# 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 26/02/2021 17:09 (SGT) Date of Accident 25/02/2021 10:00 (SGT) Exact Location of Accident MCE, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number S350P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner HEE SEE YET @ SEE PENG FAI @ ALBERT SEE NRIC No S2533843Z Email Address MD@ASAHOLDING.COM Mobile Phone No (Phone) +65-91995181 Alternative Phone No +65-91995181

VEHICLE PARTICULARS

Manufacturer Mercedes Model Amg 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? Yes Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Comprehensive Fleet Policy Policy Number GA563472 Cover Note Number 19/01/2021 - 18/01/2022

DRIVER

Name of Driver HEE SEE YET @ SEE PENG FAI @ ALBERT SEE NRIC No S2533843Z Date Of Birth 20/11/1941 Occupation Indoor

Date Of Driving Pass 25/06/1968 Driving experience 52 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-91995181 Alt. Phone Number +65-91995181 Email Address MD@ASAHOLDING.COM Address 528 EAST COAST ROAD Address complement #20-03 Postcode 458969 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 DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Bukit Merah East Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002369999 Alt. Police Station Phone No (Fax) +65-62204360 Police Station Address 391 New Bridge Road Police Cantonment Complex Block A Singapore 088762 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS 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 YP5170D Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle

QI

Name of Driver

Contact Number	(Phone) +65-82608161
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.
- 5. 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:

Driver's Signature (If driver is not the policyholder)

Date & Time:

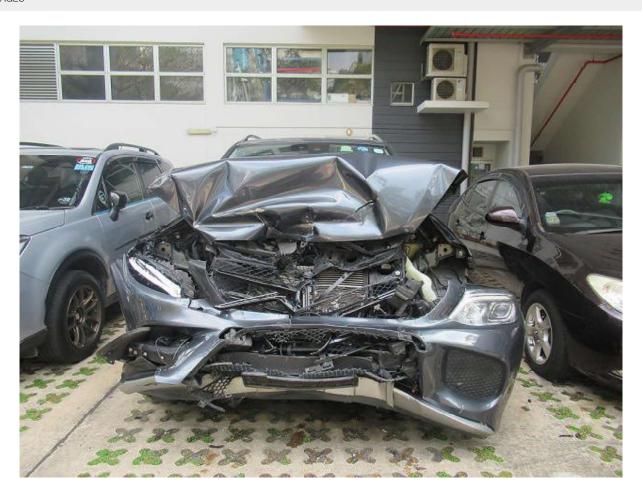
Reporting Centre Personnel's S

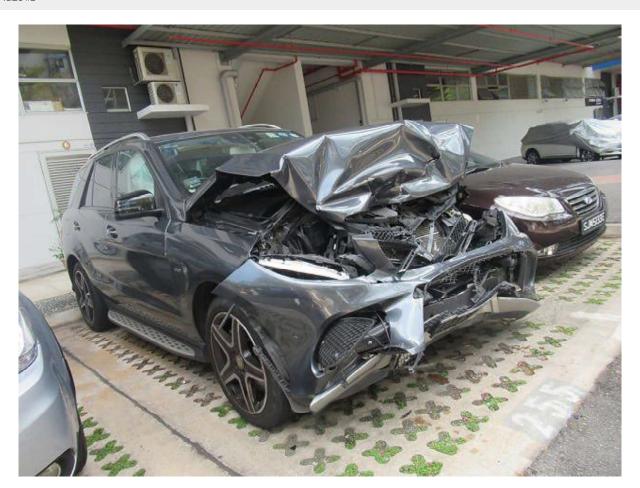
NRIC/FIN No.:

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Claim OD/TP a	t Ah Lim Mo	otor Claim OD	TP at other wor	kshop Reporting Only
Remarks : Please fo	orward a copy	of my efile accident re		
My workshop :	, a a cop)	army ame accounting		
Email address :				
& myself :				
Email address :				
Note: Please take	note that you	r insurer have 14 days t	imeframe for you	to submit own damage claim under
vou own policy. Ki	ndly check wit	h your own insurer for	more information	n.
jou offit policy. Ith				
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DECLARATION		re due in every respect.		SOTOR
DECLARATION	g par trouid a			
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DECLARATION //We declare the forego				
DECLARATION //We declare the forego		Driver's Signature		Reporting Centre Personnel's Signature
DECLARATION /We declare the forego // Olicyholden's Signature Date & Time:		Driver's Signature (If driver is not the policyh Date & Time:	older)	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

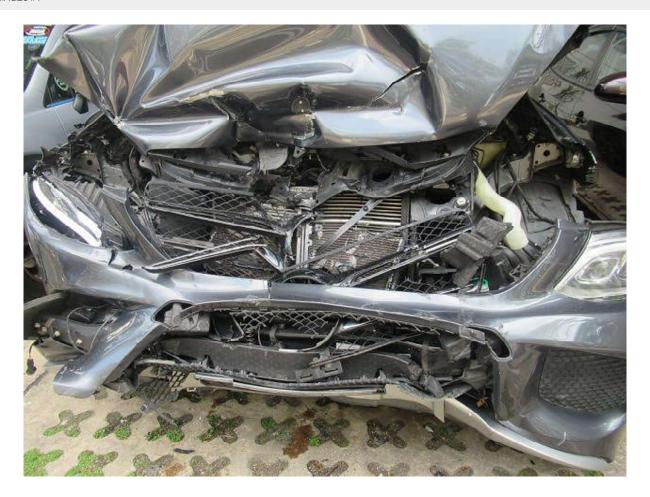


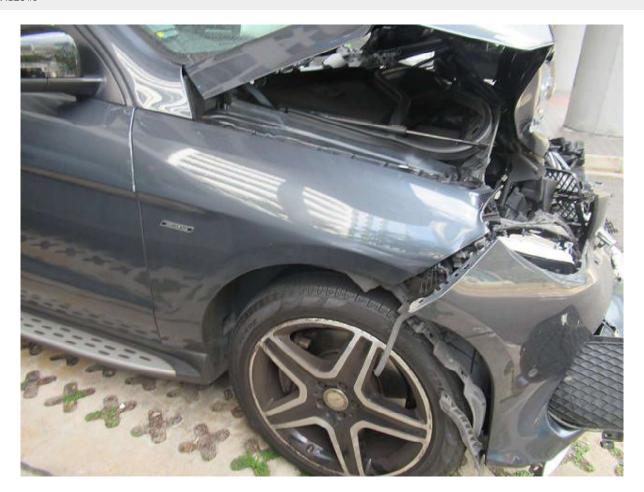
	01/0101	POLICITIOLDER ACKNOWLEDGEWENT FORW	C350P
Date: _	26/2/2	To: Owner of Vehicle Number:	8 2304
The fol Eileen,	owing has been advis Zila Mui Hong, Wei Ji	sed to you via your workshop, AH LIM MOTOR CO.  e Please tick the applicable box if you had been advise.	MPANY through their staff ed on any of the following;
11-		d by the workshop that in the case that you wish to claim as clause whereby the claim must be made within the stipe	
1	You had been advise	d by the workshop on the liability and merits of the case a	ccordingly.
( )	You had been advised due to this accident.	d by the workshop on the claims procedure for the type of	claim that you will be making
	> if fire da Howeve > if fire da	mage and you claim under your own insurance, any appl r, there will be <u>no recovery prospect</u> and NCD will be aff amage and you are claiming against the Third Party, yo r, the recovery is not quaranteed, and AXA will not be h	fected. our NCD will not be affected
( )	be towed out to anot > \$200 of > \$200 as > Addition	et AXA assign a workshop for your vehicle repairs. In the her workshop assigned by AXA. In return, you will get: fon your Basic Own Damage Excess or a benefit if your policy has \$0 excess and no Loss of Use al \$200 on top of existing Loss of Use Benefit if your policy be benefit.	benefit <u>or</u>
N	There will be delay to option except to inder	your vehicle repair due to the unavailability of spare part nt it from overseas.	s locally and there is no other
(1	placed. If you wish t	cellation/withdrawal of the Own Damage claim once the or o cancel/withdraw the claim, you shall bear all costs, ex indirectly to the procurement of the spare parts.	
11	The estimated waitin	time for the spare parts to arrive is	. The estimate
(-)		include the repair period.	The estimated
( )	You will be driving the may not be road wort	vehicle out despite being advised by the workshop mecha hy.	anic/ personnel that the vehicle
1	use only original part For vehicles above the company will be carre part that needs to be	ree (3) years old or under warranty with a local distributor s to repair your vehicle.  aree (3) years old and no longer under warranty with a loughing out repairs where any damaged part that can be repered and the property of the replaced will be replaced using any combination of the unit of the parts and/or second-hand parts.	cal distributor, your insurance aired will be repaired and an
15	6 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ed by the workshop of the Twelve (12) months warranty	· for Over Demons receive a
()	workmanship related For vehicles that are		ised by the workshop to chec
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Signed	acknowledged by:		
*authori	zed driver to either the na permitted to drive the line	cyholder/ authorized driver* and company stamp (when med drivers as per motor insurance policy or in the case of communed Vehicle.	
nla	) ]	Name and signature of workshop personne	el including company stamp

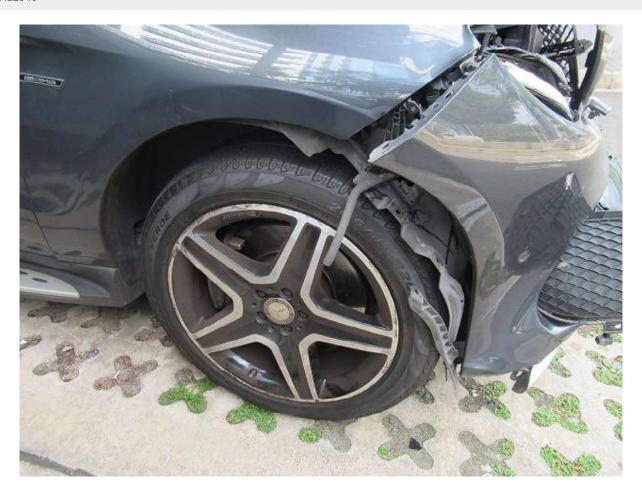


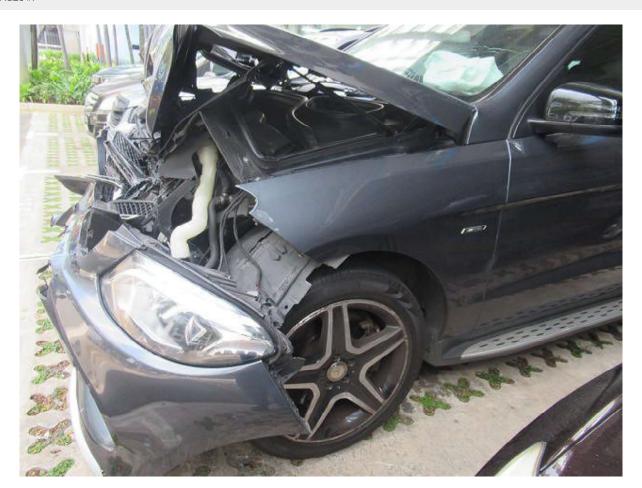


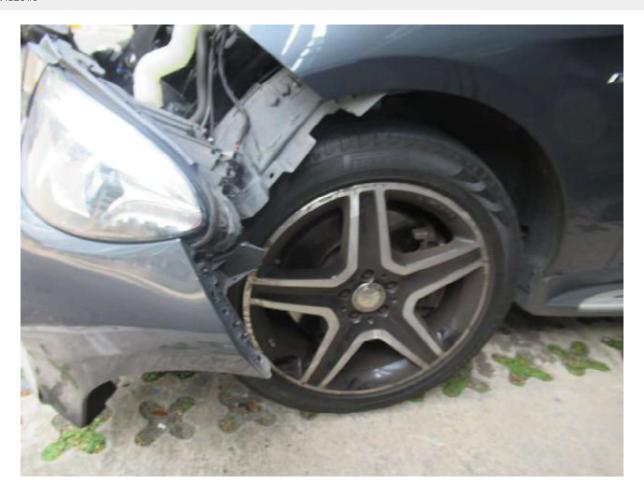






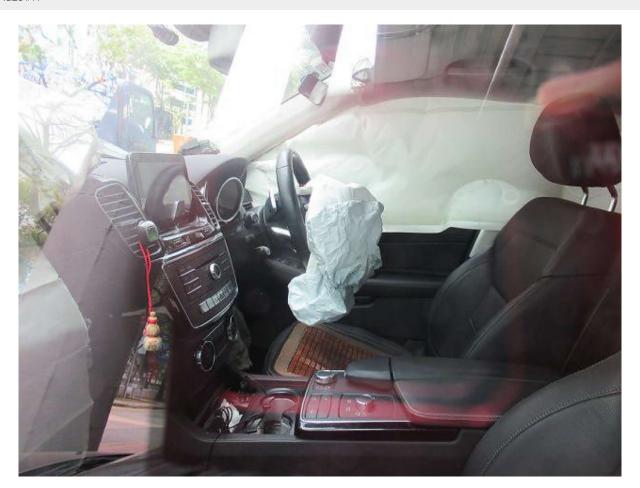


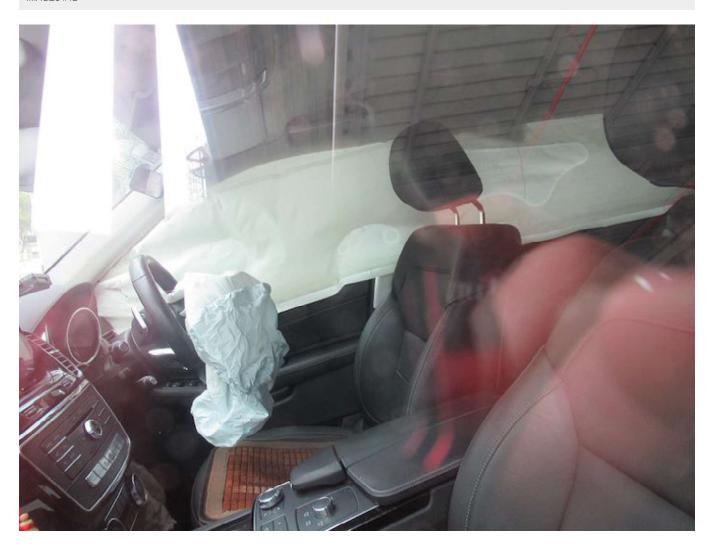


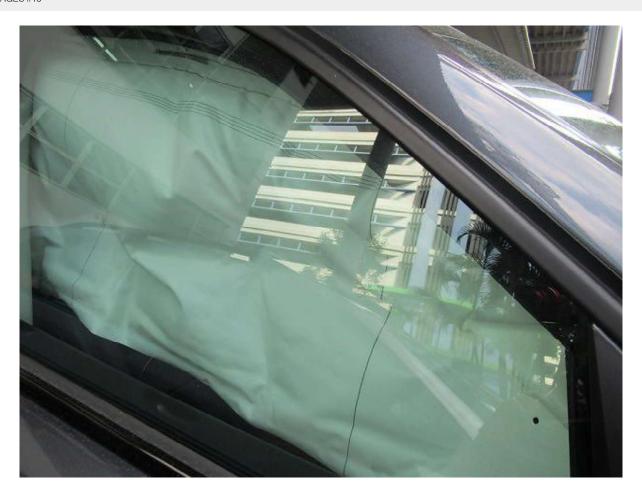






















Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762 Tel No: 1800-2369999 1 of 3 Report No. T/20210225/2102

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2021 19:31		Made:	Vide Report No.:	Station Diary No.: 100		
Informa	nt's Partic	ulars				
Name of HEE SE	Informant: E YET		Address: 528 EAST COAST ROAD #20	0-03 SINGAPORE 458969		
	/ ID No.: O / S25338	43Z	Contact No.: Home/Office:	Mobile: 91995181		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Male	Age: 79	Date of Birth: 20/11/1941	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: Managing director/Chief executive officer		Chief executive	Driving Licence Information: Class: 3	Date of Expiry:		

General Infor	mation of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/02/2021 10:00	Type of Location: Expressway	
Weather:	ASTAL EXPRESSWAY	Road Surface:	***************************************	Road Speed Limit:	
Clear Traffic Flow:		Dry Traffic Control:		Traffic Volume:	
One Way		Not Controlled		Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
S350P	Car	MERCEDES BENZ	AMG GLE450 4MATIC (R20 LED)	Grey	Seriously Damaged	0
YP5170D	Lorry	MITSUBISHI	CANTER FEB21ER4S DEB (CBU)	White	Slightly Damaged	1





Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762 Tel No: 1800-2369999 2 of 3 Report No. T/20210225/2102

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
S350P	AXA INSURANCE SINGAPORE PTE LTD	GA563472	19/01/2021	18/01/2022	

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Driver						
Name	HEE SEE YET		, , , , , , , , , , , , , , , , , , ,	ID No.		S2533843Z
Related Vehicle	S350P (Car)			Conta	ict No.	91995181
Hospital/Clinic	NIL			Class Drivin Licene Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Di			-	NIL	
No. of Days gran	ted Medical Leave	Degree o		NIL		
Driver						
Name	QI			ID No		NIL
Related Vehicle	YP5170D (Lorry)			Conta	ct No.	82608161
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment		-10 19-11	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

## Brief Details.

On 25th February 2021 at about 1000hrs, I was driving in a tunnel from MCE-AYE. I was driving at about 70km/h when I did not notice there was a lorry ahead of me. Before I could react, I hit the lorry in front of me that was driving at about 50km/h. The traffic was light, and no pedestrians were involved during that time. My airbags were deployed during the impact. There were no injuries sustained on the driver of the lorry and myself. The lorry was also carrying 1 passenger during the accident. No one was injured during the incident, and no one was conveyed to the hospital. There was a Traffic Police Officer present to attend to the incident. I wish to state that my car camera was on during the accident. That is all.





Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999
CONTINUATION OF REPORT

3 of 3 Report No. T/20210225/2102

# Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recor A / Sgt 2 CHUA ZHENG HON	^	Signature Of Informant:
Signature Of Interpreter: Not applicable	0-	Date/Time 25/02/2021 19:31
Officer In Charge Of Case: TP / GIT / Staff Sgt ROIZMAN BIN M Contact No.: 65476131		Classification Of Case:
Authentication Stamp NP168	Singapore Pol	nature





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 04963

-Violar Vehicles (Third Party Risks and Compensation) Act. (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960-Road Transport Act. 1987 (Malaysia) - Violar Vehicles (Third-Party Risks) Bules, 1959 (Malaysia)

#### Policy details

Policyholder name Cover Plan name NCO applicable

HEE SEE YET @SEE PENG FAI @ ALBERT SEE Comprehensive

Flexi 50% \$350P

Vehicle registration number Period of Insurance Finance loan company

from 19/01/2021 to 18/01/2022 (both dates inclusive) DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD GA563472 / 1 WDC1660642A720784 27682130351946

## Persons or classes of persons entitled to drive\*

(b) 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

\* Limitations rendered inoperative by Section 8 of the Road Transport Act, 1987 (Malaysia), are not to be included under these leadings

EXCESS

Basic Own Damage Excess Windscreen Excess

SGD 700.00 SGD 100.00

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 Workshops.

# Additional clauses & endorsements to your policy

I/We litereby 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 flisks and Compensation Ast (Cop. 180).
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

1 of 2