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 09/01/2023 13:35 (SGT) Reported by Date of Accident 06/01/2023 07:15 (SGT) Exact Location of Accident Paya Lebar, Singapore Additional Location Information PIE NEAR PAYA LEBAR / EUNOS EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number EW3993J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner BENJAMIN PHEY BOON LEONG NRIC No S8323499G Email Address BENPHEY@GMAIL.COM Mobile Phone No (Phone) +65-98470246 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Estima 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

No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto

CC 2398

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Policy Number / Cover Note Number GA432473

DRIVER

Name of Driver BENJAMIN PHEY BOON LEONG NRIC No S8323499G Date Of Birth 04/08/1983 Occupation Outdoor

Date Of Driving Pass 20/10/2014 Driving experience 8 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-98470246 Alt. Phone Number Email Address BENPHEY@GMAIL.COM Address 33 TAMPINES CENTRAL 7 Address complement #08-46 Postcode 528614 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? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO ATTACHED SKETCH PLAN 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 SLH3063P Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Private car

Vehicle Category

Name of Driver
Contact Number

Address			 	
Address complement				
Postcode				 _
Insurance Company Name .			 	
Nature Of Damage				
Details of property damaged i	in accide	nt		. <u>-</u>
No. Of Passenger (Including	Driver) .			

SKETCH PLAN

IMPORTANT NOTICE

- Rease report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust 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 Formby insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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 ladgement 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;
- (ii) 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 GM 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 Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances o	f the Accident		
ON 6/1/23 @ ABOUT	7.15AM, I WAS TRAVE	ELLING ALONG PIE,	EXTREME RIGHT LANE,
IN MY VEHICLE EW	3993J. I WAS APPRO	ACHING NEAR PAY	A LEBAR / EUNOS EXIT,
VEHICLES AHEAD SL	OWED DOWN, I RED	UCED MY SPEED &	KEPT A SAFE DISTANCE
AS WELL. SUDDENL	Y I FELT AN IMPACT	& REALISED VEHIC	LE SLH 3063P COLLIDED
ONTO MY VEHICLE'S	S REAR PORTION. NO	INJURIES. NO PAS	SENGERS.
		2000000	
		`	
			*
Declaration	range (Silva		
We declare the foregoing particular	aars are true in every respect.		
3/1	mi	9/1/23	
Policyholder's Signature / Date & Time	Driver's Signature (If driver is & Time		Witnessed by Reporting Centre Personnel













Chassis number

Engine number

AXA Insurance Pte Ltd 1800 880 4888 (Within Singapore) (65) 6880 4888 (International) (65) 6880 4740 ☐ customer.care@axa.com.sg www.asa.com.sg

Certificate of Insurance

Afotor 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 Raka) Rules 1959 (Malaysia)

Policy details

Policyholder name

Cover

Plan name

NCD applicable

BENJAMIN PHEY BOON LOONG (BENJAMIN PENB Certificate number

WENLONG)

Comprehensive Essential

EW39931

Vehicle registration number Period of Insurance

Finance loan company

from 21/02/2022 to 20/02/2023 (both dates inclusive)

Mayban

GA432473 / 1

account number

08198

ACR500075012 2AZF180664

Persons or classes of persons entitled to drive*

(b) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is parmitted 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.

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, pade-making, reliability trial speed testing, the carriage of goods other than samples in connection with any triade or business arruse 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 trade, circuit, route, course or any other roads by whatever name called that are typically used for racing, pade-making or such similar purposes

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Perty Risks and Compensation) Act, (Chapter 189) and Section 86 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Basic Own Damage Excess

SGD 500.00 SGD 100 00

Windstreen Excess

- An Additional Excess is applicable as follows:
 - S\$500 for unnamed Authorised Driver
 S\$500 for declared Young and inexperienced Driver
 - 3 S\$5 000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium

Additional clauses & endorsements to your policy

Additional Clause 1

MPLD

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 sals 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 descripted a Statutory Declaration to the effect must be made. Feliure to comply with this obligation is an offence under the Motor Vahicle (Third-

Party Risks and Compensation Act (Cap 199)
The Pramium Warranty Clause requires the premium to be paid in full within a specific seriod 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

1 42