

## NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION

To: AXA Insurance Ate Ltd

Claims Department

Re: Vehicle No: 8JF360F

From : M/s LOH HENG

**Sub: 3<sup>rd</sup> Party Claim**

This is to inform you that vehicle no : SCJ3030E, which is insured under your company was involved in an accident on 19-09-19.

The vehicle is at workshop- LOH HENG Tel: 64532237 and is available for your inspection before work is carried out.

Please acknowledge receipt of this Notification by return email to [loheng0308@yahoo.com.sg](mailto:loheng0308@yahoo.com.sg) and reply within 2 days whether you wish to inspect the vehicle or waive inspection.

Yours faithfully  
LOH HENG

Danny Loh  
Hp: 90111432

[Type text]

176 Sin Ming Drive  
#03-08 Sin Ming Autocare  
Singapore 575721



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 30 Sep 2019 / 17:41:53  
Receipt Date/Time : 30 Sep 2019 / 17:41:53

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-190930-002933

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$)	GST Amount (\$)	Amount After GST (\$)
Result of Insurance Enquiry - SCJ3030E As at 19 Sep 2019/17:35:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SCJ3030E Enquiry Fee 20190930173938553360	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				0.04
<b>Total Amount Payable</b>				7.45

Paid By

xxxxxxxxxxxx2076	Credit Card: Visa/MasterCard	7.45
Total		7.45
Cash Change		0.00
Tendered Amount		7.45
Excess Refundable Amount		0.00

THANK YOU AND HAVE A NICE DAY!

**Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.**

Print Receipt

OK

Save as PDF

## 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	20/09/2019 11:52
Date Of Accident	19/09/2019 17:35
Exact Location Of Accident	TANJONG RHU
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF360K
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### Insured/Policyholder

Name Of Registered Owner	LEE WEI NIEN
NRIC No	S7046701A
Email Address	WEINIEN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98237232
Alternative Phone No	OFFICE-98237232

### Vehicle Particulars

Manufacturer	MINI
Model	COOPER S-2.0 (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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

### Driver

Name of Driver	NEO MENG HWI
NRIC No	S7620475F
Date Of Birth	05/07/1976
Occupation	INDOOR
Date Of Driving Pass	13/06/1996
Driving Experience	23 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96957840
Fax Number	
Contact Number	
Email Address	JENNIS57@GMAIL.COM

Address 4A MEYER PLACE  
Postcode 437993  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured SPOUSE  
Vehicle Registration Number of Driver's Own Vehicle -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -  
-

#### General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION  
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 3  
Was any body injured in the Accident? NO  
Was any injured conveyed to hospital by ambulance?  
Was any other material or property damaged? YES  
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
Number of Passengers (Including Driver) 2  
Passenger 1  
NAME: : LEE CHUN JEN SEAN  
GENDER: : MALE

#### 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

KINDLY REFER TO THE ATTACHED SKETCH PLAN.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SCJ3030E  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMP151J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

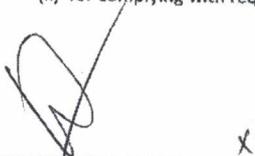
**SKETCH PLAN**

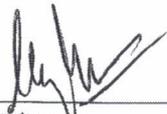
**IMPORTANT NOTICE**

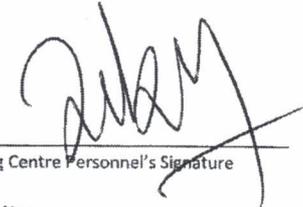
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

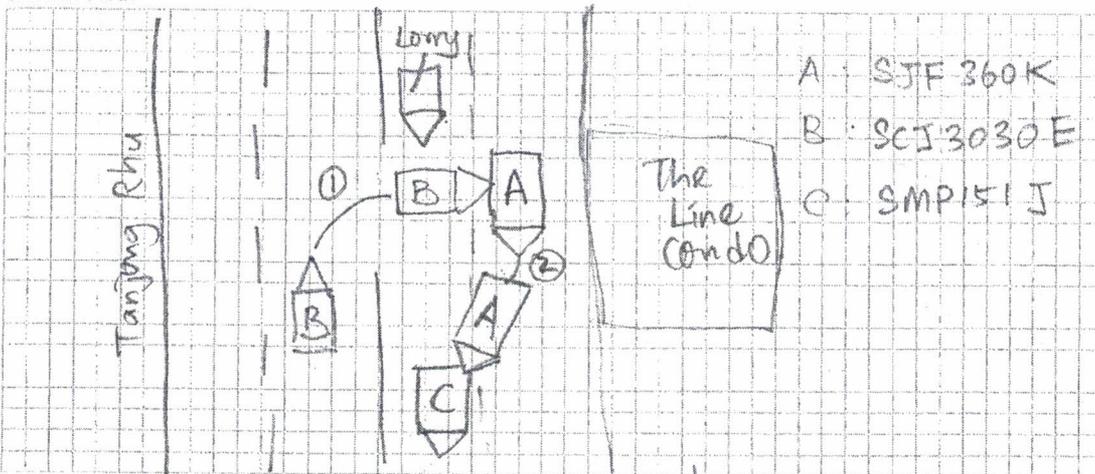
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

SKETCH PLAN



- A : SJF 360K
- B : SCJ 3030E
- C : SMP 151J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Meyer Road

LICENSE PLATE NO: SJF 360K

ACCIDENT DATE:	19/9/2019	CONTACT NUMBER:	96957840
ACCIDENT TIME:	5.35 pm	EMAIL:	jennis57@gmail.com
LOCATION:	Tanjong Rhu, directly in front of The Line Condo.		

I was driving along Tanjong Rhu on the leftmost lane towards Meyer Road. Out of the blue, a black car (SCJ3030E) hit me on the right which caused my car to swerve and hit a red car (SMP151J) that was stationary on the right lane.

the direction of

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.  
PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

PLEASE STATE:  CLAIM OWN POLICY  CLAIM THIRD PARTY  REPORTING ONLY

DECLARATION

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

 x  x 

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.: \_\_\_\_\_