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 03/02/2021 16:49 (SGT) Date of Accident 02/02/2021 17:30 (SGT) Exact Location of Accident One Tree Hill, Singapore Additional Location Information ONE TREE HILL TOWARDS GRANGE ROAD. Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SJP6170A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner KO PENG CHON NRIC No SXXXX388E Email Address kopengchon@gmail.com Mobile Phone No (Phone) +65-93822368 Alternative Phone No +65-93822368

VEHICLE PARTICULARS

Manufacturer

Model Allion 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 GA537979/1 Cover Note Number

DRIVER

Name of Driver KO PENG CHON NRIC No SXXXX388E Date Of Birth 19/03/1944 Occupation Indoor

Date Of Driving Pass 04/05/1964 Driving experience 56 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-93822368 Alt. Phone Number +65-93822368 Email Address kopengchon@gmail.com Address BLK 155 SIMEI ROAD #10-204 Address complement Postcode 520155 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No 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 Collision - Change/cross lane 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? Yes 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? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING STRAIGHT ALONG ONE TREE HILL TOWARDS GRANGE TOAD, SUDDENLY I FELT AN IMPACT. VEHICLE B DROVE OUT FROM 69 ONE TREE HILL MANSION WITHOUT CHECKING THE MAIN ROAD ONCOMING TRAFFIC AND COLLIDED INTO THE LH PORTION OF MY VEHICLE AND CAUSED DAMAGES. VEHICLE B ADMITTED HER FAULT AND APOLOGIZED AND GOT ME TO CLAIM AGAINST HER INSURANCE POLICY.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberSFZ328YVehicle Manufacturer-Vehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryPrivate carName of Driver-Contact Number-Address-Address complement-

Postcode	-
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Address	KO PENG CHON
Address Complement	_
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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- 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.
- 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)

funderstand, acknowledge, agree and consent that:

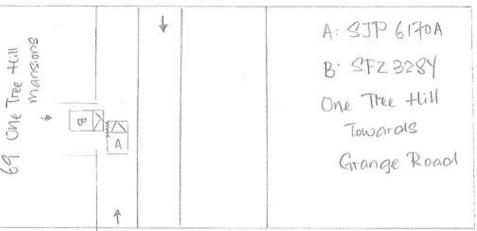
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 (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:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

AMBEL Stephinstoper 22

I authorized SME to email the GIA Peport to admin@nhtmotor.com/yunti@nhtmotor.com SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	de Chrising Straight along One Tree Hill de Grange Road	-
Sudo	enly. I felt an impact.	-
man on Con	B" chove out from 69 One Tree Hill on without checking the main Road ing traffic and collided into the Lond of my vehicle and caused clama	xl +1 ag
Veh" and Polic	B" admitted her fault and apologized got me to Claim against her insura y.	al an

DECLARATION

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

Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Tirne: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

LETTER OF UNDERTAKING

I/We, Ko Peng Chon	, the owner of vehicle I	10. SJP 6170A
My/Our Insurance is under M/s AXA Insuchaim under my/our Policy or against the Such a claim to M/s AXA Insurance Pte Litwithin 14(fourteen) days of occurrence	d with all relevant facts a	decide whether to ler shall submit and documents
My/Our Third Party claim is handle by m	y/our preferred workshop, Wotor Pte Ltol	
Signed and Acknowledge by:		
Nric no. & signature of policyholder	Company stamp	Date



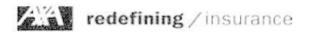














Certificate number

Chassis number

Engine number

765) 6880 4740 [2] customer.care@axa.com.sg www.axa.com.sg

account number

GA537979 / 1

1NZD219674

NZT2603033957

14081

Medie Vertieren Burtl Party Goor und Comprensation, Act. (Complex SA). Medie Vertieren Burtleicks aus Compression (Robert 1962 Revertiesen et A. (1982). Motor Voto Tex (Thros Party Risks Efficies, 1559 (Maragaia)

Policy details

Policybolder name Cover

Plan name NCD applicable

Vehicle registration number Period of Insurance

Finance Igan company

KO PENG CHON Comprehensive

Essential 50%

SIP6170A

Certificate of Insurance

from 30/03/2020 to 29/03/2021 (both dates inclusive)

Persons or classes of persons entitled to drive*

our The Policyholder

thi Any person who is criving 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 permitted and is not disputabled by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Ve

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 or 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 etherwise, in a racing track, circuit, route, tourse or any other roads by whatever name called that are typically used for racing, page making or such similar t

* Introduction received improvation by Section 9 of the Michie Avenic Hig Charle Party Ridge and Consequentation (Author/Application) 50 and Section 30 of the Renal Transmission Malays as are not to be installed ander these available.

EXCESS

Windscreen Excess

Not Applicable

An Additional Excess is applicable as follows:

- 1. S\$500 for unnamed Authorised Driver
- 2. 93,500 for declared Young and Insupercent ed Druce.
- 3: \$\$5,000 for undeclared Young and in expensional fluers. This additional excess is reduced to \$\$2,000 if You have chasen AXA Frequen Workshops

Additional clauses & endorsements to your policy

UWe hereby contribution to be over which this Contribute relates as assed in accompline with the provision of the Mater Vanice of their Party. Compensation: Act. (Chapter 18th and Part IV of the Bond fransport Act. 1987 (Malaysia).

AXA Insurance Pte Ltd

Suther to divignations

Important note

box beliefs are warred find not testile of a point some two reads of order to Company of expansion in the Lobert from some in a company of the Company of the accepts been administrate a Stome. Sold recommended that become faborate many within one asky as notices a south News Sch Part Tresponded Expression Accepts (189).

*NATIONAL CROSS CONTRACTOR AND AND ADDRESS OF A STATE OF THE PARTY OF