25-10-18;09:04 ;

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25th October 2018

M/S Ja Lan Tiong Pte Ltd Blk. 1 Sin Ming Industrial estate #01-131 Singapore 575636

M/S. AIG Asia Pacific Insurance Pte Ltd Motor Claim Department 78 Shenton Way #07-16 AIG Building Singapore 079120

Fax: 68357416

Dear Sir/Madam,

Accident on 23/23/2018 along PIE Towards Changi Air-Port vehicles no: GBC 9321A, SGM 6806B & SJF 1314M

We are authorize by the owner of GBC 9321A to file a third party claims Against your insured SGM 6805B.

Meanwhile kindly arrange your assessor to pre-survey the damaged vehicle at M/S Seng Kin Motor Works of Blk. 1 Sin Ming Industrial Estate #01-131 Singapore 575636 Contact no: 64536238 or email: sengkin2017@gmail.com within two days hereof this letter.

Enclose herewith the copy of IDAC accident report for your perusal.

Yours faithfully

c.c. Seng kin motor works

Encl:

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MVA218137488 / VAG - Sin Ming ENTRY DATE & TIME: 23/10/2018 12:51 SUBMITTED BY: James Ng Wing Kin

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Plasse report correctly the details of the occident 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 misropresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 8. This report will be forwarded by the insurers of the GrA Records Management Centre established by the Central Insurence Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made evaluable upon application by interested parties.
- 7. By the lodgement of this report to the incurers, 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	23/10/2018 12:51
Date Of Accident	23/10/2018 10:30
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC9321A
Insured/Policyholder	ाच राज्य में अने अंग्रेस वार्य राज्य सम्बद्धियों के अने प्रश्नेत सम्बद्धियों के अने प्रश्नेत स्वयं स्वयं स्वयं
Name Of Registered Owner	JA LAN TIONG PTE LTD
Co Reg No	•
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93281331
Alternative Phone No	OFFICE-62688700
Vehicle Particulars	ा अनुभाव अभिनेत्रको । अनुभाव अभिनेत्रक क्रिकेट सन्धान क्रिकेट स्थान
Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage COMPRÉHENSIVE

Fleet Policy NO

Policy Number B28693526MKC

Cover Note Number

Driver

Name of Driver DAVID ONG XIANG FA

 NRIC No
 S9119380I

 Date Of Sirth
 04/06/1991

 Occupation
 OUTDOOR

 Date Of Driving Pass
 17/02/2011

Driving Experience 7 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93281331

Fax Number Contact Number

EMail Address NOEMAIL

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Address

BLK 564 ANG MO KIO AVENUE 3 #02-3465

aguasia la seego la f

Postcode

560564

Was driver an employee of the Insured's Company YES

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

3

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

NÖ YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

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 STATEMENT (ATTENDED BY: JAMES NG)

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

SGM6806B

Vehicle Make/Model/Colour

CITROEN / WHITE

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJF1314M

Vehicle Make/Model/Colour

HYUNDAI AVANTE / GREY

Sketch Plan #2 Pg. 1

SELLOH PLAN	
The second secon	
11/2 COUNTY CHONGIT TITLE	
Sam 68060 Creases 197	
300000	
	
	31 TOOLS MADE LABOURET
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
While driving along PIF touches change, the	
work on the First Lane, when the from	nt Vechicle SJF 1314m
Jam brake and I also follow Jam bro	ke, cullent the
rear Vehicle SGM 6806B hit my year	and the force
my vehicle hit and the front Vehi	الد ,
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DECLARATION	
I/Western the foregoing particulars are true in every respect.	
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[3] () () () () () () () () () (COIN *
Principal Standard Charles Services	
Deta & Time: (If deliver is not the notice deliver)	eporting Centre Personnel's Signature
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Details Of Properties

Vehicle Category

Name of Driver KENNETH NEO JIA SUN

NRIC/Passport Number

Contact Number

85110454

PRIVATE CAR

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)