

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	20/12/2019 13:28
Date Of Accident	18/12/2019 19:40
Exact Location Of Accident	LOWER KENT RIGDE ROAD ROUAD ABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV2527K
Insured/Policyholder	
Name Of Registered Owner	WANG DUO
NRIC No	S7267526F
Email Address	SUPREMETASTES@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93655092
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	TOYOTA
Model	RUSH-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	GOING BACK HOME
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	GA141496
Cover Note Number	

Driver

Name of Driver	WANG DUO
NRIC No	S7267526F
Date Of Birth	01/10/1972
Occupation	INDOOR
Date Of Driving Pass	03/05/2012
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93655092
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	SUPREMETASTES@GMAIL.COM

Address	BLK 857 TAMPINES ST 83 #02-370
Postcode	520857
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 - ROUNDABOUT
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?	NO
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 ATTACH 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	SMG4022D
Vehicle Make/Model/Colour	MAZDA/RED
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


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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.

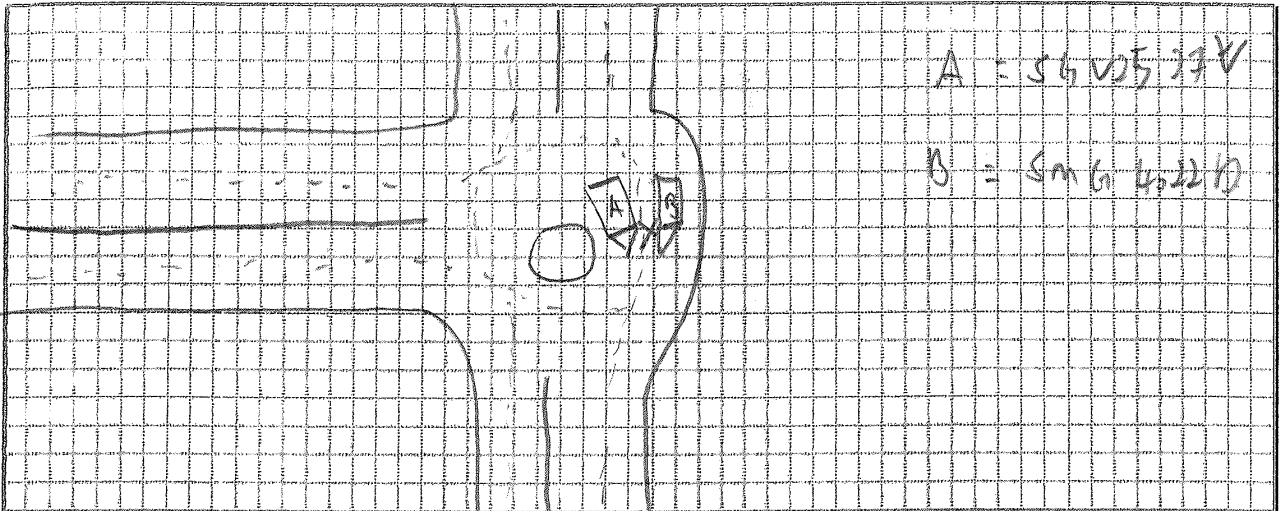
COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV, PANDAN BRANCH
NAME & SIGNATURE: 
DESIGNATION: _____ DATE: 2/11/14


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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 18/12/14 around 19:40 i'm was on the way
back home while coming to round about lower Kent Ridge Rd
I'm was going forward suddenly the vehicle Sm G 4022 D
which on my left was ~~turn~~ to over cross my head
without ~~any~~ signal and hit on my car left side.

IMPORTANT NOTE


Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

DECLARATION

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


Policyholder's Signature
Date & Time

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

COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV. PANDAN BRANCH
NAME & SIGNATURE: 
DESIGNATION: _____ DATE: 22/12/14
Reporting Centre Personnel's Signature
Name:
NRIC / Fin No.:



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 20/12/14

To: Owner of Vehicle Number: 66 V 2527 1C

The following has been advised to you via your workshop, _____ through their staff, _____.

Please tick the applicable box if you had been advised on any of the following:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☒ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
- ☐ For vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.


For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using **any combination** of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☐ Others _____

Signed and acknowledged by:

 _____
Name and signature of policyholder/ authorized driver* and company stamp (where applicable)

*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.

COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV. PANDAN BRANCH

NAME & SIGNATURE:  _____
Name and signature of workshop personnel including company stamp
DESIGNATION: _____



WANG DUO
BLK 857 TAMPINES ST 83
#02-370
SINGAPORE 520857

**SmartDrive Comprehensive
Essential**

date
23/10/2019

policy number
VA1 / GA141496

your servicing distributor
VILLAGE CREDIT PTE LTD / 08734

your servicing distributor contact
66657227 /

Renewal Notice

Dear WANG DUO,

Thank you for insuring with AXA.

Our records show that your current **Smart Drive Comprehensive Essential** policy covering your vehicle **SGV2527K** is due to renew on **07/12/2019**.

We are pleased to invite you to renew your policy, as detailed below.

Effective Period of Renewed Cover : 08/12/2019 to 07/12/2020 (both dates inclusive)

Smart Drive Comprehensive Essential		
KEY BENEFITS	Usual Price	\$1,520.51
✓ 24/7 Towing & Transportation in Singapore or Overseas	✓ 10.00% DISCOUNT (Special Discount)	\$1,368.46
✓ Windscreen Coverage		
✓ Guaranteed Repairs for twelve (12) Months		
✓ Loss or Damage		
✓ Legal Liability		

Total:	\$1,368.46
Total Own Damage Excess:	\$1,000.00
Windscreen Excess:	\$100.00
	(incl. GST)

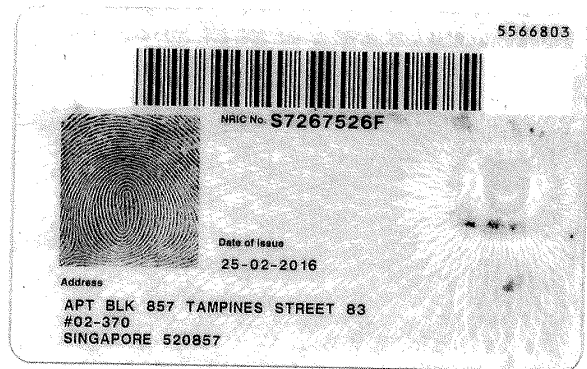
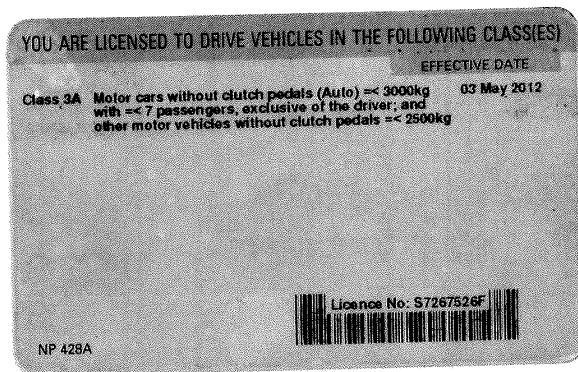
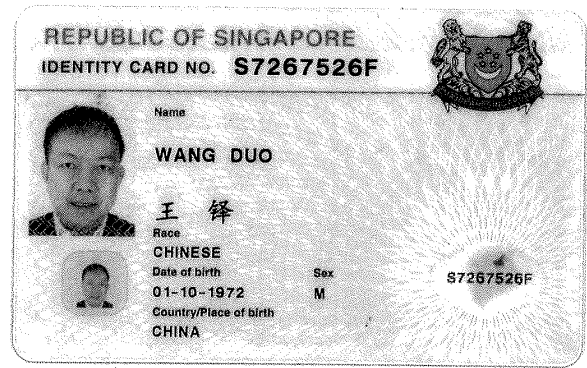
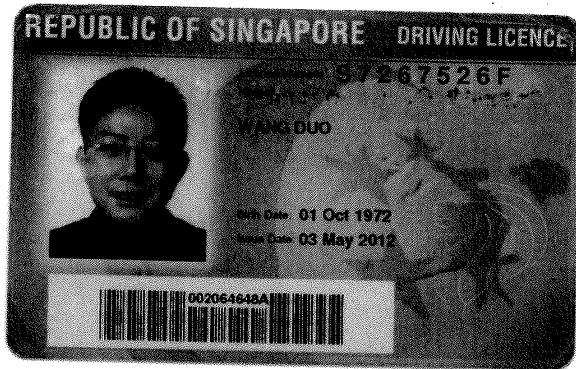
Your Insurance policy details	
CAR DETAILS	
Make & dddModel	TOYOTARUSH 1.5
Vehicle registration number	SGV2527K
DRIVER DETAILS	
	Main Driver
Name	WANG DUO
NCD	20
POLICYHOLDER DETAILS	
Name	WANG DUO

Customise your insurance policy to your needs

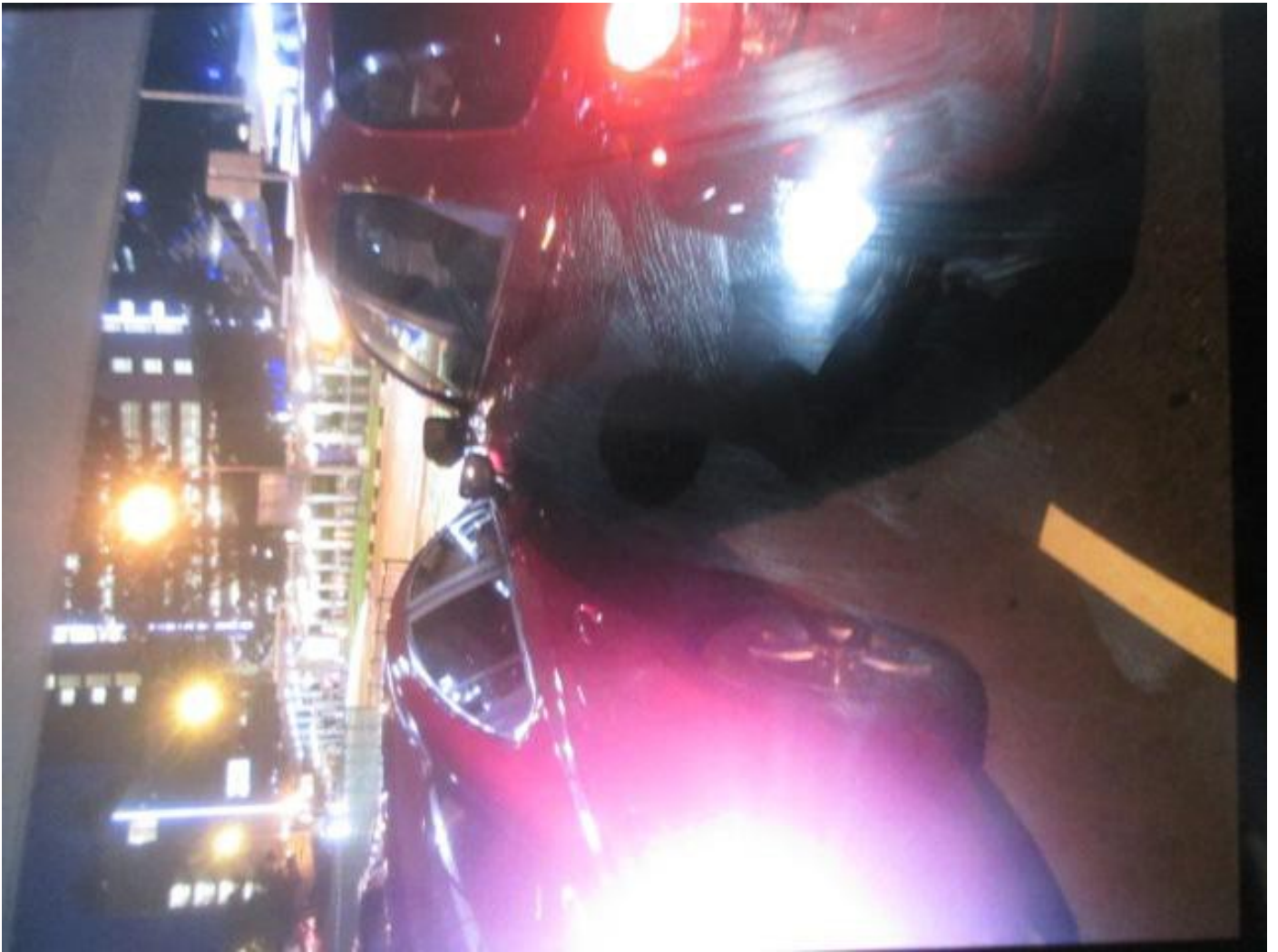
With a wide range of benefits available, you can enjoy the flexibility to customise your insurance policy according to your needs.

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

1 of 3



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



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: S66550020G / GST Reg. No.: M400017735

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 : MCD719167403 Vehicle Registration No: SGV2527K
Name (as shown in NRIC) : Wang Duo NRIC/FIN/Passport No : SXXXX526F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 18/12/2019 Time of Accident : 19.40
Place of Accident : Lower Kent Ridge Road Round about
Insurance Company : AXA Insurance pte.

(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:

vehicle registration number should be SGV2527K instead.
SGV2527V

10-2-2020
Policyholder / Driver's Signature
Date:

COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV, PANDAN BRANCH
NAME & SIGNATURE: [Signature]
DESIGNATION: [Signature]
Reporting Centre Personnel's Signature
Name: WONG CHEE WEI
NRIC/FIN No.: 872180990
Date: 10/02/2020