# MG SOLUTION PTE LTD

23 Kaki Bukit Ave 4 (South Wing) #02-03B Vicom Inspection Centre, Singapore 415933

Tel: 6243 1373 Fext 6243 1376

f .	Co. Reg. No. : 201427844N
Pate: 17/07/2018	
72.3	

\* vehicle in \$ SLZ 89307.

TO : AXA INSURANCE SIMAPORE PIELTO

By Fax & Email

Tel : 1800 - 880 4741

Fax

Email: motor-Survey@axa.com.Sg / (St @axa.com.Sg

Atin: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. SLZ 9930 Jand SHD 316Z along upper Serangwon Rd towards upper Paya Lebar Rd on 16/7/18

beside kovan Mrt.

We are instructed by T1S COM MUNICATION
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 chall proceed to repair the vehicle without further reference to you.

Thank you.



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

EMail Address

- Please report <u>correctly</u> 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

atoresaid.	
	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 a time of accident	t
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	

NOEMAIL

BLK 791 WOODLANDS AVE 6 Adiress

#05-603

Postcode 730791

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

OTHER - HIRER

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?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

YES

NO

: 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

#### MPORTANT NOTICE

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  - ್ರೂ ಕ್ಷೇರ್ವಾಗವಾಗುತ್ತು ಪ್ರಾತಿ ಸಂಘಟನೆಗೆ ಕಳ್ಳು ಕ್ರಮಿಸಿಗಳ ಸಂಘಟನೆಗೆ ಪ್ರಾಯಿ
  - My frauter, to you do kulture and the Centers to cook out the definite period (ACA) troughtre period to collect, use. disclose and/or process my personal deta/personal information set out in this (form) and any other personal information provided by me or passessed 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)
    - ি জাতজ্বরাল্যু স্থান্ত্রিক হলহা, আ এবমানিকু পর্যা পানে তাইলেটো ইয়েটাকু সাক্ষরতা কুলাক্ষার হাবিল্যু এইটাটো বেলই স্থান্ত কুতজ্বতান নাম এই সংখ্যার স্থান্ত্রিক স্থান্ত্রিক সাধ্যান্ত্রিক স্থান্ত্রিক স্থানিক স্থান্ত্রিক স্থানিক স্থানিক স্থান্ত্রিক স্থানিক স
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    - (ii) carriing out and/or dealing with my instructions or responding to any enquiries by me;
    - (a) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which tould involve disclosure of semain personal data about me to bring about dolivery of the same as well as on the external cover of envelopes/mail peckagesh and/or
    - ು ರಾಗ್ಯಾಸ್ಥಿಸಿದ್ದ ಗಳಿಂದ ಪೂರ್ವವಾದಿಗೆ ಮೀಗಿ ಸಮಾರ್ಚಾರಿಗೆ ಪ್ರವಾರಕಾರಿಗಳು, ಗಮಿಗಲಿ ಗತ್ತ ಕಂಪ್ರೆಸಿಕ ಹೆಚ್ಚಾಗಿತ್ತ ಗಳಿಗೆ ಸಂಭ
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5 3 that 18 h ೯ "ಶೇಷ್ಠಾನ" ಕೆ ಗಮಮಾರ್ಥನವು ಮಗಡಿಯು Sate I Times

Sec. 1. NE JENNA

4	SKETCHPLAN KOUCH MRT Pick Up Point
KĪ.	Solloper Services
* LOSTE	Sollpper Servingson De Daniel
	DESCRIBES CIRCUMSTANCES OF THE ACCIDENT
	On 16/07/2018 et chort 1640 lux et along Upper
	Serongoon Road towards Serangeon Read beside  Kovan MRT Station 1 / 11
	Kovan MRT Station. I was travelling on the extreme Left Jone and suddenly a Valida CB) on my Right
4TS	received into my how without checking his blindspot
* colu	and without continue and hence collided outs my
	Tuhole Right Portion of my Vehiole (A) coursing claimages
	to my vehicle. I have two passengers inside my vehicle. They are Mr. Muhammad H-i Di
<u>;</u>	Mohamad Isham
	and Miss Nor Azlinah Binte Hashim
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