

GARAGE 13 PTE LTD

8 KAKI BUKIT AVE 4 #03-46 PREMIER@KB SINGAPORE 415875
TEL: 9666 4445

Date: 29/12/20

To ~~Axa~~ AXA Insurance Pte Ltd

Motor Claims Department

By fax only

8 Shenton Way #2401

AXA Tower Singapore 068811
Singapore

Dear Sir/Mdm,

NOTIFICATION OF ACCIDENT

Please be informed that an accident involving my/our vehicle no. SLX147S and vehicle(s) no. SME 1495T had taken place at / along Tampines Ave 9 on date 28/12/2020 at time 11:50.

Kindly let us know within 2 working days from the date of this notice if you wish to carry out or waive a pre-repair inspection.

If we do not hear from you within 2 working days, we shall proceed to repair the vehicle without further notice and our client shall claim for the additional loss of use arising from the giving of this notification to you.

Please call Ms Enn Jie Ying at 8797 0013 to arrange.

Yours sincerely,



PRI

Date / Time	
Company Name	
Surveyor	
Contact No.	
Signature	

DISMANTLED PARTS

Date / Time	
Surveyor	

AFTER REPAIR

Date / Time	
Surveyor	

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 Submission 29/12/2020 15:11 (SGT)
Date of Accident 28/12/2020 11:50 (SGT)
Exact Location of Accident Tampines Ave 9, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLX147S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner PUAN YI WEI @ALEX PUAN
NRIC No SXXXX508B
Email Address NEVTBY@GMAIL.COM
Mobile Phone No (Phone) +65-92220005
Alternative Phone No +65-92220005

VEHICLE PARTICULARS

Manufacturer Opel
Model Crossland
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company FWD
Type of Coverage Comprehensive
Fleet Policy No
Policy Number PNPV2019-00002976-01
Cover Note Number -

DRIVER

Name of Driver PUAN TEIK CHONG @ALAN PUAN
NRIC No SXXXX595A
Date Of Birth 17/05/1941
Occupation Indoor

Date Of Driving Pass 20/07/1970
 Driving experience 50 YEARS AND 5 MONTHS
 Gender Male
 Mobile Number (Phone) +65-92220005
 Alt. Phone Number -
 Email Address NEVTBY@GMAIL.COM
 Address BLK 31 TAMPINES CENTRAL 7 #01-41
 Address complement -
 Postcode 528613
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Parent
 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 Collision - Cross Junction
 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? Yes
 Was any injured conveyed to hospital by ambulance? No
 Was any other material or property damaged? Yes
 Number of Passengers (Including Driver) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name PUAN GUAN YU JADON
 Gender Male

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 TO STATEMENT.

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 SME1495T
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -

Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person PUAN GUAN YU JADON
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? SLX147S
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

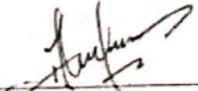
INJURED 2

Name of injured person PUAN TEIK CHONG @ALAN PUAN
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? SLX147S
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No


SKETCH PLAN

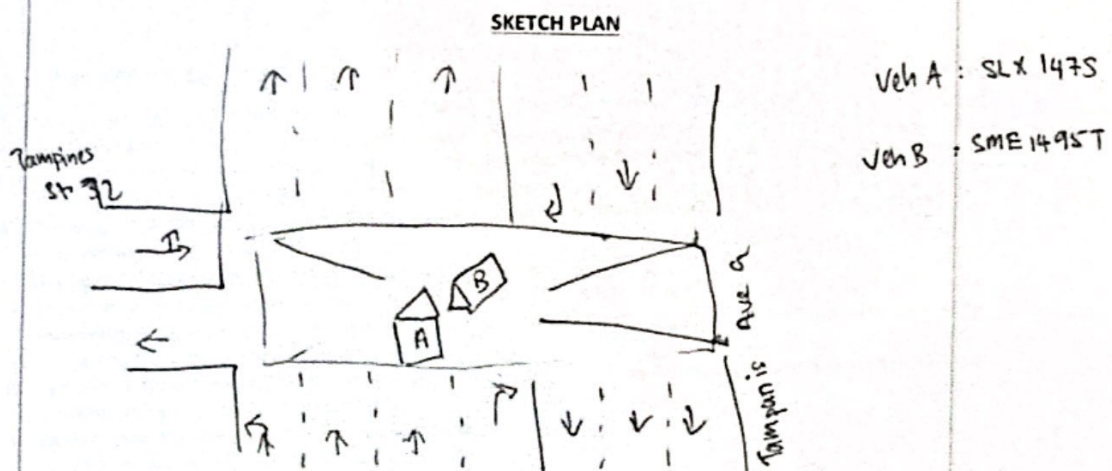
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- 5) Any false reporting may be referred to the Police as investigation.
- 6) The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7) By the lodgment of this report to 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.


Policyholder's Signature
Date & Time:

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


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



On 28 december 2020 at 11.50 am I was driving SLX 147S along Tampines Avenue 9 towards Tampines Ave 10. As I was moving straight passing Tampines St 72, Veh B, SME 1495T, made a right turn and hit onto the front right portion of my car.

After the accident me and my grandson was not feeling well and visited Viva Medical Group, we were given 3 days MC each.

Puan Teik Chong, S2025595A, 3 days, MC/39105

Puan Guan Yu Jadan, T0203410C, 3 days, MC/39106.

DECLARATION

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


 Policyholder's Signature

Date & Time:

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


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