

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

26 / 03 / 2019

Dear Sir,

RE: Request for PRI for DEM 4983 K **in an accident involving** SLP 4343 H.
ALONG ANG MO KIO AVE 5 ON 26/03/2019.

We have been authorised by Augustine Drew Huang Yeow, the registered owner of motor vehicle: DEM 4983 K 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,

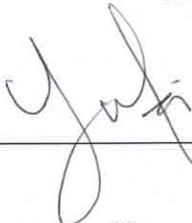
- 1) Premier Appraiser Services
- 2) LKK Auto Consultants Pte Ltd
- 3) AJAX Inspection Services Pte Ltd

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,



Autoworx House
Email: autoworxhouse@hotmail.com

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 26/03/2019 dd/mm/yy Time of Accident: 1340HRS (24-HR-FORMAT)

Vehicle No.: SGM 4983K Vehicle Make & Model: NISSAN LATI

Exact location of Accident: ANG MO KIO AVE 5 (OUTSIDE OF NYP)

Policyholder's Name / IC No.: AUGUSTINE STEW HUANG YEDW / S1332684C

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 9170 1705 Company Contact No: _____

Driver's Address: 77 NIU ROAD #03-03 (S) 807586

Insurance Company: III Email address (if any): _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

No. of Passengers (including Driver): 02

Nicole Wong

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name IC No: NG JOK HUANG / S7808256I Vehicle No: QLP 4343 H

Driver's Contact No: 9367 9704 Insurance Company (if any): _____

2. Driver's Name IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (if any): _____

*Independent Witness (if Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

* If no proper documents are produced, RAC should not file the report. Information will be discarded after one week.

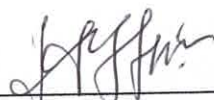
SKETCH PLAN

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:

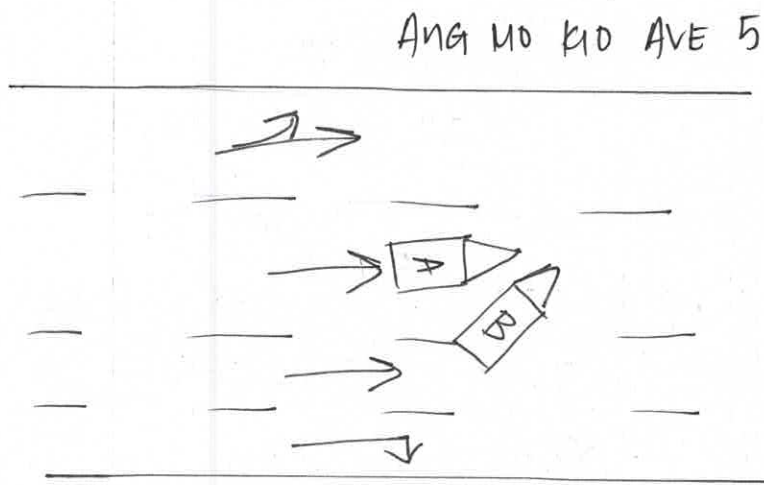
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

SKETCH PLAN



NANYANG POLY

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Ang Mo Kio Ave 5 on the third lane. I stopped my vehicle as it was red light. Suddenly, vehicle B cut into my lane and hit the front right portion of my vehicle.

DECLARATION

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

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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.: