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 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 12/07/2021 16:05 (SGT) Date of Accident 11/07/2021 11:00 (SGT) Exact Location of Accident Singapore Additional Location Information 87 MARINE PARADE CENTRAL HDB OPEN CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Lexus

Vehicle Registration Number SI A8680I

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **DENG YAN** NRIC No. SXXXX957E Email Address YANMICHELLE365@GMAIL.COM Mobile Phone No (Phone) +65-96644580 Alternative Phone No (Home) +65-96644580

VEHICLE PARTICULARS

Manufacturer

Model Es250 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 2500

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Nο Policy Number GA449759 Cover Note Number

DRIVER

Name of Driver **DENG YAN** NRIC No. SXXXX957E Date Of Birth 09/11/1981 Occupation Indoor Date Of Driving Pass 09/03/2011 Driving experience 10 YEARS AND 4 MONTHS Gender Female Mobile Number (Phone) +65-96644580 Alt. Phone Number (Home) +65-96644580 Email Address YANMICHELLE365@GMAIL.COM Address 72 BAYSHORE ROAD #13-15 Address complement Postcode 469988 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 Hit and run / Vandalism / Damaged whilst parked 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 vehicle 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? No Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1**

| Vehicle Registration Number | SHC4613U |
|-----------------------------|----------------------|
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | _ |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | ZENG RUIFENG |
| NRIC No | SXXXX532F |
| Contact Number | (Phone) +65-82280213 |
| 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

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- 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 withholding 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
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurence 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.
- 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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

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- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/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 & Time | Driver's Signature (if driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel |
|---|--|--|
| Sketch Plan | | |
| | | |
| | | Parking by my car. |

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Describe Circumstances of the Accident On 11.7.2021 ad about 900 am, I send my son to Learning Anition of 87 Marine Parade Central. HDB open car park in the parking lot and left for marketing After returning to retrieve my car I noticed Stick onto my driver's door handle, and also discovered that my from right side bumper is damaged. The paper written other party driver's contact, so I called him immediately and he admitted that he is the one my car and ack me to claim his company

Declaration

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

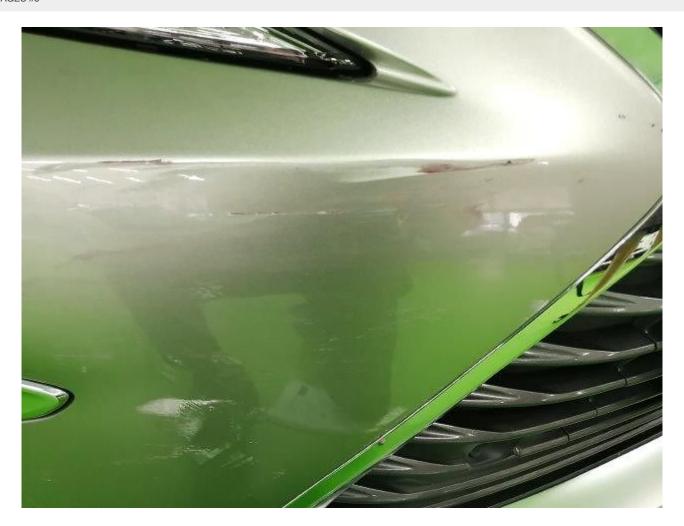
Policyholder's Signature / Date &

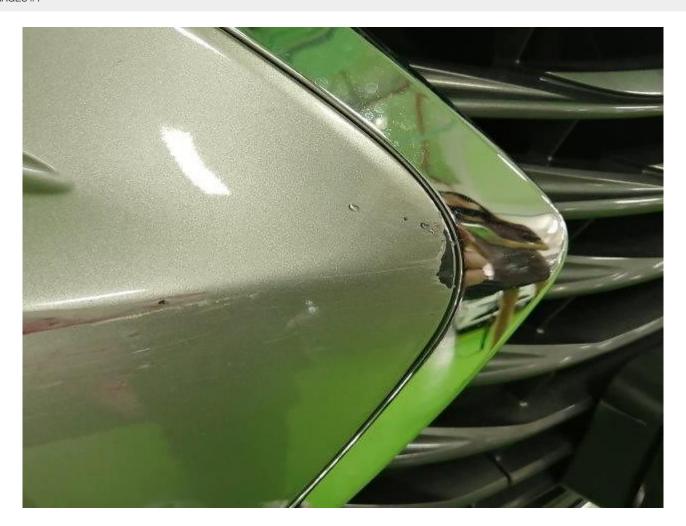
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



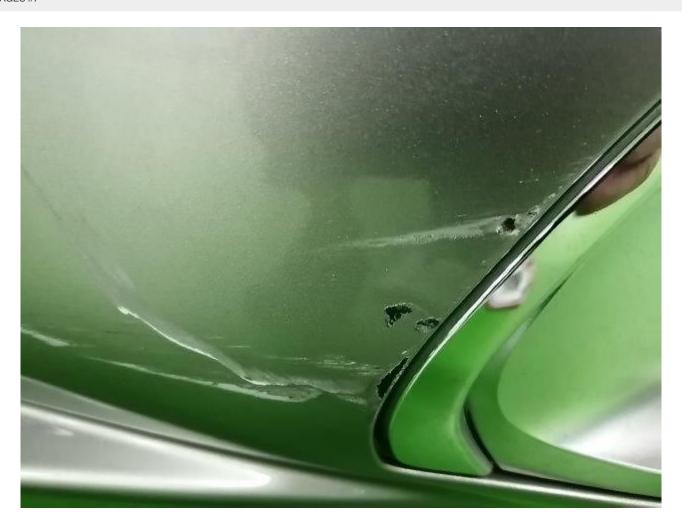




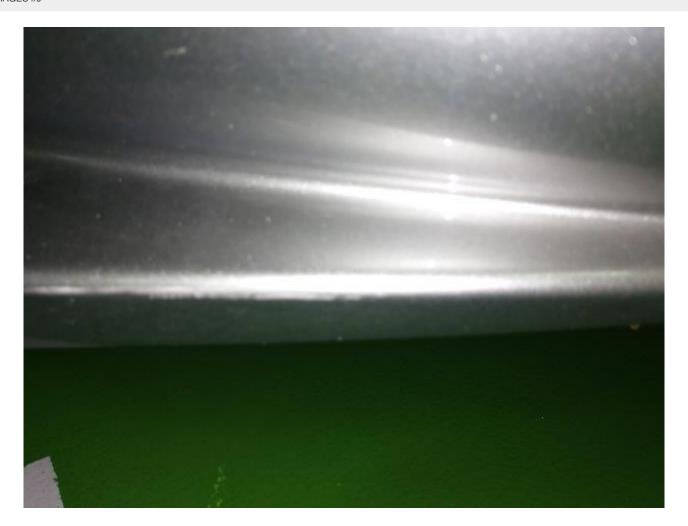










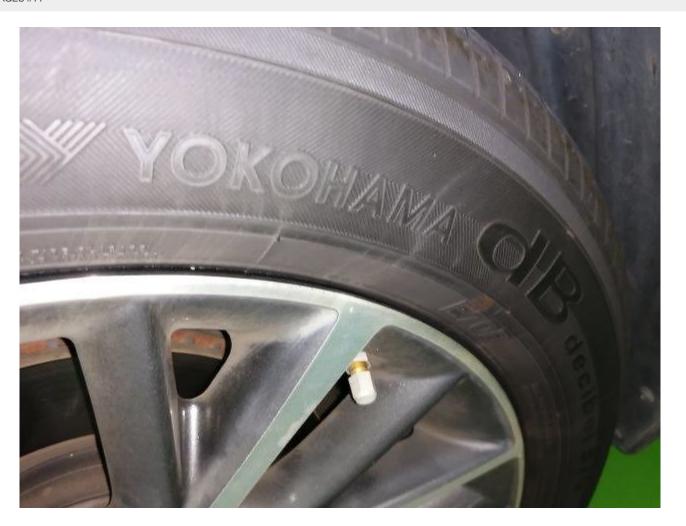




















AXA Insurance Pte Ltd 1800 880 4888 (Within Singapore) (65) 6880 4888 (International) (65) 6880 4740 customer.care@axa.com.sg www.axa.com.sg

date 03/02/2021

policy number GA449759

Certificate of Insurance

account number 18267

GA449759 / 1

2ARF160069

JTHBJ1GGX02090565

Water Vanides (Trute-Perty Riths and Compensations Act. (Chapter 1865). Mater Venides (Trute-Perty Risks and Compensation) Folias. 1860-Dideo Transport Act. 1867 (Maleyy to 1440) or Venides (Trute-Perty Risks) (Risks) (Ris

Cortificate number

Chossis number

Endine number

Policy details

Policyholder name DENG YAN Comprehensive Plan name Lexus Prestige Max NCD applicable 40% Vehicle registration number

SLAS680L

Period of Insurance from 21/03/2021 to 20/03/2022 row? dates inclusive:

Finance loan company

Authorized Drivers

(a) The Folicyholder

to Any Named Driver as stated in the Policy:

(c) Any person who is driving on the Policyholder's urger or with their penulasion.

From 0=0 that the person driving is permitted in accordance with the holdering or other laws or regulations to drive the folicy Hehiote or has been su percitied and is not disqualified by order of a Comt of Lew or Syresson of sign enactment or regulation in that behalf from ordering the Motor Westple.

Limitation as to use*

- Use of the motor vehicle is connected to the Policyholder althistness.
- Use for the carriage of possengers (besides commercies like or reward) in connection with the Publicyhother's business
- Use for social, cornectic, and personal purposes 0

The Folloy does not ower:

- Use for commercial fixe or neward, to for racing, page-mailing, reliability trail, or speed testing
- Use while drawing a trailer, except for the towing of a disabled person's mechanically propelled vehicle

Titamissions rendered Mujeresive by Section 2 or the Motor renders Phina-Porty Sists and Communication Ray, (Depose 38/19 and Section 38 or the Proposition, 18/1). (Malleypla), are not to be included under those headings.

EXCESS Windscreen Excess Note Appropriate

Yaungaloesperienced drives assess

An additional excess of \$2,500 (15 be added to any encess imposed ander the PoBoy) whiter the Insure's MownCar is being privan by any driver eged. below 23 years old and /or has been issued a valid driving floanse to drive in Singapore for the relevant class of value for less than one year

Young and/ or theopenenced driver shall mean any person who :

- Is less then 22 years old, end/or
- Hee been leased with a valid driving fiberes to drive in Singlepore for the relevant class of various for less than 1 year

Additional clauses & endorsements to your policy

I/We hereby certify that the policy to which this Certificate relates is leaded in accordance with the provision of the Motor Yahioles (Third Party Risks and Compensation) Act, (Chapter 389) and Part IV of the Road Transport Act, 3997 (Malaysia).

AXA Insurance Pte Ltd



AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower. Singapore 068811 Customer Centre, #81-01

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