

MG SOLUTION PTE LTD
23 Kaki Bukit Ave 4 (South Wing) #02-03B
Vicom Inspection Centre, Singapore 415933
Tel: 6243 1373 Fax: 6243 1376
Co. Reg. No. : 201427944N

Vehicle in #
SLT 4468K

Date: 15/11/2017

To: AXA INSURANCE SINGAPORE PTE LTD

By Fax & Email

TEL: 1800-8804741

FAX: 6880 4740

EMAIL: MOTOR.SURVEY@AXA.COM.SG / CST@AXA.COM.SG

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. SLT 4468K and SHF 616Y along
PIE TOWARDS TUNIS AFTER ENJ NEO EXIT on 14/11/17

We are instructed by SUPREME LEASING & LIMOUSINE PTE LTD (Name of Claimant) to notify you of a road traffic accident on the above mentioned. A copy of the Singapore Accident Statement / Traffic Police Report filed is enclosed.

As a result of the accident, our client's / customer's vehicle has been damaged. Before our client / we proceed to repair the damaged vehicle, please let us know within **2 working days** of your receipt of this notice whether you or your insurer 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 / we shall proceed to repair the vehicle without further reference to you.

Thank you

Yours faithfully



MS HENG YOKE HONG
HP: 9188 6931

FOR SURVEYOR

Please initial here after completion of pre-repair inspection. Thank you.

Appointed Surveyor: _____
(Name & Signature)

Date & Time of Inspection: _____

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 wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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 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 Report	15/11/2017 11:52
Date Of Accident	14/11/2017 06:10
Exact Location Of Accident	PIE TOWARDS TUAS AFTER ENG NEO EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT4468K
Insured/Policyholder	
Name Of Registered Owner	SUPREME LEASING & LIMOUSINE PTE LTD
Co Reg No	201710190R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88888888
Vehicle Particulars	
Manufacturer	TOYOTA
Model	C-HR HYBRID-1.8 S CVT (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MI000894-R00
Cover Note Number	
Driver	
Name of Driver	YEO HONG HWEE
NRIC No	S1484375B
Date Of Birth	04/07/1961
Occupation	INDOOR
Date Of Driving Pass	06/07/1981
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96919642
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 41 TANGLIN HALT ROAD
#07-185

Postcode 141041

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle -
-
-

Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident SIDE SWIPE

Weather Conditions RAINING

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 2

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON 14/11/2017 AT ABOUT 0612HRS AT ALONG PIE TOWARDS TUAS AFTER ENG NEO EXIT. I WAS TRAVELLING ON THE EXTREME RIGHT LANE AND SUDDENLY A VEHICLE (B) VEERED INTO MY LANE WITHOUT PROPER LOOKOUT AND WITHOUT CHECKING HIS BLINDSPOT AND HENCE COLLIDED ONTO MY WHOLE LEFT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE ONE PASSENGER INSIDE MY VEHICLE. (A) SLT 4468K (B) SHF 616Y

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: PLS GET FROM WORKSHOP

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHF616Y

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address


SKETCH PLAN

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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 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 to interested parties.
- 7. By the lodging of this report to the insurers, you hereby consent to the archiving of the report at the centre and to making the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

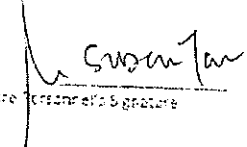
I understand, acknowledge, agree and consent that:

- (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 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 during the course of the claim and any necessary investigations relating to the claim;
 - (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 packaging and/or
 - (v) complying with applicable laws, court orders and/or regulations and/or dealing with my data collector's other "Purposes"
- (b) Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for the purpose(s) of the above (i) to (v) and
- (c) My Personal Information may be used to provide services and/or for other purposes to my insurer(s) or workshop and/or my vehicle workshop, such as my vehicle workshop's responsibility and/or more of the above functions;
- (d) The Insurers' and Insurers' lawyers/law firms may be permitted to use my personal data for the purpose of fraud detection, investigations and management of litigation in the future and;
- (e) The Insurers' and Insurers' lawyers/law firms may be permitted to disclose:
 - (i) my personal data to insurers, regulators and/or other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



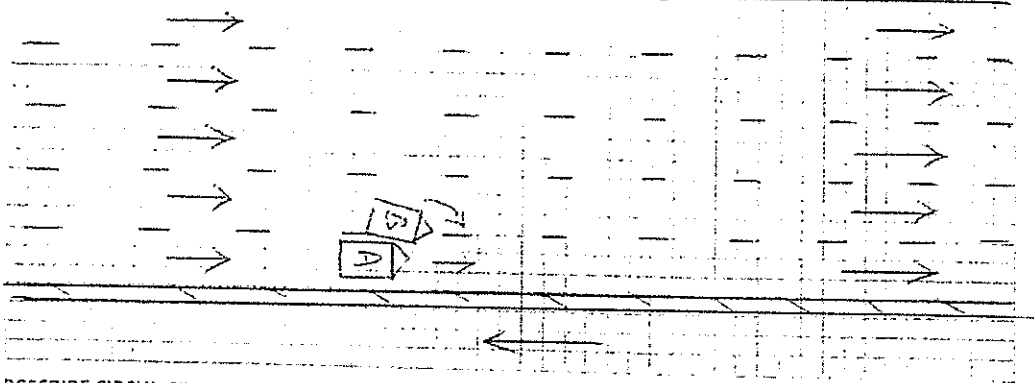
Insurer's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre
Name:
NRIC/FIN No: 

SKETCH PLAN

PIE towards Tuas after Eng Neo Exit



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/11/2017 at about 0612 hrs at along PIE towards Tuas after Eng Neo Exit. I was travelling on the extreme Right lane and suddenly a Vehicle (B) veered into my lane without proper lookout and without checking his blindspot and hence collided onto my whole left portion of my Vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle

(A) SLT 4468 K

(B) SHF 616 Y

DECLARATION

(I/We hereby declare that the above information is true and correct to the best of my/our knowledge.)

Reporting Officer's Signature
Date & Time:

Driver's Signature
(If driver is not the police officer)
Date & Time:

Reporting Officer's Signature
Name:
NPO No.: