

Notification of Pre-repair Inspection/Notice of Accident

TO	AXA	YOUR REF	SKF9376U
DATE	05.10.16	OUR REF	1610-05
ATTENTION	Motor Claims Department		
THIRD PARTY FAX NO.			
BY FAX / EMAIL			

Dear Sir

We are instructed by (name of claimant) GOH SIAW HUA to notify you of a road traffic accident on (date) 04.10.2016 at about (time) 13:40 at (location) ALONG JALAN BESAR BEFORE PETAIN ROAD involving our client's/customer's vehicle registration number SKJ9849B and SKF9376U driven by your insured/insured's driver at the material time. A copy of the Singapore accident statement/traffic police report filed is enclosed.

As a result of the accident, our client's/customer's vehicle has been damaged. Before our client/we proceed to repair the damage vehicle, please let us know within two (2) working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair inspection survey or waive the pre-repair inspection of the vehicle. If we do not received any reply from you within two (2) working days as of the date of this notice in accordance with the protocol, our client/we shall proceed to repair the vehicle without further reference to you and we shall claim for the additional loss of use and/or rental and all incidental costs arising from the giving of this notice to you.

Please let us have your list of surveyors for us to select as stated in the Practice Direction – Amendment No. 1 of 2016; Pre-action Protocol within two (2) working days as dated of our notice to you.

The said motor vehicle can be inspected at the following place:-

TEAMWORK GARAGE PTE LTD
53 UBI AVE 1 #01-24
PAYA UBI INDUSTRIAL PARK
SINGAPORE 408934
TEL: 68442475 FAX: 68442474

Thank you.

Yours faithfully,



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 ability
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 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	04/10/2016 17:04
Date Of Accident	04/10/2016 13:40
Exact Location Of Accident	ALONG JALAN BESAR BEFORE PETAIN RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ9849B
Insured/Policyholder	
Name Of Registered Owner	GOH SIAW HUA
NRIC No	S0706106D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90125668
Alternative Phone No	Office-90125668

Vehicle Particulars

Manufacturer	JAGUAR
Model	XF 2.2 I4D AUTO ABS D/AB 2WD 4DR HID TC
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	China Taiping Insurance (Singapore) Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSN1318641603
Cover Note Number	-

Driver

Name of Driver	GOH SIAW HUA
NRIC No	S0706106D
Date Of Birth	09/04/1947
Occupation	Indoor
Date Of Driving Pass	24/04/1965
Driving Experience	51 Years And 5 Months
Gender	Male
Mobile Number	(Local) +65-90125668
Fax Number	
Contact Number	Office-90125668
Email Address	NOEMAIL

Address	BLK 677B JURONG WEST ST 64 #11-301
Postcode	642677
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 (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	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

PLEASE REFER TO ATTACHED STATEMENT.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKF9376U
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	GOH SIAW HUA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKJ9849B
Were seat belts worn?	Yes

Was injured conveyed to hospital by ambulance? No

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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 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.

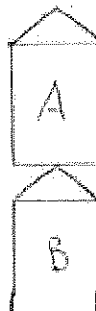
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

John Resner before Police



Vehicle A - SKJ 9849

Vehicle B - 9KF 9376V

Accident Sketch Plan

Describe Circumstances of the Accident

I was travelling along Jalan Besar before Petan Road, in front of me a vehicle slow down and came to a stop, so I also follow to slow down and came to a stop without any contact with the front vehicle. Suddenly this vehicle B from behind bump on to my rear portion of my vehicle A. Total there are 2 cars involved.

Declaration

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

Witnessed by Reporting Centre Personnel