

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	12/04/2018 18:24
Date Of Accident	12/04/2018 11:10
Exact Location Of Accident	KEPPEL RD EXIT 2B & AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP6838X
Insured/Policyholder	
Name Of Registered Owner	COMSERVICE (S'PORE) SOLUTIONS PTE LTD
Co Reg No	201309402C
Email Address	KOONIE.WANG@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-88203650

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY-2.4 ABSOLUTE (RC1) (A)
Exact Purpose for which vehicle was being used at time of accident	P/USED
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P2028791
Cover Note Number	

Driver

Name of Driver	WANG WENYANG
Passport No/FIN	G3368565W
Date Of Birth	09/01/1981
Occupation	INDOOR
Date Of Driving Pass	05/06/2017
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88203650
Fax Number	
Contact Number	
Email Address	KOONIE.WANG@GMAIL.COM

Address	3 AMK ST 62 LINK@AMK
Postcode	S569139
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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

NO 1 INJURY DURING THE 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	GBD9536S
Vehicle Make/Model/Colour	NISSAN/VAN/WHITE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Vehicle No

SKP6838X

SKETCH PLAN

Annex D

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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.

[Signature]

17:17pm
12 APR 2018

[Signature]
ARY CHUA

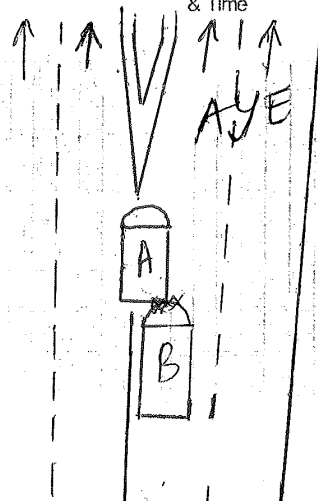
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Keppel Rd
Exit 2B



A = SKP 6838X
B = GBD 9536S

Please continue to Annex E

Vehicle No SP6838X

Annex E

Describe Circumstances of the Accident

On 12/4/2018 at around 11:10 am,
 I want to change lane to Keppel Road time
 half way of the changing suddenly GBD 9536S
 Hit it to my RHR portion cause badly damage
 of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

17:17pm
12 APR 2018
ARY CHUA

Sketch Plan Pg. 3

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre #B1-01
Tel:(65)63387288 Fax:(65)63382522
Website:www.axa.com.sg
GST Registration Number: 199903512M
customer.service@axa.com.sg



Private Cars COMP
POLICY SCHEDULE
NEW BUSINESS
Duplicate

POLICY INFORMATION		Policy No. : VPA/P2028791
Source	: (01) 03365 WINNER INSURANCE AGENCIES PL	
Insured	: COMSERVICE (SINGAPORE) SOLUTIONS PTE LTD	
Address	: 3 ANG MO KIO STREET 62 LINK @ ANK SINGAPORE 569139	
Business/Profession	: VICE PRESIDENT Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance	: From 21/11/2017 To 20/11/2018 (Both Dates Inclusive)	
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.		
Replacing Policy No.	: P1848584	
PREMIUM		
Premium After 30.00% NCD	: SGD 1,521.11	
GST 7.00%	: SGD 106.48	
Annual Premium	: SGD 1,627.52	
Total Payable	: SGD 1,627.52	
RISK DETAILS THE MOTOR VEHICLE		
Type Of Cover	: Comprehensive	
Regn No.	: SKP6838X	
Type Of Use	: Private Car	
Make/Model	: HONDA ODYSSEY 2.4	
Year of Manufacture	: 2014	Seating Capacity (excl. Driver) : 06
Body Type	: MULTI - PURPOSE VEHICLE	Engine C.C. : 2354
Engine No.	: K24W71001459	Chassis No. : JHMRC1890EC203014
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)	
Limitations as to Use.: As specified in Certificate of Insurance		
Basic Own Damage Excess	: SGD 500.00	
Named Drivers		
1 WANG WENYANG		
JG		
MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS		
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:		
HODA		
HODA - These supplementary clauses forms part of the Schedule:		

Page 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G3368565W**
 Name: **WANG WENYANG**
 Birth Date: **09 Jan 1981**
 Issue Date: **05 Jun 2017**
 Valid Till: **04/06/2022**

002690638B

EMPLOYMENT PASS
 Employment of Foreign Manpower Act (Chapter 91A)
 Republic of Singapore

Employer:
COMSERVICE (SINGAPORE) SOLUTIONS PTE. LTD.

Name:
WANG WENYANG
 Occupation:
PRESIDENT

FIN:
G3368565W

Date of Application:
30-03-2017
 Date of Issue:
12-04-2017
 Date of Expiry:
12-04-2019

L7831962

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

Class	Description	Effective Date
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	05 Jun 2017

NP 428A

Licence No: G3368565W

VISIT PASS
 Immigration Regulations

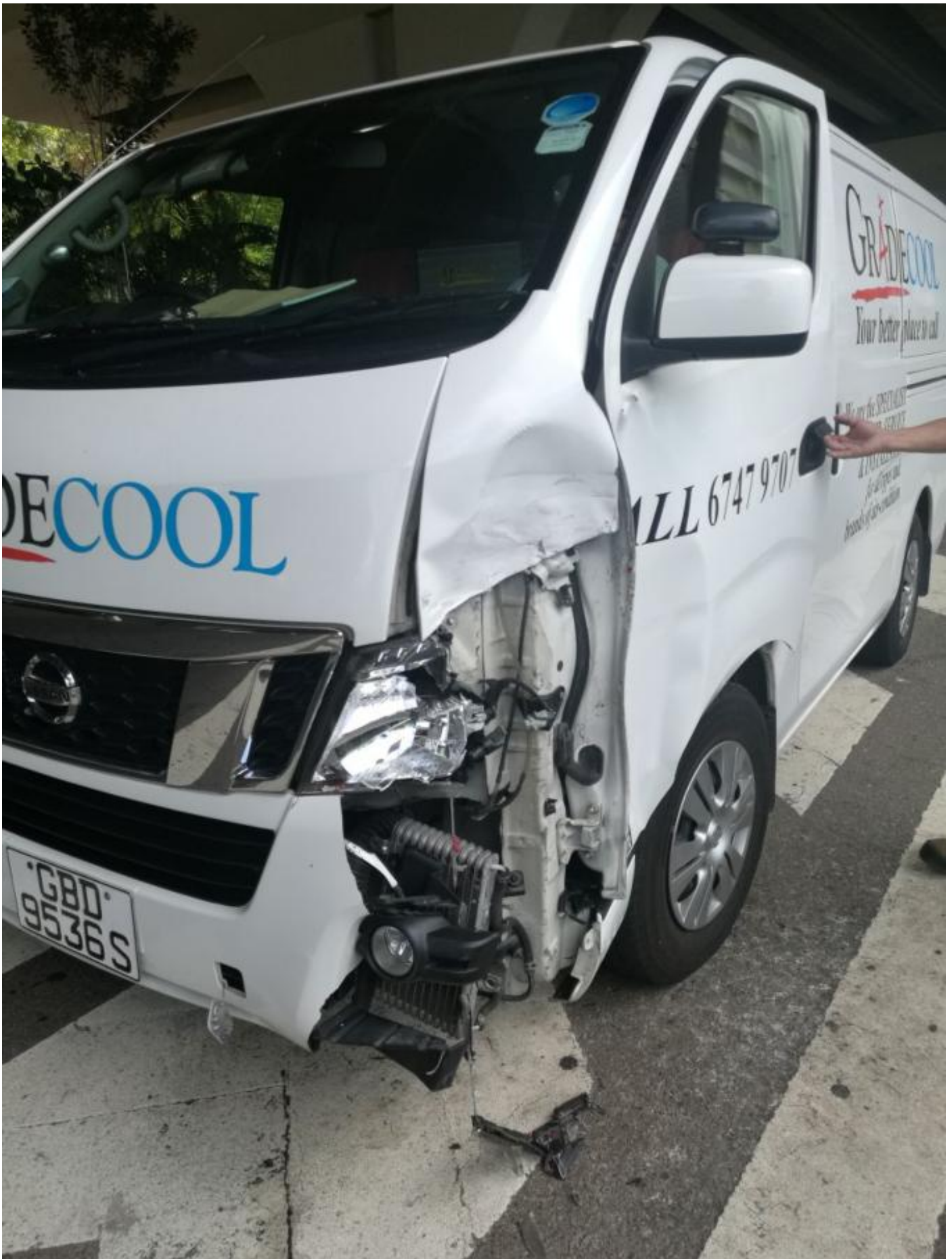
Name:
WANG WENYANG

Date of Birth: **09-01-1981** Sex: **M** Nationality: **CHINESE**
 FIN: **G3368565W** Date of Issue: **12-04-2017** Date of Expiry: **12-04-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Accident Photo



Accident Photo



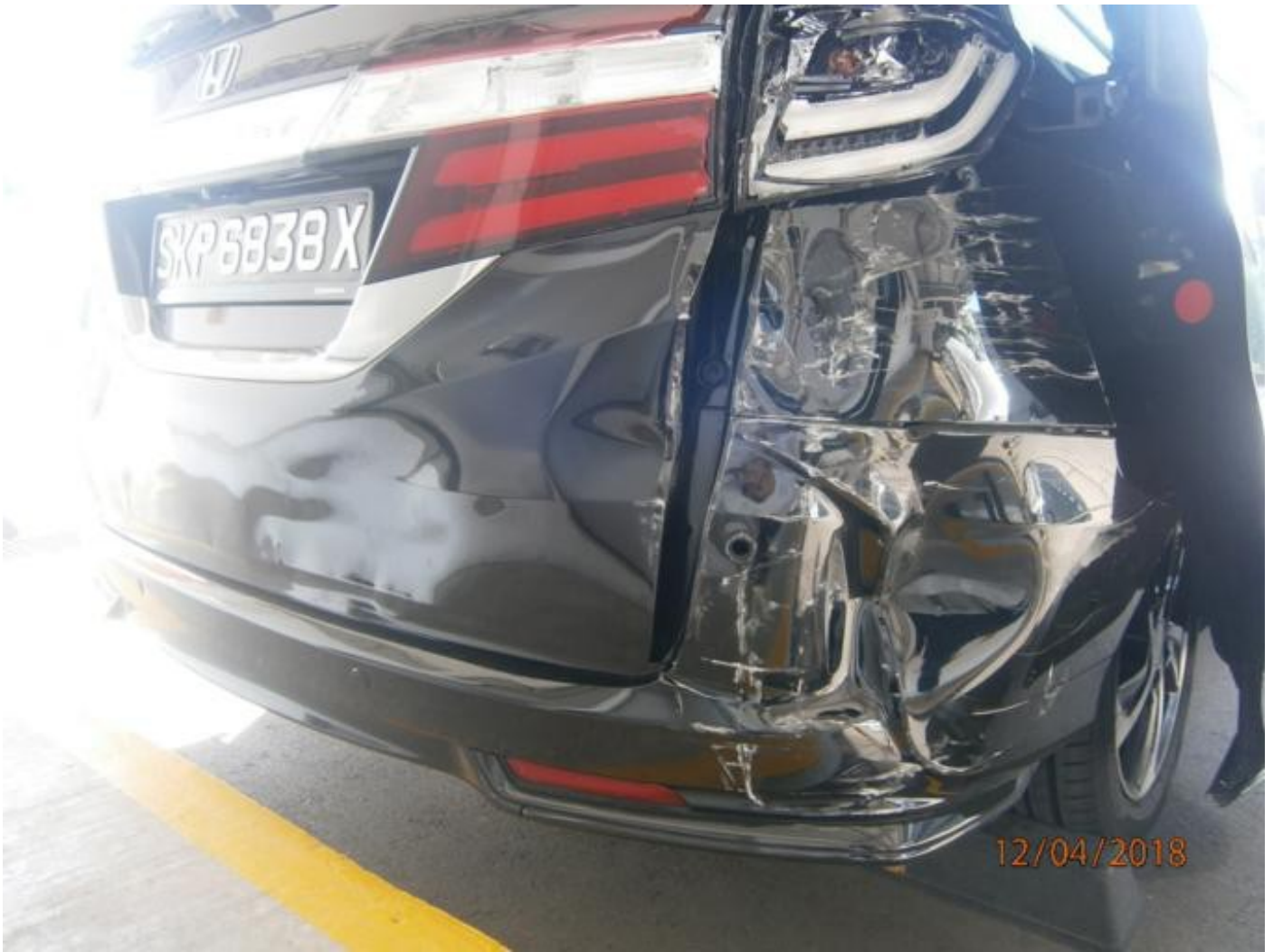
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

