

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

To : HSBC Life Pte Ltd.  
Claims Department

Re :  
Vehicle No. SCE66Z

From: M/s Loh Heng

Sub : 3<sup>st</sup> Party Claim

This is to inform you that vehicle no. SHB29854 which is insured under your company was involved in an accident on 9-02-23.

The vehicle is at the workshop LOH HENG Tel:64532237 and is available for your inspection before work is carried out.

Please acknowledge receipt of this Notification by return fax to **64556384** and reply Within 2 days whether you wish to inspect the vehicle or waive inspection.

Yours faithfully,  
**LOH HENG**

Danny Loh(Person to contact)  
HP : 90111432  
Email: loh heng0308@yahoo.com.sg



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 13 Feb 2023 / 14:10:44

Receipt Date/Time : 13 Feb 2023 / 14:10:44

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-230213-001823

Previous Receipt No. :

**S/N Item Description/**

**Business Transaction Reference**

**No.**

Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
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Result of Insurance Enquiry - SHB2965Y

As at 09 Feb 2023/17:30:00

Insurance Co: HSBC LIFE (SINGAPORE) PTE. LTD.

1 Insurance Enquiry - SHB2965Y

Enquiry Fee

20230213140823937075

24.77	1.98	26.75
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**Sub-Total**

24.77	1.98	26.75
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**Total Before Rounding**

24.77	1.98	26.75
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**Rounding Difference**

0.00

**Total Amount Payable**

26.75

Paid By

452419XXXXXX8856

eNETS Credit Card

26.75

Total

26.75

Cash Change

0.00

Tendered Amount

26.75

Excess Refundable Amount

0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

# 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	10/02/2023 16:42 (SGT)
Reported by	Driver
Date of Accident	09/02/2023 17:30 (SGT)
Exact Location of Accident	Nathan Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCE66Z
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## INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH CHIAT JIN
NRIC No	S1502964A
Email Address	CHIATGOH@GMAIL.COM
Mobile Phone No	(Phone) +65-96301295
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Previa
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	2362

## INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V15146/VPC/R03

## DRIVER

Name of Driver	SONG LI CHIU
NRIC No	S2688790I
Date Of Birth	25/04/1961
Occupation	Indoor



Date Of Driving Pass	18/11/1998
Driving experience	24 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96225330
Alt. Phone Number	-
Email Address	YZ5CP@HOTMAIL.COM
Address	9 HOLT ROAD
Address complement	#03-03
Postcode	249446
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	COLLEAGUE
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)	3
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	GEMMA
Gender	Female

#### PASSENGER 2

Name	SIS
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 ATTACHED

#### 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	SHB2965Y
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)	-

#### WITNESS DETAILS

##### WITNESS 1

Name	THANALECHMI
Phone	(Phone) +65-92433029
Email	-



SKETCH PLAN

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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

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

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



Sketch Plan

Vehicle A: SCE 66Z  
Vehicle B: SHB 2965Y




## Describe Circumstance of the Accident


On the stated date & time, I was  
 straight  
 travelling along Nathan Rd. Suddenly vehicle B  
 came out from my right and collided to  
 right portion of my vehicle. The impact  
 was quite severe.

## 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 NRIC/ID card)

