## 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	20/02/2018 10:20	
Date Of Accident	19/02/2018 12:40	
Exact Location Of Accident	COMMONWEALTH AVE	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLH9301M	
Insured/Policyholder		
Name Of Registered Owner	JWONG5505	
Co Reg No	53315646K	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-87779773	
Vehicle Particulars		
Manufacturer	KIA	
Model	CERATO FORTE	
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	THIRD PARTY	
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	AXA INSURANCE PTE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	P2003226	
Cover Note Number		
Driver		
Name of Duken	ONG HANAFI	

Name of Driver ONG JUNWEI
NRIC No S8212993F
Date Of Birth 24/04/1982
Occupation INDOOR
Date Of Driving Pass 30/09/2004

Driving Experience 13 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87779773

Fax Number

Contact Number

EMail Address ONGJUNWEI82@YAHOO.COM.SG

Address BLK 619B PUNGGOL DRIVE #09-773

Postcode 822619

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 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**

I WAS MOVING OFF FROM TRAFFIC LIGHT. VEHICLE B SUDDENLY HIT ONTO MY VEHICLE REAR LEFT.

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 SHD9357X

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

## SKETCH PLAN

#### IMPORTANT NOTICE

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- 7. 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:

- 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)
  - (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
- (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 & Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No .:

## Sketch Plan #2 Pg. 1

SKETCH PLAN	3
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
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WAS MOVING OFF FROM TRAFFIC (	16H7, VoHICLE
AND AND MALL DELL	K REAR 1457.
B SWIDNY ALL ONLO MY WITH	W Terris
DECLARATION	
I/We decleresthe foregoing particulars are true in	
(3) (23) (34) (5) (A	U. C a hura
Driver's Signature	Reporting Centre Personnel's Signature Name:
Policyholder's Signature (If driver is not the policyholder)  Date & Time:  Date & Time:	NRIC/FIN No.:

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# Sketch Plan #3 Pg. 1

# DESTRUCTION OF UNDERTAKING

	SLAT 950 M
I/We, / WONG 5505	the owner of vehicle no
	·
My/Our Insurance is under M/s AXA Insurance Stocked under my/our Policy or against the Third claim to M/s AXA Insurance Singapore Pte Ltd was 14(fourteen) days of occurrence or discover	with all relevant facts and documents within early of damage.
My/Our Third Party claim is handle by my/our pref	eried workshop,
My/Our Third Party claim is handle of my	*
!	·
i de la companya de	•
Signed and Acknowledge by:	05.80
	20(0) (20(4)
Nric no. and signature of policyholder Cor	npany Stamp Date

## **Driving License**









#### **INSURANCE**

AXA INSURANCE PTE LTD

6 Shenton Way, #24-01 AXA Tower, Singapore 068911 Customer Service Centre #B1-01 Tel:(65)63387288 Fax:(65)63382522 Website:www.axs.com.sg GST Registration Number: 199903512M customer.service@axa.com.sg



#### CERTIFICATE OF INSURANCE

■Motor Vehicles (Third-Party Fisks and Compensation: Act. (Chapter 189) ■Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960 ■Rose Transport Act. 1987 (Malaysis) ■Kotor Vehicles (Third-Party Risks: Rules, 1353 (Malaysia)

: VCX/P2003226

Account No. : 14086

Coverage

: Comprehensive

Sum Inaured

: Market Value At The Time Of Loss

Name of Policy Wolder

: JWONG5505

Vehicle Registration No. : SLH9301M

Period of Insurance

. From 28/12/2017 To 27/12/2018 (Both Dates Inclusive)

#### PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

Named Driver(s) as stated in the Policy 1. ONG JIMWEI 2. ANY AUTHORISED DRIVER

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.

#### LIMITATIONS AS TO USE

- (a) Use for the carriage of passengers or goods in connection with the Policyholder's business.
   (b) Use for social domestic and pleasure purposes.

The Policy does not cover

- (a) Use for racing, pace making, reliability trial or speed-testing
   (b) Use whilst drawing a trailer except the Lowing (other than for reward) of any one disabled mechanically propelled vehicle

#### EXCESS :

All Claims-Any Author'd Driver : SCD 500.00 : SGD 100.00 Windscreen Excess All Claims - Non GRAB : SGD 5,000.00

(For Unnamed Driver Excess, please refer to your policy)

> Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) and Section 35 of the Road Transport Act. 1997 (Malaysia), are not to be included under those headings.

T/We hareby contify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Rinks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1997 (Malaysia).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOSFBA2 on 16/10/2017

INSTITUTE TO STATE THE POLICY OF THE POLICY 1891

The Fremium 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 pertificate, covernote and endorsement etc.

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