SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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.

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	ACCIDENT STATEMENT
Date Of Report	14/09/2020 16:57
Date Of Accident	12/09/2020 04:00
Exact Location Of Accident	SIMS AVENUE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM1603G
Insured/Policyholder	
Name Of Registered Owner	ALPHA MOTORS PTE LTD
Co Reg No	201922050H
Email Address	SAMUEL.AUBURNAUTO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92255363
Alternative Phone No	OFFICE-62545410
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	CRUZE-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?	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	P2382008
Cover Note Number	21/02/2020 - 20/02/2021
Driver	
Name of Driver	NG SHAO WEI
NRIC No	S7830235F
Date Of Birth	13/10/1978
Occupation	INDOOR
Date Of Driving Pass	06/10/2003
Driving Experience	16 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92255363
Fax Number	
Contact Number	OFFICE-62545410

RICKS W@HOTMAIL.COM

Address 182 JELEBU ROAD

#03-54

Postcode 670182

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? YES

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

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : JAMES

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

YES

Police Station Contact **TEL NO**: 65470000 - **FAX NO**:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

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 SHD7227B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Name NG SHAO WEI Approximate Age Injuries Sustain NECK PAIN Injured person in which vehicle? SMM1603G Were seat belts worn? YES Was this injured conveyed to hospital by ambulance?

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/or the Authorised Driver.
- 3. 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>.
- 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)
 - (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 signats Date & Time:

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

Reporting Centre Pers

's Signature

NRIC/FIN No.:

.

/ Vehicle A: <u>SW (</u> ETCH PLAN	11603 9 Vehicle B: SHD	Location: しら SiM Ave チン2チR Vehicle C:
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CLARATION	7/4	
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NO UEN:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

AHLIM MOTOR COMPANY





Police Station Of Origin: Tra 10 L

REPORT OF A TRAFFIC ACCIDENT

Any Pedestrian Involved: No No. of Pedestrians Injured: NIL

1 of 3

Tel No: 65470000

ffic Police	Report No. T/20200914/7034
Jbi Avenue 3 SINGAPORE 408865	
N 07470000	

Station Diary No.: Date/Time Report Made: Vide Report No.: 14/09/2020 15:36 Informant's Particulars Name of Informant: Address: NG SHAO WEI 182 JELEBU ROAD #03-54 SINGAPORE 670182 ID Type / ID No.: Contact No.: NRIC NO / S7830235F Home/Office: Mobile: 92255363 Nationality: Email: SINGAPORE CITIZEN RICKS_W@HOTMAIL.COM Sex: Date of Birth: Type of Informant: Age: 41 13/10/1978 Male Driver Race: Language: Institution / School Name: Chinese English Occupation: Driving Licence Information: Delivery Driver Class: 2B,3 Date of Expiry: General Information of the Accident Drink Date/Time of Type of Location: Injury Type of Others Straight Road Drive: Accident: Accident: No 05/09/2020 04:00 Location: SIMS AVENUE Weather: Road Speed Limit: Road Surface: Clear 50 Km/h Dry Traffic Flow: Traffic Control: Traffic Volume: One Way Not Controlled Light Type of Collision: Anyone conveyed by Between Moving Vehicles - Head To Side ambulance: No **Details of Vehicle Involved** Vehicle No. Type Make Model Color Conditio No of SMM1603G Car 0 Details of Person Involved

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	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20200914/7034

2 of 3

CONTINUATION OF REPORT

Driver						
Name	NG SHAO WEI		ID No	•	S7830235F	
Related Vehicle	SMM1603G (Car)		Conta	ct No.	92255363	
Hospital/Clinic	FAMILY CARE CLINIC PTE LTD		Class Driving Licence Expiry	g ce &	Class: 2B,3 Date of Expiry: NIL	
Date	07/09/2020 Date		Date		07/09)/2020
No. of Days granted Medical Leave 02		02	Degree of		Sligh	E

Brief Details.

On 04 September 2020, I was in car A with a car plate number SMM1603G. I was driving along 126 Sims Avenue, towards lor 21 geylang.

While i was travelling on my lane, there was a vehicle B with a car plate number SHD7227B coming towards my lane 1, suddenly i felt a impact on my car.

i came down my vehicle and saw that he bang into my vehicle and the font of my side bumper was damaged. we exchange contact and left the scene.

The next few days, i was not feeling well with my neck, i went to see a doctor and was given mc.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20200914/7034

CONTINUATION OF REPORT

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Authentication Stamp

NP168

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 14/09/2020 15:36		
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:		

Alpha Motors Pte Ltd

85 Countryside Road Singapore 789828 Tel: 6254 5410 Fax: 6259 7044 UEN: 201922050H

To Whom It May Concern,

Accident involving my vehicle no. IMM 16036 on 1209 M (date) with 1224 on 1220 M (date) with 1224 M NRIC No. 70 M 2 2030 M Owner of vehicle no. IMM 16036 am aware of the accident of my vehicle on 1209 M (date) while car was driven by NRIC No. 1630138 . I hereby, authorize him/her to make the report.

Name:

Date:

Date:



POLICYHOLDER ACKNOWLEDGEMENT FORM 14/00/20 To: Owner of Vehicle Number: The following has been advised to you via your workshop, AH LIM MOTOR COMPANY through their staff, ZILA EILEEN / 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 no recovery prospect 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 guaranteed, 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 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 Claim Third @ OHN MUNESHOP. 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, permitted drivers who are permitted to drive the insured Vehicle.

Name and signature of workshop personnel including company stamp

ALPHA MOTORS PTE LTD

85 COUNTRYSIDE ROAD S(789828) UEN: 201922050H

ANNEX A

CAR RENTAL TERMS AGREEMENT

Car Registration Number	: Chervolet Cruze 1.6a
Make & Model	: Smm 1603 G
Rental Rate	\$350 + \$38 = \$398.
Deposit	: +500
iPlus+ -	: Silver (Gold)
	11
Date of Collection	· 000 9 12 :
Date to Return	: 23/3/2021
Duration Term	: year(s) month(s)
Hirer Details	: (MAIN / RELIEF)
Name (as per NRIC)	: NG SHAO WEI (HUANG SHAOWEI)
NRIC/License No.	: <u>S 7830235 F</u>
Address	: BIK 182 JELEBU 120AD #03-54 S (670182)
Date of Birth	: 13 - 10 - 1978
Contact Number	: 8383 5363 : ricks-w@hotnail.com
E-Mail	: 057-81549-3 POSB SAVING
Bank A/C	: 03 - 812 1 12
Next of Kin Details	
Name (as per NRIC)	: Gimy Na
Relationship	: Aunt
NRIC/License No.	
Address	
Date of Birth	
Contact Number	: 97911 399
	and an O throad Vobido
Refer to ANNEX B - Hirer's Obli	gations & use of vehicle
1	
4	pieha dance
Signature of Hirer	Company Representative
	\$ 510
Date: 30 8 20 26	
Updated as at 13 February 2020.	

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 ■ Road Transport Act. 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO. : VFX/P2382008 Account No.: 05185

: Third Party Only Coverage

Sum Insured : NIL

: ALPHA MOTORS PTE LTD Name of Policy Holder

Vehicle Registration No. : SMM1603G

Period of Insurance : From 21/02/2020 To 20/02/2021 (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 Sect II-Driven Outside S'pore : SGD 4,000.00

* 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 IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOSFBA2 on 28/02/2020

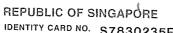
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IMPORTANT:
Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189).

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

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

Identification Card Pg. 1





IDENTITY CARD NO. S7830235F

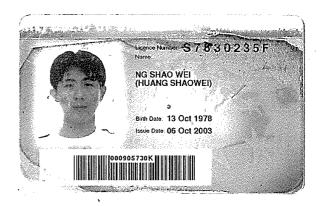
NG SHAO WEI (HUANG SHAOWEI)

CHINESE Date of birth 13-10-1978 Country of birth

SINGAPORE

878**3023**5F

. STRICTLY FOR WORKSHOP USAGE USE FOR ACCIDENT REPORTING ONLY



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