

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#
SHD 97823

Date : 04/06/2018

To : AXA / INSURANCE SINGAPORE PTE LTD

Tel : 1800 - 880 4741

Fax : 6880 4740

Email : Motor.Survey@axa.com.sg ; CST@axa.com.sg

By Fax & Email

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. SLD 2121H and SHD 97823 along
at along North Bridge Rd towards South Bridge Rd on 3/6/18
Rd before Bras Basah Rd Junction.

We are instructed by GOM KWEE SEE (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 YOKO 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	04/06/2018 16:37
Date Of Accident	03/06/2018 15:40
Exact Location Of Accident	NORTH BRIDGE RD-SOUTH BRIDGE RD BEF BRAS BASAH JUN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD2121H
Insured/Policyholder	
Name Of Registered Owner	GOH KWEE SEE
NRIC No	S1630337B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94800806
Alternative Phone No	OFFICE-94800806

Vehicle Particulars

Manufacturer	TOYOTA
Model	-

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 CAR

Insurance Company

Name of Insurance Company ERGO INSURANCE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number DMPG18001970

Cover Note Number

Driver

Name of Driver GOH KWEE SEE

NRIC No S1630337B

Date Of Birth 25/07/1964

Occupation INDOOR

Date Of Driving Pass 16/07/1990

Driving Experience 27 YEARS AND 10 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-94800806

Fax Number

Contact Number OFFICE-94800806

Email Address NOEMAIL

Address	-
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	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?	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

refer attached report.

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	SHD9782B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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 by interested parties.
7. By the lodging 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.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

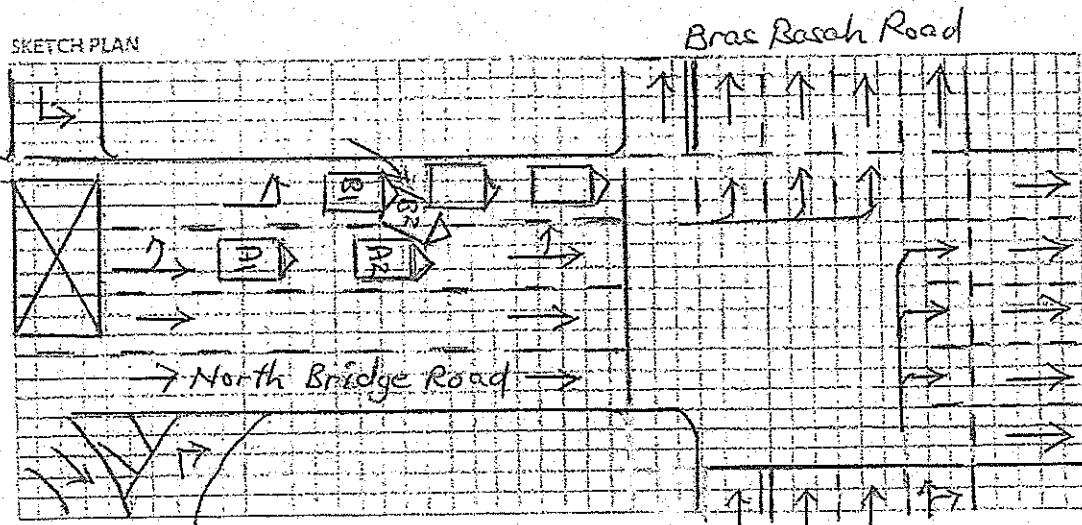
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (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 packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above purposes; and
 - (c) my Personal Information may/are disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be dtd outside of Singapore, for one or more of the above purposes;
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
 - (e) the information so collected under (a) above may be shared / disclosed:
 - (i) to all Insurers and/or any 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.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03/06/2018 at about 1540 hrs at along North Bridge Road towards South Bridge Road before Bras Basah Road junction. I was travelling on the lane 3 and suddenly a vehicle (B) on my left veered into my lane abruptly without checking his blindspot and hence collided onto my left front portion of my vehicle (A) causing damages to my vehicle.

CA) SLD 2121 H
CB) SHD 9782 B

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/IN No.: