SS2X229S000B-01 / SME MOTOR PTE LTD ENTRY DATE & TIME: 28/09/2022 16:04 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 2 (07/10/2022 17:25 (SGT))

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 28/09/2022 16:04 (SGT) Reported by Date of Accident 25/09/2022 17:53 (SGT) Exact Location of Accident Lor 39 Geylang, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number SMF5592P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **LIM JUN HONG** NRIC No S8807050Z Fmail Address BERBATOV.JH@GMAIL.COM Mobile Phone No (Phone) +65-98799896 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Glc250 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 your vehicle? No - Reporting only Vehicle Category Private car Transmission Auto CC 1800

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Policy Number / Cover Note Number GA612158

DRIVER

Name of Driver **LIM JUN HONG** NRIC No S8807050Z Date Of Birth 06/03/1988 Occupation Outdoor

Data Of Divina Data	40.00.000
Date Of Driving Pass	18/08/2008
Driving experience	14 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98799896
Alt. Phone Number	-
Email Address	BERBATOV.JH@GMAIL.COM
Address	BLK 531 JELAPANG ROAD #09-09-
Address complement	-
Postcode	670531
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	- No.
	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? 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	- -
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
I WAS WAITING OUTSIDE SIMS RESIDENCE FOR A LOT AS T CAR TAT DAY PARKED BEHIND. AFTER WAITING FOR 10 MIN	HE CARPARK LOTS WERE FULL THAT DAY. I WAS THE ONLY ITUES, I REVERSE AND WANTED TO LEAVE AND FIND

I WAS WAITING OUTSIDE SIMS RESIDENCE FOR A LOT AS THE CARPARK LOTS WERE FULL THAT DAY. I WAS THE ONLY CAR TAT DAY PARKED BEHIND. AFTER WAITING FOR 10 MINTUES, I REVERSE AND WANTED TO LEAVE AND FIND ANOTHER LOT WHEN I FELT AN IMPACT AT MY BACK. I WENT DOWN AND SAW ANOTHER CAR BEHIND ME THAT HAD INCHED FORWARD FROM HIS POSITION JUST OUTSIDE THE CONDO TO HIT MY CAR. HE WAS PARKING IN A DANGER SPOT THAT BLOCK OTHER CARS FROM COMING OUT FROM THE COND AND ALSO TRIED TO BLOCK MY EXIT FROM THE SPACE I WAS IN. LUCKY FOR US, WE WERE REVERSING AT SLOW SPEED AND NONE OF MY PASSENGER WAS INJURED. MY BOOT SUFFERED SLIGHT SCUFFS AND NO OTHER DAMAGES WERE REPORTED. I DO SUSPECT THE DRIVER HAD TINTED WINDOWS THAT BLOCKED HIS VISION.

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	SMF5592P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	3

SKETCH PLAN

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- 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 Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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)

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:
- (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' 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.

Policyholder's Signature (if driver is not the policyholder) / Date
8. Time

Driver's Signature (if driver is not the policyholder) / Date
(Name as in NRIC/ID card)

Pouls A

Describe Circumstance of the Accident I was waiting outside Sms Residence for a lot as the Carpark lute
were full that day.
I was the only car that day parked behind.
I was the and on that Carl be received.
After waiting for 10 minutes, I reversed and wanted to leave and find
another lot when I felt an import at my back.
I went down and saw another can behind them we that had inched
forward from his position just outside the condo to hit my car.
He was parling in a danger spot that block other card from coming out of the condo and also tried to block my exit from the
coming out of the condo and also there to block my exil from the
2036 J WY W-
Lucky for as we were reversing it slow speed and none if
my passenger was injured.
my but suffered slight of Scuffs and no other damper
Ware Courted.
I also surject the ander had bearing tinted tooks windows that
bock his vision.

Declaration

I/We declare the foregoing particulars are true in every respect.

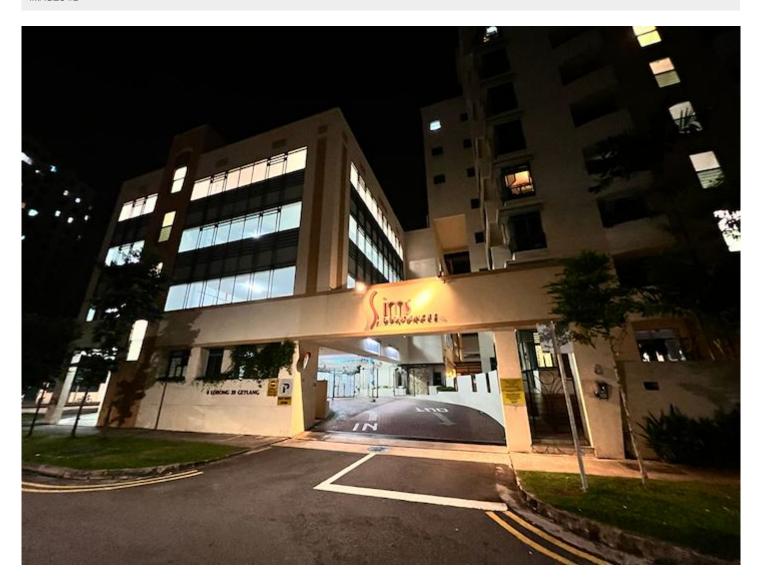
. In 28/01/22

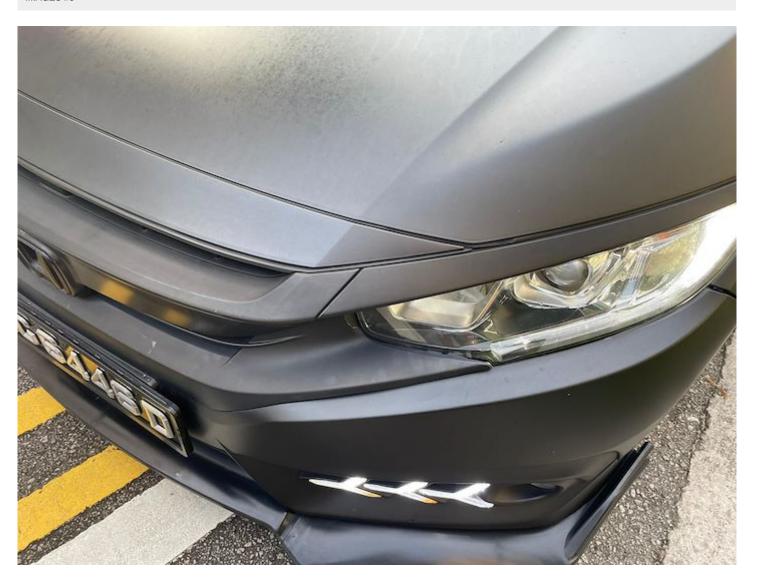
Policyholder's Signature / Date & Time

Oriver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



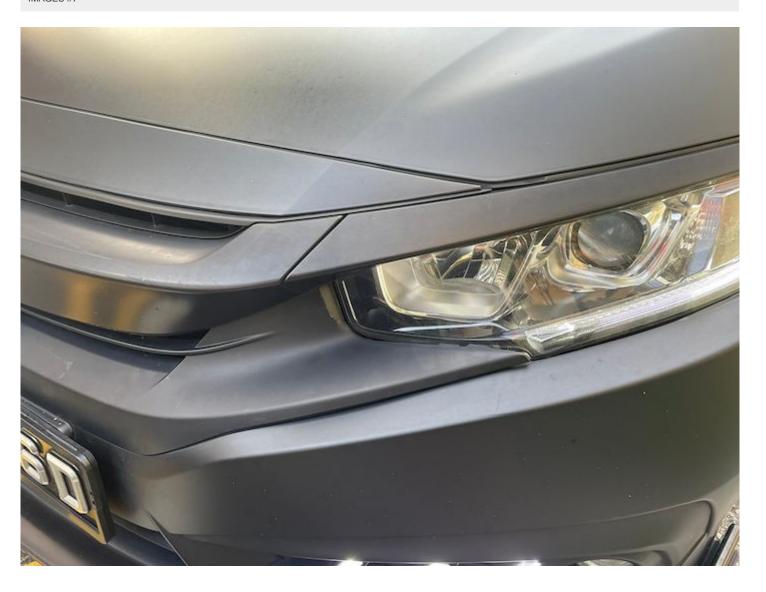






























		ADD	ENDUM	
A)	PARTICULARS OF PERSO	ON MAKING THE AMEND	MENTS:	
	Original Report No: S	30×2292000 B	Vehicle Perietration No.	Smf 5592
	Nama (as shown in NRIS	company the	Vehicle Registration No:	See0705
	(*Vehicle Driver/Policyho			
			1000 10	
			98	Singapore (
			Mobile No.: 7	1. 24.76
	Email Address:			h-e
3	Date of Accident:	5/09/22	Time of Accident:	17.53
	Date of Accident:	LORONGO 39	BIBYCANOG	
	nsurance Company:		AXA	
,		ON /AMENDMENTS: he above-mentioned acci lments:	dent and would like to include ad	
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	have made a report on t nake the following amend	he above-mentioned acci Iments:		

LETTER OF UNDERTAKING

My/Our Insurance is under M/s AXA Inclaim under my/our Policy or against the	surance Pte Ltd , I/we sh	all decide whether to ormer shall submit			
such a claim to M/s AXA Insurance Pte	o M/s AXA Insurance Pte Ltd with all relevant facts and documents rteen) days of occurrence or discovery of damage.				
My/Our Third Party claim is handle by r	my/our preferred worksh	op,			
Signed and Acknowledge by:					
SM					
Nric no. & signature of policyholder	Company stamp	Date			