

NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION

Date : **27 DEC 2022**

Time :

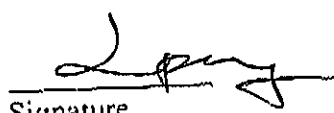
By Fax :

TO :

AXA INSURANCE PTE LTD

Accident involving Your insured vehicle No. SD9645P with
My vehicle No. SCW 8033D on 30/11/22 along NORTH BUONA VISTA FLY OVER

1. I, the owner of Vehicle No. SCW 3033D 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 :

LIEW KAI CHEU
S1541197

CK TEO & CO

Advocates & Solicitors

101A Upper Cross Street #08-17

People's Park Centre Singapore 050358

Tel : 6535 4788 Fax : 6535 4245

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 30 Nov 2022 / 09:20:00)

Vehicle Insurance Details

Vehicle No.:

SHD9645P

Make Description/Model:

TOYOTA / PRIUS 5DR HATCHBACK (AUTO)

Insurance Company Name:

AXA INSURANCE PTE LTD

Business Transaction Reference No.:

20221223154929083160

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 GfA 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	03/12/2022 11:27 (SGT)
Reported by	Both
Date of Accident	30/11/2022 09:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NORTH BUONA VISTA FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCW3033D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIEW PAI CHEW
NRIC No	S1154119D
Email Address	aygpsychiatry@gmail.com
Mobile Phone No	(Phone) +65-96193033
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	LANCER MIVEC GLS
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*	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5108375412-03

DRIVER

Name of Driver	LIEW PAI CHEW
NRIC No	S1154119D
Date Of Birth	01/02/1956
Occupation	Indoor

Date Of Driving Pass	29/08/1977
Driving experience	45 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96193033
Alt. Phone Number	-
Email Address	aygpsychiatry@gmail.com
Address	BLK 136B #01-06 HILLVIEW AVE, MERAWOODS
Address complement	-
Postcode	669607
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	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

ON THE 30112022 AT 0920HRS I WAS DRIVING SCW3033D ALONG NORTH BUONA VISTA FLYOVER TOWARDS NORTH BUONA VISTA ROAD ON THE 3RD LANE. BEFORE THE JUNCTION OF THE SLIP ROAD OF AYE(TUAS), A TAXI SHD9645P WHO WAS TRAVELLING ON LANE 2 ON MY RIGHT SUDDENLY CUT INTO MY LANE AND CRASHED ONTO MY FRONT RIGHT CORNER. THE TAXIS IMPACT WAS ON THE REAR LEFT CORNER. HE WAS APPARENTLY WAITING TO TURN LEFT INTO AYE TUAS ON THE LANE WHICH WAS SUPPOSEDLY MEANT TO GO STRAIGHT. NO ONE WAS INJURED.

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	SHD9645P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
Name of Driver	MR GUNA SHEKERAN S/O V
Contact Number	(Phone) +65-96182864
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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 Actual 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 reject your policy claim.
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.

Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

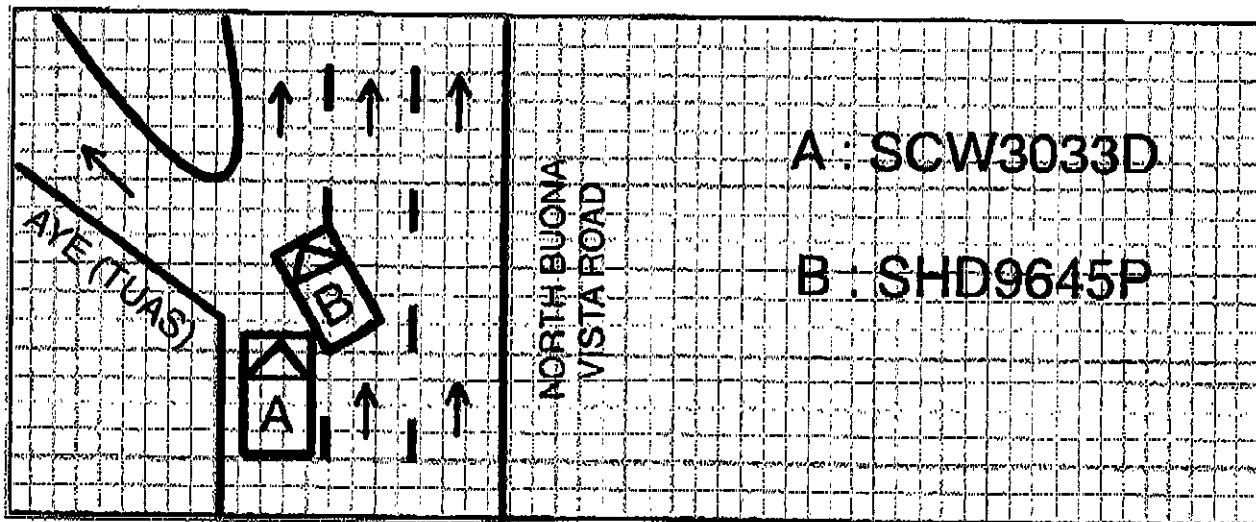
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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 newspapers/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/also 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.

[Signature]
 03/12/2022
 1100HRS
 Policyholder's Signature / Date & Time

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

[Signature]
 SUMAN SUKUMAR
 S990968
 Witnessed by Reporting Centre Personnel
 (Name and NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident


REFER TO GEARS REPORT FOR ACCIDENT STATEMENT

Declaration

We declare the foregoing particulars are true in every respect.


03/12/2022
1100HRS
Policyholder's Signature / Date & Time

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


SUMAN SUKUMAR
S990968
Witnessed by Reporting Centre Personnel
(Name as in NRIC/D card)