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.

- 4. The issue and acceptance of this is form by instrained 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 31/05/2021 11:39 (SGT) Date of Accident 28/05/2021 18:15 (SGT) Exact Location of Accident Singapore Additional Location Information TAMPINES ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SKS3538R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SEAH LIAN KIAT NRIC No. SXXXX639E Email Address slk7639@gmail.com Mobile Phone No (Phone) +65-87773778 Alternative Phone No +65-87773778

VEHICLE PARTICULARS

Manufacturer

Model Accord Variant Exact purpose for which vehicle was being used at time of Private use 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 1997

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy No Policy Number Cover Note Number

DRIVER

Name of Driver SEAH LIAN KIAT NRIC No. SXXXX639E

Date Of Birth 09/11/1953 Occupation Indoor Date Of Driving Pass 27/01/1981 Driving experience 40 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-87773778 Alt. Phone Number +65-87773778 Email Address slk7639@gmail.com Address 631 PASIR RIS DRIVE 3 #06-388 SPORE 510631 Address complement Postcode Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured 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 TAN SWEE HONG Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Pasir Ris Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005852999 Alt. Police Station Phone No (Fax) +65-65855261 Police Station Address 1 Pasir Ris Drive 4 #01-01 Singapore 519457 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN/POLICE REPORT 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**

XD7790B

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name 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	SEAH LIAN KIAT
Address	_
Address Complement	_
Post Code	-
Approximate Age Years Old	_
Injuries Sustained	-
Injured person in which vehicle?	SKS3538R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 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.
- 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of ;
- (i) 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.

SEAU

(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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driv. & Time & Time Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

AAAB

A: SKS3538R

B: XD7790B

Describe Circumstances of the Accident

5,16(186	15,161	10	the.	Police	Report.	(T/202105	529 / 2030))		
									-	
									1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
									1100-0-	
									V	
laration										
Andrew St.		223	to .							
declare the	oregoing	particu	uars a	re true in	every respe	GT.				

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

Time

Witnessed by Reporting Centre



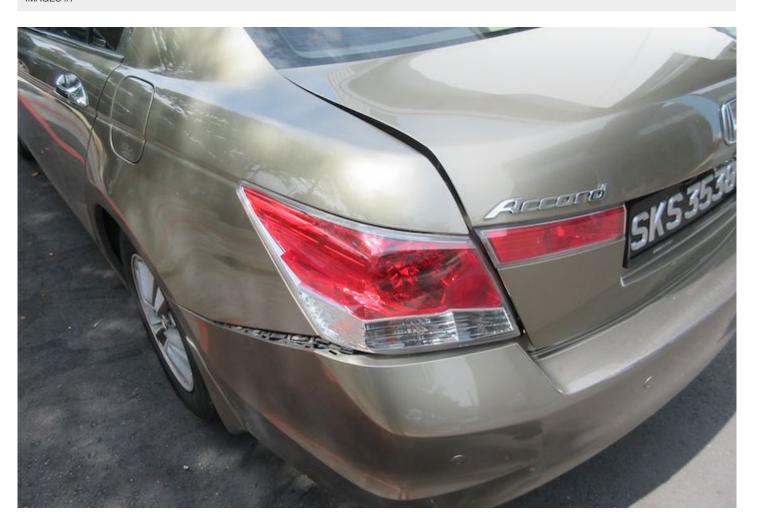


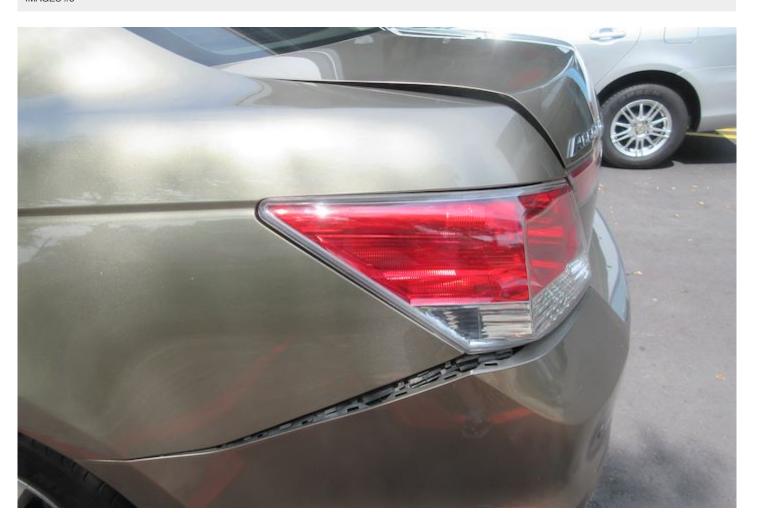




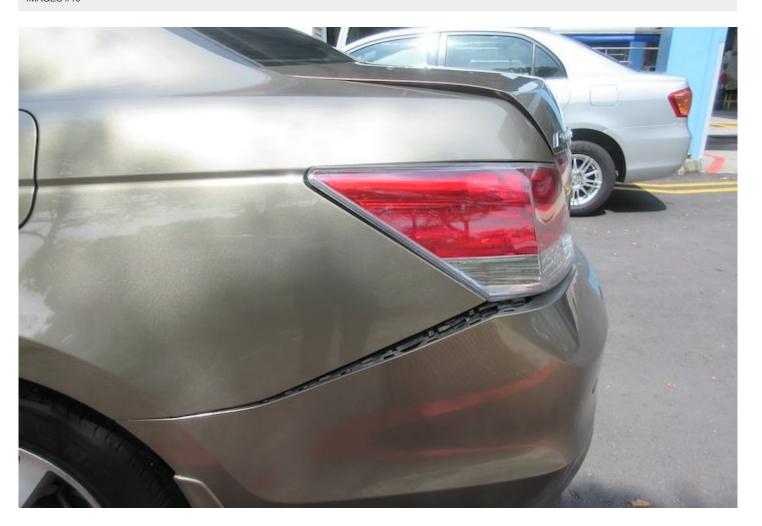


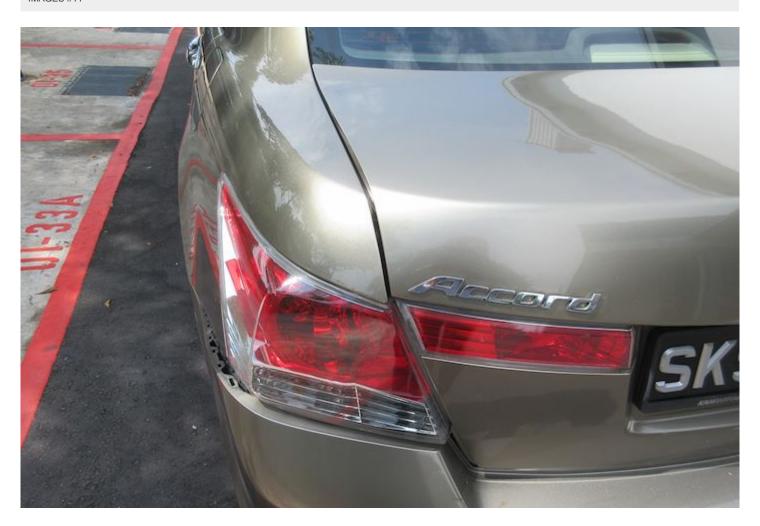




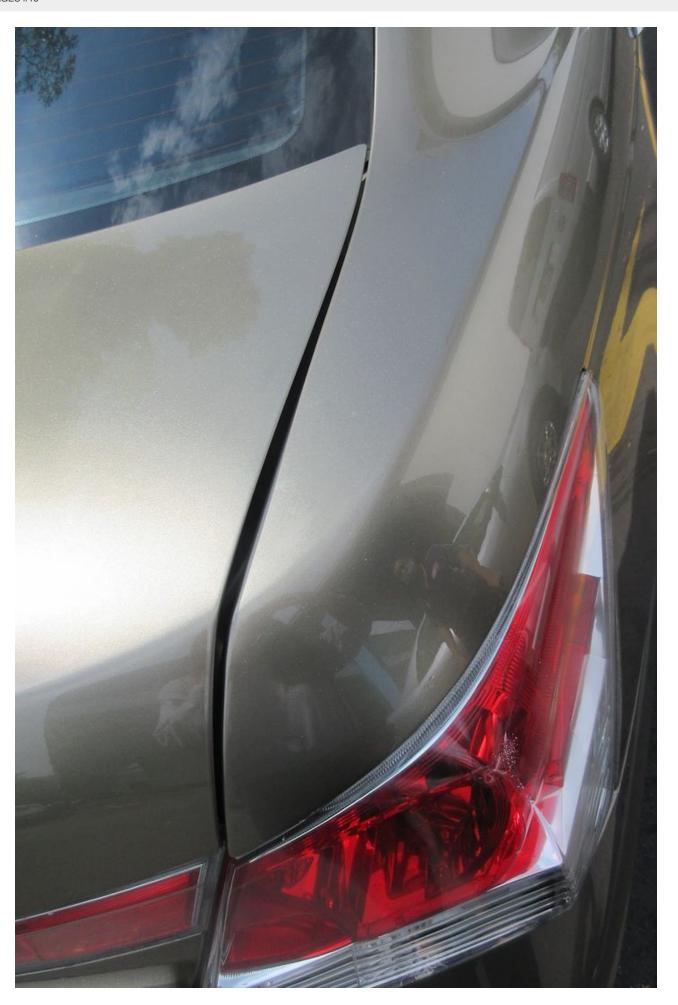


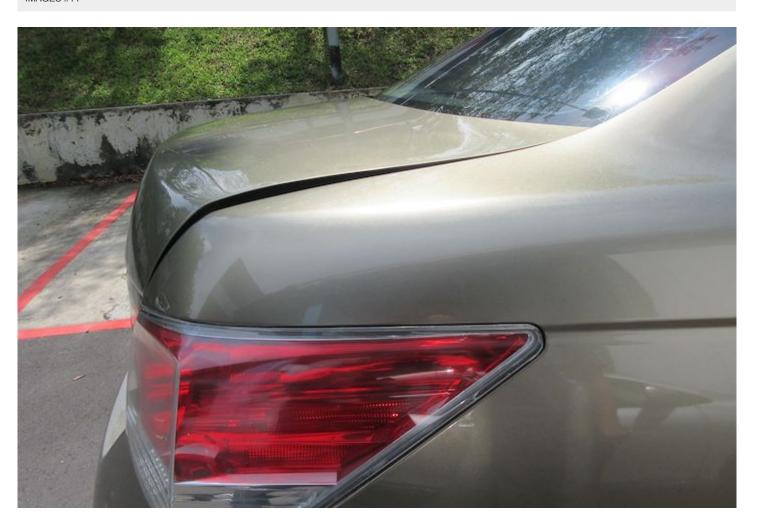


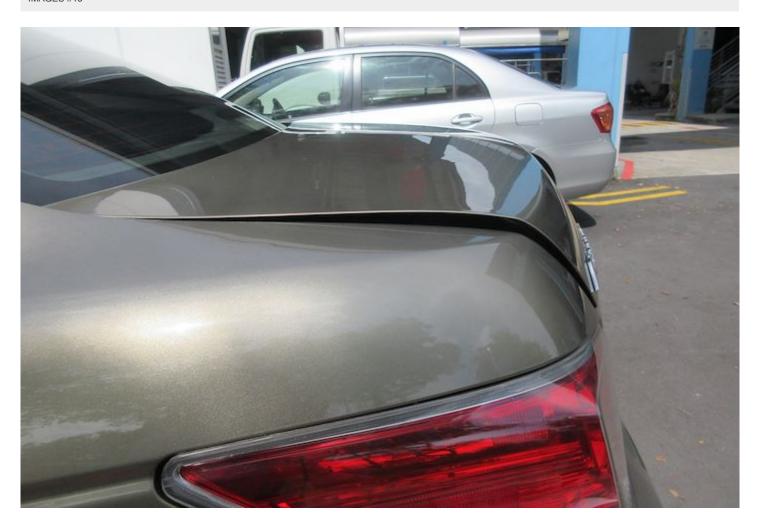


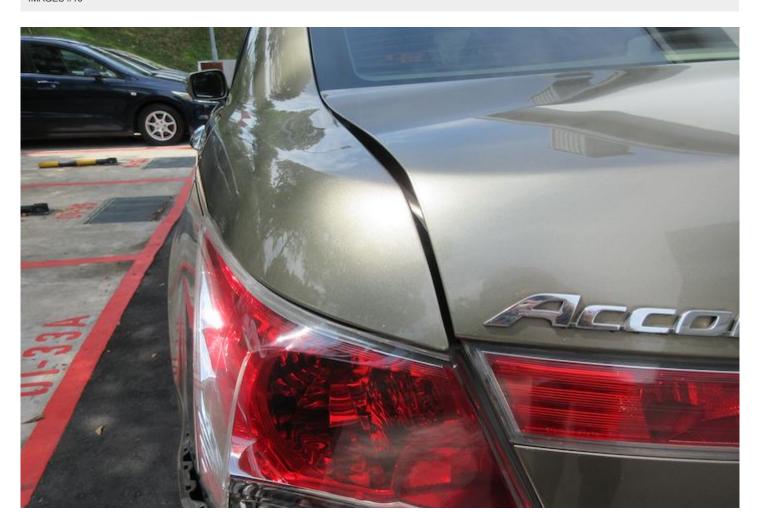














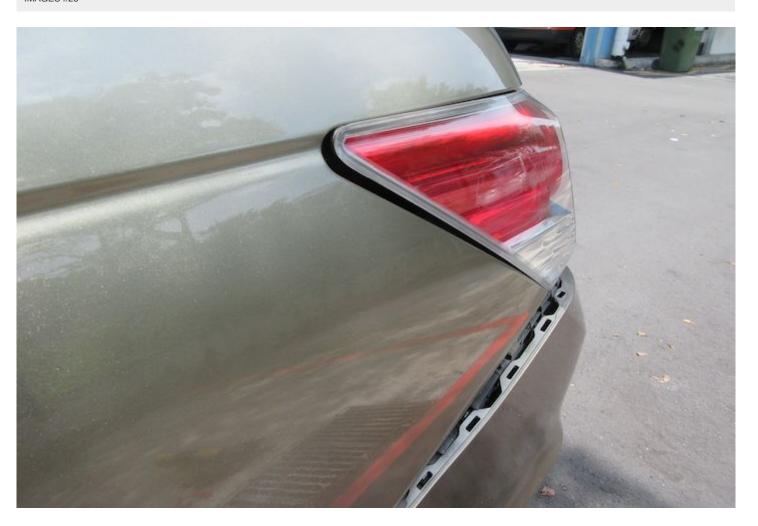


















1 of 4

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

Report No. T/20210529/2030

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 121 12:47	/lade:	Vide Report No.:	Station Diary No. 29		
Informa	nt's Partic	ulars				
Name of Informant: SEAH LIAN KIAT			Address: APT BLK 631 PASIR RIS DRIVE 3 #06-388 SINGAPORE 510631			
	/ ID No.: D / S01276	39E	Contact No.: Home/Office:	Mobile: 87773778		
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Male	Age: 67	Date of Birth: 09/11/1953	Type of Informant: Driver			
Race: Chinese		-	Language: English	Institution / School Name:		
Occupat SELF EI	ion: MPLOYED		Driving Licence Information: Class. 3	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident 28/05/2021 18:15	Type of Location Straight Road	
Location: TAMPINES F	ROAD	Road Surface:		Road Speed Limit	
Weather: Clear		Dry		TODA OPOGG GITTE	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy	
One Way	sion:	Anna Anna Anna Anna Anna Anna Anna Anna		Anyone conveyed by	

Details of v	ehicle Involve	iu .		1	Towns and the	
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKS3538R		HONDA	ACCORD 2.0L	Beige	Slightly Damaged	1
XD7790B	trailer lorry				Slightly Damaged	0

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKS3538R	AXA INSURANCE SINGAPORE PTE	GA571119	23/04/2021	14/04/2022



Tel No: 1800-5852999



Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

CONTINUATION OF REPORT

2 of 4 Report No. T/20210529/2030

Any Pedestrian I	nvolved No				
No. of Pedestrian		Use of Ped	Use of Pedestrian Crossing: NA		
Driver		and the same of			
Name	SEAH LIAN KIAT		ID No.		S0127639E
Related Vehicle	SKS3538R (Car)	Contact No.		87773778	
Hospital/Clinic	OUR FAMILY PHYSICIAN CLII SURGERY		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	29/05/2021	Date Disch	charge 29/05		5/2021
No. of Days gran	ted Medical Leave 05	Degree of	Injury	y Slight	
Driver					
Name	Lim Chor Mok		ID No.		S0306506E
Related Vehicle	XD7790B (trailer lorry)			ict No.	92203176
Hospital/Clinic	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	arge	NIL	
No. of Days grant	ed Medical Leave NIL	Degree of I	njury	NIL	

Brief Details.

On 28/05/2021, at about 1817hrs, I am driving a Honda accord bearing registration plate number. SKS3538R with a female passenger sat at the front passenger seat. At that point of time, the road traffic along Tampines Road towards TPE was heavily congested, and there was a white coloured car stopped inside the yellow box. As such, I have to stop behind the yellow box before I could proceed.

While I was stationary waiting behind the yellow box, suddenly, I felt an impact from the rear, and I realized that there was trailer lorry, XD7790B, collided onto my car. I alighted my car and discovered that my rear bumper and boot were damaged due to the collision. The exact accident took place was along Tampines road near lamp post, 40F.

Thereafter, both our particulars were exchanged, and I have front and rear in car camera, and had recorded the whole incident.

The day after, I felt discomfort on back of my neck, so I went to seek medical treatment at Our family Physician Clinic & Surgery, I was given a 5 days medical certificate.



T/20210529/2030

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

Report No. T/20210529/2030

3 01 4

CONTINUATION OF REPORT





4 of 4 Report No. T/20210529/2030

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

CONTINUATION OF REPORT

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 Recording The Report: G / Sgt 2 LOW JAMES GABRIEL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time; 29/05/2021 12:47
Officer In Charge Of Case: TP / AEIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case:
Authentication Stamp NP 168	



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

GRAFIES Quay #18 00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours - Monday to Finday - 09 00 - 17 00 UEN 546550070G / GST Reg. No. M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre

_	WIU	h whom you submitted the Original	Report.	
		ADDENDU	M	
1	PARTICULARS OF PE	RSONMAKINGTHEAMENDMENTS	1	
	Original Report No	SA1F215U0001	_Vehicle Registration No: _	SKS3538R
	Name(as shownin NRC) :	SEAH LIAN KIAT	_NRIC/FIN/Passport No : _	SXXXX639E
	(*Vehicle Driver / Ve	hicle Owner) (*) Please delete as ap	propriate	
	Address	631 PASIR RIS DRIVE 3 #06-388		Singapore(510631
	Contact (Tel)		_Mobile No. : • 8777377	78
	Email Address			
	Date of Accident	28/05/2021	_Time of Accident 18:15	
	Place of Accident	•TAMPINES ROAD		
	InsuranceCompany:	AXA		
	ADDITIONALINFORM	MATION / AMENDMENTS:		
	TO UPDATE [DRIVING LICENSE; 27/01	1/1981	
	Accident Video	o: No change to Yes		
			2	
	Policyholder / Driver's	s Signature	Reporting Centre Perso	nnel's Signature
	02.06.2021		reality of the second	

NRIC/FINNo.: Date 02 06 2021

201





Certificate of Insurance



AXA Insurance Pie Ltd 2 1800 880 4888 (Within Singapore) (65) 6880 4888 (International) (65) 5880 4740 Costomer, care Pasa com sg www.axa.com.sg

14302

Velocities Product to an although a condition of the Control of th

Policy details

Palicyhalder name Plan name NCD applicable Vehicle registration number Period of Insurance

SEAH LIAN KIAT Comprehensive Peace 10% 5KS3538R

Certificate number

GA571119 / 1

Persons or classes of persons entitled to drive*

diskly arrow was a money to a more special a figure with the property

Provided that the personal is a subsection of the second of the personal of the second of the second

Limitation as to use*

Marker for see to the destruction proposed and the second of the support of the second of the second

Controller to receive the power of such and the Montroller of a state by the controller of the power of the second of the second

EXCESS

Bits of two Continger Lances contary Excess Total Own Damage Excess

BGD 800.00 SGD 800.00 SGD 1,600.00 SGD 200.00

- An April of a contract of the contract of the

Additional clauses & endorsements to your policy

Not composed that the product of actions of the product of the action of the composed of the c

AXA Insurance Pte Ltd



Audiores zinya seu

Important note

Proof the property of the second of the control of the proof of the pr

AXA Inquirance For Chiro Library 501259. 8 Shorter Way #24 (FL 4xA fews) Smgaocre 068811 Costemor Control #31/01

1 of S