

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

Date : 16/1/18

vehicle in?
SJH 7935X

To : AXA INSURANCE PTE LTD
Tel : 1800-8804741
Fax : 6880 4740
Email : MOTOR.SURVEY@AXA.SG/CST@AXA.COM.SG

By Fax & Email

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. SJH 7935X and SLP 8015 D along
OPEN CARPARK OF B/282 TAMPINES ST22 on 14/1/18

We are instructed by SUPREME LEASING & LIMOUSINE SERVICES (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 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 Report	15/01/2018 17:33
Date Of Accident	14/01/2018 11:50
Exact Location Of Accident	OPEN CAR PARK OF BLK 282 TAMPINES ST 22
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH7935X
Insured/Policyholder	
Name Of Registered Owner	SUPREME LEASING & LIMOUSINE SERVICES
Co Reg No	53287737C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93444722
Alternative Phone No	OFFICE-93444722

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA-1.6 (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	THIRD PARTY
Fleet Policy	NO
Policy Number	17-MH001493-R01
Cover Note Number	

Driver

Name of Driver	CHUA PENG YUCK
NRIC No	S8524529E
Date Of Birth	01/08/1985
Occupation	OUTDOOR
Date Of Driving Pass	17/06/2015
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93444722
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 537, CHUA CHU KANG ST #12-152
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

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?	

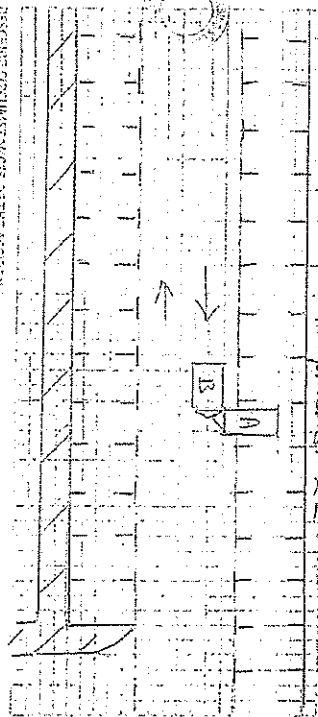
Circumstances of Accident

ON 14.01.2018 AT ABOUT 1148 HRS AT OPEN CAR PARK OF BLK 282 TAMPINES ST 22 I WAS TRAVELLING ON THE ABOVE MENTIONED DRIVE WAY AND SUDDENLY A VEHICLE (B) EXITED OUT FROM THE CAR PARK LOTNO 66 WITHOUT CAUTIOUS AND WITHOUT PROPER LOOKOUT AND HENCE COLLIDED ONTO MY FRONT LEFT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

SKETCH PLAN: Blk 282 Temple St 22



DESCRIPTIVE CIRCUMSTANCES OF THE ACCIDENT:

on 11/01/2018 at about 1148 hrs at Open Car Park of Blk 282 Temple St 22. I was travelling on the above mentioned Drive way and suddenly a Vehicle (CB) entered out from the Car Park lot no 66 without caution and without proper lookout and hence collided into my Ford off Highway of my Vehicle (CA) causing damages to my Vehicle.

CA) SJH 7935 X
CB) SLP 8015 D

DECLARATION

I hereby declare that the above is a true and correct statement of the facts and circumstances of the accident.

Signature: [Signature]
Name: [Name]
Date: [Date]

Witness: [Signature]
Name: [Name]
Date: [Date]

