

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 : 31/05/2018

vehicle in

SJM 27934

To : AXA Insurance Singapore pte Ltd

By Fax & Email

Tel : 1800 - 8804741

Fax : 6880 4740

Email : motor_survey @ axa . com . sg

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. SJM 27934 and SLM 8547B along
Telok Blangah Road towards Henderson Road on 28/5/18
beside Bukit Chemin Road.

We are instructed by SGRENTACAE 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 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	30/05/2018 15:18
Date Of Accident	28/05/2018 14:15
Exact Location Of Accident	TELOKBLANGAHRDWTDSHENDERSONRDBESIDE BTCHEMINRDEXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM2793U
Insured/Policyholder	
Name Of Registered Owner	SGRENTACAR PTE LTD
Co Reg No	201329402W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91180710
Alternative Phone No	OFFICE-91180710
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.6L 5AT
Exact Purpose for which vehicle was being used at time of accident	WORK
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1761781700
Cover Note Number	
Driver	
Name of Driver	KOH WING HONG
NRIC No	S8532728C
Date Of Birth	05/10/1985
Occupation	INDOOR
Date Of Driving Pass	26/02/2005
Driving Experience	13 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91180710
Fax Number	
Contact Number	OTHERS-91180710
Email Address	NOEMAIL

Address	BLK 276D JURONG WEST STREET 25 #10-05
Postcode	644276
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
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4

Passenger 1	NAME: : KOH CAI HONG GENDER: : FEMALE
Passenger 2	NAME: : PANG YOKE HOON GENDER: : FEMALE
Passenger 3	NAME: : QUINTON CHOO GAA KYUN GENDER: : FEMALE

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	SLM8547B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please read this form carefully before completing it.
 2. This form must be completed by the Policyholder and/or the Authorized Driver.
 3. Information provided must be as careful and accurate as possible. Any attempt at misrepresentation including of material facts may allow insurance companies to void the policy liability.
 4. The issue and acceptance of this form by insurer(s) constitutes an offer of policy liability on the part of the insurer(s).
 5. Any false reporting may be reported to the Police for investigation.
 6. The report will be forwarded by the insurers of the bus to the Road Transport Department, Ministry of Transport, Singapore, and the Singapore Police for inclusion in the records of the accident. It may also be made available to other interested parties.
 7. The information disclosed in this form may be used by the insurers of the bus to settle claims and for other purposes. It may also be made available to other interested parties.
- Consent under the Personal Data Protection Act (PDPA)
- I understand my knowledge, rights and am aware:
- (a) My insurer, my workplace and the General Insurance Association of Singapore ("GIAS") 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 claim(s);
 - (ii) investigating the accident and/or my claim(s);
 - (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) compliance with applicable law, in administering, settling, handling and/or dealing with my claim(s) (including the "Personal Information").
 - (b) I consent to the use of my Personal Information for the purpose(s) stated in (a) above.
 - (c) I consent to the use of my Personal Information for the purpose(s) stated in (a) above.
 - (d) I consent to the use of my Personal Information for the purpose(s) stated in (a) above.
 - (e) I consent to the use of my Personal Information for the purpose(s) stated in (a) above.
 - (f) I consent to the use of my Personal Information for the purpose(s) stated in (a) above.
 - (g) I consent to the use of my Personal Information for the purpose(s) stated in (a) above.
 - (h) I consent to the use of my Personal Information for the purpose(s) stated in (a) above.
 - (i) I consent to the use of my Personal Information for the purpose(s) stated in (a) above.
 - (j) I consent to the use of my Personal Information for the purpose(s) stated in (a) above.
 - (k) I consent to the use of my Personal Information for the purpose(s) stated in (a) above.
 - (l) I consent to the use of my Personal Information for the purpose(s) stated in (a) above.
 - (m) I consent to the use of my Personal Information for the purpose(s) stated in (a) above.
 - (n) I consent to the use of my Personal Information for the purpose(s) stated in (a) above.
 - (o) I consent to the use of my Personal Information for the purpose(s) stated in (a) above.
 - (p) I consent to the use of my Personal Information for the purpose(s) stated in (a) above.
 - (q) I consent to the use of my Personal Information for the purpose(s) stated in (a) above.
 - (r) I consent to the use of my Personal Information for the purpose(s) stated in (a) above.
 - (s) I consent to the use of my Personal Information for the purpose(s) stated in (a) above.
 - (t) I consent to the use of my Personal Information for the purpose(s) stated in (a) above.
 - (u) I consent to the use of my Personal Information for the purpose(s) stated in (a) above.
 - (v) I consent to the use of my Personal Information for the purpose(s) stated in (a) above.
 - (w) I consent to the use of my Personal Information for the purpose(s) stated in (a) above.
 - (x) I consent to the use of my Personal Information for the purpose(s) stated in (a) above.
 - (y) I consent to the use of my Personal Information for the purpose(s) stated in (a) above.
 - (z) I consent to the use of my Personal Information for the purpose(s) stated in (a) above.

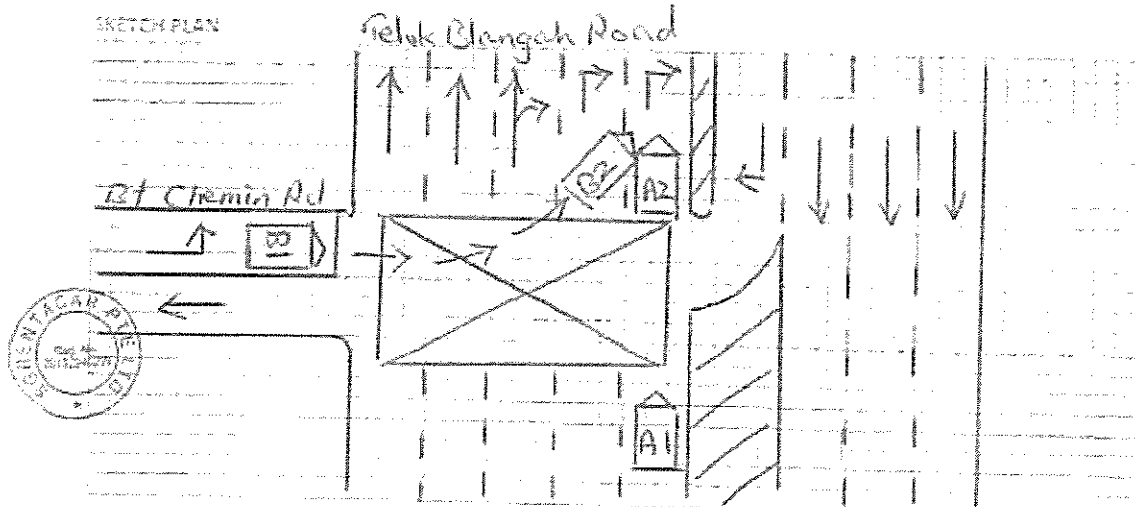


Policyholder's Signature
Date: 30/5/2018

Driver's Signature
(If driver is not the policyholder)
Date: 30/5/2018

Reporting Centre Person's Signature
Name
NRIC No.

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/05/2018 at about 1415 hrs at along Teluk Blangah Road towards Henderson Road beside Bukit Chemin Road. I was travelling on the extreme Right Lane along Teluk Blangah Road and when coming towards the junction of Bukit Chemin Road, a Vehicle (B) exited out from Bukit Chemin Road without proper lookout and without cautious and hence collided onto my Left Front Portion of my Vehicle (A) causing damages to my vehicle. I have 3 passengers inside my vehicle.

(A) SJM 2793 U

(B) SLM 8547 B

DECLARATION

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



Date & Time

[Signature]

Driver Signature
If there is not the police/Driver
Date & Time

30/5/2018

Responsible Officer
Name
Signature