

**NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION**

Date :

Time : 26 NOV 2024


By Fax :

TO :

MS FIRST CAPITAL INSURANCE LTD

Accident involving Your insured vehicle No. S4D66667 with  
My vehicle No. GBB7652M on 21/11/24 along ANG MO KIO INDUSTRIAL PARK A

1. I, the owner of Vehicle No. GBB7652M intend to make a 3<sup>rd</sup> party claim against your insured.
2. My Vehicle is now at the workshop **Guan Motor Works** Tel : 6453 6111 and is available for your inspection before repairs are carried out.
3. Please acknowledge receipt of this Notification by return fax to 6453 8292 and reply within 2 days whether you wish to inspect the vehicle or waive inspection.

  
Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
NRIC: \_\_\_\_\_

**CK TEO & CO**  
Advocates & Solicitors  
101A Upper Cross Street  
#08-17 People's Park Centre  
Singapore 058358  
Tel: 6535 4788 Fax: 6535 4245

**Enquire Vehicle's Insurance Particulars ( As At 21 Nov 2024 / 14:00:00 )**

Vehicle No.:

**SHD6666Z**

Make Description/Model:

**TOYOTA / PRIUS 5DR HATCHBACK (AUTO)**

Insurance Company Name:

**MS FIRST CAPITAL INSURANCE LIMITED**

Business Transaction Reference No.:

**20241125141738548929**

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

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## 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 Actual 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 First Submission	22/11/2024 09:30 (SGT)
Reported by	Actual Driver
Date of Accident	21/11/2024 14:00 (SGT)
Exact Location of Accident	Ang Mo Kio Industrial Park 2A, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB7652M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LONG PANG LEASING
Company Reg No	5XXXX773E
Email Address	longpang53@gmail.com
Mobile Phone No	(Phone) +65-90472789
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Urvan
Variant	-
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2800
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D19MFL0001879_05

### DRIVER

Name of Driver	LEOW PHING SIAN
NRIC No	SXXXX334C
Date Of Birth	16/09/1989
Occupation	Indoor
Driving Pass Date	01/09/2021
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	3 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81643851
Alt. Phone Number	-
Email Address	leowphingsian@gmail.com
Address	BLK 637 PASIR RIS DR 1
Address complement	#07-578
Postcode	510637
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED SKETCH PLANS - TYPE OF ACCIDENT REAR TO SIDE. VEHICLE B REVERSE.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1


Vehicle Registration Number	SHD6666Z
Vehicle Manufacturer	Toyota

Vehicle Model .....	Prius
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	GOH GON HWA
NRIC No .....	SXXXXX008B
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

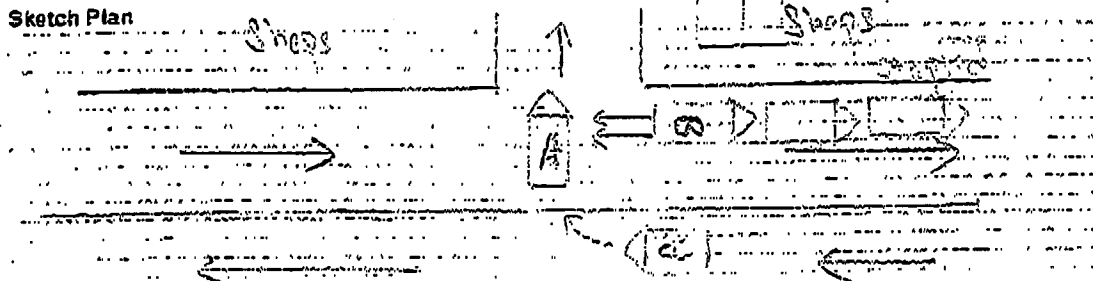
SKETCH PLAN

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 willful 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. 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 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.
  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 the 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/mailed 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 the 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.


 Policyholder's Signature, Date & Time \_\_\_\_\_  
 Driver's Signature (if driver is not the policyholder): Date & Time \_\_\_\_\_  
 Witnessed by Reporting Centre Personnel \_\_\_\_\_

**Sketch Plan**



Pay No 1210 Industrial Park 2A

8. 6583763200

8. 3076666E

Describe Circumstance of the Accident

Driver G8B7652M put on right signal and making right turn into Any Mo Kio shop carpark. Out of sudden the taxi caplate SHD666Z reverse with very high speed and hit the right side of my van G8B7652M. In addition when im turning into the right into the shop entrance im noticed the taxi is reversing and i horn the driver but unfortunately he is reversing in very high speed and failed to brake.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature (Date & Time)



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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)