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 11/08/2022 16:00 (SGT) Reported by Date of Accident 11/08/2022 09:40 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information PIE TOWARDS CHANGI Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Private car

Auto

2494

No - Claiming third party

Vehicle Registration Number SMP4220S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM CHYE HUAT NICHOLAS NRIC No S6825235J Email Address NICKLIM09@GMAIL.COM Mobile Phone No (Phone) +65-96159957 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Camry Variant **CAMRY 2.5 AUTO** Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Policy Number / Cover Note Number GA563135/1

DRIVER

Name of Driver LIM CHYE HUAT NICHOLAS NRIC No S6825235J Date Of Birth 09/07/1968 Occupation Indoor

Date Of Driving Pass 08/07/1986 Driving experience 36 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-96159957 Alt. Phone Number Email Address NICKLIM09@GMAIL.COM Address 8 ANG MO KIO AVE 2 Address complement #06-05 Postcode 567695 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? 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? Police Station Name Kebun Baru Neighbourhood Police Post Police Station Address Blk 111 Ang Mo Kio Avenue 4 Singapore 560111 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SI V4173A Vehicle Manufacturer Vehicle Model Vehicle Variant

Private car

Vehicle Colour
Vehicle Category

Name of Driver	POH BOON HEO
Contact Number	(Phone) +65-87663793
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 SMH1604E Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver PANG TONG CHEOW NRIC No S1338711G Contact Number (Phone) +65-96155503 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- - - - - - CUTS ON HIS LIPS
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- - - -

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:
 - 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:

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

Name: NRIC/FIN No.:

ate of accident	11/08/22	_Time: 0940 Lo	cation: PIE towards	(vary)
y Vehicle A:			1分3件 Vehicle C:	
ETCH PLAN				
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Person t	o the police	e report.		
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Claim OD/TI	at Ah Lim Moto	or Claim Op/TP ay o	ther workshop Rep	orting Only
Remarks: Please	e forward a copy o	f my efile accident report to	:	
My workshop :				
Email address :				
& myself : Email address :				
Email address :				
Note: Please tal	e note that your in	nsurer have 14 days timefram	ne for you to submit own dam:	age claim under
		your own insurer for more in		g - 1.5

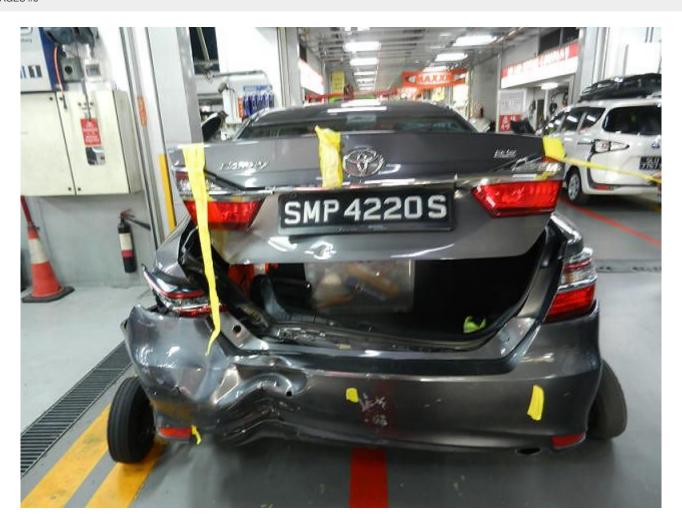
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olicyholder's Signatur		river's Signature	Reporting Centre Pe	onnel's Signature
ite & Time:		driver is not the policyholder)	Name:	
	Da	ate & Time;	NRIC/FIN No.:	

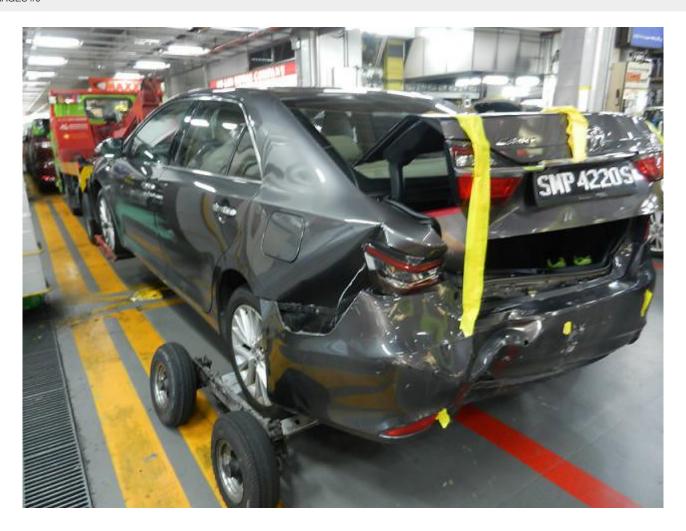


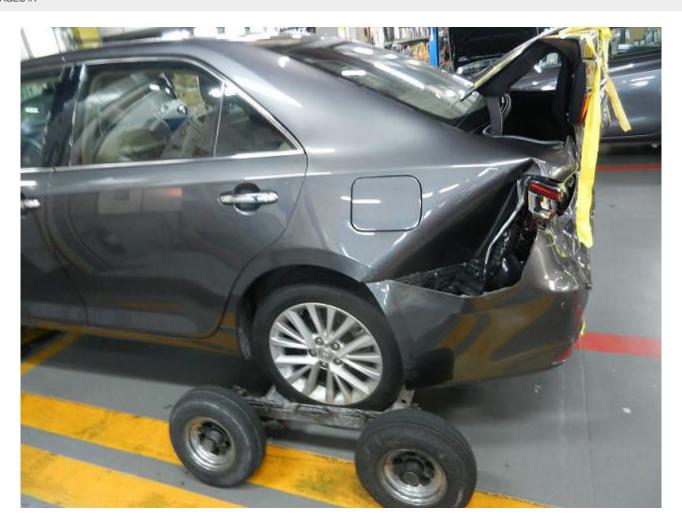


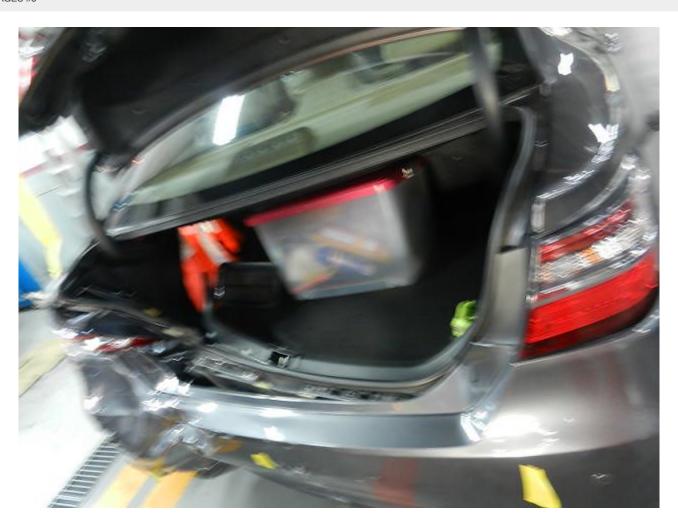


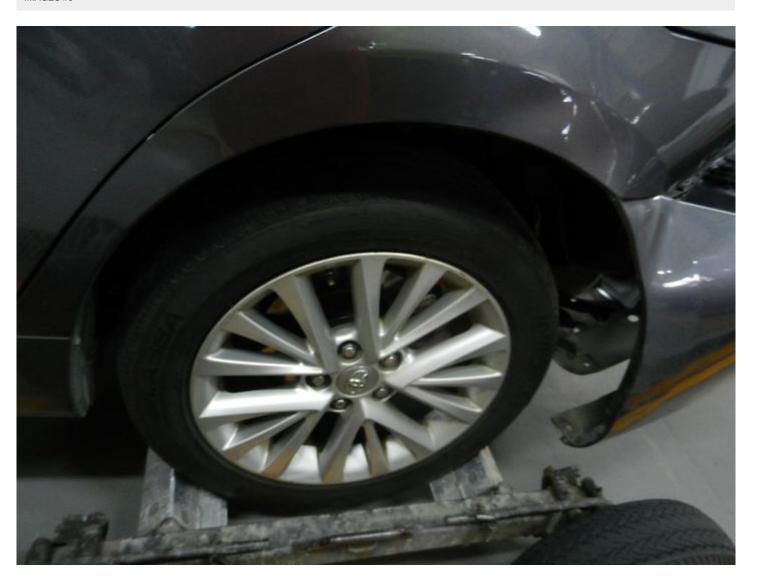


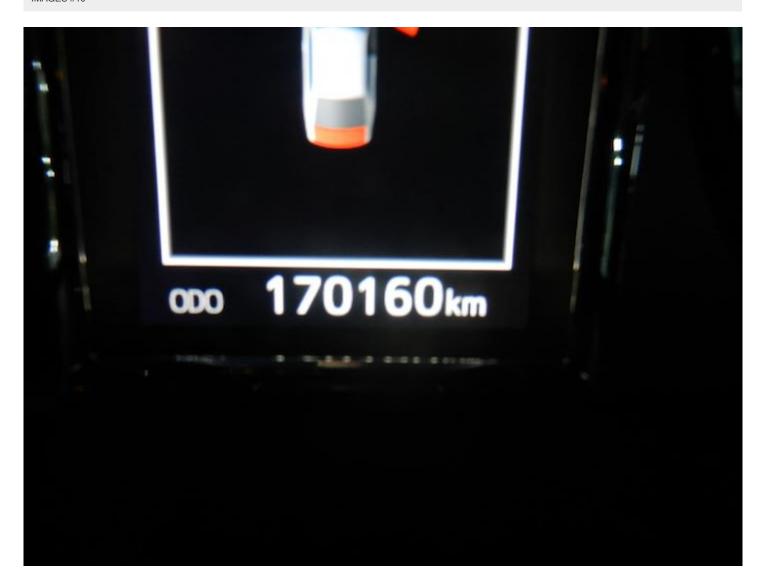




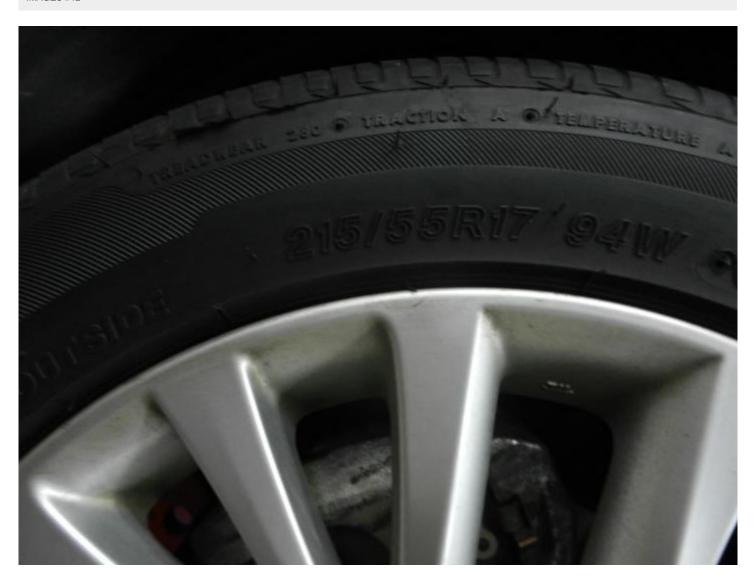
















Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111

Report No. T/20220811/2049

Tel No: 1800-4589999

REPORT OF A TRAFFIC ACCIDENT

Date/Tip	a Papart N	lado	Vide Report No.:	Ctotion Diameter	
	Date/Time Report Made: 11/08/2022 13:29		vide Report No	Station Diary No.	
Informa	nt's Particu	ılars			
	Informant: /E HUAT N		Address: 8 ANG MO KIO AVENU	E 2 #06-05 SINGAPORE 567695	
	/ ID No.: D / S682523	35J	Contact No.: Home/Office:	Mobile: 96159957	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 54	Date of Birth: 09/07/1968	Type of Informant: Driver		
Race: Chinese		Language:	Institution / School Name:		
Occupation: SELF-EMPLOYED		Driving Licence Informa Class: 3	tion: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/08/2022 09:40	Type of Location: Flyover	
Location: PAN-ISLAND Weather:	EXPRESSWAY	Road Surface:		Road Speed Limit:	
Sunny		Dry		rtoad opeca Elinia	
		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collis	sion: ving Vehicles - Head			Anyone conveyed by ambulance:	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLV4173A	Car	HONDA	Vezel	Grey	Seriously Damaged	35533
SMH1604E	Car	HONDA	Freed	Blue	Slightly Damaged	2
SMP4220S	Car	TOYOTA	CAMRY 2.5 AUTO	Grey	Seriously Damaged	0

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





240071144

Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111

Report No. T/20220811/2049

2 of 3

Tel No: 1800-4589999

CONTINUATION OF REPORT

Details of V	ehicle Insurance	The		T
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP4220S	AXA INSURANCE SINGAPORE PTE	GA563135	27/02/2022	26/02/2023

Brief Details.

On 11/8/2022 at about 0940hrs, I was driving my vehicle (bearing vehicle no. SMP4220S) along lane 1 (fastest lane) on the PIE towards Changi, along Eunos Flyover when I was caught in a 3-car pile-up. At that time, the car in front (bearing SMH1604E) was slowing down due to the heavy traffic. As such, the driver at the back of my vehicle (bearing SLV4173A) smashed into the rear of my vehicle, causing me to similarly, smash into the rear of the front car (SMH1604E). All 3 of us alighted from our vehicles and exchanged particulars. Someone also called for the ambulance and they came down to check on all 3 of us drivers. Only the driver of SLV4173A suffered cuts on his lips. In that instance, I waited for my vehicle to be towed away before I left the scene. On my way to the workshop, I felt pain on my right shoulder and visited Frontier Associates clinic at B/163 Ang Mo Kio Ave 4 #01-426, and I was given 3 days MC for my injuries. I also wish to state that I have an in-car camera capturing whatever had happened. I am here to make a report for police necessary assistance.

Particulars of front driver: SMH1604E, Pang Tong Cheow, S1338711G, 96155503

Particulars of Rear Driver: SLV4173A, Poh Boon Heo, S1314145A, 87663793





20220811/2049

Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111 Tel No: 1800-4589999

Report No. T/20220811/2049

3 of 3

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: F / SGT 2 JERVIS HENG KHENG YONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time; 11/08/2022 13:29
Officer In Charge Of Case: TP / AEIT / SR STAFF SGT MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:
NP168	



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date:	1 T AUG 707?	To: Owner of Vehicle Number:	SM9 42205
he fi	allowing has been advised to you b, Zila Mui Hong, Wei Jie . Pleas	via your workshop, AH LIM MOTOR etick the applicable box if you had been a	COMPANY through their staff, dvised on any of the following:
1	You had been advised by the wo is a Fourteen (14) days clause w of occurrence.	orkshop that in the case that you wish to cla hereby the claim must be made within the	aim against your own policy, there stipulated timeframe from the day
)	You had been advised by the wo	orkshop on the liability and merits of the ca	se accordingly.
)	due to this accident. > if fire damage and However, there will	orkshop on the claims procedure for the typ you claim under your own insurance, any be no recovery prospect and NCD will be you are claiming against the Third Party	applicable excess will be waived.
()	You have agreed to let AXA assibe towed out to another worksh \$ \$200 off on your B \$ \$200 as a benefit if	very is not guaranteed, and AXA will not sign a workshop for your vehicle repairs. nop assigned by AXA. In return, you will go asic Own Damage Excess or if your policy has \$0 excess and no Loss of top of existing Loss of Use Benefit if your it	In the process, your vehicle might et: f Use benefit <u>or</u>
)	There will be delay to your vehi- option except to indent it from or	cle repair due to the unavailability of spare verseas.	parts locally and there is no other
)	placed. If you wish to cancel/w	thdrawal of the Own Damage claim once t withdraw the claim, you shall bear all cost to the procurement of the spare parts.	
)	The estimated waiting time for arrival time does not include the	the spare parts to arrive ise repair period.	, The estimated
)	You will be driving the vehicle or may not be road worthy.	ut despite being advised by the workshop m	echanic/ personnel that the vehicle
)	use only original parts to repair For vehicles above three (3) ye company will be carrying out re part that needs to be replaced	ars old or under warranty with a local distri your vehicle, sars old and no longer under warranty with spairs where any damaged part that can be d will be replaced using any combination of parts and/or second-hand parts.	n a local distributor, your insurance e repaired will be repaired and any
()	workmanship related to the acc For vehicles that are under war	workshop of the Twelve (12) months war ident. ranty with a local distributor, you have beer y effect to your warranty prior to making th	n advised by the workshop to chec
11	547	lary @ own worldhop.	
Nam	ed and sckriewledged by:	authorized driver* and company stamp ((where applicable)
Nig	Ah Lim Motor Company	_Name and signature of workshop pers	connel including company stamp





AXA Insurance Pte Ltd

1800 380 4888 (Within Singapore) (65) 6880 4888 (International)

(65) 6880 4740

⊠ customer.care@axa.com.sg

www.axa.com.sg

account number

19649

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

Policyholder name Cover

Plan name

NCD applicable

LIM CHYE HUAT NICHOLAS

Comprehensive

Essential

50%

Certificate of Insurance

Vehicle registration number SMP4220S

Period of Insurance from 27/02/2022 to 26/02/2023 (both dates inclusive)

Finance loan company HI BANK

Certificate number Chassis number Engine number

GA563135/1 MR053AK5004009363 2ARU230615

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 randored inoperative by Scotion 8 of the Motor Vehicles (Third-Party Rishs 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 400.00

SGD 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
- 3. \$\$5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$\$2,500 if You have chosen AVA Premium

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

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 effence 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 falling 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, #B1-01,

1 of 2