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 Actual 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 18/07/2022 17:45 (SGT) Reported by Date of Accident 17/07/2022 19:15 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information PIE EXIT TO UPPER BUKIT TIMAH RD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SKA6250U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ANG LAY CHIAN NRIC No S7270055D Email Address ANGLAYCHIAN@YAHOO.COM.SG Mobile Phone No (Phone) +65-96870620 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Yaris Variant YARIS E AUTO 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 1497

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Policy Number / Cover Note Number GA570916/1

DRIVER

Name of Driver ANG AH TONG NRIC No S2505951D Date Of Birth 06/06/1943 Occupation Indoor



Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	30/11/1972 49 YEARS AND 8 MONTHS Male (Phone) +65-81012952 - ANGLAYCHIAN@YAHOO.COM.SG 11 TOH TUCK RD #02-04 596290 No Parent No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Gender	No 2 No - Yes 2 No
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLS REFER TO THE SKETCH PLAN BY DRIVER	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes WITH OWNER
DETAILS OF OTHER	VEHICLE PROPERTY 1

SLM7580K

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model

Vehicle Variant Vehicle Colour	-
Vehicle Category	Private hire
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)	-

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 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.
- 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:
 - (i) 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

Date & Time: 18 Jul 22

78 day 2

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Ah Lifn McLor Company
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

COMPLETED IN 1917 2927

ETCH PLAN	122 Time: 715pm Location: PIE ECH NO UPPER BULLY TIMESON Vehicle B: SCM7580K Vehicle C: -
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3-54M7580K	3 charps
3-2911 13001	0 (N)
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SCRIBE CIRCUMSTANCES OF	F THE ACCIDENT
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I was approach	y 268 of PIE toward upper butit Timeh Road, viry the junction, I slowed down before the Just It a big bang from my back. When I got
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accenty, 1	if a role dang from my back. Owner 1 Joi
own, Honda	vesel was behind.
Pur	
☐ Claim OD/TP at Ah Lim	n Motor □ Claim OD/TP at other workshop ☑ Reporting Only
Remarks: Please forward a	n Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only copy of my efile accident report to:
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Remarks: Please forward a Wy workshop: Email address: k myself: Email address: Note: Please take note that	your insurer have 14 days timeframe for you to submit own damage claim under k with your own insurer for more information.





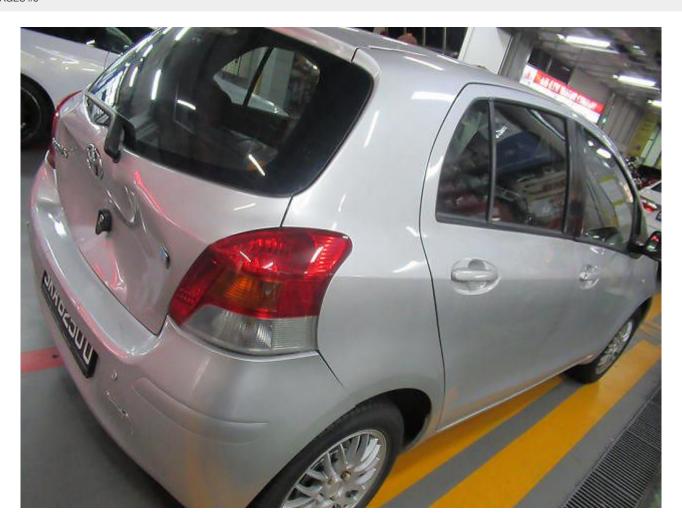




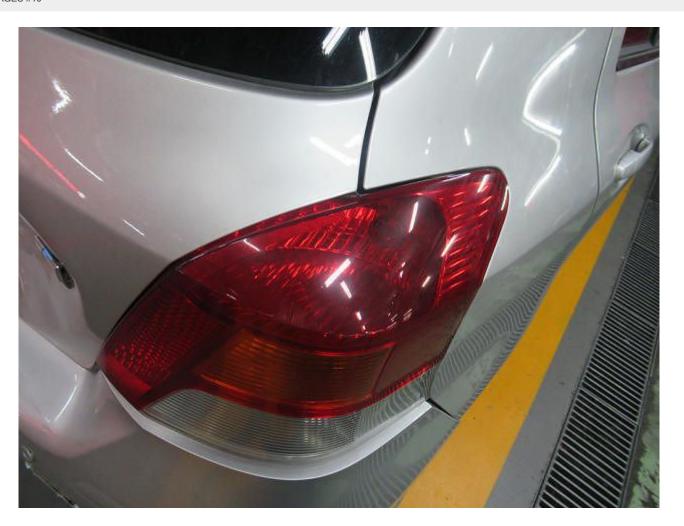




















IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SFIC 22/1000 N Vehicle Registration No: SXA6710 U Name (as shown in HRIC): Ang Lay Chian NRIC/FIN/Passport No: SXXXX011D (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: Address: ___ Contact (Tel):_ Email Address: angley chian @ yahoo com. 89 Date of Accident: Place of Accident: Insurance Company: (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: 26 Jul22 Name: NRIC/FIN No.:

Date:

GIARMC Addendum Form

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Date: To fill in	f there is a	O'O' claim	and agreeat	ble to claim my	own insuran	ace for the	



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date:	(8 11/2)	_ To: Owner of Ve	ehicle Number:	(KW Prince
The fo	ollowing has been advised to y	ou via your workshop, <u>A</u> ease tick the applicable box i	H LIM MOTOR Co f you had been adv	OMPANY through their staff ised on any of the following:
1	You had been advised by the is a Fourteen (14) days clause of occurrence.	workshop that in the case the whereby the claim must be	nat you wish to clain made within the sti	n against your own policy, there pulated timeframe from the day
)	You had been advised by the	workshop on the liability and	d merits of the case	accordingly.
)	due to this accident. > if fire damage ar However, there v > if fire damage a	nd you claim under your ow will be <u>no recovery prospec</u>	n insurance, any ap ct and NCD will be a st the Third Party,	your NCD will not be affected
()	be towed out to another work \$200 off on your \$200 as a benef	shop assigned by AXA. In r r Basic Own Damage Excess it if your policy has \$0 exces on top of existing Loss of Us	return, you will get: s <u>or</u> ss and no Loss of U:	the process, your vehicle migh se benefit <u>or</u> licy has \$0 excess and existing
)	There will be delay to your ve option except to indent it from		ailability of spare pa	arts locally and there is no other
)	There will be no cancellation/ placed. If you wish to cancel incurred directly &/or indirectly	I/withdraw the claim, you sh	hall bear all costs,	order of spare parts have bee expenses &/or related charge
)	The estimated waiting time for arrival time does not include to	or the spare parts to arrive is the repair period.	s	The estimate
)	You will be driving the vehicle may not be road worthy.	out despite being advised by	y the workshop mecl	hanic/ personnel that the vehicl
()	use only original parts to repa For vehicles above three (3) company will be carrying out	ir your vehicle. years old and no longer und repairs where any damaged ted will be replaced using a	der warranty with a d part that can be re any combination	or, your insurance company w local distributor, your insurance spaired will be repaired and an of original parts and/or original
()	You had been advised by th workmanship related to the ar		(12) months warran	ty for Own Damage repairs o
)		arranty with a local distributo	or, you have been ad rior to making this C	dvised by the workshop to chec Dwn Damage claim.
5	Others Regaring On	ý ·		
Name	ed and acknowledged by: e and signature of policyholder prized driver to either the named drive	r/ authorized driver* and co	ompany stamp (wh	ere applicable)



Certificate of Insurance



AXA insurance Pte Ltd

1800 880 4888 (Within Singapore) (65) 6880 4888 (International)

(65) 6880 4740

customer.care@axa.com.sg

account number 04963

GA570916 / 1

1NZY271906

MR054HY9104067688

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

Policy details

Policyholder name ANG LAY CHIAN
Cover Comprehensive
Plan name Essential
NCD applicable 50%

Vehicle registration number SKA6250U

Period of insurance from 16/04/2022 to 15/04/2023 (both dates inclusive)

Finance loan company Nil

MAG250U

Certificate number

Chassis number

Engine number

Persons or classes of persons entitled to drive*

(a) The Policyholder

(b) Any Named Driver as stated in the Policy:

1, ANG AH TONG

2. KONG EI LENG(JIANG YILIN)

(c) 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), are not to be included under these headings.

EXCESS Basic Own Damage Excess

Windscreen Excess

\$GD 300.00 \$GD 100.00

An Additional Excess is applicable as follows:

- 1. S\$500 for unnamed Authorised Driver
- 2. S\$500 for declared Young and Inexperienced Driver
- \$5,000 for undeclared 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

Nil

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

W

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, endorsement etc.

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

1 of 2