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 28/06/2022 17:36 (SGT) Reported by Date of Accident 27/06/2022 16:45 (SGT) Exact Location of Accident Second Chin Bee Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SBQ7777H**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ANG CHIO HUAY BETTE NRIC No S06865871 Email Address alvinyap53@yahoo.com Mobile Phone No (Phone) +65-91144285 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Camry 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 Yes your vehicle? Vehicle Category Private car Transmission Auto CC 2000

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Policy Number / Cover Note Number GA062357

DRIVER

Name of Driver ANG CHIO HUAY BETTE NRIC No S0686587I Date Of Birth 24/07/1946 Occupation Indoor

Date Of Driving Pass 18/03/1978 Driving experience 44 YEARS AND 3 MONTHS Gender Female Mobile Number (Phone) +65-91144285 Alt. Phone Number Email Address alvinyap53@yahoo.com Address 58A PAYA LEBAR CRESCENT Address complement Postcode 536134 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? 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? No 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 I WANTED TO PARK MY VEHICLE AT THE PARKING LOT BEHIND VEHICLE B. I WAS STOPPING MY VEHICLE BUT I ACCIDENTALLY STEP ON THE ACCELERATOR. END UP, MY VEHICLE MOVED FORWARD AND HIT ONTO VEHICLE B REAR RIGHT PORTION. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number CB7364H Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Commercial vehicle

Vehicle Category

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)	_

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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)

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.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

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	step on the secule	
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claration		
e declare the foregoing particular	s are true in every respect.	
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Mely		
licyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre



redefining / insurance

POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: =	28/66(22	To: Owner of Ve	hicle Number :	SBR	77774
The follows	ing has been advised to	you via your workshop.	Sing more	77 C through the	eir staff,
		lease tick the applicable	box if you had been	advised on any of	the following:
You h Fourte	ad been advised by the een (14) days clause who	workshop that in the one	o that consists to see		
() You ha	ad been advised by the v	vorkshop on liability and	merits of the case ar	ccordingly.	
be if fir	ed been advised by the ware damae and you claim no recovery prospect a damage and you are not guaranteed, and AX	under your own insurant and NCD will be affected plaiming against the Thir	ce, any applicable ex I ord Party, your NCD or		
) If you h	had been involved in an a forward the photos of the	accident with a foreign re se front and back of the	egistered vehicle and NRIC and driving lice	wished to attempt ence to motor.doc	recovery with AXA help
You ha out to a ▶ \$200 ▶ \$200	ve agreed to let AXA as mother workshop assign 0 off on your Basic Own 0 as a benefit if your pol titional \$200 on top of ex	sign a workshop for you ed by AXA. In return, yo Damage Excess or , icy has \$0 excess and le	our vehicle repairs. In u will get	the process, you	vehicle might be towed
) There w	vill be delay to your vehic to indent it from oversea	de renair due to the uno	vailability of spare pa	orts locally and the	
	ill be no cancellation/with to cancel/withdraw the y to the procurement of t		claim once the orde the costs, expenses	er of spare parts h. &/or related charg	ave been placed. If ses incurred directly &/or
) you will to be road	be driving the vehicle ou worthy	t despite being advised	by the workshop med	chanic/ personal th	nat the vehicle may not
) For vehic local dist	cles that are under warra	anty with a local distribut your warranty prior to ma	or, you have been as aking this Own Dama	dvised by the work	shop to check with your
) For vehic	cles below three (3) year repair your vehicle.				empany will use only orig
replaced	cles above three (3) year irrying out repairs where will be replaced using a econd-hand parts.				
You had I related to	been advised by the wo the accident.	rkshop on the Twelve (1	2) months warranty	for Own Damage	repairs on workmanship
Signed an	nd acknowledge by:				
Be	elegy				
Name and	d signature of noticular	Idad outhoring			
* authorize	d signature of policyho	med drawers as ass	and company sta	amp (where appli	cable)
Contract Contract	ed driver to either the na to are permitted to drive	HIRO DEMAPS DE NOT MAN	or insurance policy o	r in the case of co	mme

Name and signature of workshop personnel including company stamp

drivers who are permitted to drive the insured Vehicle.

AXA Insurance Pte Ltd (Company Reg. No.: 199903512M) 9 Shenton Way #24-01 AXA Tower Singapore 068811 AXA Customer Centre #01-21/22 Telephone: +65 6880 4888 axa cons.sg



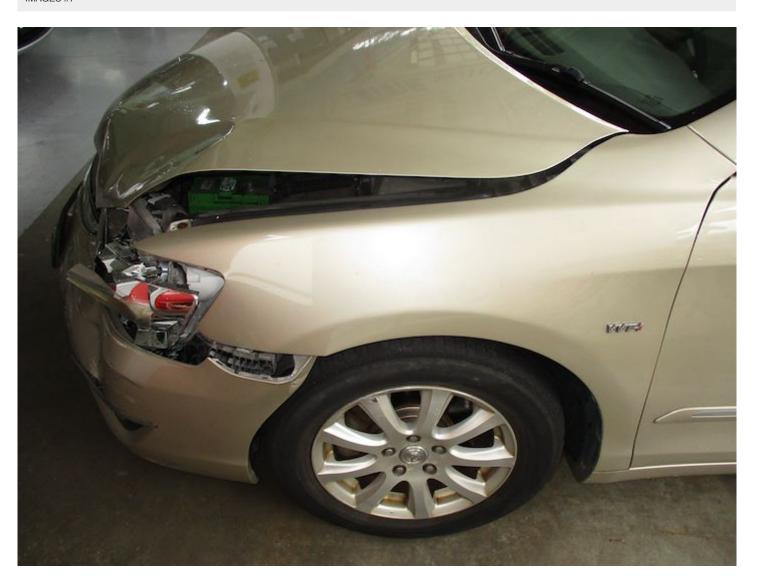




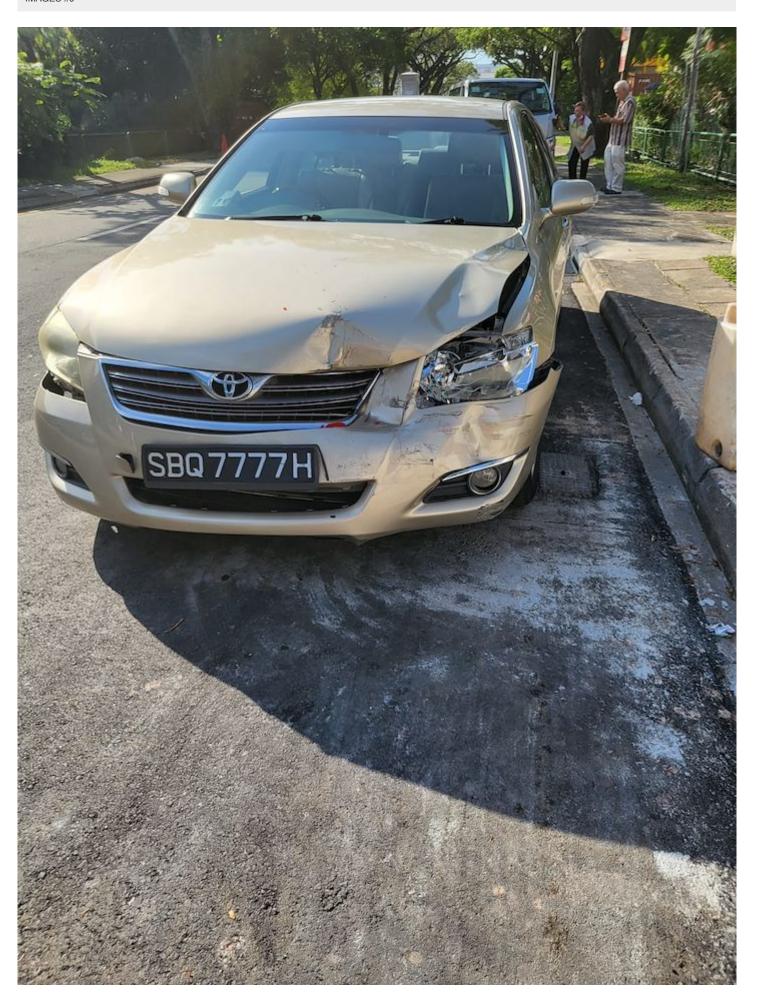














redefining / insurance



AXA hisurance Pte Ltd

1800 880 4880 (Within Slagapore) (65) 6890 4883 (International)

(65) 8880 4740

d customor.care@axa.com.sg

12 www.sca.com.sg

Certificate of Insurance

account number 00371

-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)

Policy details

Policy/solder name Conser

ANG CHIO RUAY BETTE

Certificate appalear Engine number

GA062357 / 1 MR0538K4107034195 1A7E113609

Plan name NCD applicable Comprehensivo Essential

50%

Vehicle registration number

\$807777H

Period of Instrume

from 29/69/2021 to 28/09/2022 (both dates inclusive)

Finance loss conspany

Persons or classes of persons entitled to drive*

(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-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), ore 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. S\$500 for declared Young and Inexperienced Driver
- 3. \$\$5,000 for underlared Young and Inexperienced Drivers. This additional excess is reduced to \$\$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

Policyhelders 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 fost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (There-Party Risks and Compensation Act (Cap. 189).

The Premium Worranty Clause requires the premium to be paid in full within a specific period falling which there would be no hability under the policy, renewal certificate,

- AXA Insurance Pte Ltd (199903512M)

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