#### 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 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 aforesaid.	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	14/05/2018 14:50
Date Of Accident	12/05/2018 21:30
Exact Location Of Accident	BLK 78 HOUGANG AVE 7 DROP OFF POINT.
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM5045C
Insured/Policyholder	
Name Of Registered Owner	WONG LIANG JIN
NRIC No	S1366399H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91819095
Alternative Phone No	OFFICE-91819095
Vehicle Particulars	

**MITSUBISHI** Manufacturer Model **LANCER** 

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?

REPORTING ONLY If No, Please state action to be taken PRIVATE CAR Vehicle Category

**Insurance Company** 

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number GA338694

Cover Note Number

**Driver** 

Name of Driver WONG LIANG JIN

NRIC No S1366399H Date Of Birth 15/11/1959 Occupation **INDOOR** Date Of Driving Pass 13/09/1980

**Driving Experience** 37 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91819095

Fax Number

OFFICE-91819095 Contact Number

**EMail Address NOEMAIL** 

78 HOUGANG AVE 7 #10-29 Address

Postcode 534260

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 COLLIDED INTO MOTORCYCLIST

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? YES

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)

NO soliciting/offering accident claims assistance.

3 Number of Passengers (Including Driver)

Passenger 1 NAME: : LIM MUI SAN

> GENDER: : FEMALE

Passenger 2 NAME: : BABRIEL WONG

> GENDER: : MALE

**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** 

MY VEHICLE WAS STATIONATY AT DROP OFF POINT, MY PASSENGER DOOR OPEN, VEHICLE B DROVE PASS AND HIT ONTO MY VEHICLE.

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 FBC2761J

Vehicle Make/Model/Colour

**Details Of Properties VEHICLE B MOTORCYCLE** Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name RIDER

Approximate Age Injuries Sustain

Injured person in which vehicle? FBC2761J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

#### Accident Sketch Plan Pg. 1

#### 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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 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:
  - (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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name;

NRIC/FIN No.

## Accident Sketch Plan Pg. 1

!						į		
				بإسلسا بإسال				
							11111	
					and the second second		1111	
	<u> </u>			+				
		$\nabla$						
	14	$     \begin{array}{c}                                     $					4	4.
The first section of the second section of the second section of the second section of the second section sect	] ] 7	$A \succeq 0$						* * * * *
		-1						iin ba
		T & T						
		(6)						· · · ·
				11111	naga di safaa jaas Lii lii lii			1 1000
				+				
	<b>!-!-!!`-!</b> -							
and the second of the second o			and a made an assume to a specific and a second	a facilità de la companie de la comp				
ESCRIBE CIRCUMSTA	ANCES OF THE A	CCIDENT						
- 1 1101	0 4		2002	- 0000	lo o. i	APURA	LICE	
my vehicle	WAS SIAT	IONARY AT	DROP OF	F LOWI	my	Hiner	<u>iuch</u>	
			~					
ACOC CAPA	EN " LIET	nue B	DROVE PP	17 4m	7 411	0156	INC	
JEHICLE .	. •							
O -1 (101C F								
								***************************************
CLARATION								
CLARATION								
CLARATION								
CLARATION	particulars are tru							
CLARATION le declare, the foregoing	g particulars are tru	ue in every respe					V. Cinnau	
CLARATION de declare the foregoing	g particulars are tru	ue in every respendence in eve			orting Centro		''s Signature	
CLARATION e declare the foregoing	g particulars are tru  X  Drive (If dr	ue in every respe		Nan			's Signature	

#### **CERT INS**



World DWAR HE. 78 HOUSING WE 7 500 20 21404FORE 634080 WW. Instrument on Pite Unit

1988 993 4933 (A4A e fingapero). (CE) CERC SEER [Intercration V] C (35) 8333 4740 Ed access presupers of A SOMEROUS

Sow baldings.

dare : 28/83/2018

yearserverge seeded WITESSE SOLUTIONS / 04060

gue riservicing distributories conton-65533468

# **Policy Schedule**

Your SmartDrive Comprehensive Frexi

#### Your policy snapshot

Policyholder name: Сона

PILEMALI DROW Congrecionistro

Policy number FIG / MRIC

WA17.8A338694 53265380H

Period of Insurvance from \$1/43/2009 to \$8/99/2019 the in dates and leaves.

#### Premium breakdown

Gross Premium aries 20% 8000 Total Cracconta 7% 881

SGD 1 781 AV 200 175.82 800 11810 800 1,725,80

#### Your benefits highlights

profes to Mokey Working for Johnstone and conditional

#### Brand Date Comprehensive Mes Benefits

- 25/11 (which is Transport and 11) Services on the mean
- Waster, each teatre on a Authorized State and a stitution of your conference with and get \$10 task mand of this extent

Rigal Procedure

- Loss of Toursays
- Augusta My
- Workshop of Your Choice.
- Modely and decades a track part of 1,200 per part of the outspan based of services and track-family near here.
- Believe computed in 10% of your contract and secretarity of the high contract in the about Secretar Contract Persons.

- lbak Our damage so sectioner
- Personal admillent benefit of to to 0,50,000,000 for you and your named dowers
- Courteey our Standard in Singapore to to ten (10) days.

#### Vehicle details

Make & Workel of Vehicle Yesiole registration renoter

Body type. Scotting canadity resd differti-00-Peak car.

WITSUBISHI LANCER EX LIG SIMSOUSE. SALGON. 35

Year of maintaining Type of day. Engine colpacity (d.c.). Engine number.

2017 Private use. 13820 CASSCOPABIO) EWS-8.74A000058297

Interest a Estimated Market Value Directart on 55 lead-Emercia Loan Company

twarbs, value at the time of Like (including recessor its and spare to take Ab per Certificate of Insurance : DBS HANK LTD

Chapter humber.

Excess applicable partitions around a resource section.

Windsoneen Excess

AGA Intercurses (No.134 (1809)035128/); differentiate way 424-00. AAA lower, Singapasa CSSc11. Casonia Carse, Ast. 00

1000

### **Identification Card**

















