

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

29/1/19

Vehicle no
SGK 5613M

Date :

To : FWD INSURANCE PTE LTD
Tel : 6870 8888
Fax :
Email : motorclaims-sg@fwd.com

By Fax & Email

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. SGK 5613M and SJK 4707S along
At Sultan Iskandar C/A Johor Bahru towards on 26/1/19
SINGAPORE woodlands Checkpoint.

We are instructed by EC CARZ RENTAL (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 PENG 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: _____

*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 withholding 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 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	28/01/2019 16:12
Date Of Accident	26/01/2019 23:05
Exact Location Of Accident	SULTAN ISKANDAR CIQ JB TOWARDS SPORE (WOODLANDS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK5613H
Insured/Policyholder	
Name Of Registered Owner	EC CARZ RENTAL
CoReg No	53353843B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90522279

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 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	THIRD PARTY
Fleet Policy	NO
Policy Number	5103127676 TP
Cover Note Number	

Driver

Name of Driver	MAGANTHRAN S/O KOMAREVELLOO
NRIC No	S7619898E
Date Of Birth	05/06/1976
Occupation	INDOOR
Date Of Driving Pass	17/12/2002
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90522279
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address BLK 570A WOODLANDS AVENUE 1 #09-876
 Postcode 731570
 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 COLLISION - HEAD TO REAR
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? YES
 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) 4
 Passenger 1
 NAME: : TAMIL CHELVE D/O NADARAJAN
 GENDER: : FEMALE
 Passenger 2
 NAME: : THASAMA D/O RENGAN
 GENDER: : FEMALE
 Passenger 3
 NAME: : NADARAJAN S/O VENKITACHALAM, RAJAGOPAL
 GENDER: : MALE

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 TO SKETCH PLAN ATTACHED

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 SJK4707S
 Vehicle Make/Model/Colour HONDA STREAM 1.8 RSZ A
 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 INJURED PERSON 1

Name MAGANTHRAN S/O KOMAREVELLOO (DRIVER)
Approximate Age
Injuries Sustain BACK & NECK PAIN
Injured person in which vehicle? SGK5613H
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name TAMIL CHELVE D/O NADARAJAN
Approximate Age
Injuries Sustain BACK & NECK PAIN
Injured person in which vehicle? SGK5613H
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

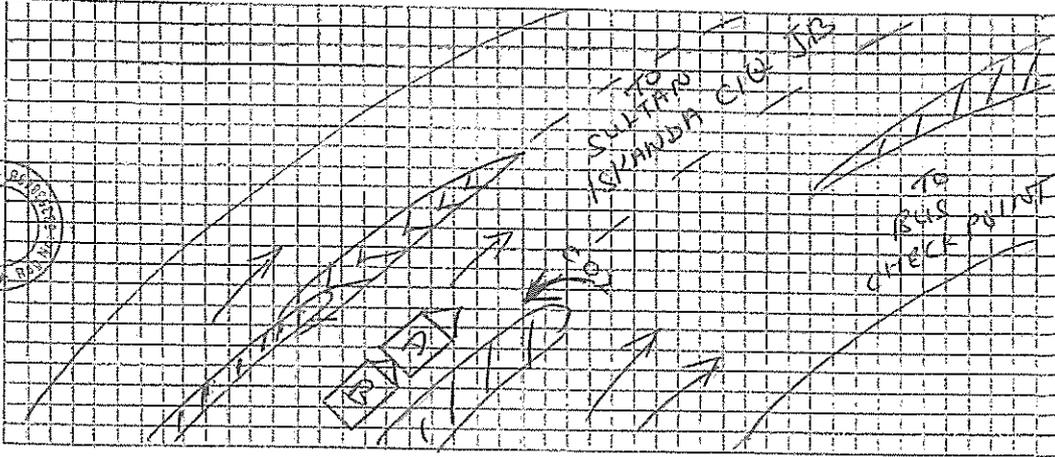
DETAILS OF INJURED PERSON 3

Name THASAMA D/O RENGAN
Approximate Age
Injuries Sustain BACK & NECK PAIN
Injured person in which vehicle? SGK5613H
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 4

Name NADARAJAN S/O VENKITACHALAM, RAJAGOPAL
Approximate Age
Injuries Sustain BACK & NECK PAIN
Injured person in which vehicle? SGK5613H
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/01/2019 at about 2305 hrs at Sultan Iskandar CIG
 Johor Bahru towards Singapore Woodlands Checkpoint.
 I was travelling on the lane CO2 before the Medaya
 Custom Checkpoint and when my front vehicle slow down
 and stop hence I follow suit. Suddenly I heard a loud
 bang from behind and when I alighted, I realised that it
 was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A)
 causing damages to my vehicle. I have 3 passengers inside
 my vehicle.

(A) SGK 5613 H
 (B) SJK 4707 S

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Name:
 Date & Time:

Driver's Signature
 (if driver is not the policyholder)
 Date & Time: 20 JAN 2019

IDAC KAKI BUKIT (VAL)
 23 Kaki Bukit Ave 4
 Singapore 415933
 Tel: 67416697 Fax: 67492301
 Email: vackb@sigonet.com.sg

Reporting Officer's Name:
 NRIC/FIN No.: