

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	21/02/2020 15:17
Date Of Accident	21/02/2020 11:00
Exact Location Of Accident	SUNTEC CITY TOWER 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP4735Z
Insured/Policyholder	
Name Of Registered Owner	DAVID WONG JOON YEONG
NRIC No	S0696436B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92753360
Alternative Phone No	OFFICE-92753360

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ACCENT
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	CN061445
Cover Note Number	

Driver

Name of Driver	DAVID WONG JOON YEONG
NRIC No	S0696436B
Date Of Birth	30/07/1947
Occupation	INDOOR
Date Of Driving Pass	14/03/1972
Driving Experience	47 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92753360
Fax Number	
Contact Number	OFFICE-92753360
Email Address	NOEMAIL

Address	11 TAMPINES CENTRAL 7 #03-01
Postcode	528769
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	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)	3
Passenger 1	NAME: : PEARLY WONG GENDER: : FEMALE
Passenger 2	NAME: : ISABEL JOSEPHINE LIM GENDER: : FEMALE

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

I CHECK THAT THE LEFT LANE IS CLEAR. THUS, I PROCEED TO TURN LEFT. HOWEVER, VEHICLE B FROM THE LEFT LANE TRAVELLED STRAIGHT AND HIT ONTO MY VEHICLE'S LH PORTION.

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	GBB4406C
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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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.

David W.

Policyholder's Signature
Date & Time:

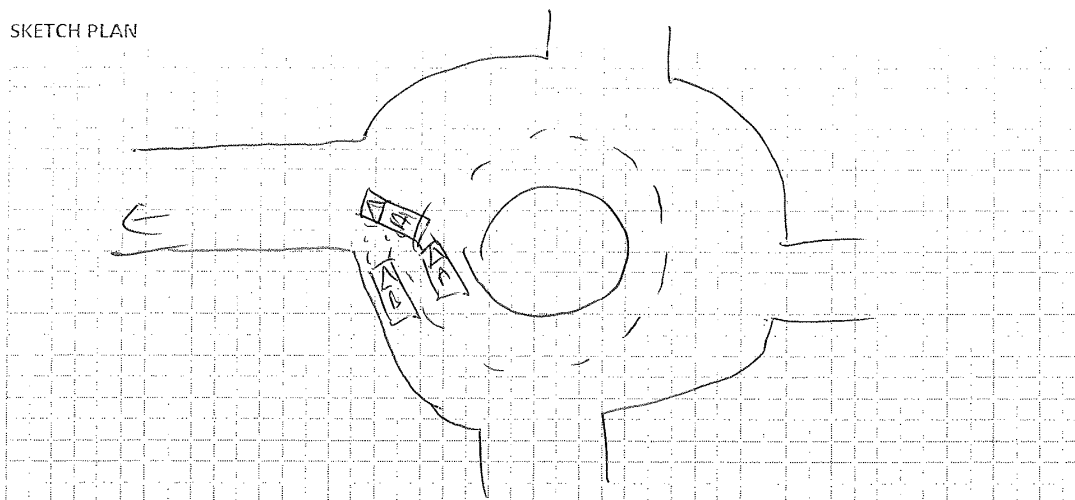
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

001/1000 (10/10/2010)

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I check that the left lane is clear thus I proceed to turn left, however vehicle B from the left lane travelled straight and hit into my vehicle's left portion.

DECLARATION

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

David

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.:

LETTER OF UNDERTAKING

I/We, DAVID WONG (JOAN YEONG), the owner of vehicle no. QMP 4735Z

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, _____

Signed and Acknowledge by:

David

.....
Nric no. & signature of policyholder

.....
Company stamp

21/02/20
Date

Driving License Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of David Wong Joon Yeong.

Licence Number: **S0696436B**
 Name: **DAVID WONG JOON YEONG**

Birth Date: **30 Jul 1947**
 Issue Date: **05 Feb 2003**

Barcode: 1000174682J

REPUBLIC OF SINGAPORE

Identity Card No. **S0696436B**

Portrait photo of David Wong Joon Yeong.

Name: **DAVID WONG JOON YEONG**
 王运熊

Race: **CHINESE**
 Date of Birth: **30-07-1947** Sex: **M**
 Country of Birth: **SINGAPORE**

Barcode: S0696436B

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	19 Dec 1977
Class 2A	Motorcycles between 201 cc and 400 cc	19 Dec 1977
Class 2	Motorcycles exceeding 400 cc	19 Dec 1977
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	14 Mar 1972

Licence No: **S0696436B**

NP 428A

0342435

Barcode: S0696436B

Portrait photo of David Wong Joon Yeong.

NRIC No: **S0696436B**

Blood Group: **B+** Date of issue: **11-05-1992**

11 TAMPINES CENTRAL 7 #03-01
SINGAPORE 528769

NRIC No: **S0696436B** Date: **22/04/2018**

AXA INSURANCE PTE LTD

Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Centre #01-21
 Tel: 1800 8804888
 Website: www.axa.com.sg
 ST Registration Number : 199903512M
 Customer.care@axa.com.sg

**Original**Agent Code: **08554**

Policy No.(if any):

New Business

SmartDrive Quote Ref:

MOTOR COVER NOTE**No. CN061445**

The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
 The Road Transport Act 1987 of Malaysia; or
 The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 2 February 1975; or
 The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
 And any subsequent revisions to the above Acts and Agreements
 The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable hereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	DAVID WONG JOON YEONG
MAKE AND DESCRIPTION OF VEHICLE	HYUNDAI ACCENT 1.4 4DR A
VEHICLE REGISTRATION NO.	TBA <i>SMP 43VZ</i>
YEAR OF MANUFACTURE	2019
ENGINE NO.	G4LCKU225376
CHASSIS NO.	KMHCU41BTKU477347
ENGINE CAPACITY/TONNAGE	1368
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	NIL
VALUE (\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 23/09/2019 TO: 22/09/2020
EXCESS (\$)	AS PER POLICY
AXA PREMIUM WORKSHOP?	NO

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Authorised Signature

Issued by RTMT MOTOR PTE LTD (HYUNDAI SCHEME) on 20/09/2019 5:34
 jrm

- Note:** This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.
- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
 - An administrative fee of S\$26.75 (inclusive of GST) will be charged :
 - Cover note issued and cancelled before inception.
 - Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

For Individual Customers:
 Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.
 For Non-Individual Customers:
 Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

Accident Photo



Accident Photo



Accident Photo



Accident Photo

