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 : 17/07/2018

* vehicle no SLZ 8930J

To : AXA INSURANCE SINGAPORE PTE LTD

Tel : 1800 - 880 4741

Fax :

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. SLZ 8930J **and** SHD 3162 **along** upper Serangoon Rd towards upper Paya Lebar Rd beside Kovan MRT. **on** 16/7/18

We are instructed by TTS COMMUNICATION (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,

MG SOLUTION PTE LTD 201427944N

MS. HENG YOKE HONG
HP: 9188 6661

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 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	17/07/2018 14:46
Date Of Accident	16/07/2018 16:40
Exact Location Of Accident	AT ALONG UPPER SERANGOON ROAD TOWARDS UPPER PAYA L
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ8930J
Insured/Policyholder	
Name Of Registered Owner	TTS COMMUNICATION
Co Reg No	53098129K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88888888
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100547050
Cover Note Number	
Driver	
Name of Driver	SEAH BOON TING @ HENG HUAT JEE
NRIC No	S1574710B
Date Of Birth	13/09/1973
Occupation	INDOOR
Date Of Driving Pass	14/05/1983
Driving Experience	35 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91468855
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 791 WOODLANDS AVE 6 #05-603
Postcode	730791
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	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?	
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)	3
Passenger 1	NAME: : MR MUHAMMAD AZIM BIN MOHAMAD ISHAM GENDER: : MALE
Passenger 2	NAME: : MISS NUR AZLINAH BINTE HASHIM 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

ON 16/07/2018 AT ABOUT 1640HRS AT ALONG UPPER SERANGOON ROAD TOWARDS SERANGOON ROAD BESIDE KOVAN MRT STATION. I WAS TRAVELLING ON THE EXTREME LEFT LANE AND SUDDENLY A VEHICLE (B) ON MY RIGHT VEERED INTO MY LANE WITHOUT CHECKING HIS BLINDSPOT AND WITHOUT CAUTIOUS AND HENCE COLLIDED ONTO MY WHOLE RIGHT PORTION OF MY VEHICLE OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE TWO PASSENGER INSIDE MY VEHICLE. THEY ARE MR MUHAMMAD AZIM BIN MOHAMAD ISHAM AND MISS NUR AZLINAH BINTE HASHIM

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PLS GET FROM WORKSOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD316Z
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

IMPORTANT NOTICE

1. [illegible]
2. [illegible]
3. Information provided must be as truthful and accurate as possible [illegible] facts may allow insurance companies to repudiate policy liability.
4. [illegible]
5. [illegible]

[illegible]

7. [illegible]

[illegible]

[illegible]

i. We/the insurer(s) who are the General Insurance Association of Singapore ("GIA") may have permission 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 any 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) [illegible] relating to this claim;

(ii) investigating the accident and/or my claim;

(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 laws in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")

[illegible]

[illegible]

[illegible]

[illegible]

(ii) to all Insurers and/or any companies participating in analysing, investigating, [illegible] regarding fraud, regulatory, law enforcement and government agencies as reasonably required for the purposes stated [illegible]

(iii) for any [illegible] requirements under any regulations, laws or court order.

TTS Communication

Date & Time

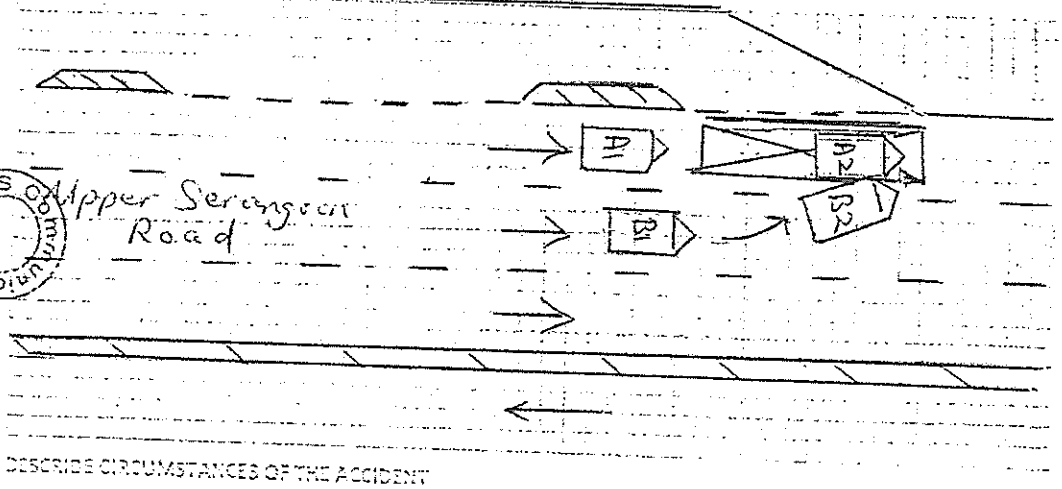
Signature

Date & Time

Name

NRIC No.

SKETCH PLAN Kovan MRT Pick Up Point



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/07/2018 at about 1640 hrs at along Upper Serangoon Road towards Serangoon Road beside Kovan MRT Station. I was travelling on the extreme left lane and suddenly a Vehicle (B) on my Right veered into my lane without checking his blindspot and without cautious and hence collided onto my whole Right Portion of my Vehicle (A) causing damages to my vehicle. I have two passengers inside my vehicle. They are Mr. Muhammad Azim Bin Mohamad Isham and Miss Nur Azlinah Binte Hashim

DECLARATION