

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

Date : 18/7/2022

Time :


By Fax :

TO :

AXA INSURANCE PTE LTD

Accident involving your insured vehicle No. XD 3307R with  
My vehicle No SLV 7167Z on 15/7/22 along Sennett Lane

1. I, the owner of Vehicle No. SLV 7167Z 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.

  
Signature

Name : SUTSU TAN

NRIC : SXXXX149I

**OK NEO & CO**

Advocates & Solicitors

101A Upper Cross Street #08-17

People's Park Centre Singapore 058358

Tel : 6535 4798 Fax : 6535 4245

# Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars ( As At 15 Jul 2022 / 15:33:00 )

## Vehicle Insurance Details

Vehicle No.:

**XD3307R**

Make Description/Model:

**ISUZU / CYZ52L**

Insurance Company Name:

**AXA INSURANCE PTE LTD**

Business Transaction Reference No.:

**20220718123536102459**

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

Save as PDF

OK →

Print

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## 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 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 aforesaid.

### ACCIDENT STATEMENT

Date of Submission	16/07/2022 12:39 (SGT)
Reported by	Driver
Date of Accident	15/07/2022 15:33 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SENNETTE LANE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV7167Z
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#### INSURED/POLICY/HOLDER

Is company?	No
Name Of Registered Owner	SU TJU TJUN
NRIC No	S2223149I
Email Address	HongWay_PL@hotmail.com
Mobile Phone No	(Phone) +65-84326583
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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
Transmission	Auto
CC	1600

#### INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Policy Number / Cover Note Number	11094513

#### DRIVER

Name of Driver	HUANG XIU BO
NRIC No	S8757950F
Date Of Birth	12/08/1987
Occupation	Indoor

Date Of Driving Pass	26/11/2014
Driving experience	7 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84326583
Alt. Phone Number	-
Email Address	HongWay_PL@hotmail.com
Address	34 WATTEN PARK
Address complement	-
Postcode	267420
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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 - 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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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 SKETCH PLAN

REPAIR AT OWNER'S WORKSHOP

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD3307R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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) -

**SKETCH PLAN**

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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.
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 be 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 the accident (a) insurer(s) who have insured vehicle(s) involved in the accident shall be collectively referred to as the "Insurers"; the Insurers' law firms/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 making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to being 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 the accident and the insurers' law firms/law firms, may be 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 be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be based outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by: Reporting Centre Personnel

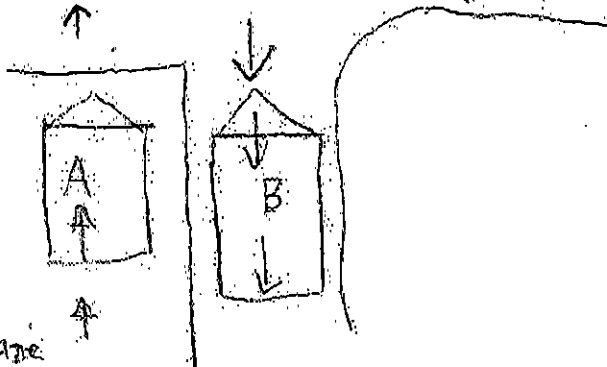
Sketch Plan

SENNETT AVE

A = SLV 7167Z

B = XD 3307R

Sennett Lane




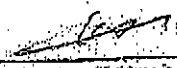
**Describe Circumstances of the Accident**


on 15/7/22 at 3:35 PM (SLV 71672)  
 was driving along road and stopped to  
 make a right turn however vehicle B (XP 3307R)  
 overtook me if caused damages to my vehicle A

**Declaration**

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

  
 Policyholder's Signature / Date &  
 Time

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

  
 Witnessed by Reporting Centre  
 Personnel