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 05/03/2022 12:06 (SGT) Date of Accident 03/03/2022 18:30 (SGT) Exact Location of Accident King Albert Park, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

2500

Vehicle Registration Number SJY6295B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner POTOCKI DE MONTALK LUCIA SILVIA NRIC No S7765611A Email Address LUCIAPOTOCKA@GMAIL.COM Mobile Phone No (Phone) +65-97864597 Alternative Phone No +65-97864597

VEHICLE PARTICULARS

Manufacturer Subaru Model Forester Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Nο Policy Number GA469419/1 Cover Note Number

DRIVER

CC

Name of Driver POTOCKI DE MONTALK LUCIA SILVIA NRIC No S7765611A

Date Of Birth 30/07/1977 Occupation Indoor Date Of Driving Pass 25/01/2005 Driving experience 17 YEARS AND 2 MONTHS Gender Female Mobile Number (Phone) +65-97864597 Alt. Phone Number +65-97864597 Email Address LUCIAPOTOCKA@GMAIL.COM Address 60 FERNHILL ROAD #03-04 Address complement Postcode 259117 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 Collision - Change/cross lane Weather Conditions Raining Road Surface Wet 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? Yes 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 POLICE REPORT NO.T/20220304/7003. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **JNY664** Vehicle Manufacturer Vehicle Model Vehicle Variant

Motorcycle

Vehicle Colour
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)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RIDER
Gender	_
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	JNY664
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	_

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- 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 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)

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' 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 packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

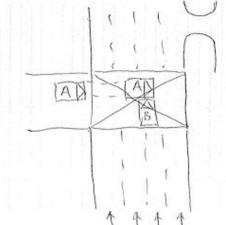
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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



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REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/03/2022 05:57			Vide Report No.: Station Diary D/20220303/0088			
Informan	t's Partice	ulars				
Name of Informant: CONSTANTINESCU POTOCKI DE MONTALK LUCIA SILVIA			Address: 60 FERNHILL ROAD #03-04 SINGAPORE 259117			
ID Type / NRIC NO	ID No.: / S77656	11A	Contact No.: Home/Office:	Mobile: 97864597		
Nationality FRENCH		***************************************	Email: LUCIAPOTOCKA@GMAIL.COM			
Sex: Female	Age: 44	Date of Birth: 30/07/1977	Type of Informant: Driver			
Race: Caucasian			Language: English	Institution / School Name:		
Occupation: TEACHER			Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/03/2022 18:30	Type of Location yellow box area
Location: KING ALBER	T PARK	The state of the s		
Weather:		Road Surface:		Road Speed Limit:
		Wet		Toda opoda animi
Raining Traffic Flow: One Way		Wet Traffic Control: Not Controlled		Fraffic Volume:

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
JNY664	Motorcycle					1
SJY6295B	Car	SUBARU	FORESTER +2.5XT+AW D+4AT+ABS	100000000000000000000000000000000000000		0



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 T/20220304/7003

2 of 4 Report No. T/20220304/7003

CONTINUATION OF REPORT



Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

172022030477003

2 of 4

Report No. T/20220304/7003

CONTINUATION OF REPORT

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SJY6295B	AXA INSURANCE SINGAPORE PTE LTD	GA469419	15/07/2021	14/07/2022		

Details of Perso	n Involved	11-27-07-2			2738	
Any Pedestrian I	nvolved: No					
No. of Pedestrian	Use of Pedestrian Crossing: NA					
Driver						
Name	CONSTANTINESCU POTOCKI DE MONTALK LUCIA SILVIA).	S7765611A
Related Vehicle	SJY6295B (Car)			Conta	ct No.	97864597
Hospital/Clinic	NIL			Class Drivin Licen Expin	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL Date				NIL	
No. of Days gran	ted Medical Leave	Degree o	of	NIL		
Driver			ange of a gard		No.	
Name	MUREAS MUNIANDY			ID No		NIL
Related Vehicle	NIL			Conta	ict No.	NIL
Hospital/Clinic	NIL			Class Drivin Licen Expir	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	No. of Days granted Medical Leave NIL			of	Slight	

Brief Details.

I was coming down on King Albert Park heading to Bukit Timah Road. My plan was to do a u-turn at the Bukit Timah Road and Clementi Road junction. The traffic on Bukit Timah was rather heavy but at a stop when I was approaching Bukit Timah Road. The yellow box area at the level of King Albert Park was clear of cars: the traffic light at Bukit Timah junction with Clementi Road was read and the area between the junction and the yellow box area was full of cars. On the right side of the yellow box area all the cars coming from Sixth Avenue were at a stop before the yellow box. I slowly enter the yellow box area planning to go on the fourth lane, then continue straight to the junction and do a u-turn on Dunearn Rd towards the city. While I was turning to the left and my car was perpendicular to the traffic direction, a motorcycle came from my right and collided with my car, damaging the right side of my vehicle - pictures attached. I immediately stopped the car and alighted in order to check on the motorcycle driver. He complained of pain in both his legs but more acute in his left one. As the traffic light at the Bukit Timah Road and Clementi Road junction turned green, a driver of one of the cars waiting in the traffic before the yellow box area came to see the





T/20220304/7003

Tel No: 65470000

CONTINUATION OF REPORT

motorcycle driver and myself and called the police at about 6.35 pm. I then returned to move my car to a straight position on the 4th lane of Bukit Timah Road, in front of King Albert Park. The ambulance arrived shortly after and took the motorcycle driver away while I stayed to wait for the police to come. After I was cleared by the police officer and given a case card, I left the accident area.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865



4 of 4 Report No. T/20220304/7003



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



4 of 4 Report No. T/20220304/7003

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: 04/03/2022 05:57
045	Classification Of Const

LETTER OF UNDERTAKING

.I/We, Potock, de montalk lució	, the owner of vehic	cle no. <u>SJY 62958</u>						
My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.								
My/Our Third Party claim is handle by r	my/our preferred worksho	op,						
Signed and Acknowledge by:								
Flow	4							
Nric no. & signature of policyholder	Company stamp	Date						





AXA Insurance Pte Ltd 1800 830 4888 (Within Singapore) (65) 6880 4888 (International)

(65) 6880 4740

⊠ customer,care@axa.com.sg

www.aora.com.sg

account number 04123

Abster Vehicles (Third-Party Risks and Compression) Act. (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960-Road Transport Act, 1927 (Malaysia) - Motor Vehicles (Third-Party Risks 1 Rules, 1960-Road Transport Act, 1927 (Malaysia)

Policy details

Policyholder name Cover

POTOCKI DE MONTALK LUCIA SILVIA

Comprehensive

Certificate number

GA469419 / 1 JF1SH9KT59G018638

Plan name NCD applicable Vehicle registration number

SJY6295B

from 15/07/2021 to 14/07/2022 (both dates inclusive)

Persons or classes of persons entitled to drive*

Period of Insurance

Finance loan company

(b) 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, rehability third, 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 Vettibles (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,

Basic Own Damage Excess

SGD 1,600.00

Windscreen Excess

An Additional Excess is applicable as follows:

- 1. S\$500 for unnamed Authorised Driver
- 2. \$\$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.

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

Policylighters are warned that on the sale of a motor vehicle they must surrender the Cortificate of Insurance and the Policy to the insurance company. If the Cortificate 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 (Tried-

Party Prisis 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, remixed continues.

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

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