

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	09/12/2019 16:11
Date Of Accident	09/12/2019 08:20
Exact Location Of Accident	MANDALAY ROAD TOWARDS MOULDMEIN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR6636B
Insured/Policyholder	
Name Of Registered Owner	WONG CHIN KIN JOHNSON
NRIC No	SXXXX944A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93636636
Alternative Phone No	OTHERS-93636636

Vehicle Particulars

Manufacturer	FORD
Model	FOCUS RS 2.3 GTDI 6MT SR
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA481359/1
Cover Note Number	

Driver

Name of Driver	WONG CHIN KIN JOHNSON
NRIC No	SXXXX944A
Date Of Birth	19/01/1975
Occupation	INDOOR
Date Of Driving Pass	04/10/1993
Driving Experience	26 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93636636
Fax Number	
Contact Number	OTHERS-93636636
Email Address	NOEMAIL

Address	33 MANDALAY ROAD #20-02 SPORE 308214
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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

REFER TO 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	SKQ8497C
Vehicle Make/Model/Colour	JAGUAR / XF 2.0P TSS
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

SKETCH PLAN

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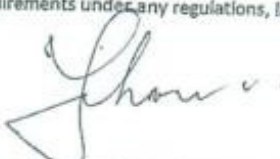
8. Consent under the Personal Data Protection Act (PDPA)

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:



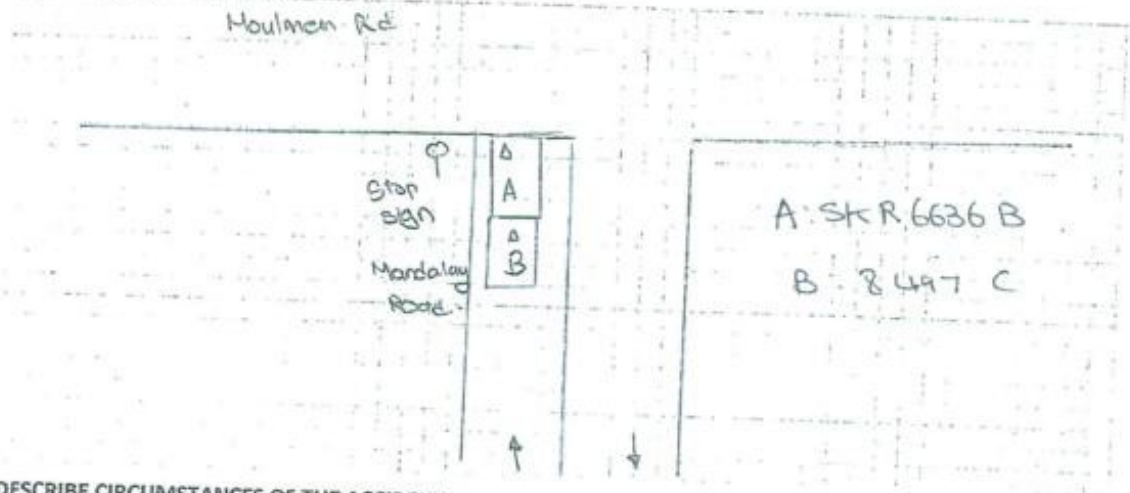
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: *J. K. N.*
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09/12/19 8:26am I was traveling along Mandalay Rd. I was stationary as I was looking out for traffic. Suddenly vehicle B, hit my rear vehicle rear.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.

[Signature]

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

[Signature]

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



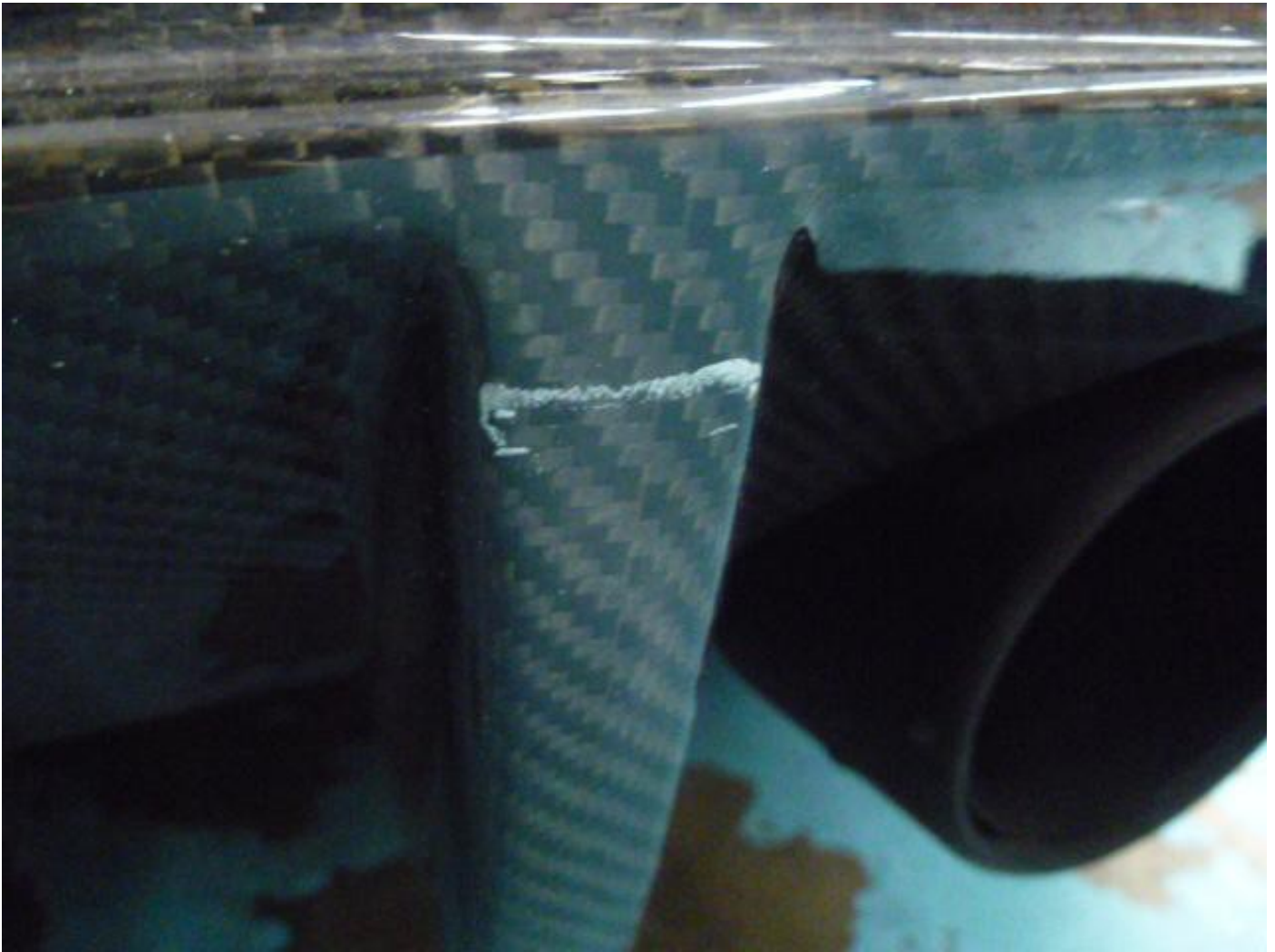
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



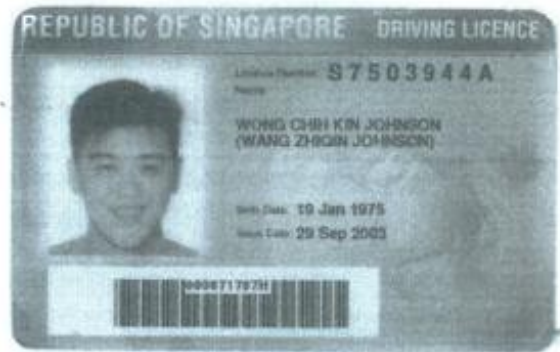
Accident Photo



Accident Photo



Driving License



Johnson

For Insurance Reporting And
Claim Purposes Only



INSURANCE POLICY



redefining / insurance

AXA Insurance Pte Ltd
1990 880 4888 (Toll-free Singapore)
(85) 6880 4888 (International)
(85) 6880 4740
customer.care@axa.com.sg
www.axa.com.sg

Certificate of Insurance

Account number:
11618

Motor Vehicle (Third Party, Fire and Comprehensive) - Sublimated 18% - Motor Vehicle (Third Party, Fire and Comprehensive) Policy, 1990 (The Road Transport Act, 1987 (Malaysia))

Policy details

| | | | |
|-----------------------------|--|--------------------|------------------|
| Policyholder name | WONG CHIN KIN | Certificate number | QA01359 / 1 |
| Cover | Comprehensive | Chassis number | WF05XGCC5GR75916 |
| Plan name | First | Engine number | CR75916 |
| WCD applicable | 50% | | |
| Vehicle registration number | SKR863GB | | |
| Period of insurance | from 23/07/2019 to 27/07/2020 (both dates inclusive) | | |
| Finance loan company | UNITED OVERSEAS BANK LIMITED | | |

Persons or classes of persons entitled to drive*

- (a) The Policyholder
- (b) Any Named Driver as stated in the Policy:
 - 1. CHUA THENG THENG
- (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 Policy and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS Windscreen Excess

Not Applicable

An Additional Excess is applicable as follows:

1. \$5500 for unnamed *Authorized Driver*
2. \$5500 for declared *Young and Inexperienced Driver*
3. \$55,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to \$52,500 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 Policy and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorized signatory

Important note

Policyholders are reminded that in the event 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 or stolen. Declaration to the Motor Vehicle must be made. Failure to comply with the obligation is in breach with the Motor Vehicle (Third Party Policy and Compensation) Act (Cap. 189). The Premium Warranty Clause referred to in the premium schedule is not applicable. The above information is for general information only and does not constitute an endorsement etc.

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

1 of 3

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: RM00017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MALP 19162007 Vehicle Registration No: SKR 6636B
Name (as shown in NRIC) : Wong chin kin Johnson NRIC/FIN/Passport No : S7503944A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 33 Mandalay Road #20-02 Singapore (308214)
Contact (Tel) : _____ Mobile No. : 9363 6636
Email Address : _____
Date of Accident : 09.12.2019 Time of Accident : 8.20
Place of Accident : Mandalay Road Towards Moulmein Road
Insurance Company : Axa Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend the Name : Wong chin kong Johnson to Name : Wong chin
Kin Johnson

Yhasir
Policyholder / Driver's Signature
Date:

[Signature]
Reporting Centre Personnel's Signature
Name: Su Lian
NRIC/FIN No.:
Date: 18/6/2020