

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 : 10/4/18

To : AXA INSURANCE PTE LTD
Tel : 1800-8804741
Fax : 68804740
Email : motor.survey@axa.com.sg
cst@axa.com.sg

By Fax & Email

vehicle ln #
SJM5620R

Attn: Motor Claims Department

Dear Sir,

Re: **Accident involving motor vehicle Nos.** SJM5620R and GBC16R along
SLIP ROAD OF JURONG PORT ROAD AND JALAN BURUH TOWARDS on 07/04/2018
PENJURU ROAD

We are instructed by WOODLANDS 11 CAR RENTAL (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 willful 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 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	09/04/2018 18:23
Date Of Accident	07/04/2018 07:45
Exact Location Of Accident	SLIP RD OF JURONG PORT RD & JLN BUROH TWDS PENJURU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM5620R
Insured/Policyholder	
Name Of Registered Owner	WOODANDS 11 CAR RENTAL
Co Reg No	53227415J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92209467
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	999994666
Cover Note Number	
Driver	
Name of Driver	HASMAN BIN HASHIM
NRIC No	S7938967F
Date Of Birth	29/11/1979
Occupation	OUTDOOR
Date Of Driving Pass	28/09/2017
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91180557
Fax Number	
Contact Number	
Email Address	HANNAHAS0410@GMAIL.COM

Address	BLK 967B JURONG WEST ST 93 #09-835
Postcode	642967
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	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?	YES
Was any injured conveyed to hospital by ambulance?	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)	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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC16R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	HASMAN BIN HASHIM
------	-------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BACK PAIN

SJM5620R

YES

NO

Accident Sketch Plan

09/04/18

09/04/18

1. I, the undersigned, being duly sworn, depose and say that I am a duly qualified and licensed professional engineer in the State of California, and I am duly qualified to prepare and certify an accident sketch plan for the purpose of this report.

2. I have reviewed the accident report and the information provided to me by the parties to the accident, and I have conducted a thorough investigation of the accident, including a review of the accident scene, the vehicles involved, and the evidence available.

3. I have prepared this accident sketch plan based on the information provided to me and my own observations and investigation. I believe that this sketch plan accurately depicts the accident scene and the positions of the vehicles involved at the time of the accident.

4. I have provided this accident sketch plan to the parties to the accident, and they have reviewed and approved it. I have also provided this sketch plan to the appropriate authorities, including the California Highway Patrol and the local law enforcement agency.

5. I declare under penalty of perjury that the foregoing is true and correct. I signed this statement on the date and at the place indicated above.

6. I declare under penalty of perjury that I am a duly qualified and licensed professional engineer in the State of California, and I am duly qualified to prepare and certify an accident sketch plan for the purpose of this report.

7. I have reviewed the accident report and the information provided to me by the parties to the accident, and I have conducted a thorough investigation of the accident, including a review of the accident scene, the vehicles involved, and the evidence available.

8. I have prepared this accident sketch plan based on the information provided to me and my own observations and investigation. I believe that this sketch plan accurately depicts the accident scene and the positions of the vehicles involved at the time of the accident.

9. I have provided this accident sketch plan to the parties to the accident, and they have reviewed and approved it. I have also provided this sketch plan to the appropriate authorities, including the California Highway Patrol and the local law enforcement agency.

10. I declare under penalty of perjury that the foregoing is true and correct. I signed this statement on the date and at the place indicated above.

11. I declare under penalty of perjury that I am a duly qualified and licensed professional engineer in the State of California, and I am duly qualified to prepare and certify an accident sketch plan for the purpose of this report.

12. I have reviewed the accident report and the information provided to me by the parties to the accident, and I have conducted a thorough investigation of the accident, including a review of the accident scene, the vehicles involved, and the evidence available.

13. I have prepared this accident sketch plan based on the information provided to me and my own observations and investigation. I believe that this sketch plan accurately depicts the accident scene and the positions of the vehicles involved at the time of the accident.

14. I have provided this accident sketch plan to the parties to the accident, and they have reviewed and approved it. I have also provided this sketch plan to the appropriate authorities, including the California Highway Patrol and the local law enforcement agency.

15. I declare under penalty of perjury that the foregoing is true and correct. I signed this statement on the date and at the place indicated above.

16. I declare under penalty of perjury that I am a duly qualified and licensed professional engineer in the State of California, and I am duly qualified to prepare and certify an accident sketch plan for the purpose of this report.

17. I have reviewed the accident report and the information provided to me by the parties to the accident, and I have conducted a thorough investigation of the accident, including a review of the accident scene, the vehicles involved, and the evidence available.

18. I have prepared this accident sketch plan based on the information provided to me and my own observations and investigation. I believe that this sketch plan accurately depicts the accident scene and the positions of the vehicles involved at the time of the accident.

19. I have provided this accident sketch plan to the parties to the accident, and they have reviewed and approved it. I have also provided this sketch plan to the appropriate authorities, including the California Highway Patrol and the local law enforcement agency.

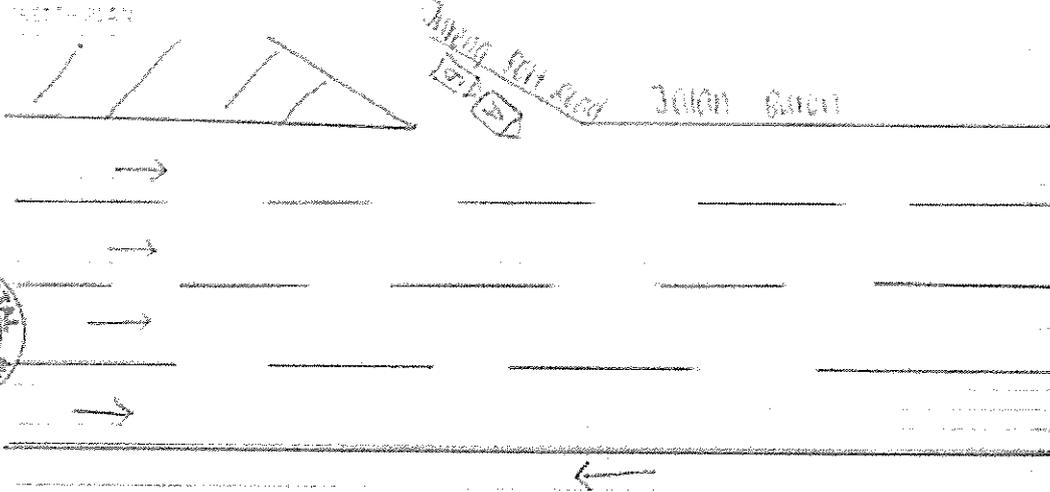
20. I declare under penalty of perjury that the foregoing is true and correct. I signed this statement on the date and at the place indicated above.



[Handwritten Signature]

[Handwritten Signature] 09/04/18

Individual Statement



Slip Road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09/04/2018 at about 0745 hrs at Slip road of
 Jurong Port Road and Jalan Bureh towards Penjuru
 Road. I was stopping at the above Slip Road waiting for
 the clearance of main traffic. Suddenly, I heard a loud bang from
 behind. I alerted and realised it was vehicle (B) who
 hit onto my rear portion of my vehicle (A) causing
 damage to my vehicle.



(A) SJM5620R

(B) GBC 1GR

DECLARATION

I hereby declare that the above information is true and correct.

Date: 09/04/18



[Signature]
 Name:
 Position:
 Date: 09/04/18

[Signature] 09/04/18
 Name:
 Position:
 Date: 09/04/18