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 07/09/2021 09:09 (SGT) Date of Accident 06/09/2021 08:30 (SGT) Exact Location of Accident TPE, Singapore Additional Location Information TPE TOWARDS SLE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJS1887

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LEONG WAI KWAN EDWIN NRIC No. SXXXX688A Email Address MELINA.GOH@GMAIL.COM Mobile Phone No (Phone) +65-91163907 Alternative Phone No +65-96842603

VEHICLE PARTICULARS

Manufacturer Lexus Model Es300h Variant LEXUS ES300H CVT S/R 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 Transmission Auto CC 2494

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number GA420368/1 Cover Note Number 31/12/2020 - 30/12/2021

DRIVER

Name of Driver **GOH I-LING MELINA** NRIC No. SXXXX775A

Date Of Birth 16/12/1974 Occupation Indoor Date Of Driving Pass 15/07/1992 Driving experience 29 YEARS AND 2 MONTHS Gender Female Mobile Number (Phone) +65-96842603 Alt. Phone Number Email Address MELINA.GOH@GMAIL.COM Address 23 SARACA RD Address complement Postcode 807369 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse 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 - Change/cross lane 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? 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? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLIC EREPORT & SKETCH PLAN BY DRIVER ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident SD CARD WITH TRAFFIC POLICE Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SJL4171G Vehicle Manufacturer Vehicle Model Vehicle Variant

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	_
No. Of Passenger (Including Driver)	
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SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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 companies.
- 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 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 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)
 - (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. (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
- 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 Co

ersonnel's Signature

Name:

NRIC/FIN No .:

	6/9/21 55 1987	Vehicle B:	31-4191Cr	TPE 13Km Vehicle C:	
ETCH PLAN		veincle b			
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Remarks: Please fo My workshop:				hop Repor	rting Only
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Remarks: Please fo My workshop: Email address: & myself: Email address: Note: Please take n	note that your insidly check with your granticulars are tr	my efile accident repo surer have 14 days tim our own insurer for n	ort to : neframe for you to nore information.		ge claim under a Company

	Table 100 a
	To Whom It May Concern,
	Accident involving my vehicle no. CTS1982 on G 21 (date) with STC4131G (other vehicle no) along TPE
	Owner of vehicle no. SJS1382 am aware of the accident of my vehicle on Glala (Date) while car was driven by GOM PURIS MEUHA
	Nric No. 57430735 A . I hereby, authorise him / her to make the report.
	Name LEONG WAI KWAN EDWIN Date: 6/9/2021
	Pate: 6/9/202/
т	o fill in if there is a OD claim
18	im aware of the circumstances and agreeable to claim my own insurance for the
	ove accident.
	ove accident.
at —	
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at —	me
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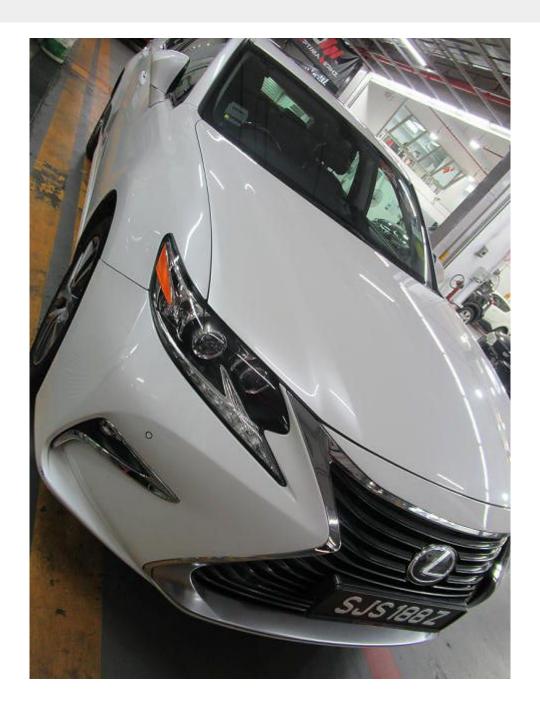


POLICYHOLDER ACKNOWLEDGEMENT FORM

Da	ite: _	06/09/11	To: Owner	of Vehicle Number:	82818BS
TH	e fol leen,	llowing has been advised to you via Zila , Mui Hong, Wei Jie Please ti	a your workshop, ick the applicable	AH LIM MOTOR C box if you had been adv	OMPANY through their st ised on any of the following:
V	丁	You had been advised by the works is a Fourteen (14) days clause when of occurrence.			
()	You had been advised by the works	shop on the liabilit	y and merits of the case	accordingly.
()	However, there will be if fire damage and yo	u claim under you no recovery pro ou are claiming a	r own insurance, any ag spect and NCD will be a	oplicable excess will be waive affected. your NCD will not be affect
()		assigned by AXA c Own Damage Ex our policy has \$0 e	. In return, you will get: xcess <u>or</u> excess and no Loss of U:	135 56 B
()	There will be delay to your vehicle re option except to indent it from overs		unavailability of spare pa	irts locally and there is no oti
()	There will be no cancellation/withdr placed. If you wish to cancel/withd incurred directly &/or indirectly to the	draw the claim, yo	ou shall bear all costs,	order of spare parts have be expenses &/or related charg
()	The estimated waiting time for the arrival time does not include the rep		ive is	. The estimal
()	You will be driving the vehicle out de may not be road worthy.	espite being adviso	ed by the workshop mech	nanic/ personnel that the vehi
()	For vehicles below three (3) years of use only original parts to repair you For vehicles above three (3) years company will be carrying out repair part that needs to be replaced will equipment manufacturer (OEM) par	r vehicle. old and no longe is where any dam Il be replaced us	r under warranty with a aged part that can be re ing any combination (local distributor, your insurar
()	You had been advised by the work workmanship related to the acciden		lve (12) months warran	ty for Own Damage repairs
()	For vehicles that are under warranty with your local distributor on any eff	y with a local distri		
سبك	1	Others Claim Third Page	y-		
Na Na	me (and acknowledged by: and signature of policyholder/ auth zed driver to either the named drivers as p permitted to drive the insured Vehicle.	orized driver* an oer motor insurance	d company stamp (who	ere applicable) nmercial vehicles, permitted driv
Vil	4	Zila Na Mm Motor Co-	me and signatur	e of workshop personr	nel including company star





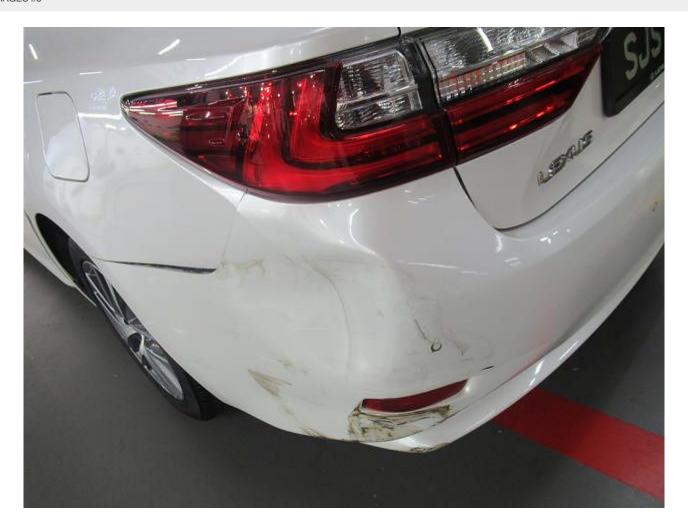






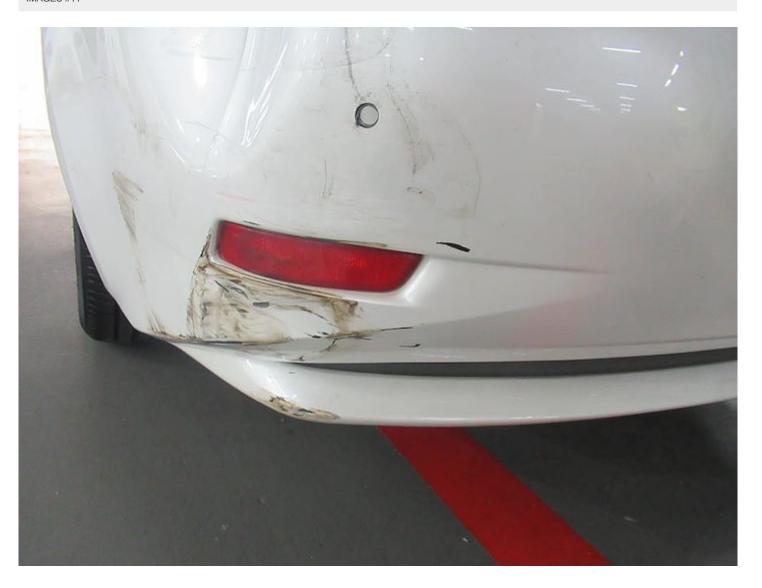


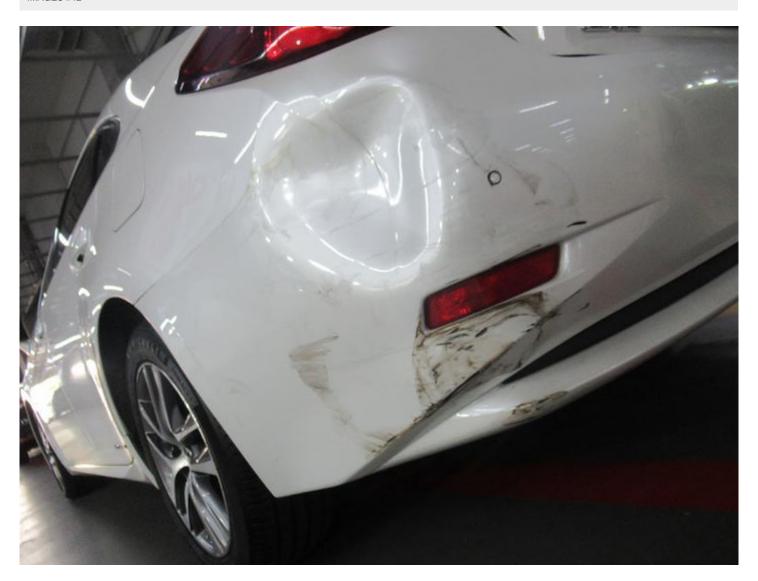




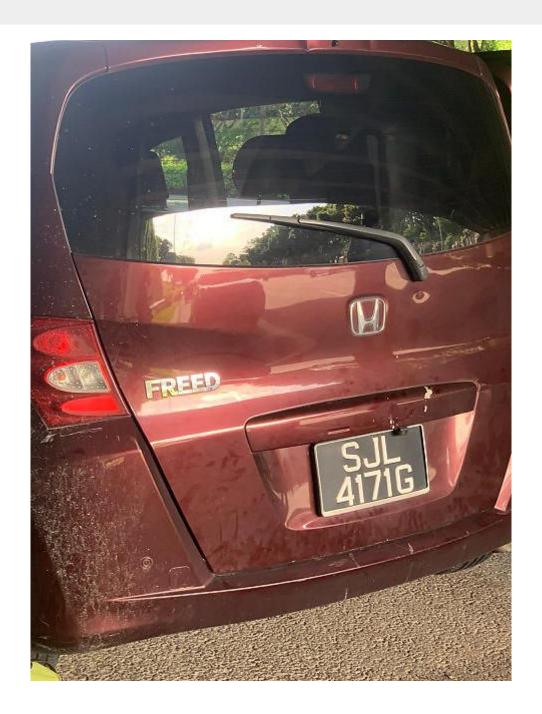


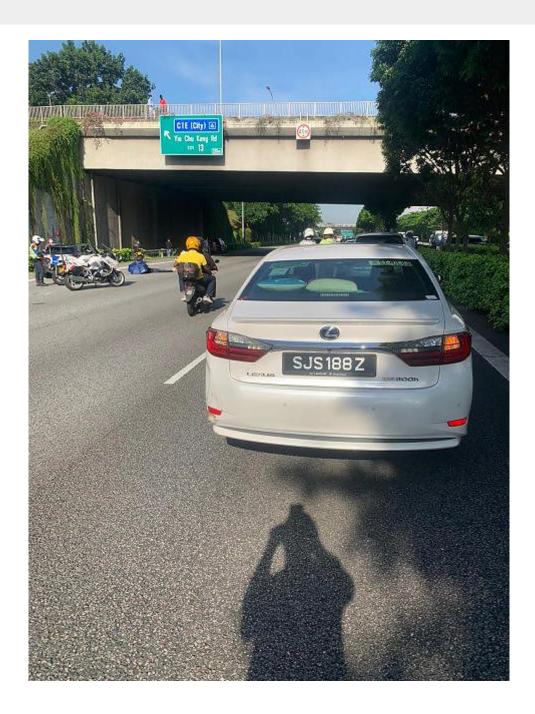




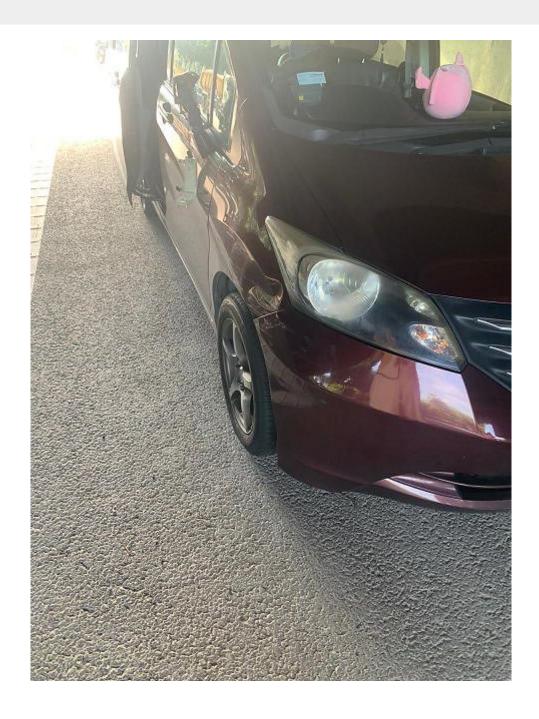




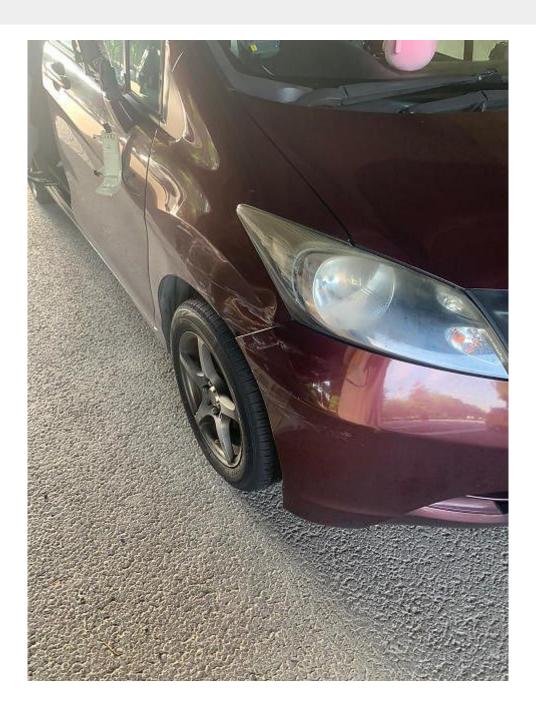


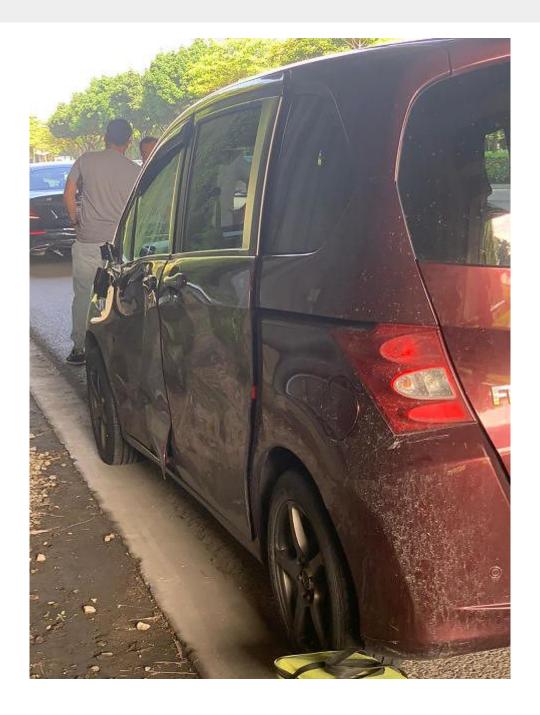


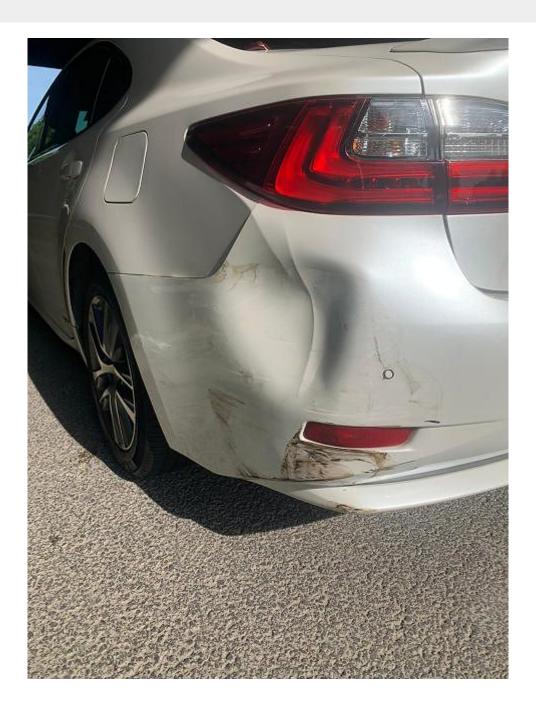
















Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20210906/7009

REPORT OF A TRAFFIC ACCIDENT

06/09/202	e Report N 21 11:00	Made:	Vide Report No.: F/20210906/0076	Station Diary No.:	
Informan	t's Partic	ulars			
	nformant: VG MELIN		Address: 23 SARACA ROAD SINGAPO	DRE 807369	
ID Type / NRIC NO		75A	Contact No.: Home/Office:	Mobile: 96842603	
Nationalit SINGAPO	y: DRE CITIZ	ΈΝ	Email: MELINA.GOH@GMAIL.COM		
Sex: Female	Age: 46	Date of Birth: 16/12/1974	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Administration manager		ager	Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/09/2021 08:30	Type of Location Straight Road
Location: TAMPINES E Weather: Clear	XPRESSWAY	Road Surface:		Road Speed Limit: 80 Km/h
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
One Way			THE RESERVE OF THE PARTY OF THE	The state of the s

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJL4171G	Car	HONDA	FREED	Brown	Seriously Damaged	3
SJS188Z	Car	LEXUS	ES300	White	Slightly Damaged	0



T/20210906/7009

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210906/7009

CONTINUATION OF REPORT

Details of Perso	n Involved	ELAKEN		: History	D HIM	Manager Calestin
Any Pedestrian I	nvolved: No				ras over cov	
No. of Pedestrians Injured: NIL			Use of Ped	destrian	Cross	ing: NA
Driver			が可能なが生活性			
Name	BHAVA MOHAIDEEN MOHAMED MEERAN MUBIN SAHIB			ID No.		S9077498J
Related Vehicle	SJL4171G (Car)			Contact No.		90281737
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date	NIL	0.00	Date		NIL	
No. of Days gran	ted Medical Leave NIL Degree of				NIL	
Driver			- \$20 to 18 to		37	
Name	GOH I-LING MELINA		ID No		S7439775A	
Related Vehicle	SJS188Z (Car)			Conta	ct No.	96842603
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave N	IIL	Degree of		NIL	

Brief Details.

I was travelling on the TPE towards SLE, near the Jalan Kayu Exit,= (13km) when the cars in front of me braked suddenly.

I stepped on my brakes hard and managed to avoid hitting the car in front. Unfortunately, the same could not be said about the car behind me. I was jolted from my seat and heard a loud bang on my rear. I am certain that my car remained in its lane, and I exited the vehicle to inspect the car. Upon inspection, my rear left bumper was damaged. The car who hit me had swerved and ended up at my 10 o'clock position.

My car dashcam SD card has been removed by SSS T100482 Justin.



T/20210906/7009

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20210906/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/09/2021 11:00
Officer In Charge Of Case: TP / TPIB / MUHAMMAD SYARIFUDDIN MUHAMMAD AJMAIN Contact No.: 65476367	Classification Of Case:





AXA Insurance Pte Ltd

22 1800 S80 4888 (Within Singapore) (65) 6880 4888 (International)

(65) 6880 4740

customer.care@axa.com.sg

yww.axa.com.sg

date

26/11/2020

policy number GA420368

Certificate of Insurance

account number 18267

-Motor Vehicles (Third-Party Fichs and Compensations Act. (Chapter 189) - Motor Vehicles (Third-Party Reliciand Compensation) Rules. 1900 - Reput Transport Act. 1997 (Malaysia) - Motor Vehicles (Trust-Party Risks) Rules. 1909 (Malaysia)

Certificate number

Chassis number

Engine number

Policy details

Policyholder name Cover Plan name NCD applicable

Vehicle registration number

LEONG WAI KWAN EDWIN Comprehensive Lexus Prestige Max 50% SJS188Z

from 31/12/2020 to 30/12/2021 (both dates inclusive)

Period of Insurance Finance loan company GA42036S / 1 JTHBW1GG102110348 2AR1396834

Authorized Drivers

(a) The Policyholder

(b) Any Named Driver as stated in the Policy:

ic) 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 lows or regulations to drive the Motor Vehicle or has been so permitted and is not disqualded by order of a Court of Low or by reason of any enactment or regulation in that behalf from driving the Matter Vehicle.

Limitation as to use*

- Use of the motor vehicle is connected to the Policyholder's business
- Use for the comage of passengers (besides commercial hire or reward) in connection with the Policyholder's business
- Use for social, domestic, and personal purposes

The Policy does not cover:

- Use for commercial hire or reward, or for racing, pace-molving, reliability trail, or speed testing
- Use while drawing a trailer, except for the towing of a disabled person's mechanically propelled vehicle

* Emifications removed imperctive by Section 2 of the Motor Methods (Time Party Risks and Contrensistion) fict, substitute 15%) and Section 35 of the Post Transport Act, 1587 (Malaysia), are not to be included under these hasdings.

EXCESS

Windscreen Excess

Not Applicable

Young/Indipended driver Avcess

An additional excess of \$2500 (to be added to any excess imposed under the Policy) whilst the Insured MotorCar is being driven by any driver ages below 23 years old and for has been issued a valid driving license to drive in Singapore for the relevant class of vehicle for less than one year

Young and," or Inexperienced driver shall mean any person who

- Is less than 28 years old, and or
- Has been issued with a valid driving license to drive in Singapore for the relevant class of vehicle for less than 1 year

Additional clauses & endorsements to your policy

I/We haveby 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

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

10/3