

NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION

Date : 12 AUG 2022

Time :

By Fax :

TO :

AXA INSURANCE PTE LTD

Accident involving Your insured vehicle No. SHC372R with
My vehicle No SLJ5070U on 11/08/22 along LORNE HIGHWAY

1. I, the owner of Vehicle No. SLJ5070U intend to make a 3rd 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 :

NRIC :



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 11 Aug 2022 / 10:29:00)

Vehicle Insurance Details

Vehicle No.:

SHC372R

Make Description/Model:

TOYOTA / PRIUS HYBRID 1.8 CVT

Insurance Company Name:

AXA INSURANCE PTE LTD

Business Transaction Reference No.:

20220812120543685441

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 Actual 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	11/08/2022 16:07 (SGT)
Reported by	Owner
Date of Accident	11/08/2022 10:29 (SGT)
Exact Location of Accident	Lornie Hwy, Singapore
Additional Location Information	LORNIE HIGHWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ5070U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NPS AGENCY
Company Reg No	SXXXX761A
Email Address	stevenngps@gmail.com
Mobile Phone No	(Phone) +65-97386172
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
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 - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5094061618-04

DRIVER

Name of Driver	NG PEH SIANG
NRIC No	SXXXX492E
Date Of Birth	05/04/1959
Occupation	Outdoor

Date Of Driving Pass	17/09/1979
Driving experience	42 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97386172
Alt. Phone Number	-
Email Address	stevenngps@gmail.com
Address	BLK 344 WOODLANDS ST 32 #10-158
Address complement	-
Postcode	730344
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWN COMPANY
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	Side Swipe
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)	2
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	-

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

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1


Vehicle Registration Number	SHC372R
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-

(Phone) +65-90869763


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 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. 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 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/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 this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law firm/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 would 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 firm/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/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their sub-contractors), which may be cited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time
Sketch Plan

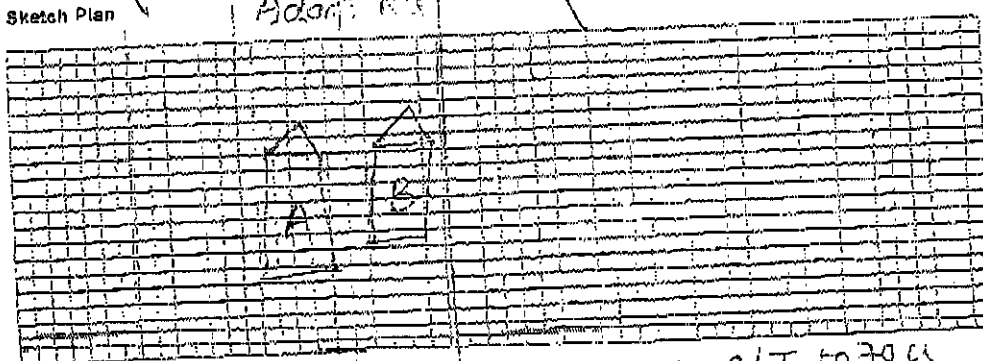


Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Recording Centre Personnel

Adorn: 123



VA SLT 50700
VB SHC 372 R
Lorne Highway

Describe Circumstances of the Accident

On 11/8/22 10.57am
 I (Vehicle A) SLT 50704 was travelling along
 Lomna Highway. Suddenly Vehicle B SLT 372R
 (City Cab) hit onto my right front.
 it caused damages to my vehicle A

☐ Claim OD ☐ Claim Third Party ☒ Claim OD/TP at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop : Guan motorwork


Email address :

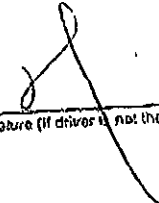
Myself email :


Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

Declaration

We declare the 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