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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	30/01/2018 12:42
Date Of Accident	28/01/2018 12:00
Exact Location Of Accident	ALONG WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJY1254C
Insured/Policyholder	
Name Of Registered Owner	WONG KOK HOONG
NRIC No	S6875867Z
Email Address	GUOXIONG@MOTSEWONG.COM
Mobile Phone No	(LOCAL) +65-98559811
Alternative Phone No	OTHERS-98559811
Vehicle Particulars	
Manufacturer	MAZDA
Model	2 1.5
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
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	GA055154/1
Cover Note Number	
Driver	

Driver

Name of Driver WONG KOK HOONG

NRIC No S6875867Z

Date Of Birth 14/01/1968

Occupation INDOOR

Date Of Driving Pass 30/07/1999

Driving Experience 18 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98559811

Fax Number

Contact Number OTHERS-98559811

EMail Address GUOXIONG@MOTSEWONG.COM

Address BLK 315A YISHUN AVENUE 9 #07-204

Postcode 761315

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 COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

3

NO

NO

NO

NAME: : RELATIONSHIP

GENDER: : FEMALE

Passenger 2 NAME: : RELATIONSHIP

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO STATEMENT

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 SLG7924J
Vehicle Make/Model/Colour MITSUBISHI

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver LIM HUAT SENG

NRIC/Passport Number S7060199J Contact Number 9277 9868

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

KETCH PLAN			
A			
A	A: s	JY1254C	
	B: si	19243	
	1 Along	Woodlands	Checkpoint.
SCRIBE CIRCUMSTANCES OF TH	E ACCIDENT		
我是SJY1254C車主	WONG KOK HOONG B	"殿証出好不	867/2 \$ 20184
中十十日日日十十二	二点直新加坡工艺美型陷台繁报	长碰击3一	部三菱菱 8167924
的后方与教夷后为	凹陷与黑报		
CLARATION			
of declaration foregoing particulars ar	e true in every respect.		/
	Driver's Signature (If driver is not the policyholder)	Reporting Centro Name: NRIC/FIN No.:	e Personnel's Signature

	Owner
صو	Owner
10	Driver

ACCIDENT STATEMENT

Date of Acc	ident	Time		Locatio	on of Acciden	t				
38/01/	2018	12:00 pm	Alrol	W	oodland	6	che	ckpo:	int.	
INSURED/ POL	ICY HOL	LDER (VEHICLE A)	OB LERED							
Vehicle Registra	ation Nun	nber		SIY	1254C	_				
Name of Policyholder				Won		toon	CR.			
NRIC/ FIN/ Pas	sport/ RC	C (if Policyholder is	s company)	563	158672	10011	1			
Address					315 A YHS	Luna	Annu	09	#07-)	14 SIZL12
Contact Number	4			Tel	31.77	anger.	Ho	0855	0011	04 S(7613
Occupation				3ml	hov			7027	1011	
VEHICLE PART	TICULAR	S (VEHICLE A)	THE RESERVE	Va.	1		St. 10.11	50 50 1	HUGO	A STATE OF THE PARTY OF THE PAR
Vehicle Make / /		Control of the Contro		N/cz	da 2 1.	5				
Type of Vehicle					MPV. CRV.		orry. Bus	M/cycle	Others	
Exact Purpose for	or which	vehicle was being u	sed							
at the time of ac				Prw	ate use					
Are you claiming	under y	our own insurance p	policy?	0	Yes	0	No	Rema	arks Rep	nt-01
Vehicle category	1			C	Private	0	Comm	ercial	O Motor	rcycle
INSURANCE CO		(VEHICLE A)	PART TO STATE	THE RES		1070		-	141070	
Name of Insuran	nce Comp	any		AXA						
Type of Policy		OTHER DESIGNATION OF THE PERSON OF THE PERSO			Comprehensive	. 0	TP Fire	& Theft	O Third	narty
Fleet Policy					Yes	0		G THOSE	- 11010	party
Policy Number					551541		140			
DRIVER	E653		San San	1200000	WHEN SERVICE	121	N=1	VC (EX		
Name of Driver				157						
NRIC/ FIN/ Pass	port									
Date of Birth					- 1968					
Occupation				1.1	1,00					
Driving Pass Date	e			30-0	7-1997					
Gender				0	Maie	0	Female			
Contact Number				Tel			Hp.			
Address				- 1			1.40.4			
Email Address										
Was driver an em	playee a	f the Insured's Com	pany?	0	Yes	0	No:			
		with the Insured.								
		Own Vehicle (if app	plicable)							
nsurance of Drive	er's Own	Vehicle (if applicable	e)							
SENERAL INFOR	RNIATION	OF THE ACCIDE	TV	3 Pa	4					
		in Collision/ Head-C		100	Insured	11	+	TP		
Veather Condition				0	Clear	0	Raining	1 3	Others	
Road Surface				0	Wet	0	Dry	(Others	
amage Area							-			
THER INFORMA	ATION									
Vas there any for	eign vehi	cle(s) involved?		0	No	0	Yes			
Vas anybody injur	red in the	accident? (Inclu	uding Witness)	0	No		Yes			
as any other vehicle(s) or property damaged?			0	No	-	Yes				
Vas there any car	mera vide	o footage (in car)?		0	No		Yes			
ETAILS OF POL										
as the accident	reported t	to the Police?		8	No	0	Yes			
Yes, please state	e which p	olice station & Repo	ort No.							
las notice of inter	nded Pro	secution given?		0	No	0	Yes			
Yes, against who										

guoxiong@morsewong.com

ST11254C

DETAILS OF OTHER VEHICLES OR PROPERTY D	DAMAGED
Other Vehicle or Property 1 (VEHICLE B)	
Vehicle Registration Number	SLG 7724 J Nitsubishi
Vehicle Make/ Model/ Colour ,,	Mitsubishi
Details of Properties (If Other Party is not a Vehicle)	
Damage Area	
Name of Driver	Lim Huat Sono
NRIC/ FIN/ Passport	Lim Huat Song 570601993 9277 9868
Contact Number / Email Address	9277 9868
Address	Tradition in trade
Name of Insurance Company	
Other Vehicle or Property 2	
Vehicle Registration Number	/.
Vehicle Make/ Model/ Colour	/
Details of Properties (If Other Party is not a Vehicle)	
Damage Area	
Name of Driver	
NRIC/FIN/ Passport	
Contact Number / Email Address	/
Address	
Name of Insurance Company	1
DETAILS OF WITNESS	
Name	- /
Phone / Email Address	
Address	
NRIC/FIN/Passport	
DETAILS OF INJURED PERSON 1	
Name	
NRIC/ FIN/ Passport	
Address	
Approximate Age	
Injuries Sustained	
If Vehicle Occupants, state in which vehicle?	0 10 10
Were Seat Belts Worn?	O Yes O No
Was Injured conveyed to hospital by ambulance?	O Yes O No
DETAILS OF INJURED PERSON 2	
Name NDIC/FIN/ Possed	
NRIC/FIN/ Passport Address	
Approximate Age	
Injuries Sustained	
If Vehicle Occupants, state in which vehicle?	
Were Seat Belts Worn?	O /res O No
Was Injured conveyed to Hospital by Ambulance?	O / Yes O No
vias injured conveyed to maspital by Ambulance	0/165
Declaration	
I/We declare that the above particulars & information provide	and ahous are true in every aspect
/ \ / \ / \ / \ / \ / \ / \ / \ / \ / \	
1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	11 0 DPW.
Date & Time	2011/2018 12:00
Signature of Policy Holder	30/1/2018 12:00 Pm
(Company Chop if applicable)	
frauthaut evert addictional	
Date & Time	
Signature of Driver / Date & Time	
(If Driver is not the Policy Holder)	
to see the control of second constitution of	

SKETCH PLAN

IMPORTANT NOTICE

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 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:
 - (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:

30/1/2018 D:00 PM

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

Name: NRIC/FIN No.:

AK	redefining / msurvace
	28 01 208 Owner of Vehicle Number: SJ Y 12540
	MONANCY SECTION CONTROL CONTRO
staff,	following has been advised to you via your workshop, through their
Pleas	e tick the applicable box if you had been advice on the content as seen below:
11	You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
1/1	You had been advised by the workshop on the liability and merits of the case accordingly.
1	You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
N	There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
1	There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
1	The estimated waiting time for the spare parts to arrive is The estimated arrival time does not include the repair period.
1	You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
1	For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
	For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using any combination of genuine original parts and/or original equipment manufacturer (OEM) parts.
-1	You had been advised by the workshop of the Twelve (12) months warranty for <u>Own Damage</u> repairs on workmanship related to the accident.
-1	For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
1	Others Only Reporting
igned a	and acknowledge by:
Nov.	5 KOK HOONG DAYNIN
	nd signature of policyholder/authorised driver

IDENTITY CARD & DRIVING LICENCE

Name and signature of workshop personnel including company stamp





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

Class 28 Motorcycles not exceeding 200 cc Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 killograms

15 Jun 2000 30 Jul 1999

NP 428A

HHE N: S6875867Z

15-06-2009

APT BLK 315A YISHUN AVENUE 9 #07-204 SINGAPORE 761315 NRIC No: \$8875867Z

Date: 30/11/2014





Certificate of Insurance

account number

GA055154 / 1

ZY610586

MM6DE10Y1A0110614

05124

Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960-Road Transport Act. 1967 (Margysian Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Certificate number

Chassis number

Engine number

Policy details

Policyholder name Cover Ptan name

WONG KOK HOONG Comprehensive Peace NCD applicable 50%

Vehicle registration number Period of Insurance

Finance loan company

SJY1254C

from 03/08/2017 to 02/08/2018 (both dates inclusive)

DBS BANK LTD

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 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-ciaking or such similar purposes.

* Limitations rendered inoperative by Section 8 of the Motor Ventiles (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.

EXCESS

Basic Own Damage Excess

SGD 300,00 SGD 100.00

An Additional Excess is applicable as follows:

- 1. S\$500 for unnamed Authorised 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 AXA Premium Workshops

Additional clauses & endorsements to your policy

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 fisses and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

Important note

Policymaters are warned that on the sale of a motor vehicle they must surrender the Cartificate of Insurance and the Policy to the Insurance company. If the Cartificate of Insurance has been lost or descripted a Statutory Declaration to the effect must be made. Failure to domoty with this obligation is an offence under the Motor Whode China-Fairly Firsh and Compensation Act (Cap. 189).

The Premium Warranty Clause requires the premium to be seed in the within a specific period trang about these equities no liability under the policy, renewal constraint.



Driving License TP





Accident Photo









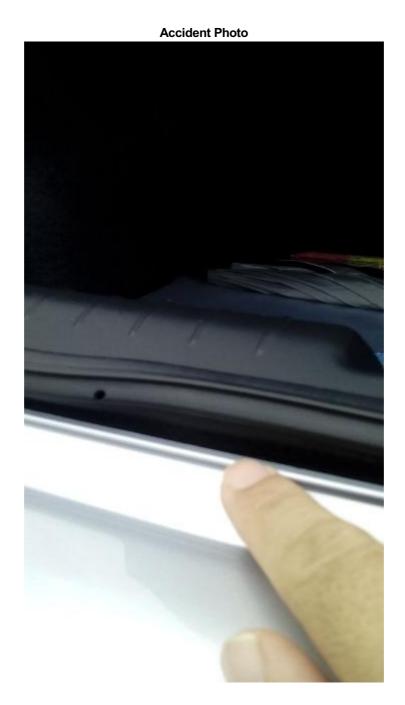












Driving License TP





Accident Photo







