

## 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	18/12/2017 11:26
Date Of Accident	17/12/2017 13:45
Exact Location Of Accident	MIDDLE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM6006X
-----------------------------	----------

#### Insured/Policyholder

Name Of Registered Owner	WONG WING KUEN
NRIC No	S1403910D
Email Address	VKWONG60@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96649421
Alternative Phone No	OFFICE-NOPHONE

#### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B180 (R16 BI)

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	GA091531/1
Cover Note Number	

#### Driver

Name of Driver	WONG WING KUEN
NRIC No	S1403910D
Date Of Birth	26/07/1960
Occupation	INDOOR
Date Of Driving Pass	02/02/1981
Driving Experience	36 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96649421
Fax Number	
Contact Number	OFFICE-NOPHONE
EEmail Address	VKWONG60@GMAIL.COM

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident SIDE SWIPE

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) 2

#### 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

#### 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 SLK2636C

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver ONG CHEE KEONG

NRIC/Passport Number S7313078F

Contact Number 96680945

Address

Postcode

Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

#### Details of Witness

Name

Phone Number

Email Address

## Sketch Plan

### 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.
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 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.
5. Any false reporting may be referred to the Police for investigation.
6. 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.
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.
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' 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;

(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' 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 GIA 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 & Time 11.30 AM

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Victoria Street



A: SKM6006X.  
B: ~~SKM~~ 2636C

## Describe Circumstances of the Accident

LICENSE PLATE NUMBER: SKM 6006X

ACCIDENT DATE: 17/12/2017

CONTACT NUMBER: 96649421

ACCIDENT TIME: 1:45 PM

EMAIL: vkwong62@gmail.com.

LOCATION: Middle road

- > Happened along Middle Road
- > The other car was on the left lane after signalling into the lane
- > I was in the second lane and decided to turn left.
- > The other car on the left lane went straight and hit my car left rear.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT  
AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.  
PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state:

( ) Claim Own Policy ( ) Claim Third Party ( ) Claim OD/TP at other workshop ☒ Reporting Only

## Declaration

We declare the foregoing particulars are true in every respect.

16/12  


Policyholder's Signature / Date &  
Time 11/30 AM

Driver's Signature (If driver is not the policyholder) / Date  
& Time



Witnessed By Reporting Centre  
Personnel


**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S1403910D**

Name: **WONG WING KUEN**

Birth Date: **26 Jul 1960**  
Issue Date: **09 Feb 2004**

**001112933E**



**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S1403910D**

Name: **WONG WING KUEN**  
**黄永权**

Race: **CHINESE**  
Date of birth: **26-07-1960**  
Country/Place of birth: **SINGAPORE**

Sex: **M**

**5456757**




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

**Class 3** Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

**PASS DATE** **02 Feb 1981**

**NP 428A**



**5456757**

**NRIC No S1403910D**

Date of issue: **12-10-2015**

**8 UPPER SERANGOON CRESCENT #12-17**  
**SINGAPORE 534032**

**NRIC No: S1403910D** **Date: 18/10/2016 (R)**






redefining / insurance

AXA Insurance Singapore 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  
 05185

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 WING KUEN	Certificate number	GA091531 / 1
Cover	Comprehensive	Chassis number	WDD2462422J223511
Plan name	Flexi	Engine number	27091030307705
NCD applicable	50%		
Vehicle registration number	SKM6006X		
Period of Insurance	from 21/03/2016 to 20/03/2017 (both dates inclusive)		
Finance loan company	MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD		

### 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 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

<b>EXCESS</b>	Basic Own Damage Excess	SGD 400.00
	Windscreen Excess	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. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$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 Singapore 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.

Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo





Accident Photo



Accident Photo

