

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	19/06/2018 14:32
Date Of Accident	05/06/2018 04:00
Exact Location Of Accident	TRAFFIC LIGHT OF CLEMENTI AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW7878Z
Insured/Policyholder	
Name Of Registered Owner	WONG KAI MING
NRIC No	S8212730E
Email Address	SUPRARAJA30@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96910551
Alternative Phone No	OFFICE-96910551

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	ML350-3.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USAGE
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	GA149672/1
Cover Note Number	

Driver

Name of Driver	WONG KAI MING
NRIC No	S8212730E
Date Of Birth	30/04/1982
Occupation	INDOOR
Date Of Driving Pass	16/11/2010
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96910551
Fax Number	
Contact Number	OFFICE-96910551
Email Address	SUPRARAJA30@GMAIL.COM

Address	608 CLEMENTI WEST STREET 1 #11-74
Postcode	120608
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	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

REFER ATTACHED SKETCH PLAN

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	GBE3690M
Vehicle Make/Model/Colour	NISSAN / NV350
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	94460884
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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1. INFORMATION


1. Please read and complete the details of the accident to speed up the claim process.
2. This Form will be distributed to the insurers and relevant authorities if requested.
3. Information provided must be as truthful and accurate as possible - any willful misrepresentation or withholding of material facts may cause insurance companies to reject the claim/identify.
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 report may be referred to the Police for investigation.
6. 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 insurers 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, law or court orders.

WONG CHEE YEE


 Policyholder's Signature
 Date & Time:

 Insurer's Signature
 (If Driver is not the policyholder)
 Date & Time:

COMFORTDELGRO ENGINEERING PTE LTD
 EXTERNAL BUSINESS DIV, PANDAN BRANCH
 NAME & SIGNATURE: _____
 DESIGNATION: _____ DATE: 17/6/18.
 Reporting Centre Person's Signature
 Name: Wong Chee Yee
 (REG/ENR) No: G72180994.



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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

Certificate of Insurance

account number
 00312

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

Policyholder name	WONG KAI MING	Certificate number	GA149672 / 1
Cover	Comprehensive	Chassis number	WDC1641862A457278
Plan name	Essential	Engine number	27296731032119
NCD applicable	10%		
Vehicle registration number	SIW7878Z		
Period of Insurance	from 12/02/2018 to 11/02/2019 (both dates inclusive)		
Finance loan company	MAYBANK		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
 (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-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 included under these headings

EXCESS Basic Own Damage Excess
 Windscreen Excess

SGD 700.00
 SGD 100.00

An Additional Excess is applicable as follows

1. S\$500 for unnamed *Authorised 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

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 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 surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189)

The Premium 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 certificate, endorsement etc.



redefining / insurance

WONG KAI MING
BLK 608 #11-74
CLEMENTI WEST ST 1
SINGAPORE 120608

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

Renewal

date
15/01/2018

your servicing distributor
UNIQUE RESOURCES PTE LTD / 00312

your servicing distributor contact
62520022-COREEN

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policyholder name	WONG KAI MING	Policy number	VA1 / GA149672
Cover	Comprehensive	FIN / NRIC	S8212730E
Period of Insurance	from 12/02/2018 to 11/02/2019 (both dates inclusive)		

Premium breakdown

Gross Premium after 10% NCD	SGD 1,698.76
7% GST	SGD 118.91
Final Premium	SGD 1,817.67

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Essential Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability

Vehicle details

Make & Model of Vehicle	MERCEDES ML350	Year of manufacture	2008
Vehicle registration number	SJW7878Z	Type of Use	Private use
Body type	SUV	Engine capacity (c c)	3498
Seating capacity (excl driver)	4	Engine number	27296731032119
Off-Peak car	No	Chassis number	WDC1641862A457278

Insured's Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)
Limitation to use	As per Certificate of Insurance
Finance Loan Company	MAYBANK

Excess applicable (refer to Policy Wording for other applicable Excesses)

Basic Own Damage Excess	SGD 700.00
Windscreen Excess	SGD 100.00

Drivers details

Driver type	Driver name	Date of birth	Driving experience
Main Driver	WONG KAI MING	30/04/1992	7 year(s)

AXA Insurance Pte Ltd (199903512M)
S Shenton Way #24-01, AXA Tower
Singapore 068811
Customer Centre #B1-01

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8212730E



Name

WONG KAI MING
(HUANG QIMING)

黄 启 铭

Race
CHINESE

Date of birth 30-04-1982 Sex M

Country of birth
SINGAPORE

CONFIDENTIAL ENGINEERING PTE LTD
EXTERNAL BUSINESS DEVELOPMENT BRANCH
NAME & SIGNATURE: _____ DATE: _____
DESIGNATION: _____

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8212730E

Name

WONG KAI MING
(HUANG QIMING)

Birth Date: 30 Apr 1982

Issue Date: 16 Nov 2010



CONFIDENTIAL ENGINEERING PTE LTD
EXTERNAL BUSINESS DEVELOPMENT BRANCH
NAME & SIGNATURE: _____ DATE: _____
DESIGNATION: _____



4860288

NRIC No. S8212730E



Date of issue
03-05-2012

Address

APT BLK 608 CLEMENTI WEST STREET 1
#11-74
SINGAPORE 120608

CONFIDENTIAL ENGINEERING PTE LTD
EXTERNAL BUSINESS DEVELOPMENT BRANCH
NAME & SIGNATURE: _____ DATE: _____
DESIGNATION: _____

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

EFFECTIVE DATE

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 16 Nov 2010

NP 428A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

