G 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.

 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 25/06/2022 10:38 (SGT) Reported by Date of Accident 25/06/2022 00:15 (SGT) Exact Location of Accident Sungei Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number SKU7163B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHUA HUI KIANG ANGELINE NRIC No SXXXX355D Email Address angeline.chk@gmail.com Mobile Phone No (Phone) +65-97972940 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Cla180 Variant CLA180 (R18 BI) 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 1595

INSURANCE COMPANY

Name of Insurance Company **AXA Insurance Pte Ltd** Policy Number / Cover Note Number GA376869/1

DRIVER

Name of Driver CHUA HUI KIANG ANGELINE NRIC No SXXXX355D Date Of Birth 15/08/1986 Occupation Indoor

Date Of Driving Pass 27/05/2005 Driving experience 17 YEARS AND 1 MONTH Gender Female Mobile Number (Phone) +65-97972940 Alt. Phone Number Email Address angeline.chk@gmail.com Address 256 COMPASSVALE RD Address complement #14-684 Postcode 540256 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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? No 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE SKETCH PLAN BY DRIVER ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident TRYING TO RETRIEVE **DETAILS OF OTHER VEHICLE PROPERTY 1**

 Vehicle Registration Number
 SMD4909C

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 LOW JIN JIA LANDY

NRIC No	SXXXX270B
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	SJZ9206J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAU WEE CHIAT
NRIC No	SXXXX936H
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.
- 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 wilful misrepresentation or withholding 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.
- 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:
 - 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

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

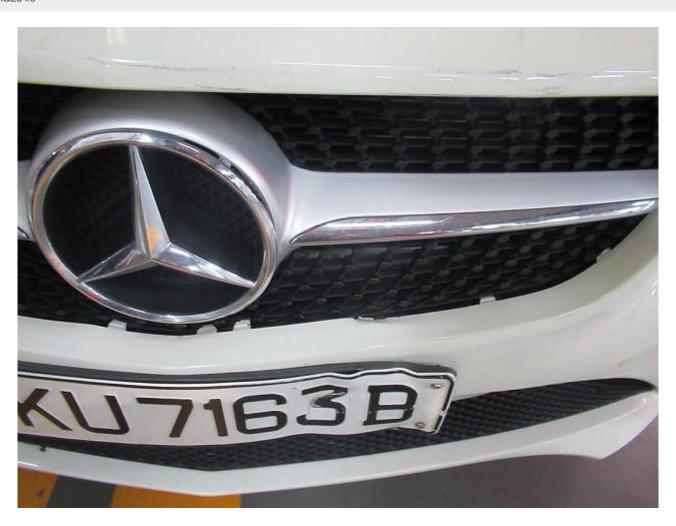
Name: NRIC/FIN No.:

COMPLETED 7 THE 2022

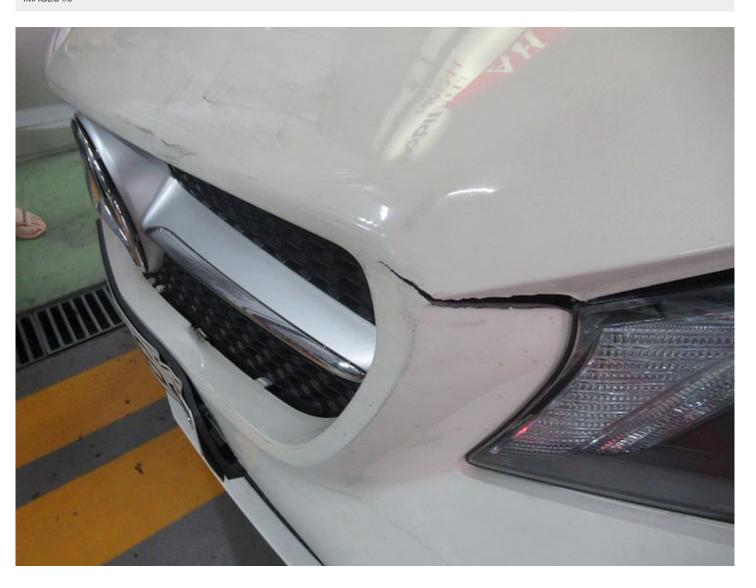
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u own policy. Kindly ch	hat your insurer have 14 days timefra neck with your own insurer for more		claim under
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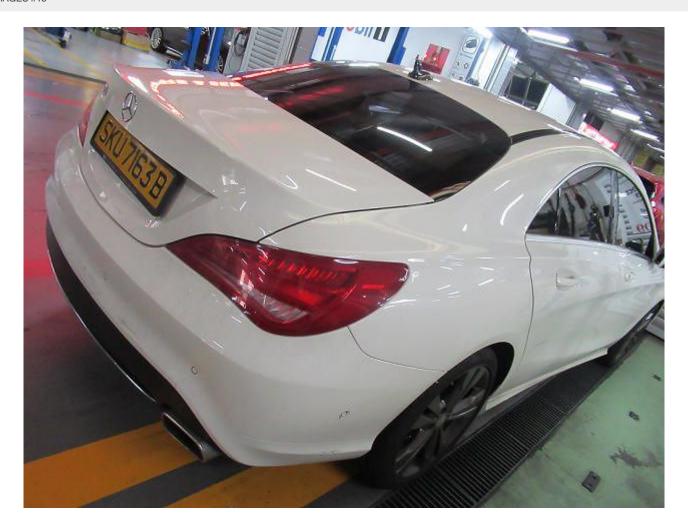




















POLICYHOLDER ACKNOWLEDGEMENT FORM

ate	: _	2 5 JUN 2022	To: O	wner of Vehicle	Number:	SKUTTE	1415
		lowing has been advised to you Zila Mui Hong, Wei Jie . Plea					
1		You had been advised by the w is a Fourteen (14) days clause of occurrence.					
)		You had been advised by the w	orkshop on the	liability and meri	ts of the case	accordingly.	
)		You had been advised by the widue to this accident. if fire damage and However, there with the damage and However, the recommendation of the recommendati	I you claim unde Il be <u>no recover</u> d you are claim	er your own insury prospect and ing against the	rance, any ap NCD will be a Third Party,	oplicable excess affected. your NCD will r	will be waived
()	You have agreed to let AXA as be towed out to another works \$200 off on your E \$200 as a benefit Additional \$200 or Loss of Use benefit	hop assigned by Basic Own Dama if your policy ha n top of existing	AXA. In return age Excess <u>or</u> s \$0 excess and	, you will get: I no Loss of U	se benefit <u>or</u>	
)	Š	There will be delay to your vehi option except to indent it from o		the unavailabil	ity of spare pa	erts locally and t	here is no other
)	There will be no cancellation/w placed. If you wish to cancelly incurred directly &/or indirectly t	vithdraw the cla	im, you shall be	ear all costs,		
)	Ü	The estimated waiting time for arrival time does not include the		to arrive is		-	. The estimated
1		You will be driving the vehicle or may not be road worthy.	ut despite being	advised by the w	vorkshop mech	nanic/ personne	I that the vehicle
.)		For vehicles below three (3) yes use only original parts to repair For vehicles above three (3) yes company will be carrying out re part that needs to be replaced equipment manufacturer (OEM	your vehicle. ears old and no epairs where any d will be replac	longer under wa damaged part ed using any o	arranty with a that can be re combination of	local distributor,	, your insurance epaired and any
	Š	You had been advised by the workmanship related to the acc		e Twelve (12) n	nonths warran	ty for Own Dar	nage repairs or
		For vehicles that are under war with your local distributor on an	ranty with a loca	l distributor, you warranty prior to	have been ad making this C	vised by the wo	rkshop to check sim.
/	-	Others Claim This			rship.		_
Van auth	ne a	and acknowledged by: and signature of policyholder/ a zed driver to either the named drivers permitted to drive the insured Vehicle	as per motor inst	er* and compai irance policy or in	ny stamp (wh the case of con	ere applicable) nmercial vehicles	, permitted drivers
Nj.	6	CAh Lim Mc		nature of work	shop person	nel including c	ompany stamp

COMPLETED 25 HIM 2002





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

> GA376869 / 1 WDD1173422N234969

27091030700520

20087

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. 1989 (Malaysia)

Policy details

Policyholder name CHUA HUI KIANG ANGELINE Certificate number Cover Comprehensive Chassis number Plan name Flexi Engine number NCD applicable 50%

Vehicle registration number Period of Insurance from 13/08/2021 to 12/08/2022 (both dates inclusive)

Finance form company Nil

Persons or classes of persons entitled to drive*

SKU7163B

(a) The Policyholder

(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, 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.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Porty 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 Windscreen Excess Not Applicable

An Additional Excess is applicable as follows:

- 1. S\$500 for unnamed Authorised Driver
- 2, SS500 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 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 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. 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, renewal certificate,

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

1 of 2