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.

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 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.

ACCIDENT STATEMENT

Date of Submission 24/12/2020 16:15 (SGT) Date of Accident 23/12/2020 11:55 (SGT) Exact Location of Accident KPE, Singapore Additional Location Information KPE (ECP) BEFORE EXITING TUNNEL Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Lexus

Vehicle Registration Number SJS4949T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NG SOK LIM NRIC No. S7634518Z Email Address sharon@crystalline.com.sg Mobile Phone No (Phone) +65-96799968 Alternative Phone No +65-96799968

VEHICLE PARTICULARS

Manufacturer

Model Rx200t Variant 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 - Claiming third party Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Comprehensive Fleet Policy Policy Number GA515502 Cover Note Number

DRIVER

Name of Driver BRANDAN ONG KENG KEONG NRIC No T0213157E Date Of Birth 08/05/2002 Occupation Indoor

Date Of Driving Pass 12/10/2020 Driving experience 2 MONTHS Gender Male Mobile Number (Phone) +65-92477724 Alt. Phone Number Email Address bsbong0805@gmail.com Address 84 EDGEDALE PLAINS #14-09 Address complement Postcode 828737 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name CELINE GOH SIN LENG Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON THE ABOVE MENTIONED DATE AND TIME, I WAS DRIVING (SJS4949T) ON THE STATED LOCATION. I WAS TRAVELLING STRAIGHT ON THE FIRST LANE FROM THE RIGHT. I GRADUALLY SLOWED DOWN DUE TO TRAFFIC CONDITION. SUDDENLY, I FELT A HUGE IMPACT FROM THE REAR. THE IMPACT WAS SO HUGE THAT IT CAUSED ME TO SURGE FORWARD AND AS SUCH, HIT ONTO VEHICLE (SLV4052R). I ALIGHTED TO REALISE I WAS INVOLVED IN A 4 CARS CHAIN COLLISION. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMM322C

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour

Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-
- · · · · · · · · · · · · · · · · · · ·	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLX3189B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number Vehicle Manufacturer	SLV4052R -
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	_
Postcode	_
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	VEHICLE D
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report **correctly** the details of the accident to speed up the claims process.
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- 3) Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material fact 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 as 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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")
- all insurer(s) who have insured vehicle(s) involved in this accident and the Insurer's lawyers/ law firms, may/ are
 permitted to collect, use or 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 lawyer/ 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 purposed stated, or;

ii. For complying with the requirements under any regulations, law or court orders.

Policyholder's Signature

Date & Time:

Oriver's Signature

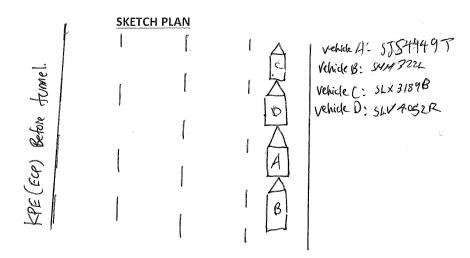
(If driver is not policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:



On the above mentioned date and time. I was
driving Jehicle 55549497 on the Stated Location. I was travelling straight on the first lane from the right. I gradually slowed down due to traffic condition. Suddenly I fett a huge impact from the rear. The impact was so huge that it caused me to surge toward and as such hit outs the Vehicle Sty 4052R alighted to realise I was involved in a 4 car chair accident involving: 1. Sty 3189B
I was travelling straight on the first lane from the
right. I gradually slowed down de to traffic condition.
Suddenly I felt a hoge impact from the rear. The impact
was so have that it coulded me to surge forward and as such hit arts the
vehicle St 4052R I allighted to realise I was involved in a
4 Car chain accident involves 1. Stx 3189B
3.55549497
4. SMRT 322L

DECLARATION

I/ We declare the foregoing particulars are true in every respect.

Policyhølder's Signature

Date & Time:

Driver's Signature

(If driver is not policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:

ETTER OF UNDERTAKING

_
E
S
S
I/We.

, the owner of vehicle no. 53349497

My/Our Insurance is under M/s AXA Insurance Pte Ltd , I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage,

My/Our Third Party claim is handle by my/our preferred workshop, (Aaage (3

Signed and Acknowledge by:

Nric no. & signature of policyholder

Company stamp

Date















Certificate number

Chassis number

Engine number

AXA Insurance Pte Ltd

1800 880 4888 (Within Singapore) (65) 6880 4888 (International)

(65) 6880 4740

☑ customer.care@axa.com.sg

www.axa.com.sg

Certificate of Insurance

account number 04135

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)

Policy details

Policyholder name Gover

Plan name

NCD applicable

NG SOK LIM (HUANG XUELING)

Comprehensive

50%

Vehicle registration number SJ\$4949T

Period of Insurance

Hnance loan company

from 24/11/2020 to 23/11/2021 (both dates inclusive)

HIN LUNG AUTO PTE LTD

GA515502 / 1 JTJBAMCA502039752 8ARW674379

Persons or classes of persons entitled to drive*

(a) The Policyholder

(b) Any Named Driver as stated in the Policy:

1. ONG WEI BENG (WANG WEIMING)

3. GOH HOW SIONG

2. BRANDAN ONG KENG KEONG (WANG QINGQIANG)

(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.

Limitation 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, speed testing, 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.

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

EXCESS

Windscreen Excess

Not Applicable Secretary maps of the page of the first

An Additional Excess is applicable as follows:

- 1. S\$500 for unnamed Authorised Driver
- 2. S\$500 for declared Young and Inexperienced Driver
- 3. \$\$5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$\$2,500 if You have chosen AXA Premium

Additional clauses & endorsements to your policy

Nil

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

Authorised signature

Important note

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).

Party risks and compensation act (Cap. 169).
The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 068811 Customer Centre, #B1-01

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