Licent Expiry | g ce & | Class: 3A Date of Expiry: NIL |
| Date Treatment | NIL | 000-111-0-1 | Date Disch | harge | NIL | |
| | ted Medical Leave | NIL | Degree of | Injury | NIL | |
| Driver | ALTERNATION OF THE PARTY OF THE | | Fight Co. | enutición is | | |
| Name | TAN MING HAW | | | ID No | | S6944576D |
| Related Vehicle | SMD4099P (Car) | | | Conta | ct No. | 96164357 |
| Hospital/Clinic | NIL | | | Class Drivin Licend Expiry | g | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Disc | harge | NIL | 44 |
| No. of Days gran | ted Medical Leave | NIL | Degree of | Injury | NIL | |

Brief Details.

On 27/08/2020 at about 1550hrs, I was driving my car(SLR2966M) along Rangoon road at about 30-40km/hr. There was a car(SMD4099D) in front of me at that point of time and I saw the car slowing down. I assumed that the car was about to come to a stop hence, attempted to overtake it as there was enough space for me to do so. However, the car abruptly made a right turn into Kent Road without signaling. I moved more towards the right to avoid collision as there were cars parked along the left side of the road however, I was unable to avoid the collision. The front left part of my car collided against the right rear part of the other car. I then alighted my vehicle to make a check and exchanged particulars with the other driver and we subsequently drove off. No one was injured at that point of time and no government property damaged. Both our cars suffered scratches and dents due to the collision.

On 28/08/2020, I received a message from the driver saying that he had lodged a report with Grab and told me to proceed lodging a report with my insurance company, which I did.

On 10/09/2020, I received a letter from Traffic Police regarding the traffic accident which took place on





T/20200915/2095

3 of 4

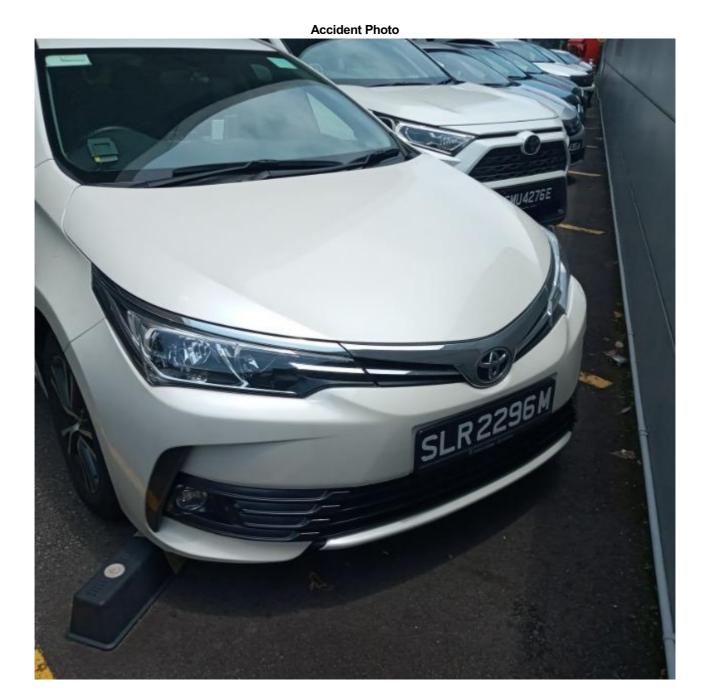
Report No. T/20200915/2095

Police Station Of Origin:

& Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh

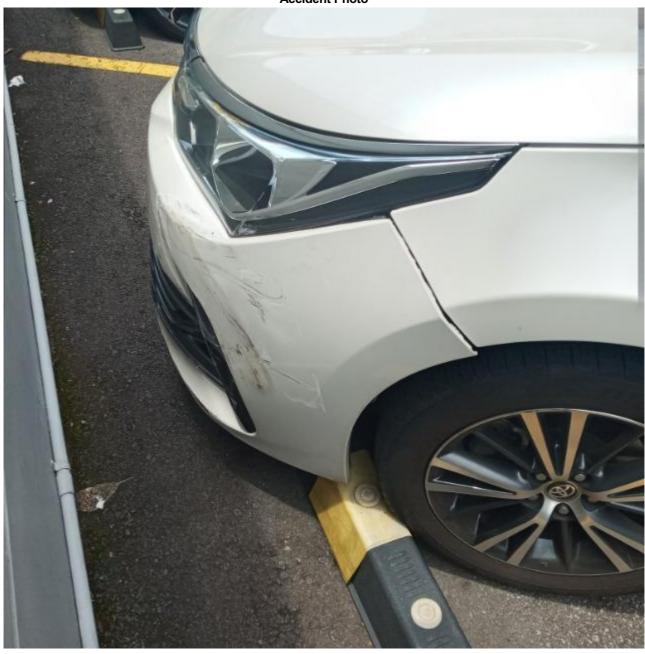
Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

that day. I am lodging this report as requested by Traffic Police (ref: TP/IP/37391/2020).

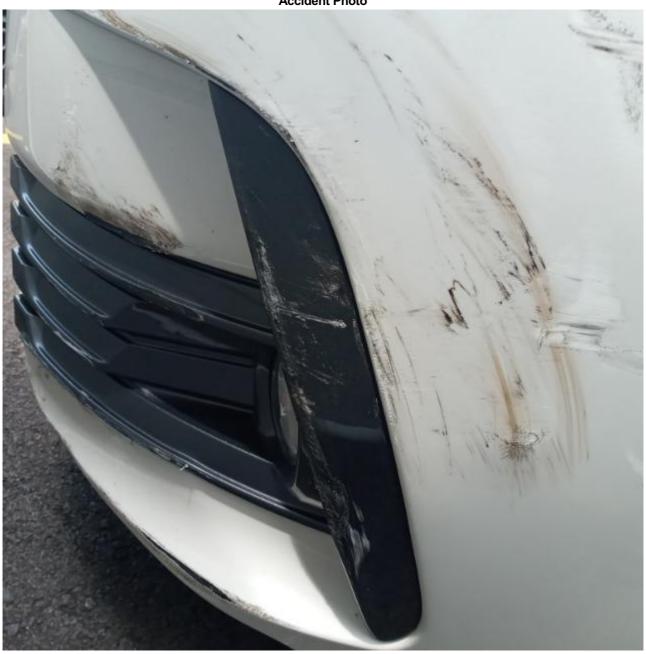










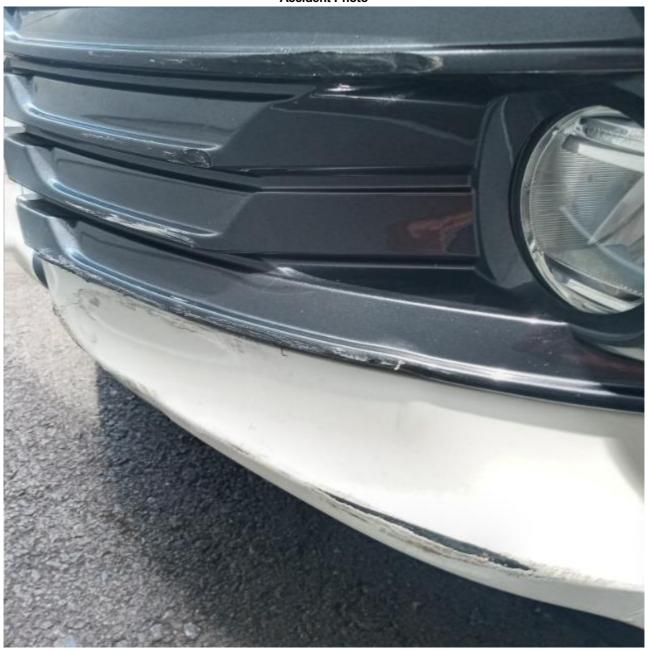












Identification Card





Accident Photo









Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: \$66550020G / GST Reg. No.: M400017735

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

| | ADDEN | DUM | |
|----|---|--|-----------------|
| A) | PARTICULARS OF PERSON MAKING THE AMENDMEN | NTS: | |
| | Original Report No: mBm 3>0074002 | Vehicle Registration No: _ | LR 2296-M |
| | Name(as shownin NRIC): T. TANABAKI YAM | | 10 10 100 |
| | (*Vehicle Driver / Vehicle Owner) (*) Please delete as | | |
| | Address : | | Singapore() |
| | Contact (Tel) : | Mobile No.: 9168 2 | ×74 |
| | Email Address : | | |
| | Date of Accident : 27/8/2020 | Time of Accident :/ S | :50 |
| | Place of Accident : RANGOON ROAD | | |
| | Insurance Company: AXA | | |
| | | | |
| | I would like to amend to or claim and par And attach police repor | my report for | m TP/OS |
| | to of claim and par | y my Excess | |
| | And other police man | <i>i</i> t. | |
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| | alugar | (De la constante de la consta | aneo do |
| | Policyholder / Driver's Signature | Reporting Centre Person | nel's Signature |
| | Date: | Name: - | (F) 314 (G) |

Date: