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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	17/09/2020 12:38
Date Of Accident	16/09/2020 07:50
Exact Location Of Accident	AYE TWDS TUAS NEAR NUH
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMS4488X
Insured/Policyholder	
Name Of Registered Owner	YEO TIN JIN
NRIC No	SXXXX147B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94572812
Alternative Phone No	OTHERS-94572812
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AD AVANTE 1.6 GLS (A) S
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	VPA/P2386499
Cover Note Number	
Driver	
Name of Driver	YEO HENG MIAN SHAWN

Name of Driver YEO HENG MIAN, SHAWN

NRIC No SXXXX615A

Date Of Birth 16/12/1994

Occupation INDOOR

Date Of Driving Pass 02/09/2013

Driving Experience 7 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97564507

Fax Number
Contact Number

EMail Address NOEMAIL

517 PASIR RIS STREET 52 #09-61 SPORE 510517 Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **CHAIN COLLISION**

Weather Conditions **RAINING** Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

6

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

YES

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

CLEMENTI POLICE DIVISIONAL HQ (D DIVISION)

ROAD: 20 CLEMENTI AVENUE 5, POSTCODE: 129858, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-7740000 - FAX NO: 67741705 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO SKETCH PLAN/POLICE REPORT

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

Vehicle Registration Number SML9193A

Vehicle Make/Model/Colour TOYOTA / COROLLA ALTIS 1.6 ELEGANCE (AUTO)

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 18

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLL9362R

Vehicle Make/Model/Colour MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLR9418H

Vehicle Make/Model/Colour SSANGYONG / TIVOLI XLV 1.6G 6AT 2WD ESP E4

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SHA4332R

Vehicle Make/Model/Colour HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number FBQ8456C

Vehicle Make/Model/Colour YAMAHA / CZD300A / XMAX300

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name YEO HENG MIAN, SHAWN

Approximate Age Injuries Sustain

Injured person in which vehicle? SMS4488X

Were seat belts worn? YES

Was this injured conveyed to hospital by

NO ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

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- 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:
 - 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:
 - 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

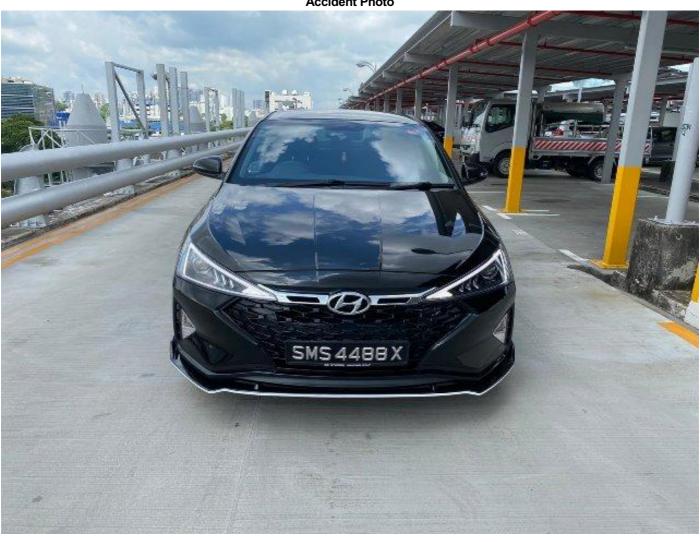
Name: S. L. MI

Sketch Plan #2

SKETCH PLAN		
AYE TWOS Tuas Near	NUH	vehicle A - SMS4488x
sketch 1	Sketch 2	Vehicle B - SML 9193A Vehicle C- SLL 9362R
04100	Ra Ru	Vehicle D-SLR9418H
- Note	No Maria	- vehicle E-SHA4332R
		_ Vehicle F- FBQ 8456C
))))))	>> >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	7.7
DESCRIBE CIRCUMSTANCES O	F THE ACCIDENT	
On the stated	date and time , 1 , vehicle A (s	MS4488X) was travelling straight
along of the stated	location on lane 1. As ve	hicle in front of me slowed
J		and the paper of the analysis
down and come to	a stop , I followed suit . Sui	ddenly, I felt an impact from
and many 1 1	Date and the state of the state	
my rear portion. 1	then alighted and realised 1	was involved in the chain
collision consuting of	six vehicles.	
011011	21x ABMOLO.	
DECLARATION I/We declare the foregoige particula	ars are true in every respect.	
* spylo	Spain	A
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature
	(in server is that the palicyholder)	Name:) ~ Linite!

Date & Time:

NRIC/FIN No.:









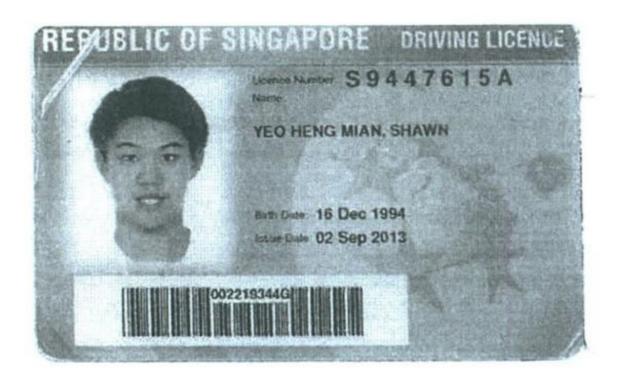








Driving License





INSURANCE POLICY

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

Account No.: 08260

■ 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. : VPA/P2386499 Coverage

: Comprehensive

Sum Insured : Market Value At The Time Of Loss

Name of Policy Holder : YEO TIN JIN Vehicle Registration No. : SMS4488X

Period of Insurance : From 27/02/2020 To 26/02/2021 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

(a) The Policyholder

The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner (b) Any other person who is driving on the Policyholder's order or with his 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.

LIMITATIONS AS TO USE*

Use only for social, domestic and pleasure purposes and for the Policyholder's business The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speedtesting, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

Basic Own Damage Excess

An Additional Excess is applicable as follows: \$\$500.00 for Unnamed Authorized Driver \$\$2,500.00 for Undeclared Young and Inexperienced Driver. (Please refer to your policy on the terms & conditions)

Limitations rendered inoperative by Section 3 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 35 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/Me 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).

N.B :

Your authorised workshop is Komoco Motors Pte Ltd.

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGIKPER on 01/04/2020

IMPORTANT :

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.

The Promium Warranty Clause requires the promium to be paid in full within a specific period failing which there would be no liability under the policy, tenewal certificate, covernote and endorsement sto.

Police Report





Report No. D/20200916/7021

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Clementi Division HQ 20 Clementi Avenue 5 SINGAPORE 129858 Tel No:1800-7740000

Date/Time Report Made Vide Report No. Station Diary No. 16/09/2020 17:54 Name Of Informant Address YEO HENG MIAN, SHAWN 517 PASIR RIS STREET 52 #09-61 SINGAPORE 510517 ID Type / ID No. Contact No. NRIC NO / S9447615A Home/Office: Mobile: 97564507 Nationality Email Address SINGAPORE CITIZEN shawn.yeohm@gmail.com Occupation Sex Age Date of Birth Race project engineer Male 25 16/12/1994 Chinese Institution/School Name Language English Date/Time Of Incident

Location Of Incident

AYER RAJAH EXPRESSWAY

Brief details.

16/09/2020 07:50

On the above mentioned date and time I was driving my vehicle SMS4488X travelling along AYE towards Tuas.

I were belted.

When I was about to came to a stop due to traffic conditions when suddenly, I felt a massive impact from the rear.

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/09/2020 17:54
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Police Report





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20200916/7021

alighted to realise I was involved in a 3 car chain co	Ilision involving:
)SMS4488X	
2)SML9193A	
3)SLL9362R	
Where i was the first car.	
ater that afternoon, I felt soreness on my neck, show	ulder and back areas so I went to Unihealth Clinic
Bedok to seek treatment and was given 5 days mc.	
Signature Of Officer Property The Pro-	
Signature Of Officer Recording The Report:	Signature Of Informant:
a trice and temperature	The identity of the person making this
SERVICE SERVIC	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
lot applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required. Date/Time:
lot applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Officer Recording The Report: Not applicable Signature Of Interpreter: Not applicable Officer In-Charge Of Case:	The identity of the person making this report has been authenticated by SingPass. No signature is required. Date/Time: 16/09/2020 17:54
Not applicable Signature Of Interpreter:	The identity of the person making this report has been authenticated by SingPass. No signature is required. Date/Time:
Not applicable Signature Of Interpreter: Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required. Date/Time: 16/09/2020 17:54