

# AUTOWORX HOUSE

176 Sin Ming Drive, #02-01 Sin Ming Autocare Singapore 575721  
•Tel: 6452 8211 • Fax: 6451 7420

AXA Insurance Pte Ltd.  
Attn: Motor Claims Department

15/1/18

Dear Sir,

RE: Request for PRI for SLL3030M in an accident involving SKU 6099K  
@ SLE towards CTE Before Mandai Exit on 15/1/18 @ 06:50hrs.

We have been authorised by Thamaindran, the registered owner of motor vehicle: SLL3030M at the material time of accident to make a claim against your insured.

Please give us the list of panel of your 10 survey firms for our selection to inspect the above said vehicle or you may assign our choice from either one of the 3 survey firms,

- 1) Premier Appraiser Services
- 2) LKK Auto Consultants Pte Ltd
- 3) AJAX Inspection Services Pte Ltd

We will direct settle the claims with you if the survey is conduct by either of one the firms mentioned.

Kindly contact us at 64528211 before coming to ensure the vehicle is in the workshop.

Thank you.

Yours Sincerely,

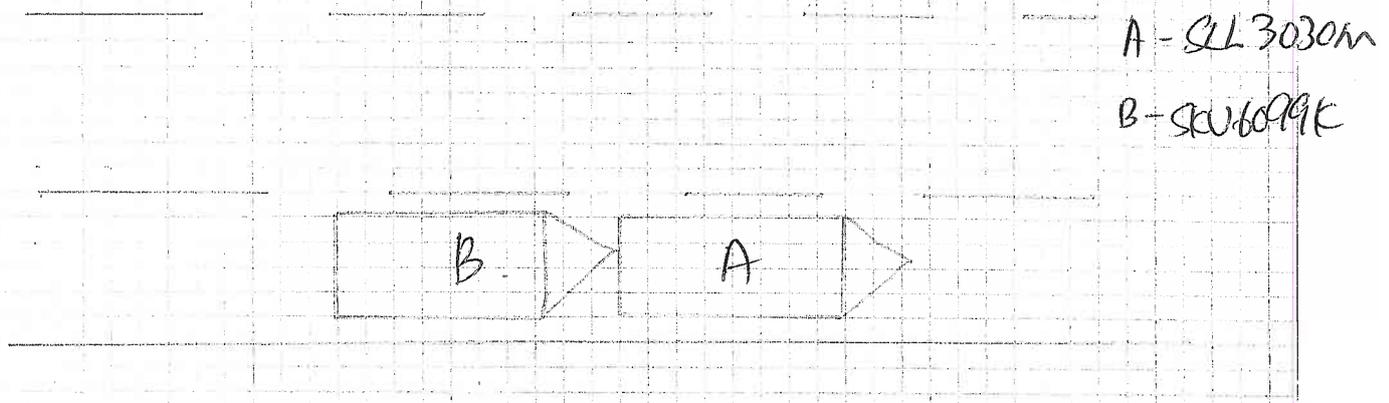


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Autoworx House  
Email: autoworxhouse@hotmail.com

**SKETCH PLAN**

SLE towards CTE Before Mandai Exit



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I was traveling along SLE towards CTE Before Mandai Exit, The traffic was heavy, the vehicle in front of me stopped, I stopped too. Suddenly vehicle B (SKU 6099K) failed to stop in time, collided into my rear of vehicle with a hard impact. my passenger and me felt <sup>upper</sup> back pain after the accident.

**DECLARATION**

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

Policyholder's Signature  
Date & Time: 15/01/18

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 15/01/18

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

## 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 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. 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 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: 15/01/18



Driver's Signature

(If driver is not the policyholder)

Date & Time: 15/01/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: