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 7

Date:....

SJH 7935X

By Fax & Email

TO : AXA INSURANCE PTE LTD

Tel : 1800 -8804741

Fax : 6880 4740

Email: MOTOR, SURVEY QAXA, SG/CST@AXA. COM. SG

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. Styl 7935 xand SLP 8015 D along OPEN CARPARK OF 3/282 /AMPINES 5722 on 14/1/18

We are instructed by SPRENE LEASTING & LIMOUSINE SERVER Same 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 witholding 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.	of the report being made available
The state of the s	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

OFFICE-93444722

Alternative Phone No. 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

ALD DINIVE

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

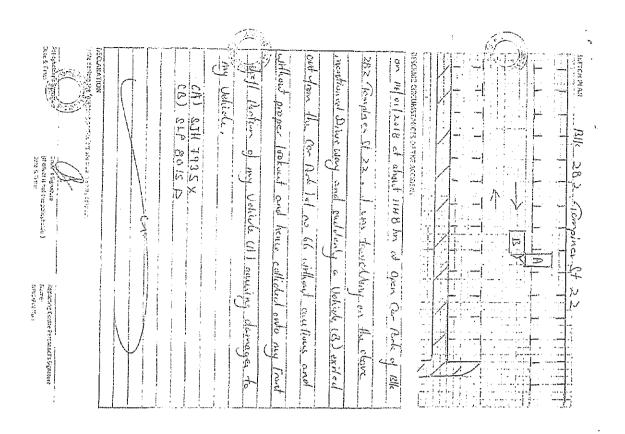
Circumstances of Accident

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 CAUTOUS AND WITHOUT PROPER LOOKOUT AND HENCE COLLIDED ONTO MY FRONT LEFT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLKE

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 Pg. 1



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