

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	01/10/2022 12:59 (SGT)
Reported by	Driver
Date of Accident	30/09/2022 13:05 (SGT)
Exact Location of Accident	Ophir Rd, Singapore
Additional Location Information	twds ECP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ4694D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LU DA YONG
NRIC No	[REDACTED]
Email Address	[REDACTED]
Mobile Phone No	[REDACTED]
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	ALTIS 1.6L CVT
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 car
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/00889628/01

DRIVER

Name of Driver	SUSAN WANG SHAN
NRIC No	[REDACTED]
Date Of Birth	[REDACTED]
Occupation	[REDACTED]

Date Of Driving Pass	
Driving experience	
Gender	
Mobile Number	
Alt. Phone Number	-
Email Address	
Address	
Address complement	-
Postcode	
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 - Change/cross lane
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	JINSON
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

ON 30/09/2022 ABT 1305HRS. I WAS DRIVING ALONG OPHIR RD ON 3RD LANE. WHILE I WAS TRAVELLING STRAIGHT SUDDENLY VEHICLE B (SHA9196J) CUT INTO MY LANE FROM LEFT & KNOCKED ONTO MY VEHICLE. THE IMPACT CAUSING MY VEHICLE DAMAGE AT LEFT SIDE. NO ONE WAS INJURED. THAT'S ALL.

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	SHA9196J
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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

IMPORTANT NOTICE

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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 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.



Policyholder's Signature / Date & Time

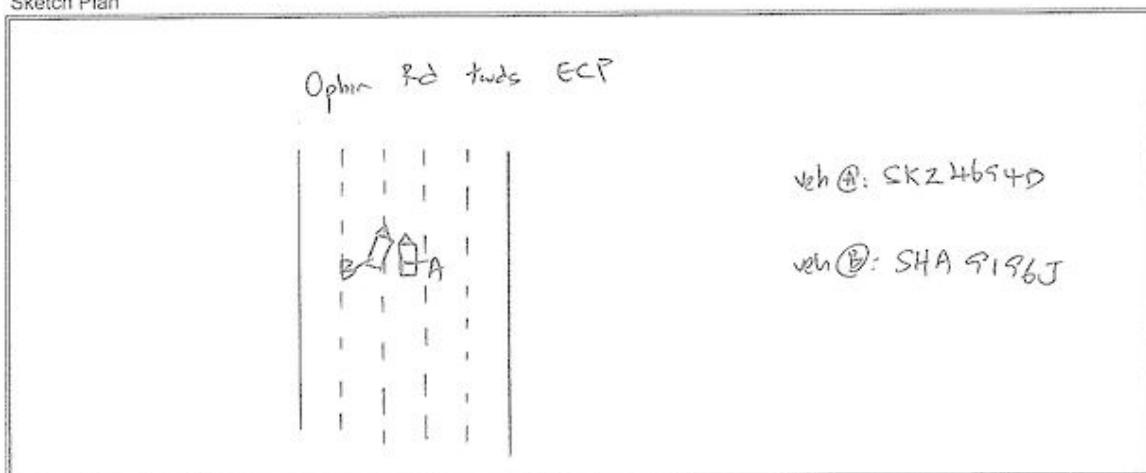


Actual Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



vJun2022

1

<p>Describe Circumstance of the Accident</p> <p>On 20/09/2022 @ abt 1305hrs I was driving along Ophir Rd on 3rd lane. While I was travelling straight suddenly vehicle B (SHA9196J) cut into my lane from left & braked onto my vehicle. The impact causing my vehicle damage at left side. No one was injured. That's all.</p>	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Claim own policy <input type="checkbox"/> Claim third party <input checked="" type="checkbox"/> Claim OD & TP at other workshop <i>Leng Yag</i> <input type="checkbox"/> For record purpose Policy No. <u>MT/00889628/01</u> Insurer <u>Direct AG's</u> Veh. No. <u>SKZ 46941</u> </div>
<p><small>I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.</small></p>	

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 (Name as in NRICID card)
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17 October 2022

LU DA YONG
C/O 27A Jurong Port Rd, #01-28
Singapore 619101

FINAL REPAIR BILL FOR VEHICLE NO. SKZ 4694 D

Part – By – Part Repair \$ 9,008.09

Add 7% GST \$ 630.57

Total: \$ 9,638.66

LENG YONG MOTOR WORKSHOP

A: 27A Jurong Port Road #01-28 S(619101)

T: (65) 6261 2773, (65) 6261 5769

E: info@lengyong.com.sg

W: www.lengyong.com.sg

PRECISION APPRAISAL SERVICES



Insurance Loss Assessors/ Adjusters Cargo Surveyors & Licensed Appraisers

227 Simei St 4 #06-42 Singapore 520227 Fax: 6444 4886 Company Registration No. 53139926E

To:

LU DA YONG

**C/O 27A Jurong Port Rd, #01-28,
Singapore 619101**

Invoice No.: 220259

DATE : 17 October 2022

<u>DESCRIPTION</u>		AMOUNT
Vehicle Registration No. : SKZ 4694 D		\$926.00
Type of Claims : Third Party Claims		
Our Reference No. : PAS/LYM/220259/TP		
Your Reference No. : -		
Inspection Report Fees : (including transportation charges & photographs)		
Reinspection Report Fees : -		
Transportation Charges : -		
Additional Photographs : -		
Others (Specify) : -		
DOLLARS	NINE HUNDRED & TWENTY - SIX ONLY	TOTAL: \$926.00



PRECISION APPRAISAL SERVICES

PRECISION APPRAISAL SERVICES

Insurance Loss Assessors/ Adjusters Cargo Surveyors & Licensed Appraisers

227 Simei St 4 #06-42 Singapore 520227 Fax: 64444886 Company Registration No. 53139926E



AUTOMOBILE INSPECTION REPORT

TO:
LU DA YONG
C/O 27A Jurong Port Rd, #01-28,
Singapore 619101

INSURANCE DETAILS

Insured : -
Policy No. / Claim No. : -
Sum Insured : -
Excess Clause : -
Windscreen Coverage : -
Type of Claims : Third Party Claims
Third Party Insurer : -
Third Party Policy No. : -

REFERENCE

Assigned By : As above
Accident Date : 30 September 2022
Assignment Date : 04 October 2022
Inspection Date : 04 October 2022
Our Reference No. : PAS/LYM/220259/TP

Inspection Report Date : 17 October 2022

Workshop Name :

LENG YONG MOTOR WORKSHOP

Inspection Address :

27A Jurong Port Rd #01-28 Singapore 619101

PARTICULARS OF VEHICLE

Registration No. : SKZ4694D
Make/Model : TOYOTA COROLLA ALTIS 1.6L CVT
Yr of Manuf/Regn : 25 Jan 2016
Carrying Capacity : 4 Seater
Chassis No. : MR053REH104543673
Engine No. : 1ZRY244109
Colour : Metallic Grey
Class : Passenger (Private)

Mileage : 152270 Km/h
Radio/Cassette CD : Fitted
Disc Player : Fitted
Air Conditioner : Fitted
Clock : Fitted
Seat Belt : Fitted
Wing Mirror : Fitted
Other Accessories : Fitted

PRE-ACCIDENT CONDITION (Static Check Only)

Body Work : Good
Paint Work : Good
Handbrake : Serviceable
Footbrake : Serviceable
Steering : Serviceable
Any Apparent : None
Eng Modifications

VEHICLE VALUE

Market Value : X
Wreck Value (Parf) : X

TYRE SIZE & CONDITION

Front N/s Size : 205/55R15 80 %
Make : MICHELIN
Rear N/s Size : 205/55R15 80 %
Make : MICHELIN
Spare Size : 205/55R15 80 %
Make : MICHELIN

Front O/s Size : 205/55R15 80 %
Make : MICHELIN
Rear O/s Size : 205/55R15 80 %
Make : MICHELIN
Spare Size :
Make :
Jack & Tools : Intact/Missing

Type of Wheel Rims: Alloy

Note: The above percentage % represent the estimated remaining tyre threads.

PRECISION APPRAISAL SERVICES

Insurance Loss Assessors / Adjusters Cargo Surveyors & Licensed Appraisers

VEHICLE REGISTRATION NO. : SKZ 4694 D

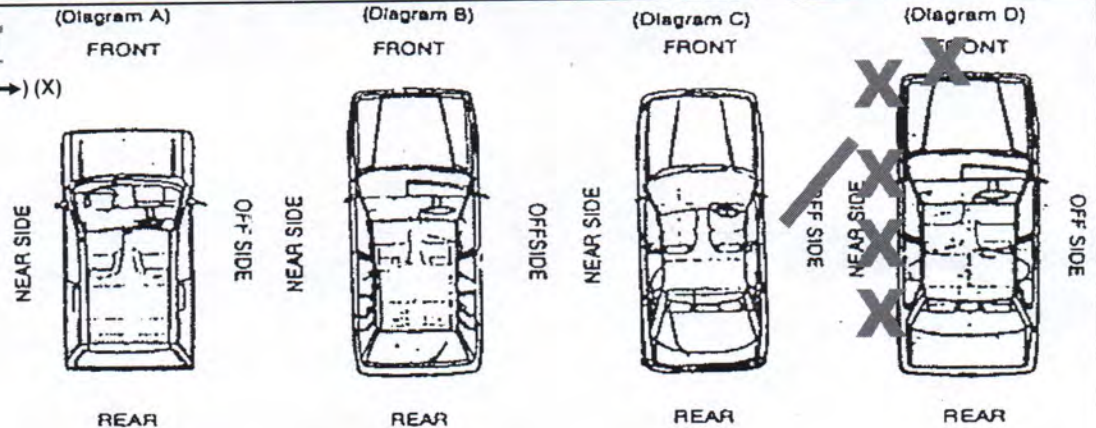
APPENDIX A



POINT OF IMPACT

Direction of impact/damage marked (→) (X)

The vehicle sustained impact on its N/s Front Portion. (see Diagram D)



GENERAL DESCRIPTION OF DAMAGES

Parts damaged were : **The front n/s fender and door, rear n/s fender and door, front bumper and grille were dented.**

ADJUSTMENTS & RECOMMENDATIONS

A static inspection was carried out on 04/10/2022 & our report is here with enclosed for your perusal.

The Repairs Estimate submitted by M/s LENG YONG MOTOR WORKSHOP as per attached Appraisement Schedule have been revised and scrutinised thoroughly by us & in our opinion, we consider it to be fair and reasonable. The repairer has agreed to effect repairs to the owners satisfaction & to roadworthy condition on an agreed Part - By - Part Repair Basis of \$9,008.09 after deducting the Policy Excess Clause of \$ NA.

As instructed, we have not authorised any of the repairs on your behalf.

	Repairer's		Our	
	Estimate	Amount	Revised	Amount
Spares Parts	11470	75	5448	09
Towing Charges	X	X	X	X
PB Labour Charges	1800	00	1400	00
Others Misc Charges	970	00	760	00
Paintwork	1800	00	1400	00
Total	\$ 16040	75	\$ 9008	09

Under normal circumstances, the duration of repairs should not exceed Fourteen(14) days

including Pre-Repair Inspection (PRI) / Pre - Repair Survey (PRS) waiting time frame.

Attached photographs taken during inspection Seventy - One (71) Photographs.

SPECIAL REMARKS

1. The inspection was conducted on a 'without prejudice' basis
2. On 11/10/2022, we examined the extent of damages.
3. On 13/10/2022, we examined the replacement parts
4. On 14/10/2022, we examined the repaired vehicle.

Yours Faithfully,



T F
AIMI
PHILIP FOO
CAE, AMIMI
AIAME, AMSAE-A
Licensed Appraiser/Adjuster

Inspection Report Date: 17 October 2022

VEHICLE REGN NO : SKZ 4694 D
 OUR REFERENCE : PAS/LYM/220259/TP
 INSPECTION REPORT DATE : 17-Oct-22

APPRAISEMENT SCHEDULE

CONTINUATION SHEET NO :

1

S/No	Qty	Parts / Labour Descriptions	Remarks / Condition	Repairer's Estimate Amount	Recommendation / Revised Amount
		<u>PARTS SUPPLY - LIST ITEMS</u>		\$ cts	\$ cts
1	1pc	Front bumper	Badly Dented/Torn	481.25	481.25
2	1pc	Front bumper side retainer n/s	Bent	131.40	131.40
3	1pc	Front bumper bracket n/s	Bent	141.55	141.55
4	1pc	Front bumper fog lamp garnish d/s	Serviceable	182.20	-
5	1pc	Front bumper fog lamp n/s	Serviceable	287.75	-
6	1set	Front bumper clips	Necessary	60.00	60.00
7	1pc	Front n/s fender 'Vvti' emblem	Necessary	53.50	53.50
8	1pc	Front n/s fender	Badly dented	581.45	581.45
9	1pc	Front n/s fender inner shield	Torn	181.90	181.90
10	1set	Front n/s fender inner shield clips	Necessary	30.00	30.00
11	1pc	Wiper spare tank	Warped	181.25	181.25
12	1pc	Air Resonator	Ripped off	184.25	184.25
13	1pc	Front n/s shock absorber	Bent	581.40	581.40
14	1pc	Front n/s lower arm	Bent	591.60	591.60
15	1pc	Front n/s knuckle arm	Serviceable	491.50	-
16	1pc	Front n/s door	Dented/Defaced	1100.00	Repair
17	1pc	Rear n/s door	Dented/Defaced	1079.60	Repair
18	1pc	Rear n/s fender	Dented/Defaced	1282.25	Repair
19	1pc	N/s Headlamp	Cracked	2816.50	2816.50
20	1pc	Front grille	Cracked	381.40	381.40
				10820.75	6397.45
		Less: 25% discount		-	1599.36
				10820.75	4798.09
		<u>SPECIAL NETT ITEMS</u>			
1	1pc	Front n/s wheel rim	Dented/Warped	650.00	650.00
				11470.75	5448.09
		<u>LABOUR & MISC. CHARGES</u>			
1		Remove the necessary affected parts, straighten front n/s door, rear n/s door, rear n/s fender and wheel arch, front n/s inner support panel and replace parts		1800.00	1400.00
2		Putty and Spraypaint on all affected parts		1800.00	1400.00
3		Check electrical		30.00	20.00
4		Rewire front n/s fender inner wiring		200.00	150.00
5		Reset wheel alignment - Before Repair		100.00	80.00
6		Remove and refit front n/s suspension		500.00	400.00
7		Reset wheel alignment - After Repaired		100.00	80.00
8		Replace front n/s wheel rim and balancing		40.00	30.00
		SUB / GRAND TOTAL		16040.75	9008.09

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PRECISION APPRAISAL SERVICES



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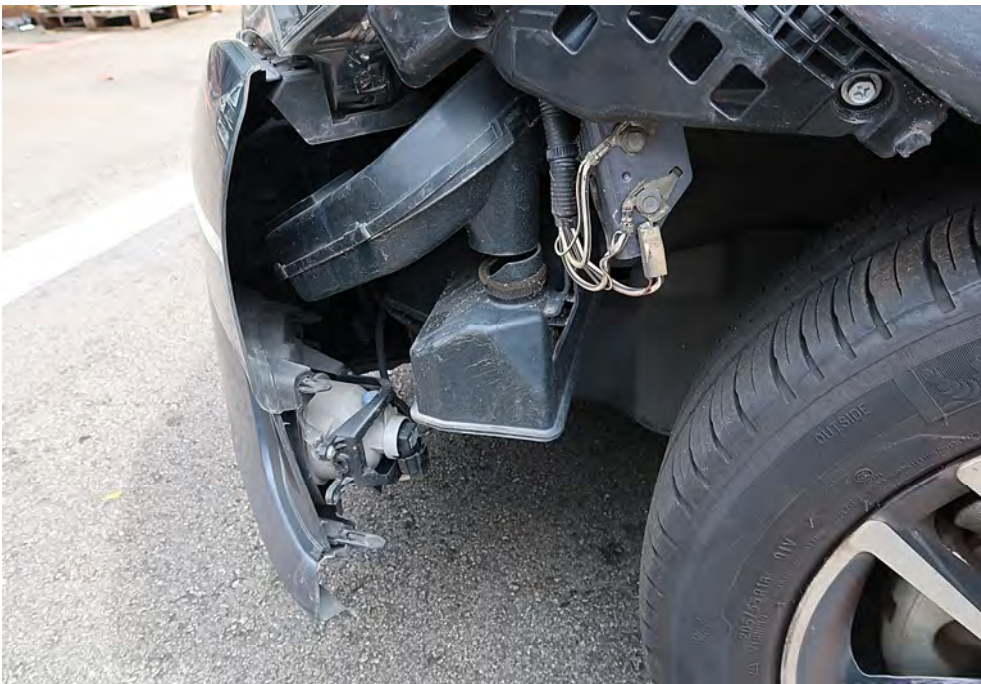


PRECISION APPRAISAL SERVICES





PRECISION APPRAISAL SERVICES



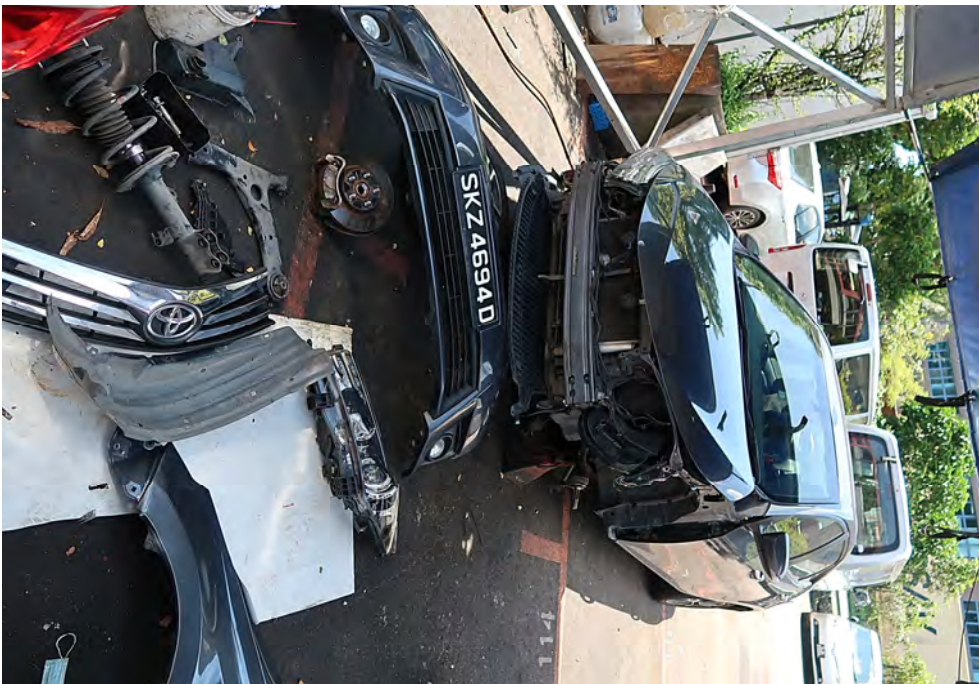


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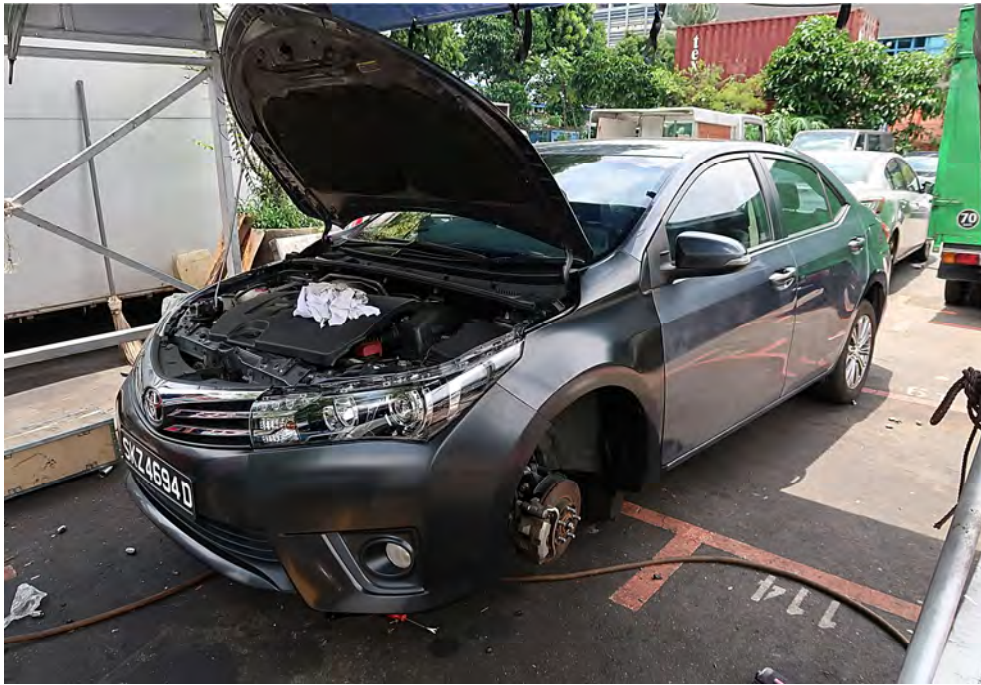
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PRECISION APPRAISAL SERVICES



Your Ref : **SHA 9196J**
Our Ref : JP/DS/22/SKZ 4694D/LE
Date : 7 October 2022

Fax : 6538 3708
Tel : **3152 0981**
Email : accident@kscgcp.com

AXA Insurance Pte Ltd

BY EMAIL ONLY

DATE OF ACCIDENT: 30 SEPTEMBER 2022

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We are instructed by the owner of SKZ 4694D to notify you of a road traffic accident on 30 September 2022 at 13.05pm at Ophir Road towards ECP, involving our client's vehicle registration number SKZ 4694D and vehicle registration number **SHA 9196J** which was insured by you at the material time. A copy of the Singapore accident statement is enclosed herein.

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,

DS

Enc.

Your Ref : S2M04C38
SHA 9196J
Our Ref : JP/DS/22/SKZ 4694D/LE
Date : 07 October 2022

Fax : 6538 3708
Tel : 3152 0985
Email : jiapei@kscgp.com

AXA Insurance Pte Ltd

BY EMAIL ONLY

DATE OF ACCIDENT: 30 SEPTEMBER 2022

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your email of 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.	Foo Philip	Precision Appraisal Services
2.	Ronald Ng	Precision Appraisal Services
3.	Lee Kok Weng	Lee Automobile Appraisals Services
4.	Dave Chang	Sincere Appraisal Services
5.	Ng Kong Beng, Patrick	Carlink Consultancy
6.	Andrew How	Prominent Appraiser Services Pte Ltd
7.	Gan Song Sing, Roger	ROG Associates
8.	Dennis Yap	Pal's Appraiser Pte Ltd
9.	Michael Yap	Mc-Coy Appraiser Pte Ltd
10.	Nicky Seah	Absolute Appraisal Services

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 : Leng Yong Motor Workshop
27A Jurong Port Road
#01-28
Singapore 619101
Contact Person/Tel : Ms. See / 6261 2773

Yours faithfully,

DS



RECORD MANAGEMENT CENTRE

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

9 Temasek Boulevard, Suntec City Tower Two #42-01B
Singapore 038989

E-mail: gears-support@shift-technology.com

GST Registration: M400017735

TAX INVOICE

Date of Request: 04/10/2022

Your Ref No: JP/DS/22/SKZ4694D/LE

Dear Sir/Madam,

Date of Accident: 30/09/2022 00:00 (SGT)

Vehicle No: SKZ4694D

Place of Accident: Ophir Rd, 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 (\$)
SHA9196J	Ophir Rd, Singapore	(31.00)	1	(28.97)
GST Amount				(2.03)
Total Amount Due (GST Inclusive)				(31.00)

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.



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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ACCIDENT STATEMENT

Date of Submission 01/10/2022 11:00 (SGT)
Reported by Driver
Date of Accident 30/09/2022 13:05 (SGT)
Exact Location of Accident Ophir Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA9196J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CITYCAB PTE LTD

VEHICLE PARTICULARS

Manufacturer Hyundai
Model I40
Variant -
Vehicle Category Taxi
Transmission Auto
CC 1685

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Policy Number / Cover Note Number VFX/P2419140

DRIVER

Name of Driver RICHARD CHAN CHAI TIT
NRIC No S1243493F
Address BLK 178 BUKIT BATOK WEST AVENUE 8 #12-227
Address complement -
Postcode 650178
Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Change/cross lane



Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? No
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 2
Translator's name -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

CIRCUMSTANCES OF ACCIDENT

ON 30/09/2022 AT ABOUT 1305HRS, VEHICLE A WAS TRAVELLING ALONG OPHIR ROAD TOWARDS BEACH ROAD JUST AFTER JUNCTION WITH NORTH BRIDGE ROAD. VEHICLE A WAS TRAVELLING ON THE FOURTH LANE. VEHICLE A SIGNAL TO CHANGE TO THE 3RD LANE. AS VEHICLE A WAS CHANGING LANE, VEHICLE A NOTICED VEHICLE B FROM THE FOURTH LANE CHANGED INTO THE 3RD LANE AND SPEED UP A FEW CARS BEHIND VEHICLE A. EVENTUALLY VEHICLE A FRONT RIGHT AND VEHICLE B LEFT FRONT COLLIDED. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKZ4694D
Vehicle Manufacturer Toyota
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver SUSAN WANG
Insurance Company Name -

SKETCH PLAN**IMPORTANT NOTICE**

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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 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' 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 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 firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



**FLASH ACCIDENT
REPORTING OFFICER**

FRO LATIFF



Policyholder's Signature / Date &
Time

Driver's Signature (if driver is not the policyholder) / Date
& Time **30/09/2022 1845hrs**

Witnessed by Reporting Centre
Personnel

Sketch Plan

Describe Circumstances of the Accident

ON 30/09/2022 AT ABOUT 1305HRS, VEHICLE A WAS TRAVELLING ALONG OPHIR ROAD TOWARDS BEACH ROAD JUST AFTER JUNCTION WITH NORTH BRIDGE ROAD. VEHICLE A WAS TRAVELLING ON THE FOURTH LANE. VEHICLE A SIGNAL TO CHANGE TO THE 3RD LANE. AS VEHICLE A WAS CHANGING LANE, VEHICLE A NOTICED VEHICLE B FROM THE FOURTH LANE CHANGED INTO THE 3RD LANE AND SPEED UP A FEW CARS BEHIND VEHICLE A. EVENTUALLY VEHICLE A FRONT RIGHT AND VEHICLE B LEFT FRONT COLLIDED. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

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 30/09/2022 1845hrs

FLASH ACCIDENT
REPORTING OFFICER

FRO LATIFF



Witnessed by Reporting Centre Personnel







Enquire Vehicle's Insurance Particulars (As At 30 Sep 2022 / 13:05:00)

Vehicle No.:

SHA9196J

Make Description/Model:

**HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG
4DR**

Insurance Company Name:

AXA INSURANCE PTE LTD

Business Transaction Reference No.:

20221007112115876981

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

Enquire Vehicle Owner Details (As At 30 Sep 2022 / 13:05:00)

Vehicle Owner Details

Owner ID Type:

Company

Owner ID:

199502839G

Owner Name:

CITYCAB PTE LTD

Registered Address Type:

**Private Residential (Condo Apt or House) /
Shopping / Office Complexes**

Registered Block/House No.:

383

Registered Street Name:

SIN MING DRIVE

Registered Unit No.:

-

Registered Building Name:

GAS BUILDING

Registered Postal Code:

575717

Vehicle Insurance Details

Vehicle No.:

SHA9196J

Make Description/Model:

**HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG
4DR**

Insurance Company Name:

AXA INSURANCE PTE LTD