

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	11/02/2019 13:28
Date Of Accident	11/02/2019 08:00
Exact Location Of Accident	WOODLANDS AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB7546T
Insured/Policyholder	
Name Of Registered Owner	WONG KIM YU
NRIC No	S7678104D
Email Address	CHRISWKY0854@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97875818
Alternative Phone No	OTHERS-97875818

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX 1.6 AT LED TAIL LAMP
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?	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	VA/GA337902
Cover Note Number	

Driver

Name of Driver	WONG KIM YU
NRIC No	S7678104D
Date Of Birth	15/09/1976
Occupation	INDOOR
Date Of Driving Pass	04/08/2009
Driving Experience	9 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97875818
Fax Number	
Contact Number	OTHERS-97875818
EEmail Address	CHRISWKY0854@HOTMAIL.COM

Address	BLK 755 JURONG WEST STREET 74 #08-54
Postcode	640755
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 (including own vehicle) 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

PLEASE REFER TO THE ATTACHMENT

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	SKD9417X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM GEOK KEOW
NRIC/Passport Number	S6815717Z
Contact Number	97479868
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

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.

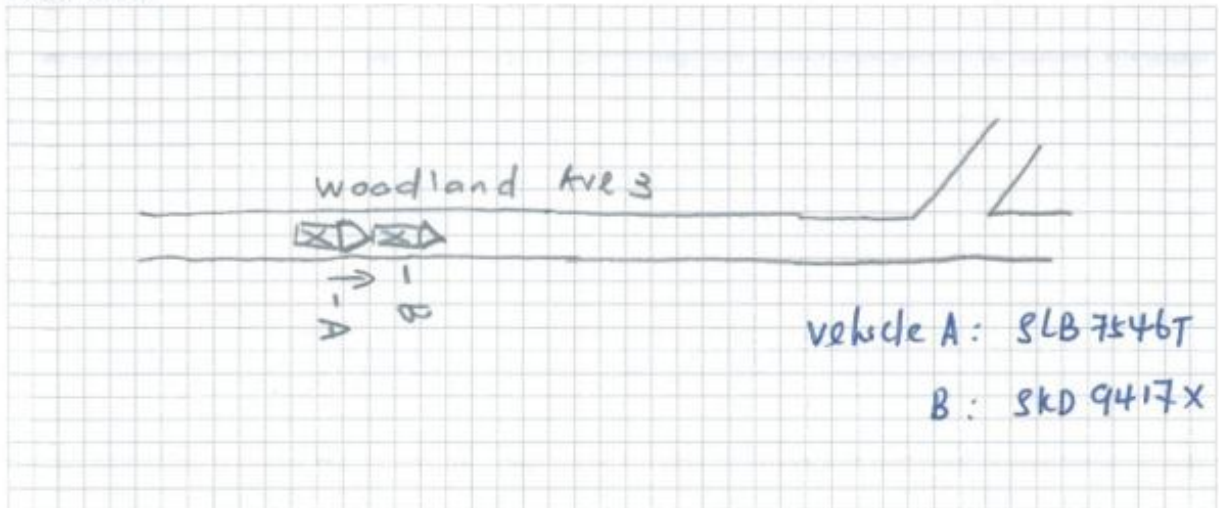
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan & Describe Circumstances Of The Accident

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

8am

I was queue main Road waiting move forward the timing ^{hit} in front car SKD 9417X at woodland Ave 3

DECLARATION

I/We declare the foregoing particulars are true in every respect.

h.g
 Policyholder's Signature
 Date & Time:

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

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

Certificate Of Insurance



redefining / insurance

AXA Insurance Pte Ltd
1800 890 4888 (Within Singapore)
(65) 6880 4888 (International)
(65) 6880 4740
customer.care@axa.com.sg
www.axa.com.sg

WONG KIM YU
BLK 755 #08-54
JURONG WEST STREET 74
SINGAPORE 640755

New business

date
27/03/2018

your servicing distributor
TECK SIONG (CHEN DEXANG) TIN /
05087

your servicing distributor contact

Policy Schedule

Your SmartDrive Comprehensive Flexi

Your policy snapshot

Policyholder name	WONG KIM YU	Policy number	VA1 / GA337902
Cover	Comprehensive	FIN / NRC	576781040
Period of insurance	from 21/04/2018 to 20/04/2019 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% NCD	SGD 1,008.98
Total Discounts	- SGD 53.80
7% GST	SGD 66.88
Final Premium	SGD 1,022.06

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Flexi 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
- Loss or Damage
- Legal Liability
- Workshop of Your Choice
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

Additional Benefits

- No Claim Discount Protector

Vehicle details

Make & Model of Vehicle	MITSUBISHI LANCER EX 1.6	Year of manufacture	2015
Vehicle registration number	SLB7546T	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1500
Seating capacity (excl driver)	4	Engine number	4A92CG6550
Off-Peak car	No	Chassis number	JMYSRCY1AGU004039

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 300.00
Windscreen Excess	SGD 100.00

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

1 of 2

Owner's IC & Driving Licence Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7678104D



Name

WONG KIM YU

Race

CHINESE

Date of birth

15-09-1976

Sex

F

S7678104D

Country of birth

MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE



Identification Number S7678104D

Name

WONG KIM YU

Birth Date: 15 Sep 1976

Issue Date: 04 Aug 2009



001770403C

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 04 Aug 2009

NP 426A



Licence No. S7678104D



3732332



NRIC No. S7678104D

Date of issue

23-06-2005

Address

APT BLK 755 JURONG WEST STREET 74
#08-54
SINGAPORE 640755

DAMAGE PHOTO 1



DAMAGE PHOTO 2



DAMAGE PHOTO 3



CHASSIS NUMBER



ODOMETER READING



Accident Scene Photo 1



Accident Scene Photo 2

