

## 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 liability.
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	09/01/2019 16:23
Date Of Accident	09/01/2019 00:00
Exact Location Of Accident	ALONG PASIR RIS DRIVE 1 NEAR PASIR RIS ST.71
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN1004D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JIANG JING WEI
NRIC No	S7775391E
Email Address	JIANG_JINGWEI@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96850412
Alternative Phone No	OFFICE-96850412

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S350L-3.5 CGI (W221) (A)
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	VA1/GA253982
Cover Note Number	

### Driver

Name of Driver	JIANG JING WEI
NRIC No	S7775391E
Date Of Birth	22/02/1977
Occupation	INDOOR
Date Of Driving Pass	19/09/2007
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96850412
Fax Number	
Contact Number	OFFICE-96850412
EEmail Address	JIANG_JINGWEI@YAHOO.COM

Address	BLK 115 PASIR RIS GROVE #10-43
Postcode	518172
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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

STATEMENT RECORDED BY SOO - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

#### 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	SJY6803K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97663356
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKS5860X
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle CategoryPRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

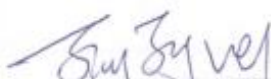
### SKETCH PLAN

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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:

- (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:



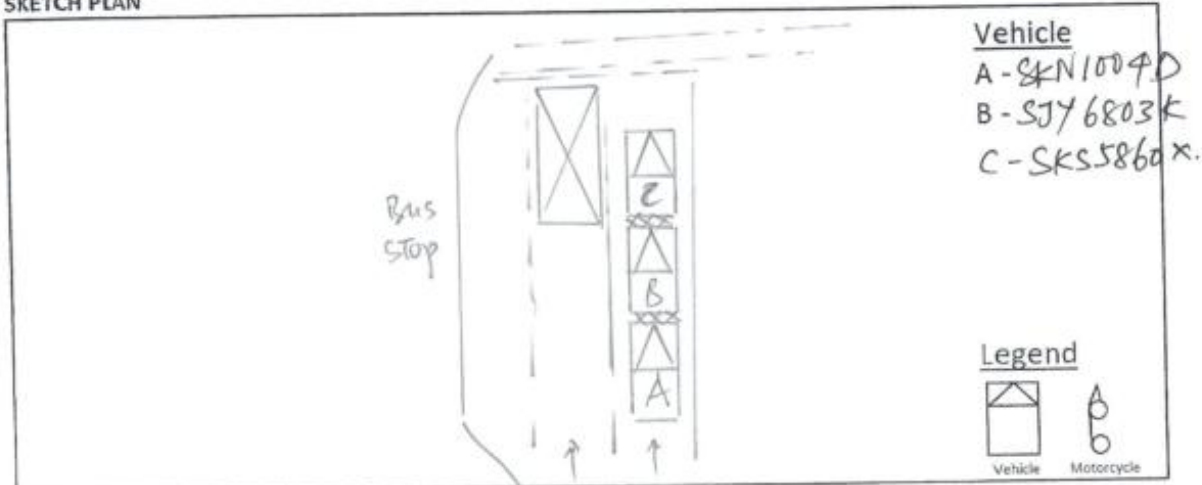
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

## Sketch Plan #2

### SKETCH PLAN



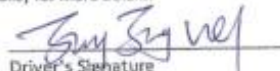
### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Front pedestrian crossing right red, all vehicles stop.  
 I slowed down and about to stop but I accidentally  
 press the accelerate and hit onto vehicle B.  
 When I alighted and found out it was 3 cars chain  
 collision.

### DECLARATION

I/We declare the foregoing particulars are true in every respect.  
 Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe  
 from the day of occurrence. Kindly check your policy for more details.

  
 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.:



redefining / insurance

JIANG JINGWEI  
BLK 115 PASIR RIS GROVE  
#10-43  
SINGAPORE 518172

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  
**11/09/2018**

your servicing distributor  
**TKG (SINGAPORE) ENTERPRISE / 03138**

your servicing distributor contact  
**96608269-KRISTY**

## Policy Schedule

### Your SmartDrive Comprehensive Peace

**Your policy snapshot**

Policyholder name	JIANG JINGWEI	Policy number	VA1 / GA253982
Cover	Comprehensive	FIN / NRIC	S7775391E
Period of Insurance	from 03/10/2018 to 02/10/2019 (both dates inclusive)		

**Premium breakdown**

Gross Premium after 0% NCD	SGD 2,297.12
Total Discounts	- SGD 233.09
7% GST	SGD 144.48
<b>Final Premium</b>	<b>SGD 2,208.51</b>

**Your benefits highlights**

(refer to Policy Wording for full terms and conditions)

**SmartDrive Comprehensive Peace 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
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Loss of Personal Effects in Singapore up to \$3,000
- Delivery of repaired car to your preferred location
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

**Add-on Benefits**

- Personal accident benefit of up to \$ 50,000.00 for you and your named drivers
- Car Accessories up to \$2,000

**Vehicle details**

Make & Model of Vehicle	MERCEDES S350L	Year of manufacture	2012
Vehicle registration number	SKN1004D	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	3498
Seating capacity (excl driver)	4	Engine number	27695030186117
Off-Peak car	No	Chassis number	WDD2211572A487287

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	THONG LEE TRADING PTE LTD

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

Basic Own Damage Excess	SGD 900.00
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AXA Insurance Pte Ltd (199903512M)  
8 Shenton Way, #24-01, AXA Tower,  
Singapore 068811  
Customer Centre, #B1-01

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7775391E



Name

JIANG JINGWEI

蒋 经 伟

Race

CHINESE

Date of birth

22-02-1977

Sex

M

Country of birth

CHINA

S775391E

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7775391E

Name

JIANG JINGWEI

Birth Date 22 Feb 1977

Issue Date 19 Sep 2007

001530318A



3744699

NRIC No. S7775391E



Date of issue

21-07-2005

BLK 115 PASIR RIS GROVE #10-43  
SINGAPORE 518172

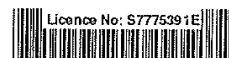
NRIC No: S7775391E

Date: 25/08/2018

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

PASS DATE

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 19 Sep 2007



NP 428A



# Common Statement

C-) SKS5860X

## ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 8/1/19		Time 12:40		2 Exact location of accident Along Pasir Ris Dr 1 near Pasir Ris St. 71.		To be signed by BOTH drivers	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)		3 Injuries even if slight No <input type="checkbox"/> Yes <input type="checkbox"/>	
						Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) **SKN1004D**

6 Insured / policyholder (see insurance cert.)  
Name **Jing Jing Wei**  
Address \_\_\_\_\_  
NRIC / Passport no. **S7775391E**  
Tel no. (from S'gmn 06pm) \_\_\_\_\_  
HP **96850412**

7 Vehicle  
Make, type \_\_\_\_\_

8 Insurance company  
**AXA** ☒ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☐  
Policy No. **VA1/GA253982**

9 Driver ☒ Same as Owner  
Name \_\_\_\_\_  
NRIC / Passport no. **3**  
Class of licence \_\_\_\_\_  
HP \_\_\_\_\_  
Gender Male ☒ Female ☐

12 CIRCUMSTANCES  
Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	Chase Collision
<input type="checkbox"/>	Collided into Object
<input type="checkbox"/>	Collided into Motorcycle
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Major/Minor Hit
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Rear End
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Over Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<input type="checkbox"/>	Revol
<input type="checkbox"/>	Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Object
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Truck

Registration No. (VEHICLE B) **STY 6803K**

6 Insured / policyholder (see insurance cert.)  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
NRIC / Passport no. \_\_\_\_\_  
Tel no. (from S'gmn 06pm) \_\_\_\_\_  
HP \_\_\_\_\_

7 Vehicle  
Make, type \_\_\_\_\_

8 Insurance company  
☐ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle B?  
No ☐ Yes ☐  
Policy No. (if available) \_\_\_\_\_

9 Driver (See driving licence)  
(if different from insured B above)  
Name \_\_\_\_\_  
NRIC / Passport no. \_\_\_\_\_  
Class of licence \_\_\_\_\_  
HP **97663356**  
Gender Male ☒ Female ☐

State TOTAL number of boxes marked with a cross

10 Indicate the point of initial impact with an arrow (→)

13 Sketch of accident when impact occurred

Please include: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

**REFER TO ATTACHED**

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

11 Visible damage to vehicle B

15 My remarks

15 Signatures of drivers

**[Signature]**

15 My remarks

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information on leaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →



## Individual Statement

<b>INDIVIDUAL STATEMENT (Part II)</b> <small>To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)</small>		<small>Own Workshop (Email / Fax (if any))</small> Email: <u>liang-jinywei@yahoo.com</u>													
<b>Insured</b>  Of which vehicle are you the owner?  <input checked="" type="checkbox"/> A  <input type="checkbox"/> B	1 Occupation (if more than one, state all)	2 Vehicle registration no. <u>C.C.</u> <small>If commercial vehicle, state permissible carrying capacity</small>													
	3 Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>If no, state Relationship of Driver with owner</small>	state the vehicle number and name of insurer of driver's own vehicle (where applicable)													
	4 Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____														
	5 Is the vehicle still in use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If no, state where it is at present</small> Tel no. _____														
	6 Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
	If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)														
<b>Driver or person in charge of vehicle at the time of accident (including insured)</b>	7 Date of birth _____	Occupation _____	Date of license pass _____												
	Was vehicle driven with the insured's permission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was driver an employee of the insured's company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____														
	9 Full details of all driving convictions including pending prosecutions in the last 36 months														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Date</th> <th style="width: 50%;">Offence</th> <th style="width: 30%;">Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Date	Offence	Penalty											
Date	Offence	Penalty													
<b>Injured persons</b>	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle												
	Were seat belts being worn? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was injured conveyed to hospital by ambulance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
<b>Damages to property &amp; vehicles (other than vehicles A and B)</b>	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage												
			Insurer's name and address (if known)												
<b>Police action</b>	12 Was the accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If yes, please state which Police station</small>														
	13 Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If yes, against whom?</small>														
<b>Accident details</b>	14 Weather conditions <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others _____														
	15 Road surface <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others _____														
	16 Speed of vehicles <u>A</u> _____ km/hr <u>B</u> _____ km/hr														
	17 What warnings were given by driver or other party? _____														
	18 Were street lights illuminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
	19 What lights were displayed on your vehicle/s the other vehicle(s)? _____														
	20 If your vehicle is commercial, state weight of load carried at time of accident _____														
<b>Declaration</b>	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)														
	22 State number of Passengers (including Driver) <u>1</u>														
	I/We declare the foregoing particulars are true in every respect Policyholder's signature _____ Date _____ Driver's signature (if driver is not the policyholder) _____ Date _____														

Accident Photo



Accident Photo





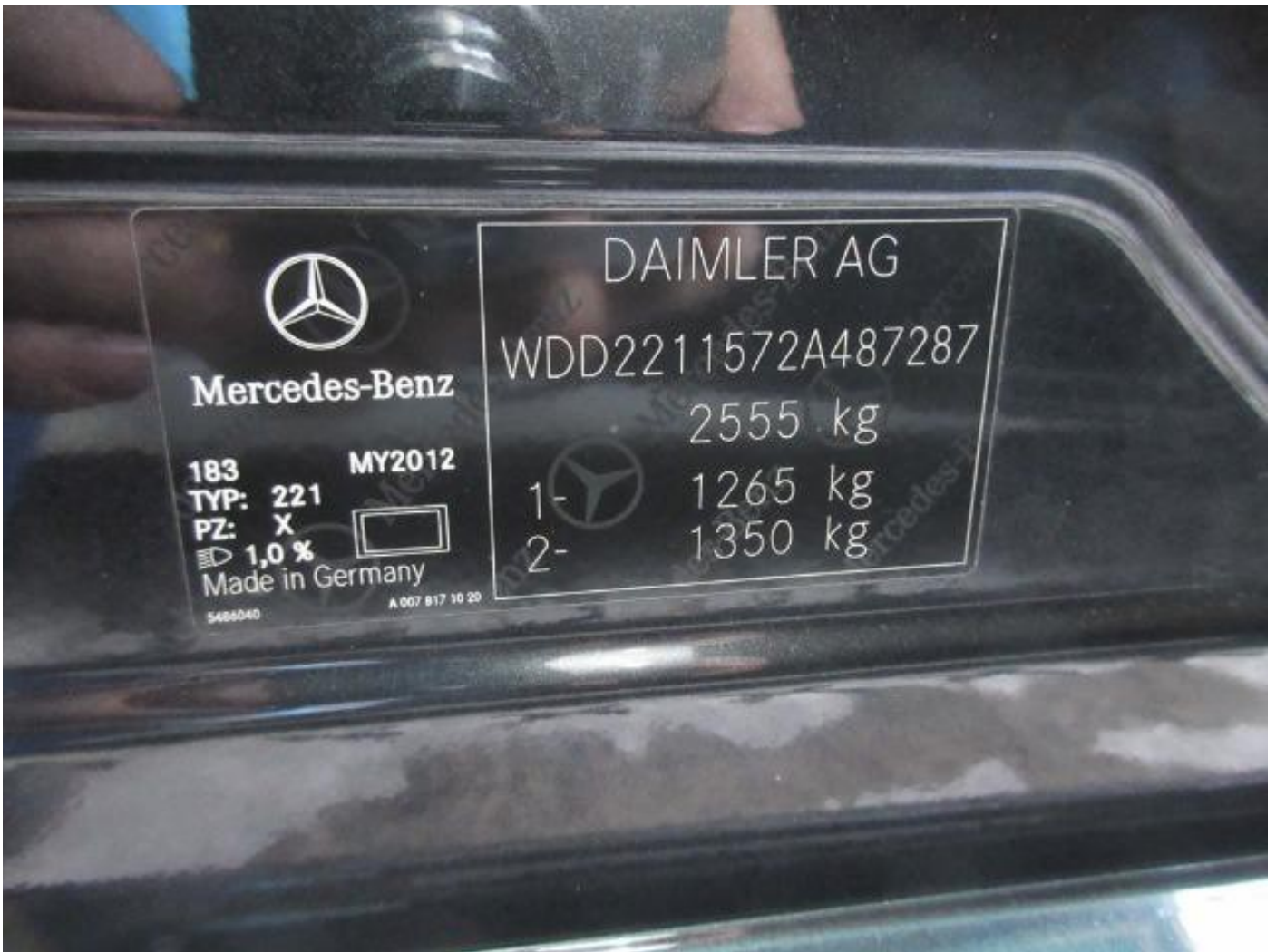
Accident Photo



Accident Photo



Accident Photo





Accident Photo

