

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 22/06/2019 08:42
 Date Of Accident 02/05/2019 07:00
 Exact Location Of Accident BISHAN ST 23
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKJ1197B

Insured/Policyholder

Name Of Registered Owner WOO CHANG HONG (WU CHANGHONG)
 NRIC No S7914246H
 Email Address CHANGHONG.WOO@GMAIL.COM
 Mobile Phone No (LOCAL) +65-96944583
 Alternative Phone No OTHERS-96944583

Vehicle Particulars

Manufacturer CITROEN
 Model GRAND C4 PICASSO 1.6 SMT ABS EGS PSR DRL
 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 GA080272/1
 Cover Note Number

Driver

Name of Driver WOO CHANG HONG (WU CHANGHONG)
 NRIC No S7914246H
 Date Of Birth 24/05/1979
 Occupation INDOOR
 Date Of Driving Pass 11/11/1998
 Driving Experience 20 YEARS AND 5 MONTHS
 Gender FEMALE
 Mobile Number (LOCAL) +65-96944583
 Fax Number
 Contact Number OTHERS-96944583
 Email Address CHANGHONG.WOO@GMAIL.COM

Address	41 BRIGHT HILL DRIVE #12-03
Postcode	573893
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 - CHANGE/CROSS LANE
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)	3
Passenger 1	NAME: : BERENICE KOH GENDER: : FEMALE
Passenger 2	NAME: : BREYON KOH GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED .

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	SMH5490P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 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. 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: 22/6/2019
8.20am

Driver's Signature

(If driver is not the policyholder)

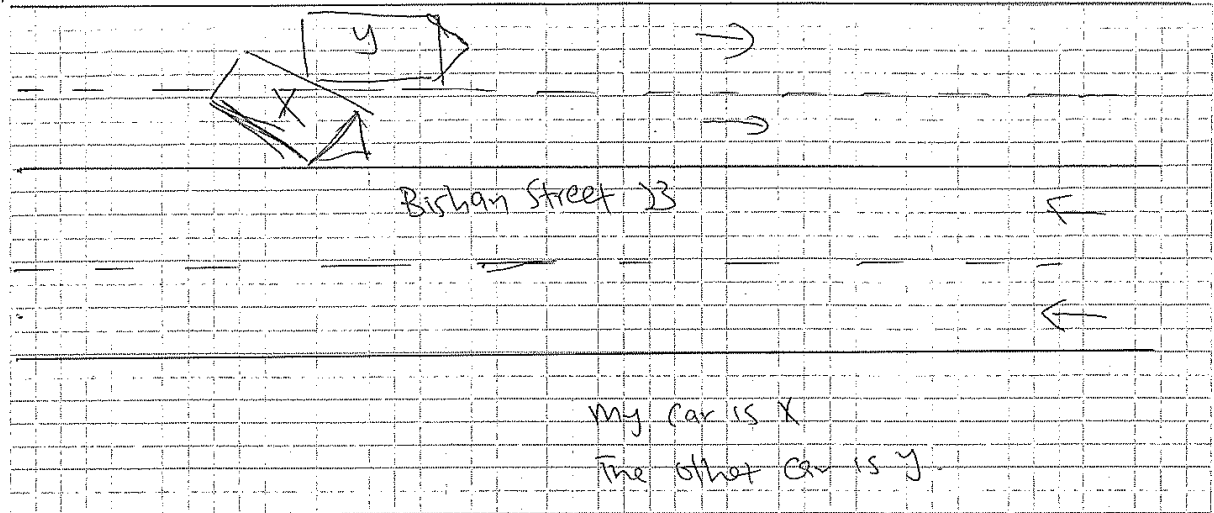
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car and a car brushed each other at the side.
As I thought it was dangerous to get down at the point where this happened, I turned right and slowed down.
However, I did not see any car coming up to me.
I was not sure which car brushed the side of my car.

My car is X. The other car is Y.

DECLARATION

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


Policyholder's Signature
Date & Time: 22/6/2019

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


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



**SINGAPORE
POLICE FORCE**



E/20190502/7004

1 of 1

POLICE REPORT (NP299)

Report No. E/20190502/7004

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 02/05/2019 08:48	Vide Report No.	Station Diary No.
Name Of Informant WOO CHANG HONG	Address APT BLK 41 BRIGHT HILL DRIVE #12-03 SINGAPORE 573893	
ID Type / ID No. NRIC NO / S7914246H	Contact No. Home/Office:	Mobile: 96944583
Nationality SINGAPORE CITIZEN	Email Address changhong.woo@gmail.com	
Occupation Administration manager	Sex Female	Age 39
Institution/School Name	Date of Birth 24/05/1979	Race Chinese
Date/Time Of Incident 02/05/2019 07:00 - 02/05/2019 07:00	Location Of Incident BISHAN STREET 23	

Brief details.

My car and a car brushed each other at the sides. As I thought it was dangerous to get down at the point where this happened, I turned right and slowed down.
However, I did not see any car coming up to me.

I was not sure which car brushed the side of my car and whether that car was affected.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/05/2019 08:48
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

13 June, 2019

WOO CHANG HONG (WU CHANGHONG)

BLK 207 BISHAN STREET 23

#12-401

SINGAPORE 570207

Dear Sir,

OUR REF : CC4/ASM19010529/ga3 // S9M01QII

YOUR REF : SKJ 1197B

ACCIDENT INVOLVING SKJ 1197B AND SMH 5490P ON 02/05/2019 ALONG/AT BISHAN STREET 23

We write to inform you that we are the appointed loss adjuster by your motor insurer, AXA insurance Pte Ltd to deal with the third party claim against your motor policy.

We refer to the above subject matter. We have received third party claim(s) against your motor insurance policy.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We highlight that this accident has not been reported to your insurer. Under the Motor Claims Framework (MCF), you are required to report any accident with the accident vehicle (whether damaged or not) within 24 hours or by the next working day after the accident. The primary purpose of this reporting is to provide your version of the accident to AXA. Omission to report the accident will result in a loss of your No Claim Discount (NCD) upon renewal of your policy, and will prejudice any claim(s) by or against you. We would appreciate it if you could urgently file a report at our approved reporting centre.

The report has to be lodged at any of AXA Premium Workshops or reporting centres (subject to your policy). For the list of AXA Premium Workshops conveniently located throughout Singapore, please refer to the back of your Certificate of Insurance or the accompanying folder, or visit <https://www.axa.com.sg/customer-care/personal/motor/owndamageaccidentreporting>.

Your full co-operation is required. Kindly submit the following when lodging the report which list is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)



redefining / insurance

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

03203

-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	WOO CHANG HONG (WU CHANGHONG)	Certificate number	GA080272 / 1
Cover	Comprehensive	Chassis number	VF7UA5FV8CJ531056
Plan name	Private MPV	Engine number	10FJBS1417227
NCD applicable	30%		
Vehicle registration number	SKJ1197B		
Period of Insurance	from 11/01/2019 to 10/01/2020 (both dates inclusive)		
Finance loan company	Nil		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
(b) Any Named Driver as stated in the Policy:
1. KOH CHIN WAI ALARIC (ALARIC GU JINGWEI)
(c) 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 1,000.00
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.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

