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	. 27/11/18	
	: AXA IMMANIE ANGAPORE PLE LTD	*vehicle In By Fax & Email

Fax : L880 4740

Email: (ITQ OXA. rom. 59

Atn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. <u>SLW 4614P</u> and <u>SHD 462J</u> along <u>SLIP ROAD FROM (PE (PIZ) Toward S PASIR RIS</u> on <u>24/11/2018</u>

DRIVE 8

We are instructed by Mile Lang & Limourie Pte Ud (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. NENGTY OKE 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:

*CAN I CHECK THIS CASE LIABILITY? *

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 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.
- 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 consafores aid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	26/11/2018 18:44
Date Of Accident	24/11/2018 20:00
Exact Location Of Accident	SLIP RD FROM TPE(PIE) TWDS PASIR RIS DR 8
Country/State of Loss	SINGAPORE
The second of th	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLW4614P
Insured/Policyholder	
Name Of Registered Owner	SUPREME LEASING & LIMOUSINE PTE LTD
Co Reg No	201710190R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	C-HR HYBRID
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE

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 TOKIO MARINE INSURANCE SINGAPORE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 18-MI000894-R01

Cover Note Number

Driver

Name of Driver LEE KWONG SING

NRIC No S6901364C Date Of Birth 14/01/1969 Occupation **OUTDOOR** Date Of Driving Pass 24/07/1987

31 YEARS AND 4 MONTHS Driving Experience

Gender MALE

Mobile Number (LOCAL) +65-94560808

Fax Number

Contact Number

EMail Address NOEMAIL Address BLK 15 MARSILING LANE

#06-169

Postcode 730015

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

Vehi **c**le

-

Insurance Company of Driver's Own Vehicle -

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General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

OtherInformation

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

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 3

NO

Number of Passengers (Including Driver)

Passenger 1

NAME: : UNKNOWN

GENDER: : FEMALE

Passenger 2

NAME: : UNKNOWN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

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? YES

Remarks/ Reasons: WITH WORKSHOP

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD462J

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. Cf Passenger (Including Driver)

Accident Sketch Plan

HARTCH DLAN

OFFICETANT NOTICE

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