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 03/09/2021 10:41 (SGT) Date of Accident 02/09/2021 17:30 (SGT) Exact Location of Accident Suntec City, Singapore Additional Location Information SUNTEC CITY BASEMENT CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI M1522T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YEO MENG KWEE NRIC No. S1759906B Email Address YMK@REDHORNSIGN.COM Mobile Phone No (Phone) +65-96375623 Alternative Phone No +65-96375623

VEHICLE PARTICULARS

Manufacturer

Mercedes Model Glc250 Variant GLC250 AMG LINE 4MATIC COUPE AUTO 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 1991

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number GA471937/1 Cover Note Number 15/04/2021 - 14/04/2022

DRIVER

Name of Driver YEO MENG KWEE NRIC No. S1759906B

Date Of Birth 14/09/1966 Occupation Indoor Date Of Driving Pass 10/11/1986 Driving experience 34 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-96375623 Alt. Phone Number +65-96375623 Email Address YMK@REDHORNSIGN.COM Address 136D CACTUS RD Address complement Postcode 809672 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 Collided into Property 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 PLS REFER TO THE 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 TRYING TO RETRIEVE Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SLU5988P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHIANG FOCK PONG
NRIC No	S7014119A
Contact Number	-

Address	
Address complement	
Postcode	<u>-</u>
Insurance Company Name	
Nature Of Damage	
Details of property damaged in ac	cident
No. Of Passenger (Including Drive	er)

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 Signature

Motor Company

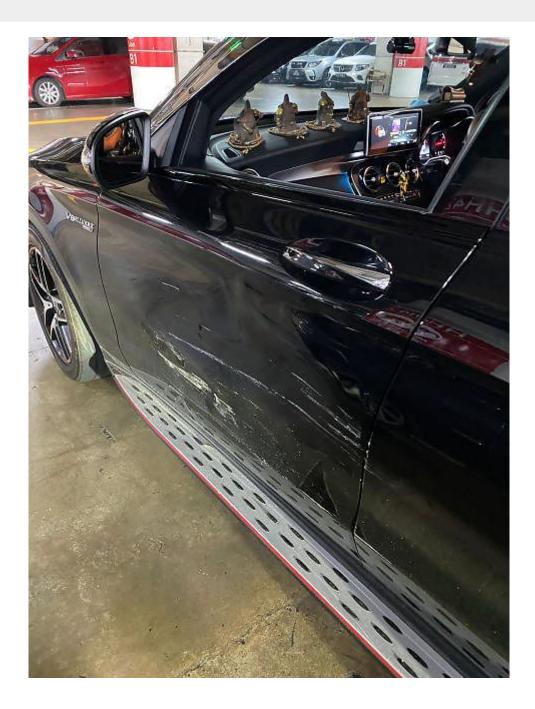
NRIC/FIN No.:

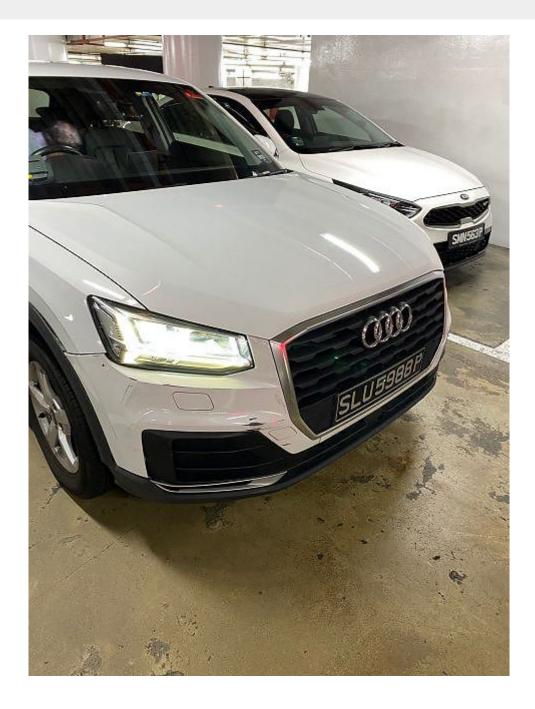
Vehicle A: SLM 157	9-21 Time: /7-30 Locati 227 Vehicle B: SLU 5981	g P Vehicle C:
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CLARATION		
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cyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
& Time:	(If driver is not the policyholder) Date & Time:	Name: /
	Date & Time:	NRIC/FIN No.:

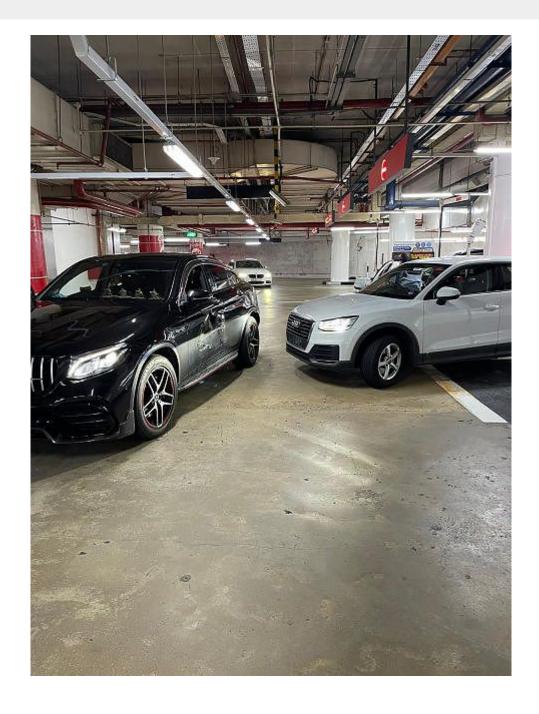


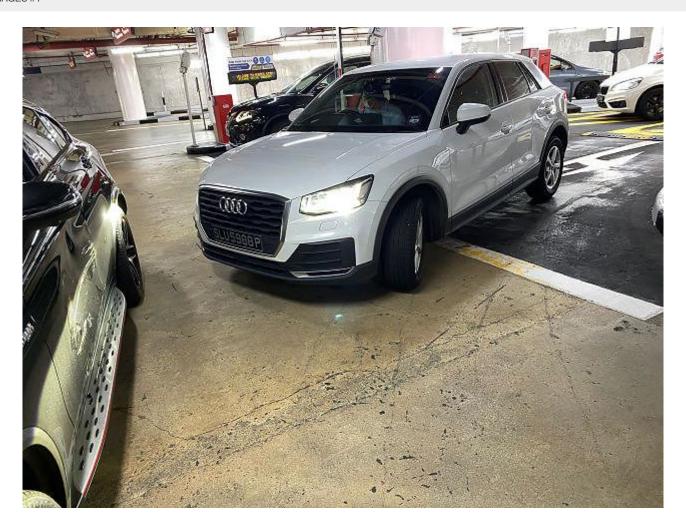
POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: _	3/0/2	To: Owner of	of Vehicle Number:	SLIUISZZI		
The fol Eileen	Joving has been advised to you Zila Wui Hong, Wei Jie Pleas	via your workshop, e tick the applicable b	AH LIM MOTOR C	OMPANY through their staff ised on any of the following:		
	You had been advised by the wo is a Fourteen (14) days clause w of occurrence.					
()	You had been advised by the wo	rkshop on the liability	and merits of the case	accordingly.		
)	However, there will if fire damage and	you claim under your be no recovery pros you are claiming ag	own insurance, any a	oplicable excess will be waived affected.		
()	\$200 as a benefit if	op assigned by AXA. asic Own Damage Ex your policy has \$0 ex top of existing Loss of	In return, you will get: cess <u>or</u> xcess and no Loss of U			
()	There will be delay to your vehic option except to indent it from ov		navailability of spare pa	arts locally and there is no other		
()	There will be no cancellation/witl placed. If you wish to cancel/wi incurred directly &/or indirectly to	thdraw the claim, yo	u shall bear all costs,	order of spare parts have been expenses &/or related charges		
()	The estimated waiting time for the arrival time does not include the	raiting time for the spare parts to arrive is The estimated not include the repair period.				
()	You will be driving the vehicle out may not be road worthy.	t despite being advise	d by the workshop med	hanic/ personnel that the vehicle		
()	For vehicles below three (3) yea use only original parts to repair y For vehicles above three (3) yes company will be carrying out rep part that needs to be replaced equipment manufacturer (OEM)	our vehicle. ars old and no longer pairs where any dama will be replaced usi	under warranty with a aged part that can be re ng any combination	local distributor, your insurance		
()	You had been advised by the v workmanship related to the accid	vorkshop of the Twel	ve (12) months warrar	nty for Own Damage repairs on		
()	For vehicles that are under warra with your local distributor on any	enty with a local distrit	outor, you have been a ty prior to making this (dvised by the workshop to check Dwn Damage claim.		
5	Others Can Turd	Purty @ 0	in norkship.			
9	and scknowledged by: and signature of policyholder/ as		•0 er 20 xxx			
*authori:	zed driver to either the named drivers a permitted to drive the insured Vehicle.	as per motor insurance p	policy or in the case of co			









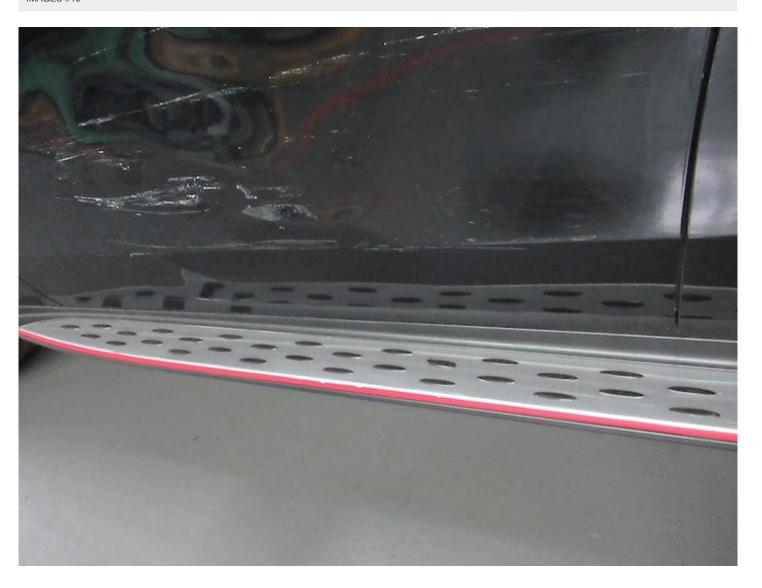




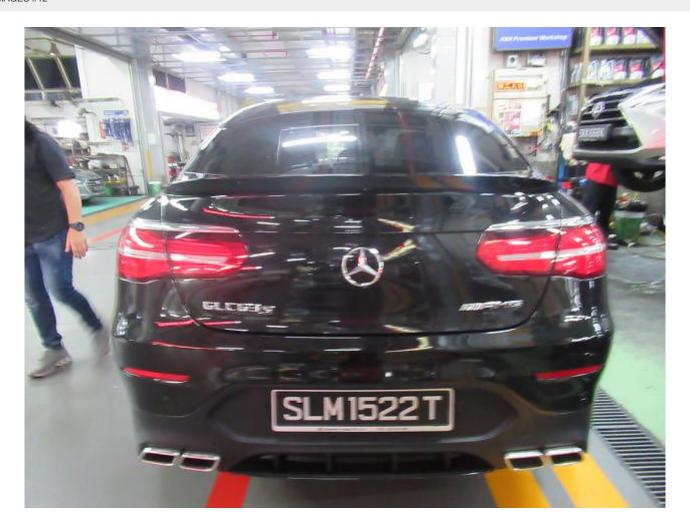




















Certificate number

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

account number 04437

GA471937 / 1

WDC2533462F439846

27492031443237

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 (Mateysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name

Cover Plan name

NCD applicable

Vehicle registration number Period of Insurance

Finance tean company

Flexi 50% SLM1522T

from 15/04/2021 to 14/04/2022 (both dates inclusive) Mil

Persons or classes of persons entitled to drive*

(a) The Policyholder

(b) Any person who is driving on the Policyholder's order or with their permission

YEO MENG KWEE

Comprehensive

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 such similar purposes.

* Limitations 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.

EXCESS

Windscreen Excess

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 hereby 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

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. 189).

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