

**NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION**

Date :

21 APR 2017

Time :

By Fax :

TO :

AXA INSURANCE PTE LTD

Accident involving Your insured vehicle No. SMR9394E with  
My vehicle No SKZ8405X on 23/4/21 along JURONG WEST ME 3

1. I, the owner of Vehicle No. SKZ8405X intend to make a 3<sup>rd</sup> party claim against your insured.

2. My Vehicle is now at the workshop **Guan Motor Works** Tel : 6453 6111 and is available for your inspection before repairs are carried out.

3 Please acknowledge receipt of this Notification by return fax to 6453 8292 and reply within 2 days whether you wish to inspect the vehicle or waive inspection.

J. Johnson Babu

Signature

Name : Jacob Johnson Babu

NRIC : S74639642



**CK TEO & CO**

Advocates & Solicitors

101A Upper Cross Street #08-17

People's Park Centre Singapore 058358

Tel : 6535 4788 Fax : 6535 4245

# Enquire Vehicle's Insurance Particulars

**Enquire Vehicle's Insurance Particulars ( As At 23 Apr 2021 / 14:00:00 )**

## Vehicle Insurance Details

Vehicle No.:

**SMR9394E**

Make Description/Model:

**HYUNDAI / I30 PDE 1.4 T-GDI DCT**

Insurance Company Name:

**AXA INSURANCE PTE LTD**

Business Transaction Reference No.:

**20210426144001855429**

**Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).**

Save as PDF

OK →

Print



# 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 .....  
 Date of Accident ..... 23/04/2021 14:00 (SGT)  
 Exact Location of Accident ..... Jurong West Ave 3, Singapore  
 Additional Location Information ..... In front of Blk 273 carpark.  
 Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKZ8405X  
 INSURED/POLICYHOLDER .....  
 Is company? ..... Yes  
 Name Of Registered Owner ..... Risen Thermohygro Services Pte Ltd  
 Company Reg No ..... 2XXXXX643N  
 Email Address ..... johnson@risen.com.sg  
 Mobile Phone No ..... (Phone) +65-68981627  
 Alternative Phone No ..... (Office) +65-68981627

## VEHICLE PARTICULARS

Manufacturer ..... Peugeot  
 Model ..... 508  
 Variant ..... -  
 Exact purpose for which vehicle was being used at time of accident ..... Employment  
 Are you claiming under your own Insurance policy for repair to your vehicle? ..... No - Claiming third party  
 Vehicle Category ..... Private car  
 Transmission ..... Auto  
 CC ..... 1600

## INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
 Type of Coverage ..... Comprehensive  
 Fleet Policy ..... No  
 Policy Number ..... DMPCSNW00061382100  
 Cover Note Number ..... -

## DRIVER

Name of Driver ..... Jacob Johnson Babu  
 NRIC No ..... SXXXX964Z



(Draft)

Date Of Birth	10/08/1974
Occupation	Outdoor
Date Of Driving Pass	16/03/2004
Driving experience	17 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91113467
Alt. Phone Number	-
Email Address	johnson@risen.com.sg
Address	Blk 273C Jurong West Avenue 3 #14-11
Address complement	-
Postcode	643273
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### 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

Please refer to 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

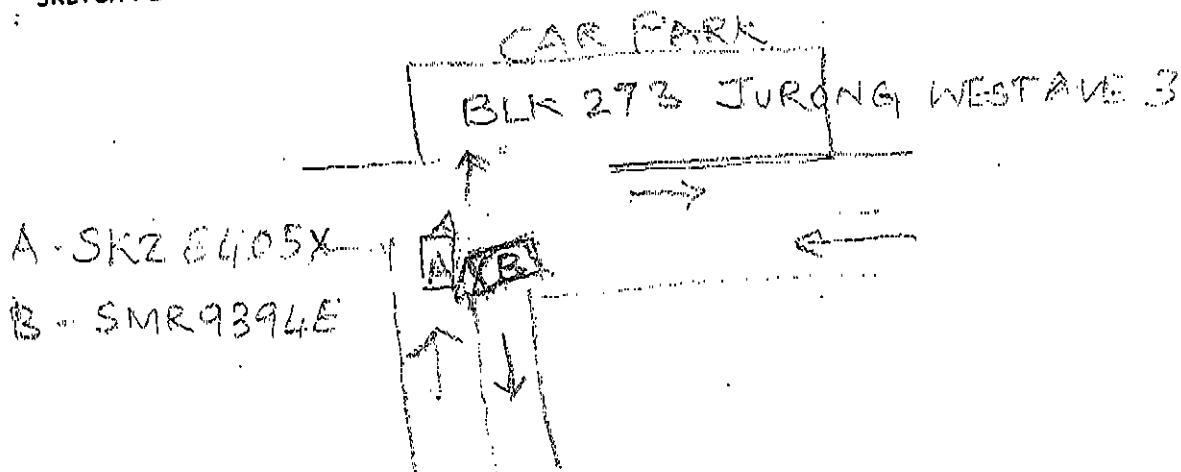
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMR9394E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Chinnasamy Vijipriya
Contact Number	(Phone) +65-93217720
Address	-
Address complement	-

(Draft)

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/04/2021 at 2pm I was driving ~~along~~ towards BLK 273 Jurong West Ave 3 Carpark. A car with carplate number SMR9394E from the opposite lane cross over the dividing line and hit my rear right of my car. My car rear side door, ~~and~~ tyre rim and rear body damaged.

## DECLARATION

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



*[Signature]*  
Policyholder's Signature

Date & Time: 26 APR 2021

*[Signature]*  
Driver's Signature

(If driver is not the policyholder)  
Date & Time:

*[Signature]*  
Reporting Centre Personnel's Signature

Name: Angie Soh  
NRIC/FIN No.:

## SKETCH PLAN

### IMPORTANT NOTICE

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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.
- 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:
- processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - investigating the accident and/or my claims;
  - carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - 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
  - 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:
- 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
  - for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature

Date & Time:

26 APR 2021

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/PIN No.:

Angie Soh