

## 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 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	20/02/2018 20:52
Date Of Accident	20/02/2018 07:40
Exact Location Of Accident	70 WEST COAST FERRY ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM1862Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WU TIANMING, DANIEL
NRIC No	S8300402I
Email Address	DANIELWU@SPH.COM.SG
Mobile Phone No	(LOCAL) +65-90901548
Alternative Phone No	OTHERS-90901548

### Vehicle Particulars

Manufacturer	VOLVO
Model	V40 CROSS COUNTRY T4
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	GA105300/1
Cover Note Number	

### Driver

Name of Driver	RENGASAMY KRISTY MELISSA
NRIC No	S8300402I
Date Of Birth	15/04/1987
Occupation	INDOOR
Date Of Driving Pass	05/04/2010
Driving Experience	7 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97411784
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 342C YISHUN RING ROAD #14-1942
Postcode	763342
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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.	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

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	SLN6528P
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



Owner  
 Driver

**ACCIDENT STATEMENT**

Date of Accident: 20/02/2018  
 Time: 07:40am  
 Location of Accident: 70 West Coast Ferry Road

**INSURED/ POLICY HOLDER (VEHICLE A)**

Vehicle Registration Number: SKM18623  
 Name of Policyholder: Wu Tianming, Daniel  
 NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S8300402I  
 Address: B/K 342C Kishun Ring Road #14-1742 S76331  
 Contact Number: Hp. 9090 1548  
 Occupation: indoor

**VEHICLE PARTICULARS (VEHICLE A)**

Vehicle Make / Model: Volvo V40 CROSS Country T4  
 Type of Vehicle: Saloon, MPV, CRV, Van, Lorry, Bus, M/cycle, Others  
 Exact Purpose for which vehicle was being used at the time of accident: private  
 Are you claiming under your own insurance policy?  
 Yes  No  
 Vehicle category:  Private  Commercial  Motorcycle  
 Remarks: Report by

**INSURANCE COMPANY (VEHICLE A)**

Name of Insurance Company: AXA  
 Type of Policy:  Comprehensive  TP Fire & Theft  Third party  
 Fleet Policy:  Yes  No  
 Policy Number: GA105300/1

**DRIVER**

Name of Driver: Rengasamy Kristy Melissa  
 NRIC/ FIN/ Passport: S8300402I  
 Date of Birth: 15-04-1987  
 Occupation: indoor  
 Driving Pass Date: 05-04-2010  
 Gender:  Male  Female  
 Contact Number: Hp 9741 1784  
 Address: ,  
 Email Address: ,  
 Was driver an employee of the insured's Company?  Yes  No  
 If No, relationship of Driver with the Insured

Vehicle Number of Driver's Own Vehicle (if applicable)  
 Insurance of Driver's Own Vehicle (if applicable)

**GENERAL INFORMATION OF THE ACCIDENT**

Type of Collision (E.g. Chain Collision/ Head-On, etc.): 1 pax  
 Damaged  whist  parked  
 Clear  Raining  Others  
 Wet  Dry  Others

**OTHER INFORMATION**

Was there any foreign vehicle(s) involved?  No  Yes  
 Was anybody injured in the accident? (Including Witness)  No  Yes  
 Was any other vehicle(s) or property damaged?  No  Yes  
 Was there any camera video footage (in car)?  No  Yes

**DETAILS OF POLICE ACTION**

Was the accident reported to the Police?  No  Yes  
 If Yes, please state which police station & Report No  
 Was notice of intended Prosecution given?  No  Yes  
 If Yes, against whom?

OWN VEHICLE REGISTRATION NUMBER

SKM18628

**DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED**

**Other Vehicle or Property 1 (VEHICLE B)**

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

SLN 6528P  
KIA

**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

**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?  
Were Seat Belts Worn?  
Was Injured conveyed to hospital by ambulance?

Yes       No  
 Yes       No

**DETAILS OF INJURED PERSON 2**

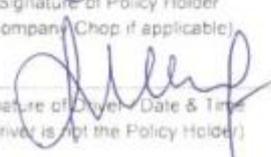
Name  
NRIC/ FIN/ Passport  
Address  
Approximate Age  
Injuries Sustained  
If Vehicle Occupants, state in which vehicle?  
Were Seat Belts Worn?  
Was Injured conveyed to Hospital by Ambulance?

Yes       No  
 Yes       No

**Declaration**

I/We declare that the above particulars & information provided above are true in every aspect.

  
\_\_\_\_\_  
Signature of Policy Holder  
(Company Chop if applicable)

  
\_\_\_\_\_  
Signature of Driver Date & Time  
(If Driver is not the Policy Holder)

Date & Time 20/02/2018

Date & Time 20/04/2018

## SKETCH PLAN

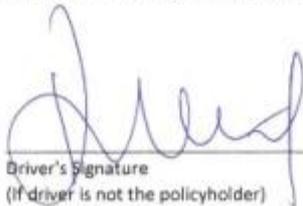
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:  
20/02/19

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:  
20/04/2018

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



redfining / INSURANCE

Date: 20/02/2018

To: Owner of Vehicle Number: SKM 18622

The following has been advised to you via your workshop, BH Auto through their staff, Yap Jiny.

Please tick the applicable box if you had been advice on the content as seen below:

- 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.
  - You had been advised by the workshop on the liability and merits of the case accordingly.
  - 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.
  - 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.
  - 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.
  - The estimated waiting time for the spare parts to arrive is \_\_\_\_\_ . The estimated arrival time does not include the repair period.
  - You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
  - 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.
- You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
  - 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.
  - Others Only Repairs

Signed and acknowledge by:

Renyasany Kirsty Melissa  
Name and signature of policyholder/authorised driver

WU Tianming Daniel

[Signature]  
Name and signature of workshop personnel including company stamp



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8710871F



Name  
**RENGASAMY KRISTY MELISSA**

Race  
**INDIAN**

Date of birth  
**18-04-1987**

Sex  
**F**

Country of birth  
**SINGAPORE**

*Driver*

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8300402I



Name  
**WU TIANMING, DANIEL**

吴添明

Race  
**CHINESE**

Date of birth  
**14-01-1983**

Sex  
**M**

Country of birth  
**SINGAPORE**

*Owner*

40126000



NRIC No. **S8710871F**



Blood Group: **O+** Date of issue: **24-04-2002**

APT BLK 342C YISHUN RING ROAD #14-1942  
SINGAPORE 763342

NRIC No: **S8710871F** Date: **26/11/2015**

3405416



NRIC No. **S8300402I**



Date of issue: **18-09-2003**

APT BLK 342C YISHUN RING ROAD #14-1942  
SINGAPORE 763342

NRIC No: **S8300402I** Date: **26/11/2015**



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

account number  
04140

## Certificate of Insurance

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

<b>Policyholder name</b>	WU TIANMING DANIEL	<b>Certificate number</b>	GA105300 / 1
<b>Cover</b>	Comprehensive	<b>Chassis number</b>	YV1M2485BE2027367
<b>Plan name</b>	Flexi+	<b>Engine number</b>	B41E4T1146901
<b>NCD applicable</b>	20%		
<b>Vehicle registration number</b>	SKM1862Z		
<b>Period of Insurance</b>	from 28/07/2017 to 27/07/2018 (both dates inclusive)		
<b>Finance loan company</b>	UNITED OVERSEAS BANK LIMITED		

### Persons or classes of persons entitled to drive\*

- (a) The Policyholder
- (b) Any Named Driver as stated in the Policy:
  1. BENGASAMY KRISTY MELISSA
- (c) 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 excluded under these headings.

<b>EXCESS</b>	Basic Own Damage Excess	SGD 600.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed Authorized 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

(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 extend the Certificate of Insurance and the Policy to the new owner/company, if the Certificate of Insurance has been lost or endorsed a Statutory Declaration to the effect must be made. Failure to comply with this condition will entitle the Motor Vehicle (Third Party Risks and Compensation) Act, (Chapter 189).

The Premium Co-Holdy Clause requires the premium to be paid in full at a pre-specified period during which there would be no liability under the policy renewal certificate, endorsement etc.

AXA Insurance Pte Ltd (199903812M)  
8 Shenton Way, #24-01, AXA Tower,  
Singapore 068811  
Customer Centre, #B1-01

1 of 3

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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