



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, or the Authorised Driver**.
3. Information provided must be as **truthful and accurate** as possible. Any willful 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 stored.

ACCIDENT STATEMENT

Date of Submission	23/02/2021 14:57 (SGT)
Date of Accident	23/02/2021 08:30 (SGT)
Exact Location of Accident	Bukit Batok West Ave 6, Singapore
Additional Location Information	SLIP RD TWDS 6, KIT BATOK RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number: SJS5444B

INSURED POLICY HOLDER

Is company?	Yes
Name Of Registered Owner	LOCAL MOTION
Company Reg No	SXXXXX45W
Email Address	
Mobile Phone No	
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5110635781-01
Cover Note Number	-

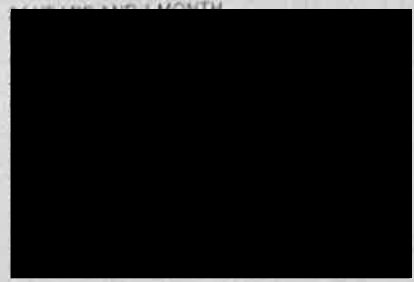
DRIVER

Name of Driver	CHONG SIONG HYA
NRIC No	
Date Of Birth	
Occupation	

Accident report: SN09212N9008

Date Of Driving Pass 31/01/1987
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

31/01/1987



GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Head to Rear
 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 UNKNOWN
 Gender Female

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

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENTS

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 SMJ0879R
 Vehicle Manufacturer
 Vehicle Model
 Vehicle Variant
 Vehicle Colour
 Vehicle Category Private car
 Name of Driver COMMISSARIS EMMA ALEXANDRA
 Passport No/FIN LXXX045P

SKETCH PLAN

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7. By the lodging of this report to the insurers, you hereby consent to the archiving of this report in the centre and to copies of the report being made available a) for a fee.
8. Consent under the Personal Data Protection Act (PDPA):
 I, undersigned, 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 insurers who have insured vehicle(s) involved in the accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"); the insurers' law/ins/aw/ firm, 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' law/ins/aw/ firm, 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 law/ins/aw/ firm), which may be based outside of Singapore, for one or more of the above Purposes.

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Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

BURN BAY
AL

A-2536448
B-25396778

AL
BURN BAY WEST
AL

Describe Circumstances of the Accident

I was travelling from Bukit Batok West Ave 6 slip road towards Bukit Batok Road. I stop my veh at the give way line to give way for oncoming veh suddenly veh B came from behind and hit onto my rear portion of my veh.

Declaration

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



Witness Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

AUTO CITY PTE LTD

UEN & Tax Regn No : 200002447R
No 32 Kaki Bukit Crescent Singapore 416262
Tel : 6846 8855 Fax : 6846 7307

Tax Invoice

CASH SALES

Invoice No KB21-03-033

Date 06/03/2021

Make/Mileage H.Avante

Vehicle No SJS 5-H4 B

Credit Terms Cash

SN	Product ID	Description	Qty	Unit Price	Amount
1		Accident Repair / Panel Beating / Spray painting / Parts / Labour			
2		Lump sum	1	\$5,500.00	\$5,500.00

1. All Goods are not Warranty & Guaranteed
2. Goods once sold are not returnable and refundable
3. Check price, goods & vehicle before collection
4. Unpaid accounts beyond the agreed Credit Terms may incur interest charges at the Singapore Bank prevailing lending rates
5. Any goods delivered remain the property of M/S AUTO CITY PTE LTD until full payment has been received
6. All cheques should be crossed & made payable to AUTO CITY PTE LTD
7. No RECEIPT will be issued

Sub-Total \$5,500.00

GST @ 7% \$385.00

Grand-Total \$5,885.00

Confirmed & Accepted by :

Issued by :

Company Stamp/Signature/Name/ID

Authorized Signature



SINCERE APPRAISAL SERVICES PTE LTD Co.Reg no: 201800639R

60 Paya Lebar Road #07-41 Paya Lebar Square Singapore 409051

Tel : 6636 4628 E-mail : office@sincereappraisal.com.sg

INVOICE

Localmotion
C/O Auto City Pte Ltd
No. 32 Kaki Bukit Crescent,
Singapore 416262

Invoice No: 050321-75
Our ref: 75/TP/2021
Date: 5/3/2021

Claim Type: Third Party
Vehicle Reg No: SJS5444B
Vehicle Make/Model: Hyundai HD Avante 1.6

Date of Loss: 23/2/2021
Claimant: Localmotion

Description	Amount (S\$)
1. Professional Fee (including Transport, 64 Photographs and Miscellaneous charges)	624
Total	624

Singapore Dollar: Six hundred and twenty four dollars only.

Cheques should be crossed A/C PAYEE and made payable to Sincere Appraisal Services Pte Ltd



Sincere Appraisal Services Pte Ltd



SINCERE
APPRAISAL SERVICES PTE LTD

VEHICLE DAMAGE INSPECTION REPORT

Our Ref: 75/TP/2021

Date: 5/3/2021

REFERENCE

Date of loss: 23/2/2021
Claimant: Localmotion

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SJS5444B	Make &	Hyundai
Reg date:	24/8/2009	Model	HD Avante 1.6
Colour:	Beige	Engine No:	G4FC9U680740
Type:	Motor Car	Chassis No:	KMH DU41BR9U801300
Type of Claims:	Third Party	Odometer No:	226539km
		Engine Cap:	1591cc

CONDITION OF VEHICLE AT THE TIME OF SURVEY (STATIC ONLY)

General Condition:	Good	Steering:	Good	Engine Modification:	Nil
Paint work:	Good	Handbrake:	Good	Pre-accident	
		Footbrake:	Good	Damage:	Nil

CONDITION OF TYRES

Front Left Size:	Yokohama 195/65R15 70%	Front Right Size:	Yokohama 195/65R15 70%
Rear Left Size:	Yokohama 195/65R15 70%	Rear Right Size:	Yokohama 195/65R15 70%

The above percentages represent the remaining life of the tyre threads

COST OF REPAIRS

Parts	Repairer S\$	Adjuster S\$
	\$ 4,129.12	\$ 3,730.16
Labour	\$ 3,780.00	\$ 3,200.00
Calculated Cost (S\$) :	\$ 7,909.12	\$ 6,930.16

Recommended Lump Sum Repair Cost (S\$) : \$ 5,500.00

Date of Assignment: 24/2/2021

Inspected At: Auto City Pte Ltd

Date Inspected: 24/2/2021

No. 32 Kaki Bukit Crescent,

Est. repair Period: 07 days

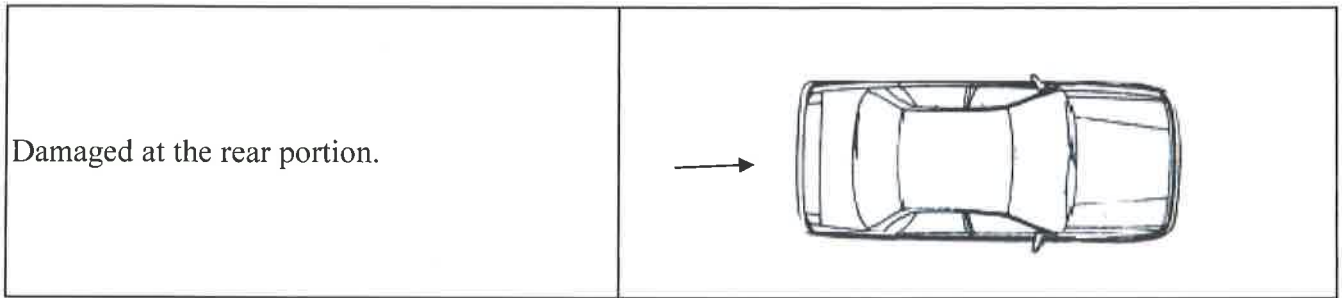
Singapore 416262

SINCERE APPRAISAL SERVICES PTE LTD Co.Reg no: 201800639R

60 Paya Lebar Road #07-41 Paya Lebar Square Singapore 409051

Tel : 6636 4628 E-mail : office@sincereappraisal.com.sg

POINT OF IMPACT



BRIEF CIRCUMSTANCES OF ACCIDENT

The Insured's vehicle collided onto the Third Party's vehicle at the slip road of Bukit Batok West Avenue 6 towards Bukit Batok Road.

GENERAL DESCRIPTION OF DAMAGES

Our visual inspection of the vehicle revealed that the damages noted are at the rear portion.

SPECIAL REMARKS

We have inspected the actual damages found on the vehicle and recommend the replacement of parts and repairs accordingly. The estimated repair cost is \$7,909.12. The repairer has agreed to undertake the repairs at our adjusted lump sum amount of \$5,500.00.

We have not authorised the repair. Under normal circumstances, estimated **07** working days are required to repair the vehicle.

We are pleased to advise that the inspection work was carried out accordingly, and hereby submit our Inspection Report and photographs.



Dave Chang
Automotive Appraiser
AUTO. ENG, CAE, CGI
MIRTE, MSAAA, MTM

Automotive Appraiser: Dave Chang

Please note that this report is solely based on our findings at the time and place of inspection. This inspection has been carried out to our best knowledge and ability. Any other liability is hereby excluded.

ANNEX A

REPAIR DETAILS

Recommended Parts

No	Qty	Description	Condition	Repairer's Amount	Adjuster's Amount
1	1	Rear bumper assy	dented/warped	\$ 582.20	\$ 582.20
2	1	Rear bumper left side retainer	necessary/bent	\$ 42.30	\$ 42.30
3	1	Rear bumper right side retainer	necessary/bent	\$ 42.30	\$ 42.30
4	1	Rear bumper left bracket	bent/necessary	\$ 78.30	\$ 78.30
5	1	Rear bumper right bracket	bent/necessary	\$ 78.30	\$ 78.30
6	1	Rear bumper inner foam	warped/cracked	\$ 141.40	\$ 141.40
7	1	Rear bumper reinforcement	bent/cracked	\$ 286.20	\$ 286.20 215
8	1	Rear left taillamp assy	cracked/cut	\$ 326.20	\$ 326.20 294
9	1	Rear right taillamp assy	cracked/cut	\$ 326.20	\$ 326.20 294
10	1	Rear bootlid left taillamp	cracked/cut	\$ 126.20	\$ 126.20
11	1	Rear bootlid right taillamp	cracked/cut	\$ 126.20	\$ 126.20
12	1	Rear end panel	dented	\$ 485.10	\$ 485.10
13	1	Rear end panel top garnish	bent/warped	\$ 89.30	\$ 89.30
14	1	Rear bootlid assy	dented	\$ 668.10	\$ 668.10
15	1	Rear bootlid lock cylinder	malfunction	\$ 99.80	\$ 99.80 xnn
16	1	Rear bootlid lock mechanism	malfunction	\$ 168.60	\$ 168.60
17	1	Rear bootlid lock catch	intact	\$ 46.50	\$ -
18	1	Rear bootlid outer garnish	cracked	\$ 136.50	\$ 136.50
19	1	Rear bootlid weatherstrip	warped/necessary	\$ 118.50	\$ 118.50
20	1	Rear bootlid centre logo	necessary	\$ 32.90	\$ 32.90
21	1	Rear bootlid "Avante" badge	necessary	\$ 32.50	\$ 32.50
22	1	Rear bootlid "S" badge	necessary	\$ 25.60	\$ 25.60
23	1	Rear bootlid inner trim board	reuse	\$ 163.30	\$ -
24	2	Rear number plate lamps	reuse	\$ 126.40	\$ -
				3777.60	
Less 20%				\$ 869.78	\$ 802.54
				3022.08	
				\$ 3,479.12	\$ 3,210.16

Special Nett Items

1	2	Rear bumper reverse sensor	malfunction	\$ 300.00	\$ 250.00 200
2	10	Rear bumper clips	necessary	\$ 40.00	\$ 30.00
3	1	Rear no plate with garnish	necessary	\$ 100.00	\$ 80.00 45
4	1	Rear end panel sealant	necessary	\$ 150.00	\$ 120.00 60
5	1 set	Rear end panel top garnish clips	necessary	\$ 30.00	\$ 20.00
6	4	Rear bootlid outer garnish clips	necessary	\$ 30.00	\$ 20.00
				\$ 650.00	\$ 520.00
					375
Total parts				\$ 4,129.12	\$ 3,730.16

ANNEX B

REPAIR DETAILS

Recommended Labour

No	Description	Repairer's Amount	Adjuster's Amount
1	Labour for panel beating, cut, weld, straighten rear affected area and replace rear damaged parts.	\$ 1,400.00	\$ 1,200.00 800
2	To putty and spray painting rear portion.	\$ 1,400.00	\$ 1,200.00 800
3	To check rear lighting and wiring.	\$ 50.00	\$ 30.00
4	To remove and install rear bootlid lock mechanism.	\$ 80.00	\$ 60.00
5	To remove and install rear inner garnish and trim to facilitate the repair.	\$ 180.00	\$ 150.00 60
6	To apply anti rust proofing to rear affected area.	\$ 140.00	\$ 120.00 60
7	To remove and install rear bumper reverse sensor.	\$ 80.00	\$ 60.00 30
8	Towing service.	\$ 100.00	\$ 80.00
9	To repair, straighten and align rear both fender assy.	\$ 350.00	\$ 300.00 X m
Total labour :		\$ 3,780.00	\$ 3,200.00

1920

ANNEX C

REPAIR DETAILS

Adjusted Repair Cost

	Repairer's Amount	Adjuster's Amount
Total parts :	\$ 4,129.12	\$ 3,730.16
Total labour :	\$ 3,780.00	\$ 3,200.00
Total repair cost :	\$ 7,909.12	\$ 6,930.16

Adjusted Repair Cost (Lump Sum Repair)

\$ 5,500.00

5317.08

Ls \$4250

6 days







Sincere Appraisal Services ©







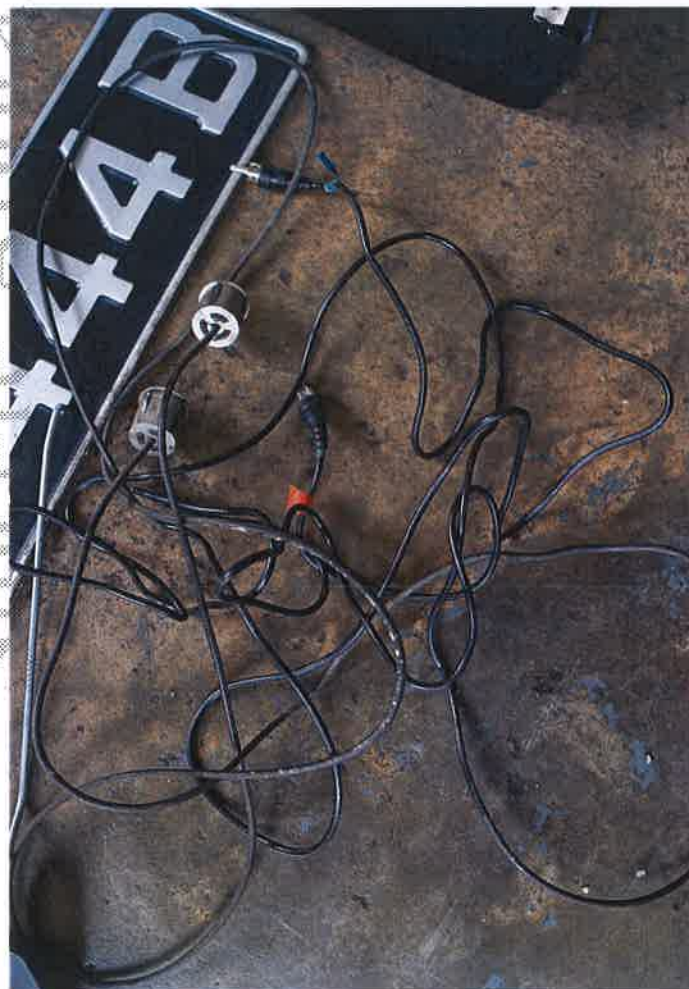
Sincere Appraisal Services





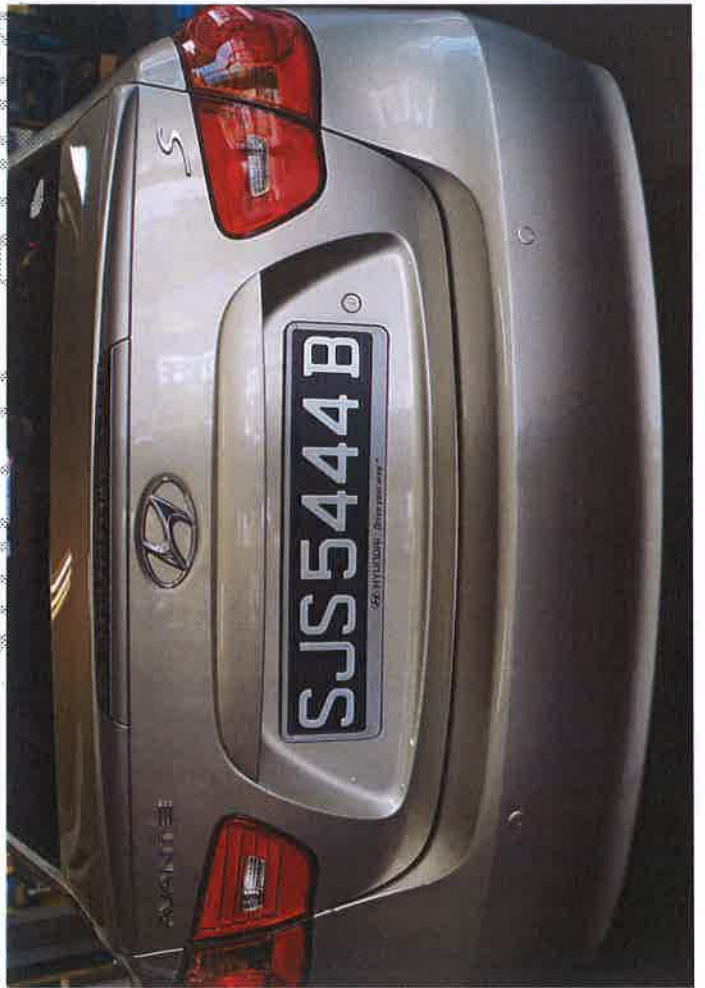
















Your Ref : SMJ 9879R
Our Ref : **SJS 5444B/ATC/hk**
Date : 24 February 2021

Fax : **6538 3708**
Tel : **3152 0989**
Email : **accident@kscgp.com**

AXA Insurance Singapore Pte Ltd

BY EMAIL ONLY

DATE OF ACCIDENT: 23 FEBRUARY 2021

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We are instructed by the owner of SJS 5444B to notify you of a road traffic accident on 23 February 2021 at about 8.50am along the slip road towards Bukit Batok Road, involving our client's vehicle registration number SJS 5444B and vehicle registration number **SMJ 9879R** which was insured by you at the material time. A copy of the Singapore accident statement will be forwarded to you in due course.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.

Yours faithfully,

HK

Enc.

Your Ref : S1M033S
Our Ref : **SJS 5444B/ATC/hk**
Date : 24 February 2021

Fax : **6538 3708**
Tel : **3152 0989**
Email : **accident@kscgp.com**

AXA Insurance Singapore Pte Ltd

BY EMAIL ONLY

DATE OF ACCIDENT: 23 FEBRUARY 2021

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your email or even date.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/No.	Name of Surveyor	Company Name
1.	Chang Fuh Keong, Dave	Sincere Appraisal Services
2.	Ang Guea Kiang	CA Appraiser Pte Ltd
3.	Ong Poh Meng	Aeon Auto Consultant LLP
4.	Lee Kok Weng	Lee Automobile Appraisers Services
5.	Ong Ah Keng, Kent	KTO Automobile Assessors

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : Auto City Pte Ltd
No. 32 Kaki Bukit Crescent
Singapore 416262
Contact Person/Tel : Raymond Tong (Tel: 6846 8855)

Yours faithfully,

HK

Your Ref : S1M033S

Our Ref : **SJS 5444B/ATC/hk**

Date : 24 February 2021

Acknowledgement

This is to confirm that I _____ *[Full Name of Surveyor]* of _____ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(c) Re-inspection of new replacement part (part by part) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(d) Post – Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Date of Request: 08/03/2021

Your Ref No: GS/21/SJS5444B/ATC/hk

Dear Sir/Madam,

Date of Accident: 23/02/2021 00:00 (SGT)

Vehicle No: SJS5444B

Place of Accident: Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$)	QTY	AMOUNT (\$)
SMJ9879R	Singapore	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

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ACCIDENT STATEMENT

Date of Submission..... 23/02/2021 14:14 (SGT)
Date of Accident..... 23/02/2021 08:35 (SGT)
Exact Location of Accident..... Singapore
Additional Location Information..... BUKIT BATOK WEST AVE 6 JUNCTION TO BUKIT BATOK ROAD.
Country/State of Loss..... Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number..... SMJ9879R

INSURED/POLICYHOLDER

Is company?..... No
Name Of Registered Owner..... COMMISSARIS EMMA ALEXANDRA

VEHICLE PARTICULARS

Manufacturer..... Mitsubishi
Model..... Outlander
Variant..... -
Vehicle Category..... Private car

INSURANCE COMPANY

Name of Insurance Company..... Axa
Type of Coverage..... Comprehensive
Fleet Policy..... No
Policy Number..... GA467158
Cover Note Number..... -

DRIVER

Name of Driver..... COMMISSARIS EMMA ALEXANDRA
Passport No/FIN..... G6009045P
Address..... 6 CANTERBURY ROAD
Address complement..... -
Postcode..... 119801
Does Driver Own Other Vehicles?..... No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident..... Collision - Head to Rear

Weather Conditions..... Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident?..... No
Was anybody injured in the Accident?..... No
Was any other material or property damaged?..... Yes
Number of Passengers (Including Driver)..... 1

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH.

ATTACHMENT(S)

Are accident photos available for attachment?..... Yes
Was there any video captured by Car Camera?..... No
Was there any audio recorded?..... No

DETAILS OF OTHER VEHICLE PROPERTY I

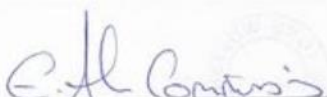
Vehicle Registration Number..... SJS5444B
Vehicle Manufacturer..... Hyundai
Vehicle Model..... Avante
Vehicle Variant..... -
Vehicle Colour..... -
Vehicle Category..... Private car
Name of Driver..... CHONG SIONG HWA
Insurance Company Name..... -

SKETCH PLAN**IMPORTANT NOTICE**

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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: 23/02/21
1.04 pm



Driver's Signature

(If driver is not the policyholder)

Date & Time: 23/02/21
1.04 pm



Reporting Centre Personnel's Signature

Name: Susan

NRIC/FIN No.:

CLAIMS WITH PURPOSE 08

SKETCH PLAN

Bukit Batok Rd

A = SM59879R
B = STS 5444B

Left hand side

E.A.C.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 8.35am this morning I was driving down Bukit Batok West Avenue 6 towards Bukit Batok Rd. I entered the left hand lane at the junction to join Bukit Batok Rd. I pulled to a stop & waited as cars filtered onto road ahead in heavy traffic. The car in front of me STS 5444B started pulling out to enter Bukit Batok Rd. Then it stopped very suddenly. I also started to pull forward & then had to jam on brakes very suddenly. It was too late & my car crashed into the back of the car in front.

No injury to any parties.

E.A. Gmison

DECLARATION

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

E.A. Gmison's

Policyholder's Signature

Date & Time: 23/02/21

1.04pm

E.A. Gmison

Driver's Signature

(If driver is not the policyholder)

Date & Time: 23/02/21

1.04pm



Reporting Centre Personnel's Signature

Name: Susan

NRIC/FIN No.:







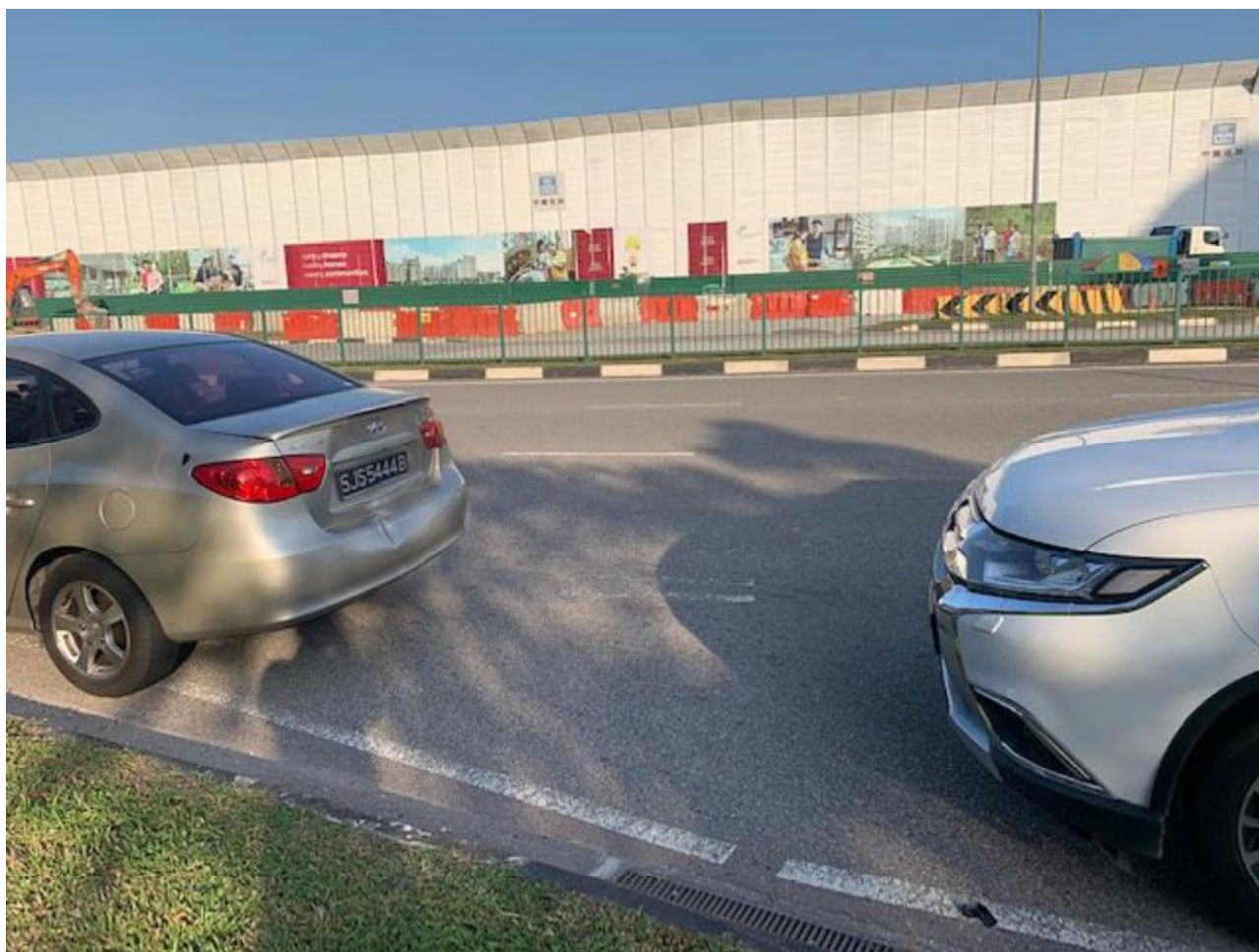
















Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 23 Feb 2021 / 08:30:00)

Vehicle Insurance Details



Vehicle No.:

SMJ9879R

Make Description/Model:

MITSUBISHI / OUTLANDER 2.4 CVT AWD S/R FACELIFT

Insurance Company Name:

AXA INSURANCE PTE LTD

Business Transaction Reference No.:

20210310144556741934

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

Save as PDF

OK →

Print

Find insurer

Vehicle reg. no.

SMJ9879R

Date of Accident

23/02/2021



Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance Axa

Period of Insurance 08/05/2020 - 07/05/2021

Requested By KSCGP01 (KSCGP JURIS LLP)

Requested Date 24/02/2021 11:17

Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**