

## 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	23/11/2020 14:14
Date Of Accident	21/11/2020 13:20
Exact Location Of Accident	227B COMPASSVALE DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA6784J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PAINTMART PTE LTD
Co Reg No	199609128Z
Email Address	VIVIAN@PAINTMART.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-81261050

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X (A)

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA444469
Cover Note Number	

### Driver

Name of Driver	WONG JEE YUAN
Passport No/FIN	G6860404X
Date Of Birth	03/05/1987
Occupation	INDOOR
Date Of Driving Pass	21/01/2019
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81261050
Fax Number	
Contact Number	
EEmail Address	YY@PAINTMART.COM.SG

Address	BLK 29 BALAM ROAD #18-19
Postcode	370029
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	FIRE, EXPLOSION OR LIGHTNING
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	1
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NPC
Police Station Address	<b>ROAD:</b> 2 SENGKANG SQUARE #01-02 , <b>POSTCODE:</b> 545025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORD BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

## Sketch Plan

### 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.

Policyholder's Signature  
Date & Time:



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

28/11/20.

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

### Sketch Plan #2

### SKETCH PLAN

[illegible]

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Police report.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.  
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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.:



23/11/20.

## Police report



**SINGAPORE  
POLICE FORCE**



F/20201121/2088

1 of 2

**POLICE REPORT (NP299)**

Report No. F/20201121/2088

Police Station Of Origin  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Date/Time Report Made 21/11/2020 23:12	Vide Report No. F/20201121/0142	Station Diary No. 149	
Name Of Informant WONG YEE YUAN	Address APT BLK 29 BALAM ROAD #18-19 SINGAPORE 370029		
ID Type / ID No. FIN NO / G6860404X	Contact No. Home/Office	Mobile 91261050	
Nationality MALAYSIAN	Email Address		
Occupation Retail/Shop sales manager	Sex Male	Age 33	Date of Birth 03/05/1987
Institution/School Name	Race Chinese		
Date/Time Of Incident 21/11/2020 13:20	Location Of Incident 227B COMPASSVALE DRIVE COMPASSVALE COURT SINGAPORE 542227 CRC		

**Brief details.**

On 21/11/2020 at about 1320hrs, I drove my car SLA6784J from Blk 203A Compassvale. While at the traffic junction, I sudden smell a smoke smell coming from my vehicle. I the drove my vehicle to B/227B Compassvale CRC area. I then off the car engine and make a check but nothing found. I then called the company car service center and informed them about it. While on the phone with them, I saw my vehicle left side aircon coming out white smoke.

Signature Of Officer Recording The Report: F / Sgt 3 ONG RONG HUI EDMUND	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/11/2020 23:12
Officer In-Charge Of Case: F / Ang Mo Kio Police Divisional Investigation Branch / Sr Staff Sgt MUHAMMAD SHAHIDIN BIN WAHID Contact No.: 65556854	Classification Of Case:

Authentication Stamp



Police report



SINGAPORE  
POLICE FORCE



F/20201121/2088

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20201121/2088

The technician informed me that they will send the tow truck down. While waiting sudden the white smoke and become black smoke. As such I called for 995.

Sudden the car caught fire and I immediately walk far away. I then called 995 again and informed them about it.

I did not suffer any injury. The police and SCDF attended to my case.

I lodging this report for insurance claims.

Signature Of Officer Recording The Report:

F / Sgt 3 ONG RONG HUI EDMUND

Signature Of Informant:

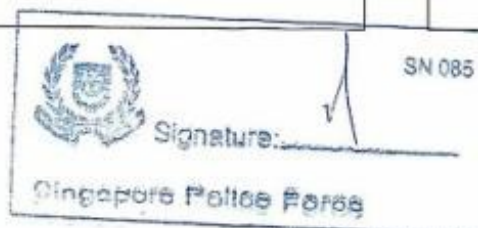
Signature Of Interpreter:  
Not applicable

Date/Time:  
21/11/2020 23:12

Officer In-Charge Of Case:  
F / Ang Mo Kio Police Divisional Investigation Branch /  
Sr Staff Sgt MUHAMMAD SHAHIDIN BIN WAHID  
Contact No.: 65556854

Classification Of Case:

Authentication Stamp





## Letter of authorise



### PAINTMART PTE LTD

1 TAMPINES NORTH DRIVE 1 #02-05 T SPACE SINGAPORE (528559)

TEL: 6848 0746

FAX: 6848 0748

E-mail: sales@paintmart.com.sg

Http : // www.paintmart.com.sg

GST Reg No.: 19-9609128-Z Co.Reg. No.: 199609128Z

## Letter of Authorisation

Dear Sir/Madam,

This letter is to certify that Wong Yee Yuan (FIN: G6860404X), is the driver of this vehicle, SLA 6784 J, at the point of the incident. He is working under our Company, Paintmart Pte Ltd (Company Registration Number: 199609128Z), and is authorise and assigned to drive our Company's vehicle, SLA 6784 J, on behalf of our Company. Our company shall authorise him to lodge the report and submit the relevant report documents.

Yours Sincerely,

Jimmy Hu

PAINTMART PTE LTD

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo

