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 13/10/2021 19:19 (SGT) Date of Accident 13/10/2021 10:30 (SGT) Exact Location of Accident Singapore Additional Location Information PIE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG2533A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LEONG FOOK WENG NRIC No. S1802815H Email Address a6679b@gmail.com Mobile Phone No (Phone) +65-96628157 Alternative Phone No +65-96628157

VEHICLE PARTICULARS

Manufacturer Honda Model Civic Variant 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 1597

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number GA554318/1 Cover Note Number

DRIVER

Name of Driver LEONG MUN YONG, JANN NRIC No. S9834111J

Date Of Birth 12/10/1998 Occupation Indoor Date Of Driving Pass 18/12/2018 Driving experience 2 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-96628157 Alt. Phone Number Email Address a6679b@gmail.com Address BLK 535 ANG MO KIO AVE 5 Address complement #10-4070 Postcode 560535 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Child 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 Chain Collision 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 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 PASSENGER 1 Name LAU BING RONG Gender Male PASSENGER 2 Name LIM XIN HAN Gender Male PASSENGER 3 Name TAN SIA HUA Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name 10 UBI AVENUE 3 SINGAPORE 408865 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO ATTACHED POLICE REPORT T/20211013/7027. ATTACHMENT(S) Are accident photos available for attachment? No Was there any video captured by Car Camera? No

No

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR152G
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XE4513A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial 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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLJ6706M
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEONG MUN YONG
Gender	Male
Phone No	-
Address	-
Address Complement	-

Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- - - SMG2533A No No
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	LAU BING RONG Male SMG2533A No
INJURED 3	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	LIM XIN HAN Male SMG2533A No
INJURED 4	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	TAN SIA HUA Male SMG2533A No

		·			
- K	eler to	Police	Report	No. 7/	20211013/7027
		-			

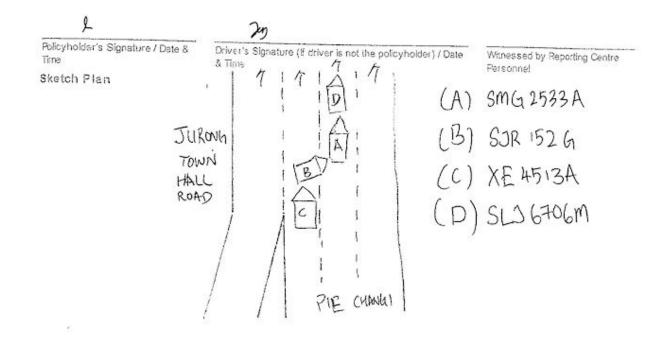
laration					
declare the foregoing particula	ars are true in every	respect.			
L					
Y_	20				

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must 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
 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.
- S. 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 Associal 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.
- Consent under the Personal Data Protection Act (PDPA)

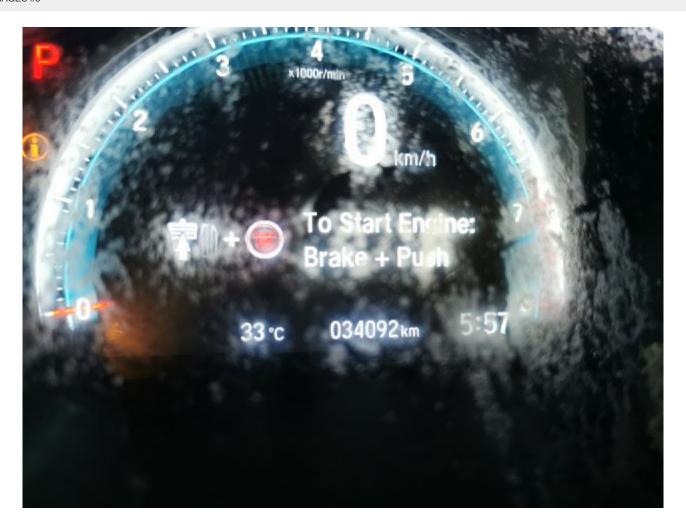
lunderstand, acknowledge, agree and consent that :

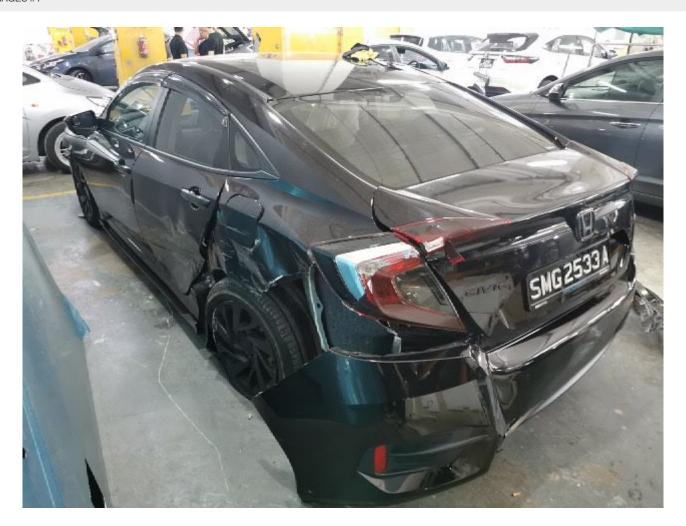
- (a) My insurer, my workshop and the General haurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer 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 hourers 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;
- (ii) 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 Airposes; 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.

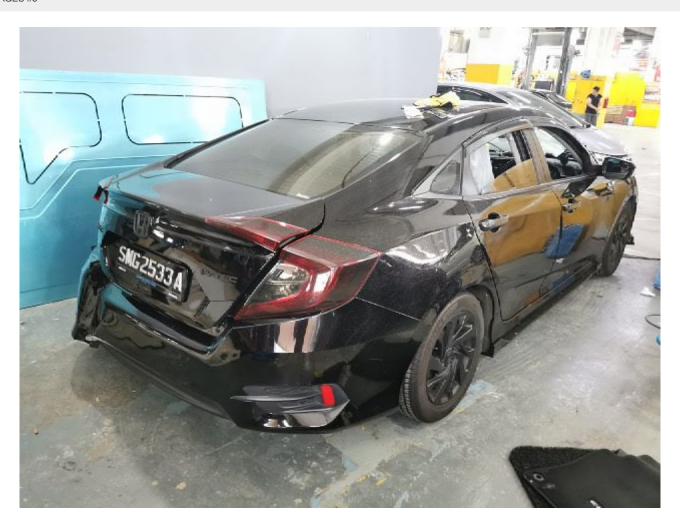




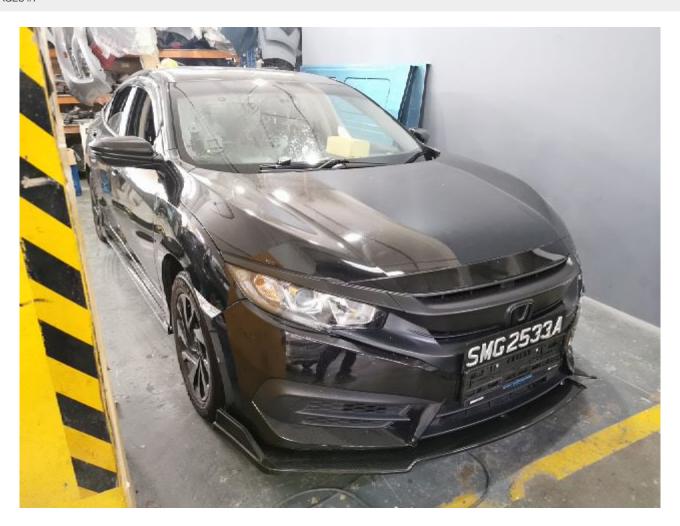


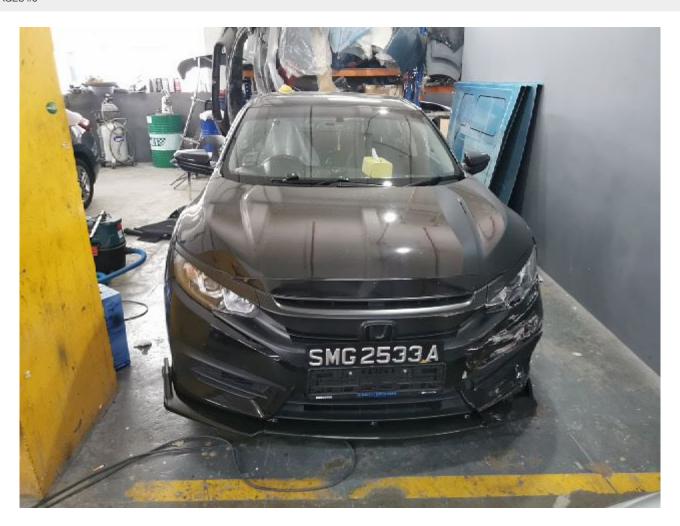


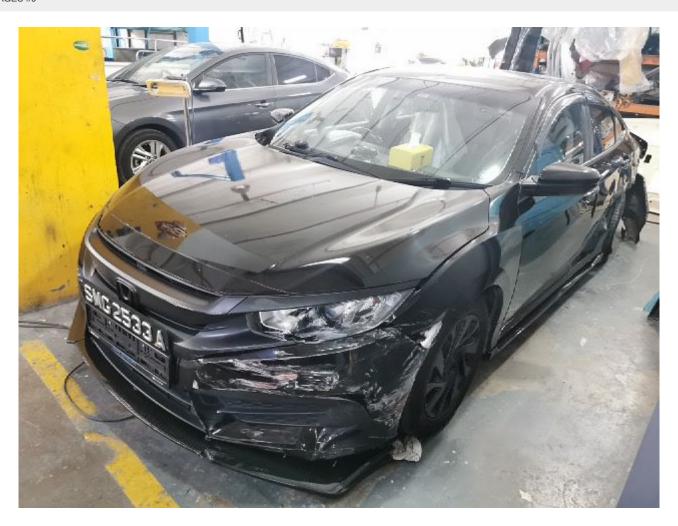














Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



4 of 4

Report No. T/20211013/7027

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: 13/10/2021 15:42
Officer In Charge Of Case: TP / TPHQ / KAMALIAH BINTE KAMIS Contact No.: 65476435	Classification Of Case:

NP168



T/20211013/7027

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20211013/7027

CONTINUATION OF REPORT

Passenger					
Name	TAN SIA HUA			ID No.	S9590882I
Related Vehicle	SMG2533A (Car)			Contact No.	85886328
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		NL.	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/10/2021		Date	13/1	0/2021
No. of Days gran	ted Medical Leave	03	Degree of	Sligh	nt

Brief Details.

On the above mentioned date and time, I was travelling along PIE towards Changi on lane 2 of 3 lanes somewhere around Jurong Town Hall Entrance. I was driving straight on lane 2 when out of a sudden, I felt a huge impact from the rear left. The impact was so huge that it sent me forward to the left and collided onto the vehicle(SLJ6706M). I then alighted and realised I was involving in a chain collision of 4 vehicles. I was the second vehicle.

1st Vehicle - SLJ6706M 2nd Vehicle - SMG2533A 3rd Vehicle - SJR152G 4th Vehicle - XE4513A



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



2 of 4 Report No. T/20211013/7027

CONTINUATION OF REPORT

Details of Perso						
Any Pedestrian Ir		W		1001111111	11199	
No. of Pedestrian	s Injured: NIL		Use of P	edestria	n Cross	sing: NA
Driver						
Name	LEONG MUN YONG	3, JANN		ID No	о.	S9834111J
Related Vehicle	SMG2533A (Car)			Cont	act No.	96628157
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licer Expir	ng nce &	Class: NIL Date of Expiry: NIL
Date	13/10/2021		Date)/2021
	ted Medical Leave	03	Degree	of	Slight	ATMATICAL TO SELECTION OF THE SELECTION
Passenger						
Name	LAU BING RONG			ID No	D.	S9147679G
Related Vehicle	SMG2533A (Car)			Cont	act No.	91379394
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class Drivin Licer Expir	ng nce &	Class: NIL Date of Expiry: NIL	
Date	13/10/2021		Date			0/2021
	ted Medical Leave	105	Degree	of	Sligh	
Passenger	iou inoulour Eduro		Dogico		ong.	
Name	LIM XIN HAN		ID N	0.	S9538601F	
Related Vehicle	SMG2533A (Car)			Cont	act No.	87522377
Hospital/Clinic	MOUNT ALVERNIA	MOUNT ALVERNIA HOSPITAL		Class Drivin Licer Expir	ng nce &	Class: NIL Date of Expiry: NIL
Date	13/10/2021		Date		-	0/2021
B- 0-14	ted Medical Leave	05	Degree	of	Sligh	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 4 Report No. T/20211013/7027

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 021 15:42	Made:	Vide Report No.:	Station Diary No.:
Informa	nt/s/Partic	dars :	SHADO CHE ON DO	
	Informant: MUN YON		Address: 535 ANG MO KIO AVENUE 5	#10-4070 SINGAPORE 560535
	/ ID No.: O / S98341	11J	Contact No.: Home/Office:	Mobile: 96628157
National SINGAP	ity: ORE CITIZ	EN	Email: LEONGJANN@LIVE.COM	
Sex: Male	Age: 23	Date of Birth: 12/10/1998	Type of Informant: Driver	
Race: Chinese			Language: Institution / School Name: English	
Occupation: National Service Full Time		II Time	Driving Licence Information: Class:	Date of Expiry:
000	3,000,000,000,000,000			

General Infor	mation of the Accid	dent	de Langa de Cara	- Contract of That We've
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/10/2021 10:30	Type of Location: Straight Road
Location:				
	EXPRESSWAY	Davi Curtuu		David County Lines.
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis chain collision				Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJR152G	Car					0
SLJ6706M	Car					0
SMG2533A	Car					3
XE4513A	Lorry					0





AXA Insurance Pte Ltd 22 1800 890 4888 (Within Singapore) (65) 6880 4888 (International) (65) 6880 4740 ⊠ customer.care@axa.com.sg yww.axa.com.sg

Certificate of Insurance

account number 05579

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)

Policy details

Palicyhalder name Cover Plan name

LEONG FOOK WENG Comprehensive Essential 0%

Certificate number Chassis number Engine number

GA554318/1 MRHFC5650JT002054 R16825502379

NCD applicable Vehicle registration number SMG2533A

Period of Insurance

from 08/10/2020 to 07/10/2021 (both dates inclusive) Finance lean company STANDARD CHARTERED BANK (SINGAPORE) LIMITED

Persons or classes of persons entitled to drive*

(a) The Policyholder

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

1. LEONG MUN YONG, JANN

(c) 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 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.

 Umgations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Read Transport Act, 1997 (Malaysia), are not to be included under these headings.

EXCESS

Basic Own Damage Excess Windscreen Excess

SGD 500.00 SGD:100.00

An Additional Excess is applicable as follows:

- 1, S\$500 for unnamed Authorised Driver
- 2, S\$500 for declared Young and Inexperienced Driver
- 3. SS5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to SS2,500 if You have chosen AXA Premium

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

Important note

Policyholders are wanted 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. Pallure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Contpensation Act (Cap. 189).

The Prentium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no fiability under the policy, renewal certificate, endorsement etc.

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

1 of 3