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 04/05/2022 15:02 (SGT) Date of Accident 30/04/2022 12:50 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number SNB1189G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TEO ZHI QING BENJAMIN NRIC No S8243185C Email Address jenniferx4325@gmail.com Mobile Phone No (Phone) +65-87424886 Alternative Phone No +65-87424886

VEHICLE PARTICULARS

Manufacturer

Model Gla180 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 CC 1600

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Nο Policy Number GA610766 Cover Note Number

DRIVER

Name of Driver TEO ZHI QING BENJAMIN NRIC No S8243185C

Date Of Birth 26/12/1982 Occupation Indoor Date Of Driving Pass 15/08/2011 Driving experience 10 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-87424886 Alt. Phone Number +65-87424886 Email Address jenniferx4325@gmail.com Address BLK 116A JALAN TENTERAM #22-527 Address complement Postcode 321116 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 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? Nο PASSENGER 1 Name POH YUN XUAN Gender Female PASSENGER 2 Name EASON TEO SHENG ZHE Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Kampong Java Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002959999 Alt. Police Station Phone No (Fax) +65-63913442 Police Station Address 21 Kampong Java Road Singapore 228892 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT: T/20220430/2088. 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 | SKM8365J |
|---|------------------------|
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | KHENG KIM HENG BERNARD |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | VEHICLE B |
| No. Of Passenger (Including Driver) | - |
| | |

DETAILS OF OTHER VEHICLE PROPERTY 2

| venicle Registration Number | SME44101 |
|---|-------------|
| 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 | VEHICLE C |
| No. Of Passenger (Including Driver) | _ |
| | |

INJURED PERSONS DETAILS

INJURED 1

| Name of injured person Gender | POH YUN XUAN Female |
|---|------------------------|
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | |
| Approximate Age Years Old | |
| Injuries Sustained | - |
| Injured person in which vehicle? | SNB1189G |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |
| INJURED 2 | |
| HOOKED E | |
| Name of injured person | EASON TEO SHENG ZHE |
| | |
| Name of injured person | Male |
| Name of injured person Gender | Male - |
| Name of injured person Gender Phone No | Male - |
| Name of injured person Gender Phone No Address Address Complement Post Code | Male |
| Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old | Male |
| Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained | Male |
| Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? | Male |
| Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained | Male |

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 w ilful misrepresentation or w ithholding 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.
- 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.
- 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 w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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.

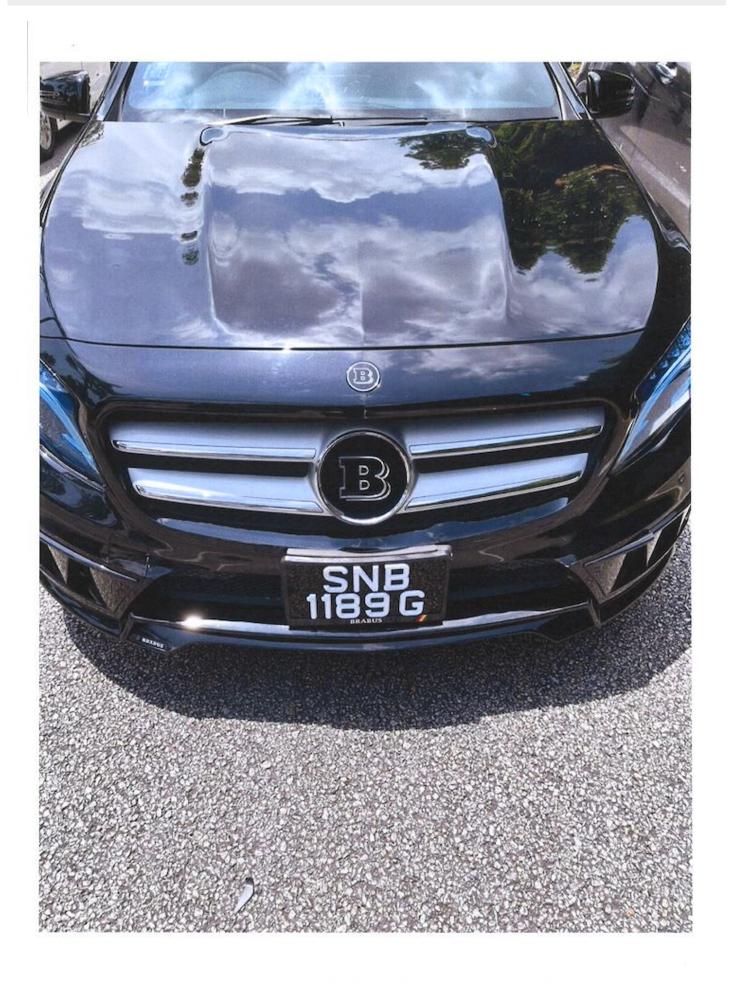
| Policyho Time O' | Ider's Signature / Date & YO 422 (21) (21) (40 hr.) Plan | Driver's Signature (If driver is & Time OY OS 22 | not the policyholder) / Date | Witnessed by Reporting Personnel | Centre |
|---------------------|--|--|------------------------------|----------------------------------|-----------------------|
| | CS | JOSESPAKE JERRICA | ĽAL | | |
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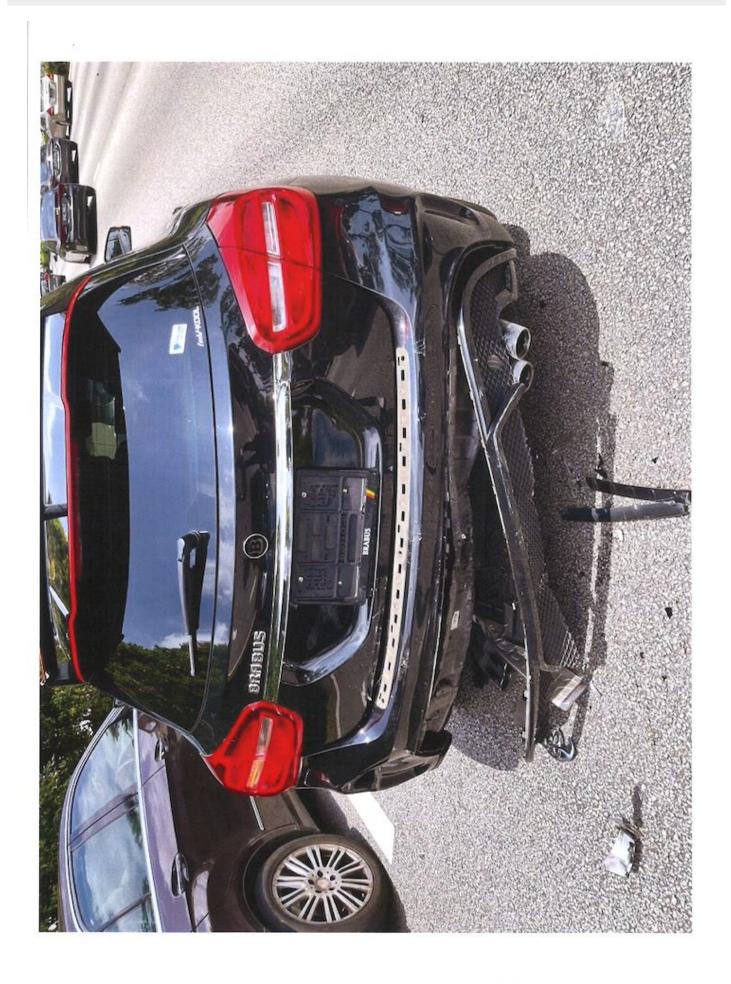
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| se note that your insurer may have 14 days' time frame for you to sub own policy, please check your policy for more information. | omit an own damage claim und |
| aration | |
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| leclare the foregoing particulars are true in every respect. | |
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| a Jan Daylow | |
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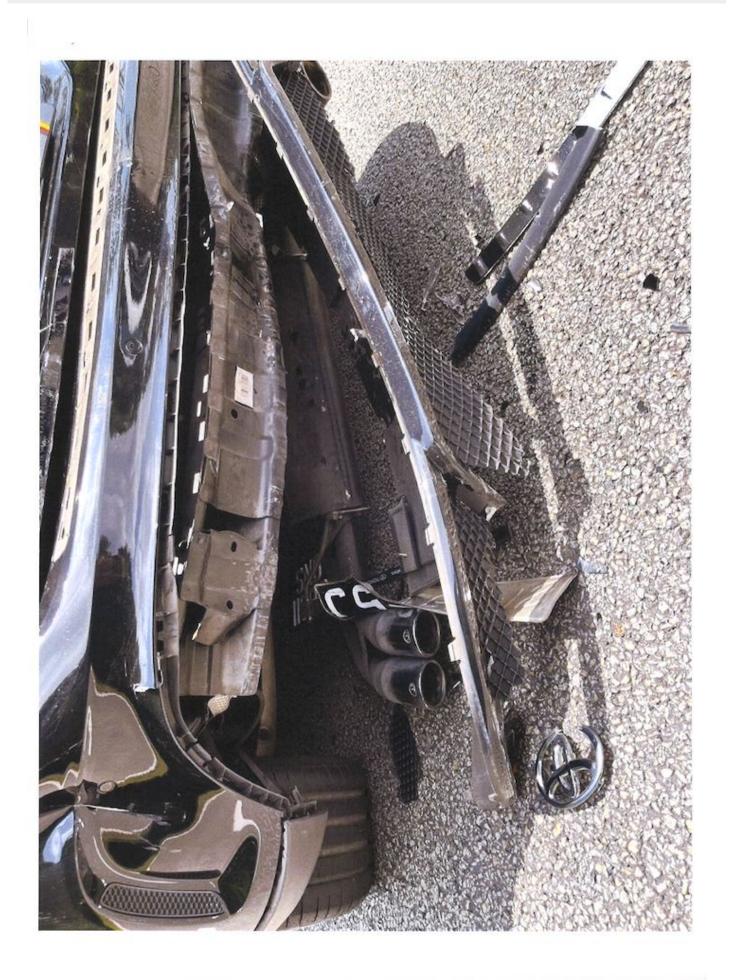
LETTER OF UNDERTAKING

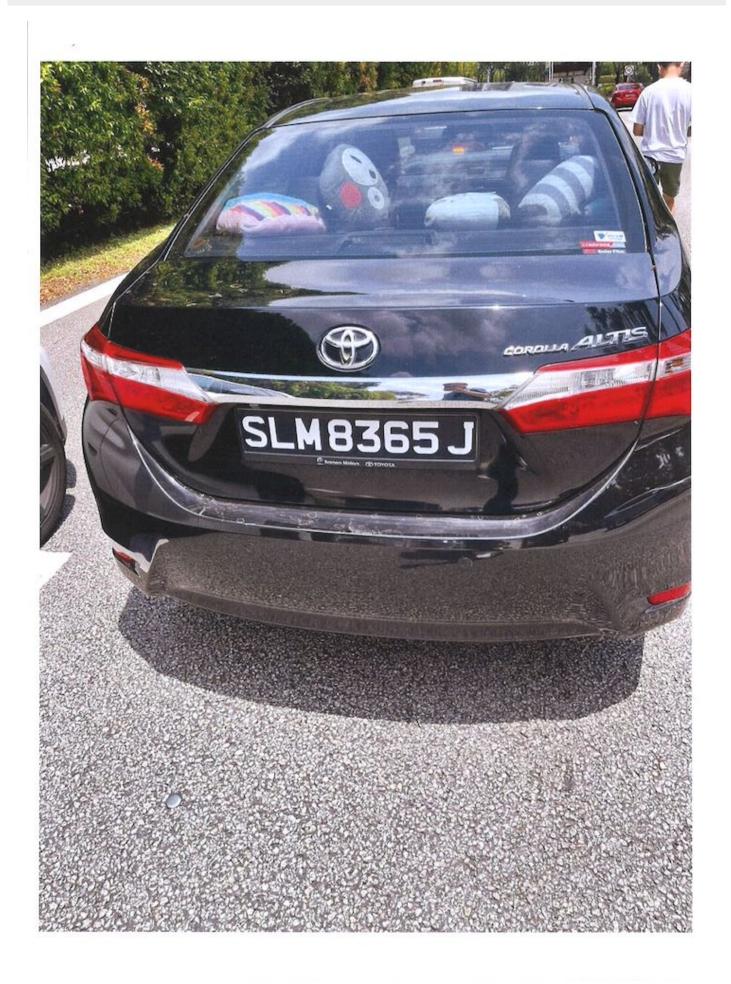
| 1/We, 120 341 QING BINTHIM | , the owner of vehic | le no. <u>SVB 1189</u> 6 |
|--|---|---|
| My/Our Insurance is under M/s AXA Insurance to claim under my/our Policy or against the T claim to M/s AXA Insurance Singapore Pte Ltd 14 (fourteen) days of occurance or discovery | hird Party and if the forme d with all relevant facts an | r shall submit such a |
| My/Our Third Party claim is handle by my/o | ur preferred workshop, | Focus Auto Pte Ltc No.1 Kaki Bukit Ave 6 Auto Be #02-50 Singapore 417883 Tel: 66349698 |
| Signed and Acknowledge by: | | |
| Berfr | | 04/05/22 |
| Nric no. and signature of policyholder | Company Stamp | Date |



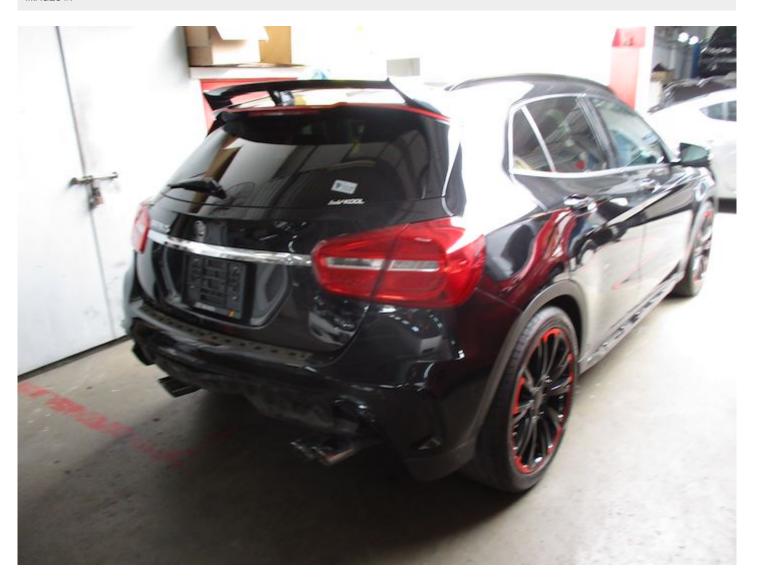


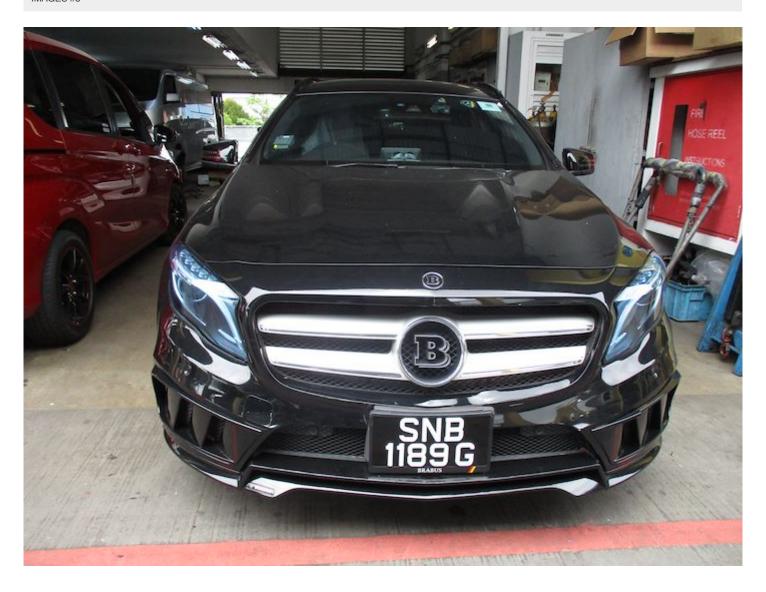


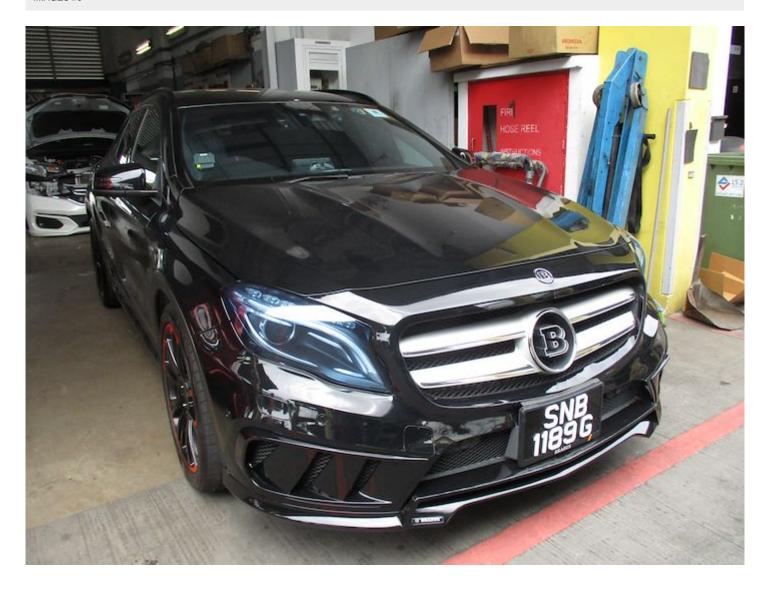


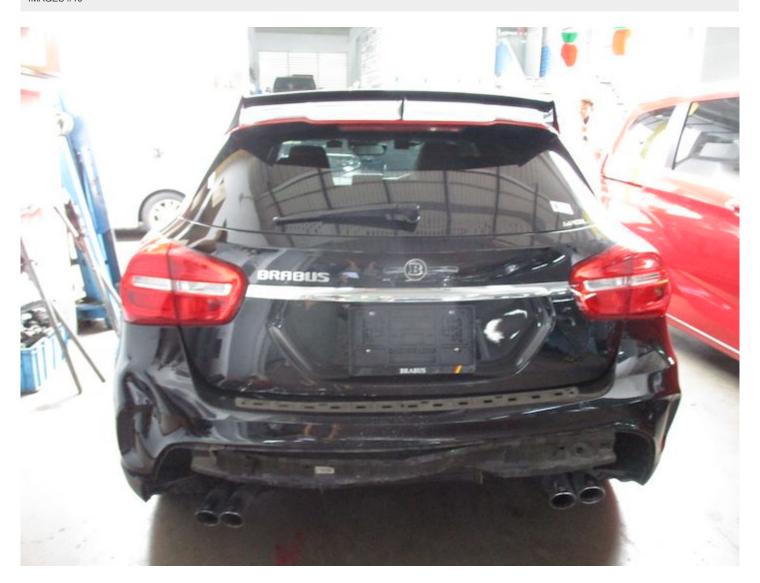


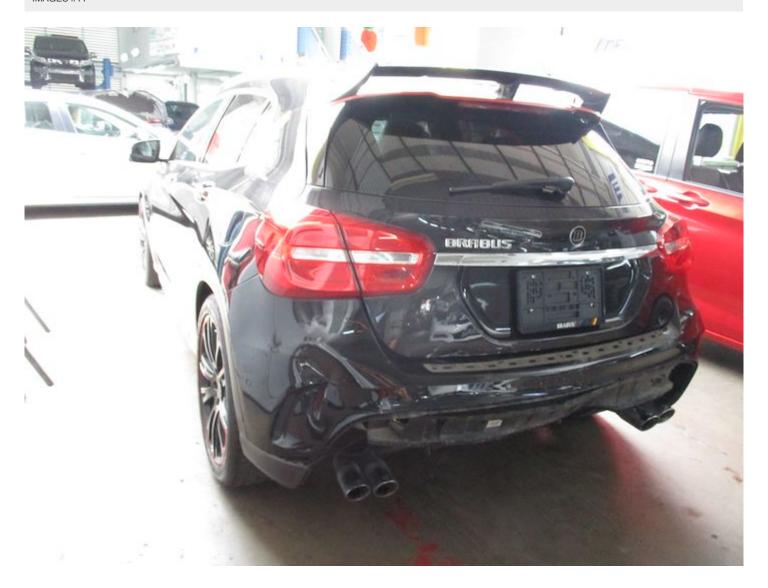


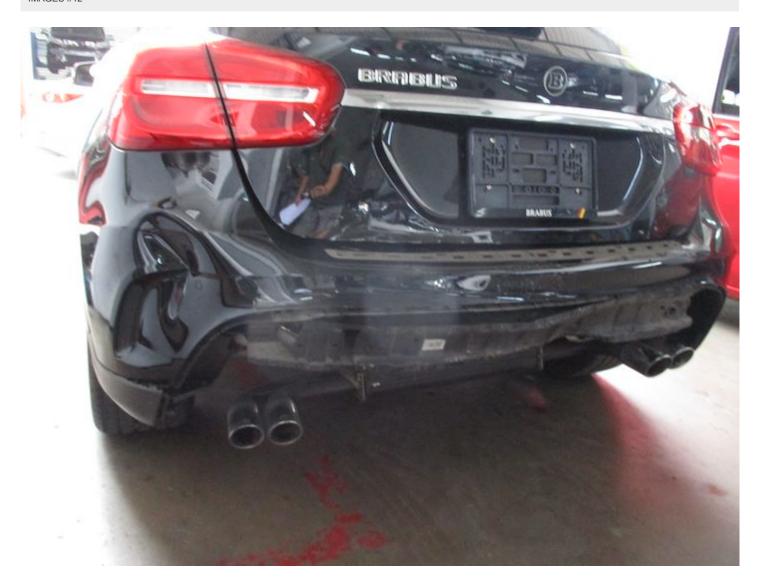
















Report No. T/20220430/2088

Lof 4

Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892

Tel No: 1800-2959999

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: | Vide Report No.: | Station Diary No.: |
|------------------------|--|--------------------|
| 30/04/2022 19:03 | A CONTRACTOR OF THE PROPERTY O | 75 |

| | 30/04/2022 19:03 | | 75 | |
|--------------------|--------------------------|---------------------------|--|---------------------------|
| Informa | nt's Partice | ulars | *************************************** | |
| 20500000000 | Informant: I QING, BE | | Address: APT BLK 116A JALAN T 321116 | ENTERAM #22-527 SINGAPORE |
| | / ID No.: 0 / S82431 | 85C | Contact No.: Home/Office: 87424886 | Mobile: |
| National SINGAP | ity: ORE CITIZ | EN | Email: | |
| Sex: Male | Age: 39 | Date of Birth: 26/12/1982 | Type of Informant: Driver | |
| Race: Chinese | | | Language: Institution / School N | |
| Occupat OPERA | ion: TION MANA | AGER | Driving Licence Informati Class: | on: Date of Expiry: |

| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 30/04/2022 12:50 | Type of Location Straight Road |
|--|------------------|-----------------------|---|-----------------------------------|
| Location: CENTRAL EX Weather: Clear | (PRESSWAY | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: Heavy |
| Two Way | ion: | - | | Anyone conveyed by |

| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
|-------------------------------|------|------------------|--------|-------|---------------------|-----------------|
| SLM8365J (Not Accurate) | Car | TOYOTA | | | Slightly Damaged | 1 |
| SME4410T (Not Accurate) | Car | HYUNDAI | | | Slightly Damaged | 2 |
| SNB1189G (Not Accurate) | Car | MERCEDES BENZ | GLA180 | Black | Slightly Damaged | 2 |





Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892

2 of 4 Report No. T/20220430/2088

Tel No: 1800-2959999

CONTINUATION OF REPORT

| Details of V | ehicle Insurance | | | |
|-------------------------------|------------------------------------|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SNB1189G (Not Accurate) | AXA INSURANCE SINGAPORE PTE LTD | GA610766 | 04/03/2022 | 18/02/2023 |

| Any Pedestrian I | nvolved: No | | | | | |
|--|------------------------|--------|-----------|---|-----------|---|
| No. of Pedestrian | s Injured: NIL | | Use of P | edestria | n Cross | sing: NA |
| Driver | | | | occount. | 1 01000 | mig. rvr |
| Name | KHENG KIM HENG | BERNAD | | ID No |). | S1818533D |
| Related Vehicle | SLM8365J (Car) | | | Conta | act No. | NIL |
| Hospital/Clinic | NIL | | | Class of Driving Licence & Expiry Date | | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Dis | scharge | NIL | |
| THE REAL PROPERTY AND ADDRESS OF THE PARTY AND | ted Medical Leave | NIL | | of Injury | | |
| Driver | | | 009.00 | o. injury | Judin | |
| Name | CHAN KUAN BOON | | | ID No | | S6820779G |
| Related Vehicle | SME4410T (Car) | | | Conta | nct No. | 93870803 |
| Hospital/Clinic | NIL | | | Class Drivin Licen | g | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Dis | | NIL | |
| No. of Days gran | ed Medical Leave | NIL | | of Injury | | |
| Driver | | | Jugico | or mjury | Oligin | |
| Name | TEO ZHI QING, BE | NJAMIN | | ID No. | | S8243185C |
| Related Vehicle | SNB1189G (Car) | | | Contact No. | | 87424886 |
| Hospital/Clinic | THOMSON MEDICAL CENTRE | | | Class Drivin Licent Expiry | g ce & | Class: NIL Date of Expiry: NIL |
| Date Treatment | 30/04/2022 | | Date Dis | - | 30/04 | /2022 |
| No. of Days grant | ed Medical Leave | 03 | Degree of | | Slight | Table 1 and |



T/20220430/2088

Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892 3 of 4 Report No. T/20220430/2088

Tel No: 1800-2959999

CONTINUATION OF REPORT

| Passenger | | | | | |
|--------------------------------------|------------------------|-----------|--|--------|-----------------------------------|
| Name | POH YUN XUAN | | ID No. | | S8944087D |
| Related Vehicle | SNB1189G (Car) | | Contact No. | | 91086213 |
| Hospital/Clinic | THOMSON MEDICAL CENTRE | | Class of Driving Licence & Expiry Date | | Class: NIL Date of Expiry: NIL |
| Date Treatment | 30/04/2022 | Date Disc | The second secon | | /2022 |
| No. of Days granted Medical Leave 03 | | Degree of | gree of Injury Sligh | | |
| Passenger | | | | | |
| Name | EASON TEO SHENG ZHE | | ID No. | | T1810421G |
| Related Vehicle | SNB1189G (Car) | | Contact No. | | NIL |
| Hospital/Clinic | THOMSON MEDICAL CENTRE | | Class of Driving Licence & Expiry Date | | Class: NIL Date of Expiry: NIL |
| Date Treatment | 30/04/2022 | Date Disc | harge | 30/04 | /2022 |
| No. of Days gran | ted Medical Leave NIL | Degree of | Injury | Slight | t |

Brief Details.

On 30/04/2022 at 1250pm, I was driving my vehicle(SNB1189G) along CTE towards City before Bukit Timah exit, I was driving at the extreme left lane. The traffic was heavy and the vehicle(SME4410T) infront suddenly stopped and I managed to stop to avoid collision. However a vehicle(SLM8365J) from my rear hit onto my bumper which cause my vehicle to moved forward and hit onto the vehicle(SME4410T). I sustain pain on my neck and lower back and my passenger(wife) sustain pain on her neck, right shoulder and both knees abrasion. My son had a minor swelling on his left side forehead.





Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892

Report No. T/20220430/2088

Tel No: 1800-2959999

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: E / STAFF SGT MOHAMMAD AZHAR BIN NASIR | Signature Of Informant: | | |
|--|--------------------------------|--|--|
| Signature Of Interpreter: Not applicable | Date/Time: 30/04/2022 19:03 | | |
| Officer In Charge Of Case: TP / AEIT / SI TAN JEOK LENG Contact No.: 65476151 | Classification Of Case: | | |
| NP168 | | | |





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 03936

Certificate of Insurance

Motor Vehicles (Third Party Risks and Compensation) Act. (Chapter 189) - Motor Vehicles (Third Party Risks and Compensation) Russ. 1980 - Road Transport Act. 1987 (Mataysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name

Plan name NCD applicable Vehicle registration number

Period of Insurance

Essential 40% SNB1189G

from 19/02/2022 to 18/02/2023 (both dates inclusive) Finance loan company TOKYO CENTURY LEASING (S) PTE LTD

Certificate number Chassis number

Engine number

GA610766 / 1 WDC1569422J201015 27091030835788

Persons or classes of persons entitled to drive*

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

TEO ZHI QING BENJAMIN

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

* 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

Basic Own Damage Excess Windscreen Excess

SGD 500.00 SGD 100.00

An Additional Excess is applicable as follows:

- 1. \$\$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

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 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 offect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Farly Risks and Componsation 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 sabliny under the policy, renewal contribute.

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

1 of 2