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 18/10/2021 18:17 (SGT) Date of Accident 17/10/2021 09:45 (SGT) Exact Location of Accident 258 Bangkit Rd, Singapore Additional Location Information **BUKIT PANJANG RING ROAD** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN4661M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHEONG SIEW MENG NRIC No. S1649156Z

Email Address kelvincheong@triangleauto.com.sg

Mobile Phone No (Phone) +65-92393031

Alternative Phone No +65-92393031

VEHICLE PARTICULARS

Manufacturer **BMW** Model 523i 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 - Reporting only Vehicle Category Private car Transmission Auto

CC 2500

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy

Policy Number GA558679/1 Cover Note Number

DRIVER

Name of Driver CHEONG SIEW MENG NRIC No. S1649156Z

Date Of Birth 08/08/1964 Occupation Outdoor Date Of Driving Pass 17/09/1984 Driving experience 37 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-92393031 Alt. Phone Number +65-92393031 Email Address kelvincheong@triangleauto.com.sg Address BLK 450 BUKIT PANAJNAG RING ROAD #06-591 Address complement Postcode S(670450) 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 Parked Vehicle 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 Bukit Panjang Neighbourhood Police Centre Police Station Address No.1 Segar Road #01-05 Singapore 677738 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT KINDLY REFER TO ATTACH POLICE REPORT & SKETCH PLAN. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **UNKNOWN** Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Motorcycle

Vehicle Category

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)		_

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 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.
- 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: 18 101

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN	20 mar	
	BUC 257	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
1-	> COIR POIL ENTRONE	7 125
		THE TU CAIR
T		Smn 4661 N
	170s	1/0/
	1705	17 3 5
		0 1)
		MOOR CHART BOWD
		20°
		T
		£ 1
ESCRIBE CIRCUMSTANCES O	F THE ACCIDENT	B
REPURT WITH BT	TOCH POLICE REPORT	
	Tariff Halvan	
		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		W
	* P.	_
		4. 4.
	100000	
u had been advised by works	shop that in the event that you wish to claim	Reporting Only
ainst your own policy (OD	claim), there is a Fourteen (14) days clause	
	made within the stipulated timeframe from	Claim TP
the	day of occurance.	Claim OD / TP at other workshop
CLARATION		
e declare the foregoing particula	rs are true in every respect.	
de la		\mathcal{O}
Mond		G/
lcyholder's Signature e & Time: \Q\1 \\1	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature
10/10/21	Date & Time:	Name: NRIC/FIN No.:



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date:	18/10/2021	To: Owner	of Vehicle Number: SMN46611	M
The f	following has been advise KSON TEO	ed to you via your workshop.	ETHOZ PROTECT PTE LTD box if you had been advised on a	through their staff,
5	You had been advised	by the workshop that in the ca	ase that you wish to claim against ist be made within the stipulated ti	your own policy, there
5	You had been advised	by the workshop on the liabilit	y and merits of the case according	gly.
(/)	due to this accident. if fire dan	nage and you claim under you	s procedure for the type of claim t ir own insurance, any applicable	
	However,	there will be no recovery pro	ospect and NCD will be affected. gainst the Third Party, your NCI eed, and AXA will not be held res) will not be affected.
()	be towed out to anoth \$ \$200 off \$ \$200 as: Additions	er workshop assigned by AXA on your Basic Own Damage E a benefit if your policy has \$0.0		t or
()	There will be delay to option except to indent		unavailability of spare parts locall	y and there is no other
()	placed. If you wish to	ellation/withdrawal of the Own cancel/withdraw the claim, y ndirectly to the procurement of	Damage claim once the order of ou shall bear all costs, expenses the spare parts.	spare parts have been s &/or related charges
()	The estimated waiting arrival time does not in	time for the spare parts to arr solude the repair period.	five is	The estimated
()	You will be driving the may not be road worth		ed by the workshop mechanic/ pe	rsonnel that the vehicle
()	use only original parts For vehicles above the company will be carry part that needs to be	to repair your vehicle. ree (3) years old and no longe ing out repairs where any dam	anty with a local distributor, your is or under warranty with a local dist naged part that can be repaired we sing any combination of original thand parts.	ributor, your insurance
()			elve (12) months warranty for On	wn Damage repairs or
()	workmanship related t For vehicles that are u with your local distribu	inder warranty with a local distr	ributor, you have been advised by inty prior to making this Own Dam	the workshop to check age claim.
()	Others			
	ed and atknowledged by:			
*auth	e and signature of policy orized driver to either the name are permitted to drive the insur-	ned drivers as per motor insurance	nd company stamp (where appl a policy or in the case of commercial v	icable) rehicles, permitted drivers
	ØŁ.		re of workshop personnel inclu	ding company stamp





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

www.axa.com.sg

account number Certificate of Insurance 04437

Motor Vehicles (Third-Party Risks and Compensation) Act, (Choiser 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960-Road Transport Act, 1987 (Malnysia) Motor Vehicles (Third-Party Risks) Rivies, 1959 (Malaysin)

Policy details

Policyholder name Cover Plan name NCD applicable

Flexi 50% SMN4661M Vehicle registration number

Period of Insurance

Finance loan company

from 15/12/2020 to 14/12/2021 (both dates inclusive)

Certificate number Engine number

GA558679 / 1 WBAFP32060C866625 08297778N52B25AF

Persons or classes of persons entitled to drive*

CHEONG SIEW MENG

Comprehensive

(b) Any person who is driving on the Policyhokler'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 line or roward, 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, page-making or

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 (Mataysia), are not to be included under these headings.

EXCESS

Basic Own Damage Excess Windscreen Excess

900 400,00 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, S\$5,000 for undeclared Young and Inexperienced Orivers. This additional excess is reduced to S\$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

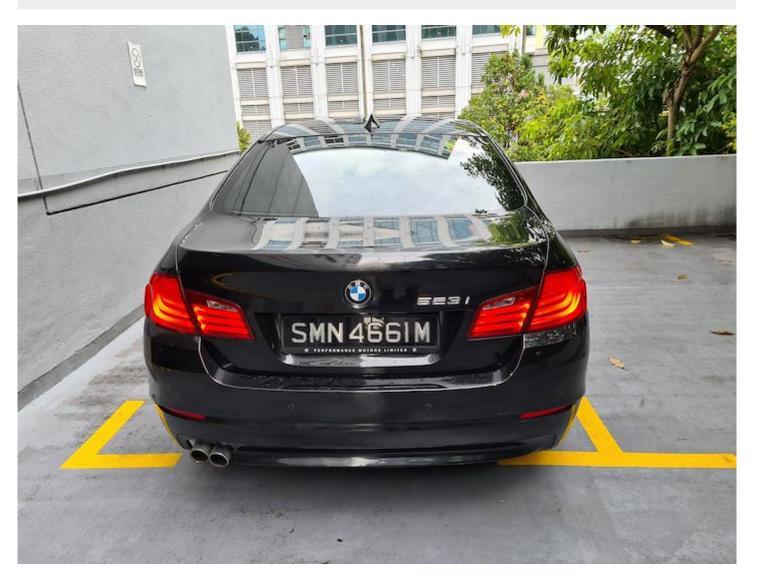
Important note

Policyholders are wanted that on the sale of a more vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Cortificate of Insurance last or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this utilization is an offence under the Motor Vehicle Chinal Party Risks and Compensation Act (Cap. 189).

The Premium Wermitty Clause response the premium to be paid in full within a specific period fating which there would be no locality under the policy, reviewed curtificate,

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

10/2



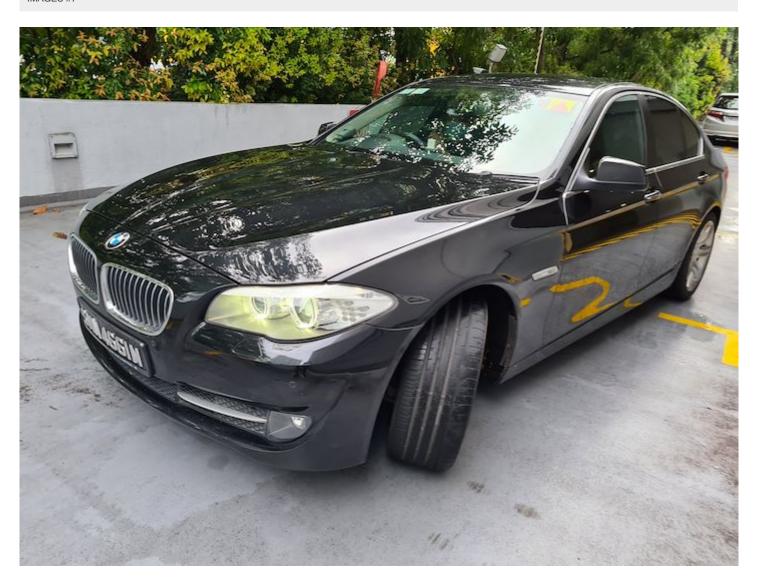


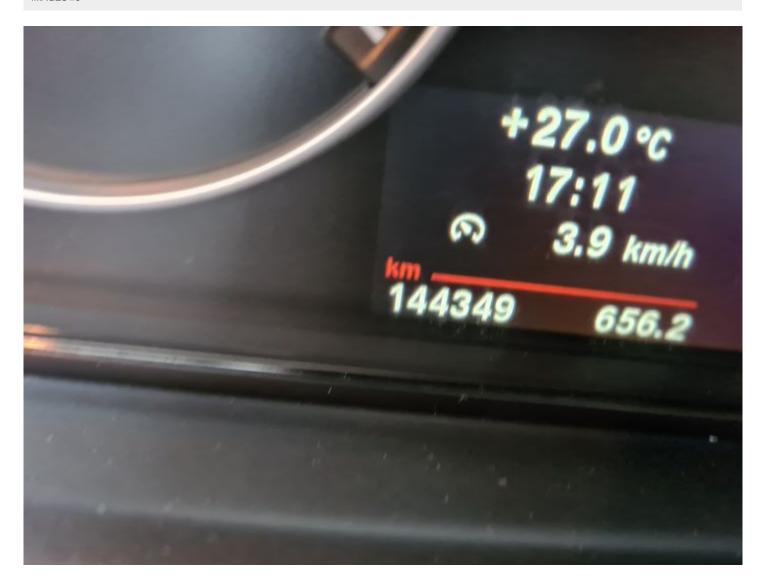
















Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

Lof3 Report No. T/20211017/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/10/2021 18:40		Made:	Vide Report No.:	Station Diary No.: 147	
Informa	nt's Partic	ulars		THE REPORT OF THE PARTY OF THE	
Name of Informant: CHEONG SIEW MENG			Address: APT BLK 450 BUKIT PANJANG RING ROAD #06-591 SINGAPORE 670450		
ID Type / ID No.: NRIC NO / S1649156Z			Contact No.: Home/Office: Mobile: 92393031		
Nationality: SINGAPORE CITIZEN		ΈN	Email:		
Sex: Age: Date of Birth: Male 57 08/08/1964			Type of Informant: Driver		
Race: Chinese		***************************************	Language:	Institution / School Name:	
Occupation: SALES CONSULTANT		ANT	Driving Licence Information: Class: 3	Date of Expiry:	

General Infor	mation of the Accider	nt		
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 17/10/2021 09:45	Type of Location: Car Park
BUKIT PANJ Weather: Clear	ANG RING ROAD	Road Surface:	F	Road Speed Limit:
Traffic Flow: Two Way				raffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle			а	Anyone conveyed by ambulance:

Details of Ve	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMN4661M	Car	BMW	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV	Black		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN4661M	AXA INSURANCE SINGAPORE PTE LTD	GA558679	15/12/2020	14/12/2021





T/20211017/2065

Police Station Of Origin: Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

Report No. T/20211017/2065

2 of 3

Any Pedestrian I	nvolved: No			
No. of Pedestriar	ns Injured: NIL	Use of Ped	destrian Cross	sing: NA
Driver				
Name	CHEONG SIEW MENG		ID No.	S1649156Z
Related Vehicle	SMN4661M (Car)		Contact No.	92393031
Hospital/Clinic	nic NIL		Class of Driving Licence &	Class: 3 Date of Expiry: NIL

CONTINUATION OF REPORT

Expiry Date

NIL

Date Discharge

Degree of Injury NIL

Brief Details.

Date Treatment | NIL

No. of Days granted Medical Leave

On 17th October 2021 at 0945hrs, I parked my vehicle (SMN4661M), head-in at the open space carpark between Bukit Panjang Hawker Centre and Blk 258 Bangkit Road. Later, I returned back and retrieved my vehicle, I reversed my vehicle out from the parking lot and was about to move off. Just then, there was another car coming into the carpark and honk at me, the driver was indicating to me that I had knocked into something. I immediately parked my vehicle back into the parking lot before alighting to make a check.

NIL

I alighted and saw one red/black motorcycle to be on the floor which I think I had knocked into it while reversing earlier. I carried the motorcycle back up and checked. There was no damage from what I saw, thus I left the area and I did not see any owner of the motorcycle at the area.

On 17th October 2021 at 1400hrs, I was contacted by one officer informing me that one police report was lodged for this incident and I was advised to proceed to Traffic Police HQ to lodge one report with them. When I was there, I was referred to lodge the report at any police stations.

I wish to state that Traffic Police had viewed my dashcam footage but it has been overwritten. I wish to state that the said motorcycle was parked behind my vehicle (not in any motorcycle lot) and so I collided into it as I was reversing.





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

3 of 3 Report No. T/20211017/2065

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 J / Sgt 3 LUCAS KOH PEI SONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/10/2021 18:40
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG SAPORE Contact No.: 1514 7615 Ice FORCE	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	