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 13/04/2021 17:45 (SGT) Date of Accident 13/04/2021 13:40 (SGT) Exact Location of Accident Central Blvd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private hire

Vehicle Registration Number SI F468R

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner PLATINUM RENTALS PTE LTD Company Reg No 2XXXXX221K

Email Address supercars88@hotmail.com Mobile Phone No (Phone) +65-98785544

Alternative Phone No +65-98785544

VEHICLE PARTICULARS

Manufacturer Toyota Model Vios Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private car

Transmission Auto CC 1500

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Nο Policy Number P2352383

Cover Note Number

DRIVER

Name of Driver LIM LIAN CHYE NRIC No. SXXXX370Z

Date Of Birth 11/05/1959 Occupation Outdoor Date Of Driving Pass 04/10/1980 Driving experience 40 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-82189511 Alt. Phone Number Email Address limlianchye1@gmail.com Address BLK 446 CHOA CHU KANG AVE 4 #15-293 Address complement Postcode 680446 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer 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 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? Yes Was any injured conveyed to hospital by ambulance? No 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 KARAN BHATIA Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT: T/20210413/7019. 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**

SLZ1793J

CACcident report SS1Y214D000P

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model Vehicle Variant	-
VIII 0 1	-
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Address	LIM LIAN CHYE
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLE468R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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- 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 Polke 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

lunderstand, 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 onquiries 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

(III) for constroing with equirements under any regulations, laws or court orders.

Policyholder's Signature Oate & Time:

201701221%

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

Reporting Centre Personnel's Signature *
Name:
NRIC/FIN No.:

authorsed since to smar GIA report to admin entitles



	$\left \begin{array}{c} A \\ x \end{array} \right $	N: 28468R
	1	B- SL717937
	X	~ ~~~
	\rightarrow \right	condrat Blvd
GCRIBE CIRCUMSTANCES OF THE		21-1-10 (5)
Refer police report	No: (1 N7/04)	13/7019 Ql
CLARATION		
CLARATION Ve declare the foregoing particulars are tr	ue in every respect.	

LETTER OF UNDERTAKING

1/We, Platinum rlum > Pla bld	, the owner of vehicle no.	SIE468R
My/Our Insurance is under M/s AXA Insclaim under my/our Policy or against the such a claim to M/s AXA Insurance Pte I within 14(fourteen) days of occurrence	Third Party and if the former s Ltd with all relevant facts and d	hall submit
My/Our Third Party claim is handle by m	ny/our preferred workshop, <u>CH</u>	Moders Ple He
Signed and Acknowledge by:	(* P)	
Nric no. & signature of policyholder	Company stamp Da	,-ψ,γ <u>)</u> ite

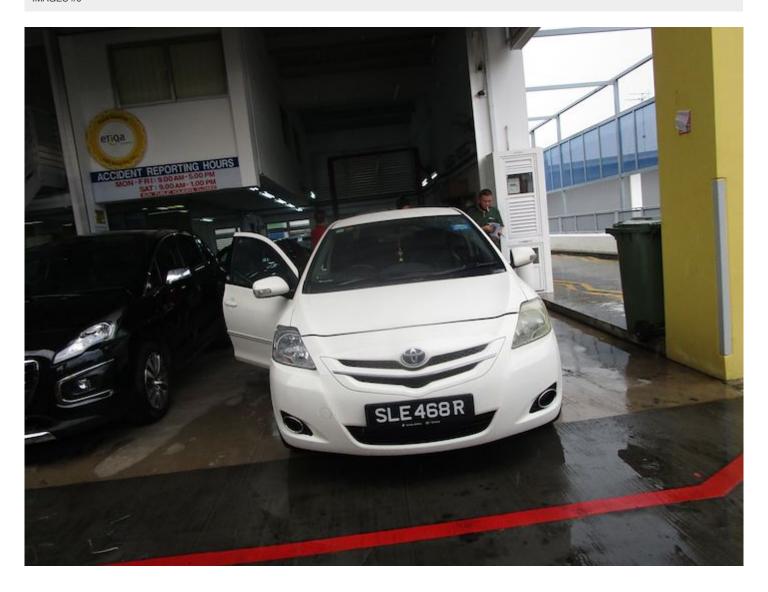






















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20210413/7019

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 21 15:17	/lade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulare	AREA STATE OF THE	CONTRACTOR CONTRACTOR	
Name of LIM LIAI	Informant: V CHYE	X	Address: 446 CHOA CHU KANG AV 680446	/ENUE 4 #15-293 SINGAPORE	
	/ ID No.: D / S13883	70Z	Contact No.: Home/Office: Mobile: 82189511		
National SINGAP	ity: ORE CITIZ	EN	Email: Limlianchye1@gmail.com		
Sex: Male	Age: 61	Date of Birth: 11/05/1959	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation:			Driving Licence Information Class:	n: Date of Expiry:	

General Infor	mation of the Acci	dent			
Type of Accident:	Cithore		Date/Time of Accident: 13/04/2021 13:40	Type of Location: Straight Road	
Location: STRAITS BO CENTRAL	ULEVARD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collis Between Mov	sion: ving Vehicles - Head	i To Rear		Anyone conveyed by ambulance: No	

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLE468R	Car				Seriously Damaged	1
SLZ1793J	Car				Slightly Damaged	0





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3

Report No. T/20210413/7019

CONTINUATION OF REPORT

Details of Perso	n involved	CONTRACTOR Y	*SUBJECT OF	34 PX	RESERVATION OF THE RESERVE
Any Pedestrian I	nvolved: No				
No. of Pedestrian	ns Injured: NIL		Use of Pe	edestrian Cro	ossing: NA
Driver	A. Metalle same				(A) 1000年100日 (A) (A)
Name	LIM LIAN CHYE			ID No.	S1388370Z
Related Vehicle	SLE468R (Car)		Contact N	lo. 82189511	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/04/2021		Date	- I	/04/2021
No. of Days gran	ted Medical Leave	04	Degree o	of Se	rious

Brief Details.

On the above stated date, time and location, i was driving vehicle bearing plate number SLE468R approaching the junction ywhen the vehicle in front slowed down to a complete stop and i followed suit. Suddenly i felt a huge impact from the rear. I alighted to check and realised vehicle bearing plate number SLZ1793J has collided onto the rear of my vehicle.

I experienced headache and pain in my neck, shoulders and lower back after the accident so i went to see medical attention and was given 4 days of MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210413/7019

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 13/04/2021 15:17
Classification Of Case:

NP168

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

■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.

: VFX/P2352383

Account No.: 04247

Coverage

: Third Party Fire & Theft Only

Sum Insured

: Market Value At The Time Of Loss

Name of Policy Holder

: PLATINUM RENTALS PTE.LTD.

Vehicle Registration No. : SLE468R

Period of Insurance

: From 27/11/2020 To 26/11/2021 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Named Driver(s) as stated in the Policy 1. ANY AUTHORISED DRIVER

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*

(a) Use for the carriage of passengers or goods in connection with the Policyholder's business.

(b) Use for social,domestic and pleasure purposes.

The Policy does not cover

(a) Use for racing, pace making, reliability trial or speed-testing (b) Use whilet drawing a trailer appears to the form. Use for racing, pace making, reliability trial or speed-testing
Use whilst drawing a trailer except the towing (other than for
reward) of any one disabled mechanically propelled vehicle

EXCESS :

Sect II-Used In Singapore Only : SGD 1,500.00 Sect II-Driven Outside S'pore : SGD 2,500.00

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

I/We 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).

> Insure Link Pte Ltd 2 Kallang A - 113 403 15 OT Hub S (33340')

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOSTPR

on 25/11/2020

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.

FOR INDIVIDUAL CUSTOMERS

:Cover Under the policy is valid only upon the payment of the full premium stated on the policy.

FOR NON-INDIVIDUAL CUSTOMERS : Please refer to the Premium Warranty Clause on the policy