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 aforesaid.

ACCIDENT STATEMENT

Date of Submission 05/02/2021 13:52 (SGT) Date of Accident 05/02/2021 10:07 (SGT) Exact Location of Accident Near 25 Defu Lane 3, Singapore 539457 Additional Location Information KPE TUNNEL JUST AFTER P83K TUNNEL EMERGENCY EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SLT5328A**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner KOH KENG NGEE NRIC No. SXXXX221H Email Address kohkengngee@hotmail.com Mobile Phone No (Phone) +65-97779034 Alternative Phone No +65-97779034

VEHICLE PARTICULARS

Manufacturer Subaru Model Forester 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 GA305015 Cover Note Number

DRIVER

Name of Driver KOH KENG NGEE NRIC No SXXXX221H Date Of Birth 20/09/1982 Occupation Indoor



Date Of Driving Pass 10/06/2005 Driving experience 15 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-97779034 Alt. Phone Number +65-97779034 Email Address kohkengngee@hotmail.com Address BLK 217B SUMANG WALK #07-242 Address complement Postcode 822217 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 - Head to Rear 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? No PASSENGER 1 Name **DEBBIE YANG HUASHI** 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 PLEASE REFER TO ATTACHED. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration NumberSLP8997UVehicle ManufacturerMazdaVehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryPrivate hireName of DriverTEO KOON HUI-SXXXX504C

| Contact Number | (Phone) +65-97318530 |
|---|----------------------|
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | _ |

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
- 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.
- 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)

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:
 - (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's Signature Date & Time;

5 February 2021 12:00 pm Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

| SKETCH PLAN | | |
|--|---|--|
| | | |
| | | A :017F2000 |
| | | A SIT5308H |
| | | B: SL889971 |
| | <u> </u> | |
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| DESCRIBE CIRCUMSTANCES O | F THE ACCIDENT | |
| 12 5th Feb 202 | 4:500M J 1000 -0 | 20 to 20 de |
| located & Sunt | ec Tower 2, driving fr | my way to my otorice |
| VIO KPE | traffic condition was | slightly heavy, weather |
| was clear. | Upon entering KPE Tou | mel and instan |
| 5th PCb 2021 | , my car, subaro to | vestor was knocked into |
| by mazda co | er no: SLD 59970, TE | to Room had who is |
| the concented d | oner. Diving licence n | 0: 57403504C |
| resulting in | my back car damage | d, while the mazder |
| car was d | lamaged in the foun | 4 Donnet. No posties |
| are injured i | A this accident to my | y knowledge. |
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| | | |
| ECLARATION | | |
| We declare the foregoing particul | lars are true in every respect. | A. |
| olicyholder's Signature ate & Time: | Driver's Signature (If driver is not the policyholder) Date & Time: | Reporting Centre Personnel's Signature Name: NRIC/FIN No.: |

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John Febra 1:39 PM



POLICYHOLDER ACKNOWLEDGEMENT FORM

| Date: _ | 02(05/9) | To: Owner of Vehicle | Number: 5H | 5378A |
|------------------------|---|---|---|--|
| The fo | illowing has been advised to | you via your workshop, _ se tick the applicable box if yo | CDGE | through their staff, |
| V Ye | ou had been advised by the wo ourteen (14) days clause whereby | rkshop that in the case that y | ou wish to claim agains | at your own policy, there is a |
| Y) Yo | ou had been advised by the work | shop on the liability and merit | s of the case accordingly | F 3 |
| () Yo | be no recovery prospect and | under your own insurance, and NCD will be affected. aiming against the Third Party, | y applicable excess will b | |
| | | by AXA. In return, you will ge | t: f Use benefit <u>or</u> | |
| () Th | nere will be delay to your vehicl scept to indent it from overseas. | e repair due to the unavailabi The estimated waiting The estimated arrival time do | time for the spa | are parts to arrive is |
| yo | nere will be no cancellation/with bu wish to cancel/withdraw the directly to the procurement of t | claim, you shall bear all costs, | | |
| | ou will be driving the vehicle out road worthy. | despite being advised by the w | orkshop mechanic/ pers | onnel that the vehicle may no |
| () Fo | or vehicles that are under warrar cal distributor on any effect to y | ity with a local distributor, you our warranty prior to making t | have been advised by th this Own Damage claim. | e workshop to check with you |
| | r vehicles below three (3) years iginal parts to repair your vehicl | | local distributor, your in | surance company will use only |
| re | or vehicles above three (3) years ill be carrying out repairs where placed will be replaced using <i>an</i> ad/or second-hand parts. | any damaged part that can be | repaired will be repaired | d and any part that needs to be |
| | ou had been advised by the worl lated to the accident. | kshop of the Twelve (12) mont | ths warranty for Own Da | image repairs on workmanship |
| Kd Name : *autho | and acknowledged by: Note that the part of policyholder/sized driver to either the pamed who are permitted to drive the | drivers as per motor insurance | iny stamp (where applic e policy or in the case of α | able) commercial vehicles, permitte |
| | AN . | | | |

Name and signature of workshop personnel including company stamp

AXA Insurance Pte Ltd (Company Reg. No.: 199903512M) 8 Shenton Way #24-01 AXA Tower Singapore 068811 AXA Customer Centre #01-21/22 Telephone: +65 6880 4888 - axa.com.sg



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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

Renewat

date 13/05/2020

your servicing distributor SD CONTEGO SERVICES / 00303

your servicing distributor contact 65140556/0557

KOH KENG NGEE BLK 217B SUMANG WALK #07-242 SINGAPORE 822217

Policy Schedule

Your SmartDrive Comprehensive Flexi

Your policy snapshot

Policyholder name

KOH KENG NGEE

Policy number FIN / NRIC VA1 / GA305015 S8231221H

Cover Period of Insurance Comprehensive FIN / NRIC from 01/06/2020 to 31/05/2021 (both dates inclusive)

Premium breakdown

Gross Premium after 10% NCD

7% GST Final Premium SGD 1,401.87 SGD 98.13

SGD 98.13 SGD 1.500.00

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Flexi Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Coverage
- Loss or Damage
- Legal Liability
- Workshop of Your Choice
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

Add-on Benefits

Courtesy car Standard in Singapore up to ten (10) days

Vehicle details

Make & Model of Vehicle

SUBARU FORESTER 2.0 I-L CVT AWD Year of manufacture

2016

Vehicle registration number

SR SLT5328A

Type of Use

Private use

Body type

SUV

Engine capacity (c.c.)

1995

Seating capacity (excl driver) Off-Peak car 4 No Engine number Chassis number FB20Y251137 JF1SJ5KC5GG070412

Insured's Estimated Market Value Limitation to use Finance Loan Company Market Value at the time of Loss (including accessories and spare parts)

As per Certificate of Insurance

DBS BANK LTD

Excess applicable (refer to Policy Wording for other applicable Excesses)

Basic Own Damage Excess Windscreen Excess SGD 600,00 SGD 100.00

AXA Insurance Pte Ltd (199903512M) 8 Sheriton Way, #24-01, AXA Tower, Singapore 068811 Customer Centre, #B1-01 1 of 2

























