

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 withholding of material facts may allow insurance companies to repudiate policy ability.
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 Police for investigation.
6. This report will be forwarded by the insurers of 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 Report	20/11/2017 13:01
Date Of Accident	18/11/2017 21:45
Exact Location Of Accident	FIRST STREET (SIGLAP V CAR PARK ENTRANCE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV4836H
Insured/Policyholder	
Name Of Registered Owner	WONG KHAI LONG
NRIC No	S1198561J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94505744
Alternative Phone No	OTHERS-94505744

Vehicle Particulars

Manufacturer	AUDI
Model	A6-2.0 TFSI MU (A)
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA067976/1
Cover Note Number	

Driver

Name of Driver	WONG PEIZHEN
NRIC No	S8810617B
Date Of Birth	16/03/1988
Occupation	INDOOR
Date Of Driving Pass	23/07/2008
Driving Experience	9 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96210787
Fax Number	
Contact Number	
EEmail Address	PIZIWONG@GMAIL.COM

Address	55 SIGLAP RAOD # 03-04 SINGAPORE
Postcode	455871
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH STATEMENT RECORDED BY JIA MIN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 67415336

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGQ8198M
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	NEO GUAN SIONG
NRIC/Passport Number	S6920465A
Contact Number	91062928
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan


SKETCH PLAN


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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.
- (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.

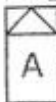
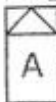
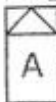

Policyholder's Signature
Date & Time: 20/11/17
12.56pm


Driver's Signature
(If driver is not the policyholder)
Date & Time: 20/11/17
12.56pm


Reporting Centre Personnel's Signature
Name: JiaMin
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">Vehicle No</th> </tr> <tr> <td style="width: 20px; text-align: right;">A -</td> <td style="padding: 2px;">SKV4836</td> </tr> <tr> <td style="width: 20px; text-align: right;">B -</td> <td style="padding: 2px;">SGS898m</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">Legend</th> </tr> <tr> <td style="width: 50%; text-align: center; padding: 5px;">  Vehicle </td> <td style="width: 50%; text-align: center; padding: 5px;">  Bike </td> </tr> </table>	Vehicle No		A -	SKV4836	B -	SGS898m	Legend		 Vehicle	 Bike
Vehicle No											
A -	SKV4836										
B -	SGS898m										
Legend											
 Vehicle	 Bike										

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date: 18 Nov 2017
 Time: 945pm
 Location: First Street (Signpost ^{carpark} entrance)

I was turning the bend and was doing a reverse to park when the right front side of ~~the~~ ^{my} vehicle scratched the left rear side of the parking vehicle ~~that~~ outside the landed property which is putting out.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time: 20/11/17
 12.56pm

GIARMC SketchPlanForm, V5

Driver's Signature

(If driver is not the policyholder)

Date & Time: 20/11/17
 12.56pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Jia Min

Common Statement

ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 18/11/17		Time 0145		2 Exact location of accident First Street (Sglap V Carpark Entrance)		To be signed by BOTH drivers	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
						Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) **SKV 4836H**

6 Insured / policyholder (see insurance cert.)
Name **Wong Khai Long**
Address _____
NRIC / Passport no. **S1198561J**
Tel no. (from 9am till 5pm) _____
HP **94505744**

7 Vehicle
Make, type **Audi AG 2.0T FSI MU**

8 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. **GA067976/1**

9 Driver ☐ State as Owner
Name **Wong Pei Zhen**
NRIC / Passport no. **SS810617B**
Class of licence **34**
HP **96210787**
Gender Male ☐ Female ☒

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Chain Collision |
| <input type="checkbox"/> | Collided into Bicycle |
| <input type="checkbox"/> | Collided into Motorcyclist |
| <input type="checkbox"/> | Collided into Parked Vehicle |
| <input type="checkbox"/> | Collided into Pedestrian |
| <input type="checkbox"/> | Collided into Property |
| <input type="checkbox"/> | Collision - Change/Cross Lane |
| <input type="checkbox"/> | Collision - Green Junction |
| <input type="checkbox"/> | Collision - Head on Collision |
| <input type="checkbox"/> | Collision - Head to Rear |
| <input type="checkbox"/> | Collision - Major/Minor Rd |
| <input type="checkbox"/> | Collision - Opening Door of Vehicle |
| <input type="checkbox"/> | Collision - Reversing |
| <input type="checkbox"/> | Collision - U-Turn |
| <input type="checkbox"/> | Drunk Driving / Drug Influence |
| <input type="checkbox"/> | Fire, Explosion or Igniting |
| <input type="checkbox"/> | Flood |
| <input type="checkbox"/> | Hit and Run / Vandalism / Damaged whilst Parked |
| <input type="checkbox"/> | Hit by Fallen Tree / Other Objects |
| <input type="checkbox"/> | No Collision |
| <input type="checkbox"/> | Side Swipe |
| <input type="checkbox"/> | Theft |

Registration No. (VEHICLE B) **SGQ8198M**

6 Insured / policyholder (see insurance cert.)
Name _____
Address _____
NRIC / Passport no. _____
Tel no. (from 9am till 5pm) _____
HP _____

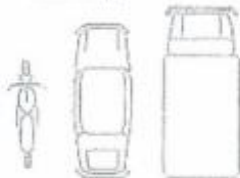
7 Vehicle
Make, type _____

8 Insurance company
☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available) _____

9 Driver (See driving licence)
(if different from insured B above)
Name **Neo Auan Siong**
NRIC / Passport no. **S6920465A**
Class of licence **2B, 3A, 3, 3**
HP **91065938**
Gender Male ☒ Female ☐

State TOTAL number of boxes marked with a cross

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle A

13 My remarks

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

15 Signatures of drivers

A *[Signature]*

14 My remarks

B

In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)	
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)			
Insured	1 Occupation (if more than one, state all)		Email: <u>pizimong@gmail.com</u>
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner <u>Child</u> Please the vehicle number and name of Insurer of driver's own vehicle (where applicable)		
	4 Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify		
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state where it is at present Tel no.		
Of which vehicle are you the owner?	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)		
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass
	<u>16/3/88</u>	<u>Indoor</u>	<u>23/7/08</u>
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability		
	9 Full details of all driving convictions including pending prosecutions in the last 36 months		
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle
			Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>
			Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage
			Insurer's name and address (if known)
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station		
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom?		
Accident details	14 Weather conditions	Clear <input checked="" type="checkbox"/>	Raining <input type="checkbox"/>
	15 Road surface	Wet <input type="checkbox"/>	Dry <input checked="" type="checkbox"/>
	16 Speed of vehicles	A <input type="text"/> km/hr	B <input type="text"/> km/hr
	17 What warnings were given by driver or other party?		
	18 Were street lights illuminated? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
	19 What lights were displayed on your vehicle/the other vehicle(s)?		
	20 If your vehicle is commercial, state weight of load carried at time of accident		
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)		
Declaration	22 State number of Passengers (including Driver) <u>1</u>		
	I/We declare the foregoing particulars are true in every respect		
Policyholder's signature		Date <u>20/11/17</u>	
Driver's signature (if driver is not the policyholder)		Date <u>20/11/17</u>	

DRIVER NRIC & LICENCE Pg. 1

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S8810617B**

Name: **WONG PEIZHEN**

Birth Date: **16 Mar 1988**

Issue Date: **23 Jul 2008**

001629968D

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8810617B**

Name: **WONG PEIZHEN**

王珮禎

Race: **CHINESE**

Date of Birth: **16-03-1988**

Sex: **F**

Country of Birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

23 Jul 2008

NP 428A

Licence No: **S8810617B**

55 SIGLAP ROAD #03-04
SINGAPORE 455871

NRIC No: **S8810617B**

Date: **09/12/2010**

No: **6622747**

19-06-2003

NRIC No: **S8810617B**



redefining / insurance

AXA Insurance Pte Ltd
 ☎ 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 📠 (65) 6880 4740
 ✉ customer.care@axa.com.sg
 🌐 www.axa.com.sg

Certificate of Insurance

account number
03926

-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	WONG KHAI LONG	Certificate number	GA067976 / 1
Cover	Comprehensive	Chassis number	WAUZZZ4F88N048583
Plan name	Peace	Engine number	6PJ073643
NCD applicable	40%		
Vehicle registration number	SKV4836H		
Period of Insurance	from 25/01/2017 to 24/01/2018 (both dates inclusive)		
Finance loan company	STANDARD CHARTERED BANK (SINGAPORE) LIMITED		

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 96 of the Road Transport Act 1987 (Malaysia) are not to be included under these headings

EXCESS	Basic Own Damage Excess	SGD 500.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows

1. \$500 for unnamed Authorized Driver
2. \$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 A: A Premium Workshop.

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 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.

your servicing agent
SMS or Call 9821.8153

Maxurance Venture

8 Burn Road #09-10 S(369977)
 Trivex | enquiry@maxurance.com
 Tel 6100 2592 | Fax 6280 9878

AXA Insurance Pte Ltd (199903512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #B1-01

1 of 3

Accident Photo



Accident Photo



Accident Photo



Accident Photo

