#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

atoresaid.				
	ACCIDENT STATEMENT			
Date Of Report	16/10/2019 18:10			
Date Of Accident	17/09/2019 19:45			
Exact Location Of Accident	176 SIN MING DRIVE #06-02			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SLK355B			
Insured/Policyholder				
Name Of Registered Owner	WONG WAI SAN			
NRIC No	S7384263H			
Email Address	WONG.DARRELL@GMAIL.COM			
Mobile Phone No	(LOCAL) +65-98909799			
Alternative Phone No	OFFICE-NOPHONE			
Vehicle Particulars				
Manufacturer	FERRARI			
Model	F355 SPIDER			
Exact Purpose for which vehicle was being used at time of accident	PRIVATE			
Are you claiming under your own insurance policy for repair to your vehicle?	NO			
If No, Please state action to be taken	THIRD PARTY			
Vehicle Category	PRIVATE CAR			
Insurance Company				
Name of Insurance Company	AXA INSURANCE PTE LTD			
Type Of Coverage	THIRD PARTY			
Fleet Policy	NO			
Policy Number	VPX/P2062440			
Cover Note Number				
Driver				

Name of Driver WONG WAI SAN
NRIC No S7384263H
Date Of Birth 26/10/1973
Occupation INDOOR
Date Of Driving Pass 05/05/2003

Driving Experience 16 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98909799

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address WONG.DARRELL@GMAIL.COM

2A YIO CHU KANG GARDENS Address

Postcode

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions **INSIDE BUILDING** Road Surface **INSIDE BUILDING** 

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 0

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

#### **Circumstances of Accident**

## REFER TO ATTACHED STATEMENT

## Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

Was there any audio recorded?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

YN4713E Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

**COMMERCIAL VEHICLE** Vehicle Category

Name of Driver PECK KOON YAP

NRIC/Passport Number G8697030P **Contact Number** 8330 6040

Address

Postcode

Insurance Company Name AXA INSURANCE PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

#### **SKETCH PLAN**

### **IMPORTANT NOTICE**

VEHICLE NO: SIK355 B
ACCIDENT DATE: 17/09/19/01/19/19

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
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- 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 insurers) 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.

NOTE: DO NOTE THAT YOU MAY HAVE A **14-DAYS** TIMEFRAME FOR YOU TO SUBMIT AN OWN **DAMAGE CLAIM** UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

CHARN'S CUSTOM CRAFT

nature

Reporting Centre Rersonnel's

Name:

NRIC/FIN No.

SKETCH PLAN			
176 Sin Ming # 06-02	One of	1H AF-13E 1-SIK 355B	
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT		
Refer to ottlach stut	lava in )		
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	***		
		<b>*</b>	
OWN DAMAGE ( )	3RD PARTY CLAIM	REPORTING ONLY ( )	OWN WORKSHOP (
DECLARATION I/We declare the foregoing par	rticulars are true in every respect.	CHARI	S CUSTON
Policyholder's Signature Date & Time: // OCT /	Driver's Signature (If driver is not the policyh Date & Time:	Reporting C	Centre Sersonnel's Signature

# SLK 355B

# F355 Insurance Report

16 October 2019

Name of Registered Owner: Wong Wai San (S7384263H)

Vehicle damaged: Ferrari 355 (SLK355B) Insurance company: AXA Insurance Pte Ltd

Policy Number: P2062440

Date and Time of Accident: 17 Sept 2019 @ 1945 Location of Accident: 176 Sin Ming Drive #06-02

Vehicle that caused the damage : Tow Truck ISUZU (YN4713E) Name of Registered Owner: Island Recovery Services (53120055L)

Tow Truck Driver: Peck Koon Yap (G8697030P) Insurance company: AXA Insurance Pte Ltd

Policy Number: P1873665

## Other parties involved:

Person in custody of the damaged vehicle: Jordan Chua Wei Jin (S9445051L) Company in custody of the damaged vehicle: Envy Motors Pte. Ltd.

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Repair Workshop: Exquisite Marques Holding Pte. Ltd (Reg No. 200804960Z)

1010 Bukit Merah Lane 3 #01-119 Workshop contact: Andrew

On 17/09/2019, Jordan Chua Wei Jian of (NRIC: S9445051L) of Envy Motors Pte Ltd arranged Island Recovery Services (Co. Reg No. 53120055L) to tow my (Wong Wai San NRIC: S7384263H) Ferrari F355 (SLK355B) to MBM Wheelpower workshop, located at 160 Sin Ming Drive #06-02 as the car was under the custody of Envy Motors Pte Ltd. At 19:45, tow truck driver Peck Koon Yap (G8697030P) reached destination and unloaded the car. However, while reversing, tow truck (YN4713E) hit onto the front left side of my car (SLK355B) and had caused damaged. The other party - Island Recovery Services has since filed for an accident report on 19/09/2019 and claimed full liability for damages caused. Nobody is injured at the scene.

I was only made known of the accident on the morning of 18/09/2019. This report purpose is for claiming against insurance of Tow Truck YN4713E.

-End of Report-

## Identification Card Pg. 1

























































