

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 : 13/02/19

To : AXA Insurance Singapore pte Ltd

Tel : 1800-8804741

Fax :

Email : motor.survey@axa.com.sg /
cst@axa.com.sg

By Fax & Email

vehicle in *

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. GBF76185 and 1A 8802E along
Woodlands Ave 1 towards Woodlands Drive 14 on 12/2/19

We are instructed by ASIA OCEAN PACIFIC (S) Pte Ltd (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. 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: _____

*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	13/02/2019 16:37
Date Of Accident	12/02/2019 18:20
Exact Location Of Accident	ALONG WOODLANDS AVE 1 TWDS WOODLANDS DR 14
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7618S
Insured/Policyholder	
Name Of Registered Owner	ASIA OCEAN PACIFIC (S) PTE LTD
Co Reg No	201205493W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96995110

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL

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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVC000007493-00-001
Cover Note Number	-

Driver

Name of Driver	JONATHAN TAN CHENG BOCK
NRIC No	S9547240J
Date Of Birth	23/12/1995
Occupation	OUTDOOR
Date Of Driving Pass	14/09/2017
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96995110
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 551 WOODLANDS DR 44 #04-52
 Postcode 730551
 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 -
 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) 1

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

PLEASE REFER TO ATTACHED STATEMENT.

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 PA8802E
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 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 JONATHAN TAN CHENG BOCK

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by
a ambulance?

Address

Postcode

NECK N BACK

GBF7618S

YES

NO

SKETCH PLAN

[illegible]

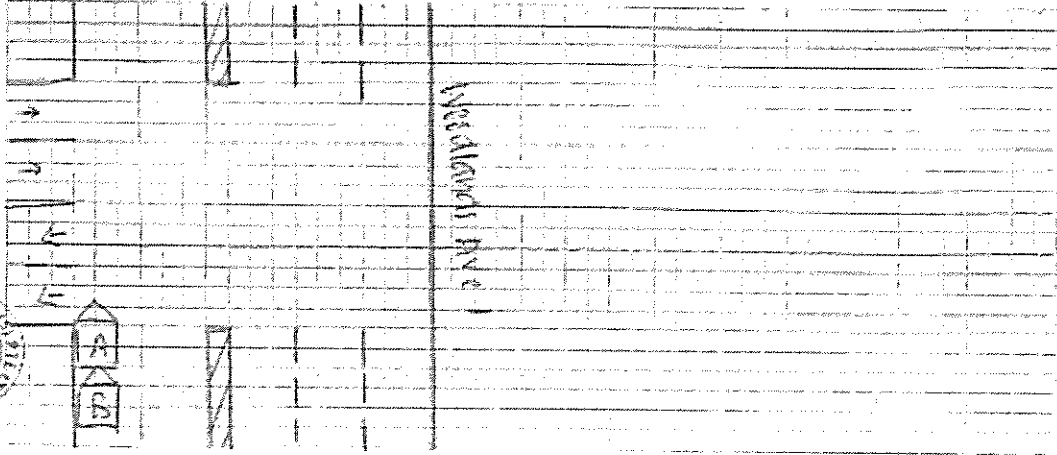
Handwritten signature: *Handwritten signature*

Accident Sketch Plan

Woodlands Drive 14

towards Woodlands Ave 4

SKETCH PLAN



10/10/2019 10:10:10

On 12/02/2019 at about 1820 hrs along Woodlands Avenue 1 towards Woodlands Drive 14. I was travelling on the extreme left lane while waiting for the pedestrian to cross.

Suddenly, I heard a loud bang from behind and when I awoke, I realised it was vehicle (B) who hit and my rear portion of my vehicle (A) causing damage to my vehicle.

(A) GBF761BS

(B) PA8802E

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

DECLARATION

I hereby declare that the information provided is true and correct.



Signature of Driver
Date

Signature of Driver
Date