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 11/05/2022 16:39 (SGT) Date of Accident 10/05/2022 15:15 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information TWDS CHANGI BEFORE ENG NEO EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF5394U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHUA ENG CHUAN** NRIC No. S1480815I Email Address ecchuaaa@gmail.com Mobile Phone No (Phone) +65-91769330 Alternative Phone No +65-91769330

VEHICLE PARTICULARS

Manufacturer Hyundai Model Elantra 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 No - Claiming third party

your vehicle?

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 P2216288 Cover Note Number

DRIVER

Name of Driver **CHUA ENG CHUAN** NRIC No. S1480815I

Date Of Birth 26/06/1961 Occupation Indoor Date Of Driving Pass 01/09/1987 Driving experience 34 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-91769330 Alt. Phone Number +65-91769330 Email Address ecchuaaa@gmail.com Address BLK 2C HONG SAN WALK #13-08 Address complement 689049 Postcode 689049 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 - Head to Rear 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? 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 CHUA YU JUAN Gender Female PASSENGER 2 Name DION CHAN KHOON HONG Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 10/05/2022 AT 1515HRS, I WAS TRAVELLING IN MY VEHICLE (SMF5394U) ALONG PIE TOWARDS CHANGI BEFORE ENG NEO EXIT ON LANE 5 OF A 6 LANES ROAD. SUDDENLY, A PRIME MOVER (XE5254R) TRAVELLING ON LANE 4 CUT INTO MY PATH AND COLLIDED ONTO THE RIGHT REAR SIDE OF MY VEHICLE. THE IMPACT CAUSED MY VEHICLE TO SPIN AND LANDED FACING AGAINST THE FLOW OF TRAFFIC ON LANE 3. MY VEHICLE FRONT PORTION WAS THEN COLLIDED HEAD ON BY A LORRY (GBH34L) TRAVELLING ON LANE 3, FOLLOWED BY A TAXI (SHA980X) BEHIND THE SAID LORRY ATTACHMENT(S) Are accident photos available for attachment?

Yes

Yes

No

FILE SIZE TOO BIG

Was there any audio recorded?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE5254R
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	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBH34L
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	VEHICLE C
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHA980X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE D
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	CHUA ENG CHUAN Male
Phone No	-
Address Complement	-
Post Code	-



Approximate Age Years Old Injuries Sustained	-
Injured person in which vehicle?	SMF5394U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	CHUA YU JUAN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	
Injuries Sustained	_
Injured person in which vehicle?	SMF5394U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 3	
Name of injured person	DION CHAN KHOON HONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMF5394U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

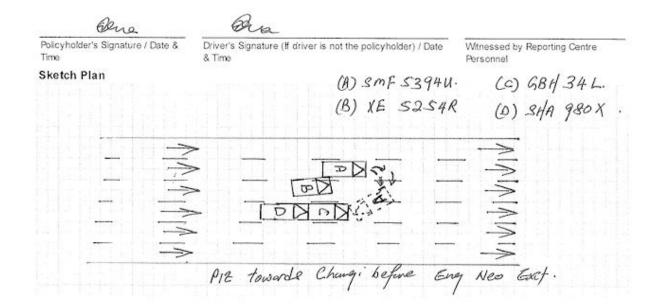
- 1. Please report correctly the details of the accident to speed up the claims process.
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- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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.



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	`	Driver's Signature (# d	iver is not the not	wholder) / Data	Witnessed by	Reporting Co.	ntre
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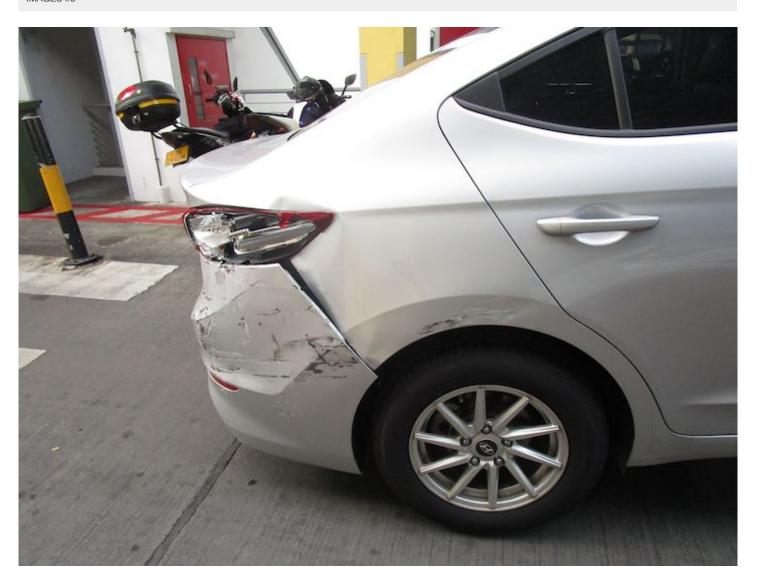
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LETTER OF UNDERTAKING

I/We, CHUA ENG CHUBN	, the owner of vehic	e no	SMF 5.394 U
My/Our Insurance is under M/s AXA In to claim under my/our Policy or against claim to M/s AXA Insurance Singapore	the Third Party and if the f Pte Ltd with all relevant fac	ormer sh	all submit such a
14(fourteen) days of occurrence ór	* 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1		
My/Our Third Party claim is handle by my	our preferred workshop,	N-51	Automofive
	X.		
Signed and Acknowledge by:			
	1		
1480815I Qua	6		
Nric no, and signature of policyholder	Company Stamp		Date























N 62

AXA INSURANCE PTE LTD

enton Way. #24-01 AXA Tower, Singapore 068811 Customer Centre #01-21 Tet 1800 8804888 fax:-Website:www.axa.com.sg GST Registration Number: 199903512M customer care@axa.com.sg



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 (Malaysia) * Motor Vehicles (Third-Party Risks) Rules. 1959 (Malaysia)

CERTIFICATE NO. : VPA/P2216288 Account No. : 08260

Coverage : Comprehensive

Sum Insured : Market Value At The Time Of Loss

Name of Policy Holder : CHUA ENG CHUAN

Vehicle Registration No. : SMF5394U

Period of Insurance : From 16/11/2021 To 15/11/2022 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE.

(a) The Policyholder

The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner (b) Any other person who is driving on the Policyholder's order or with his 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.

LIMITATIONS 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, speedtesting, 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.

Basic Own Damage Excess

An Additional Excess is applicable as follows: S\$500.00 for Unnamed Authorized Driver S\$2,500.00 for Undeclared Young and Inexperienced Driver. (Please refer to your policy on the terms & conditions)

 Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 1891 and Section 95 of the Road Transport Act, 1987 (Malaysia), are not Compensation) Act, (Chapter 1891 and to be included under these headings.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Your authorised workshop is Komoco Motors Pte

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOASH2 on 23/10/2021

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.

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, covernote and endorsement etc.