# 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: $(3)02(19)$                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--|--|--|--|--|
| To: AXA MSNYANG Singapore P. Tel: 1800-8804741  Fex: Email: Motor. Survey@ axa. Com.sg  Cst @axa. Com.sg                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                |  |  |  |  |  |
| Atin: Motor Claims Department                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                |  |  |  |  |  |
| Dear Sir,                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                |  |  |  |  |  |
| Re: Accident involving motor vehicle Novallands Ave I rowards Woodlands                                                                                                                                                                                                                                                                                                                                                                                                   | Nos. GBF76185 and 198802E along on 12/2/18                                                     |  |  |  |  |  |
| We are instructed by ASIA OCEAN PROFIC (s) Pre 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 clien / 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FOR SURVEYOR                                                                                   |  |  |  |  |  |
| Yours faithfully.                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Please initial here after completion of pre-repair inspection. Thank you.  Appointed Surveyor: |  |  |  |  |  |
| MS. HENG YOKE HONG<br>HP: 9188 6931                                                                                                                                                                                                                                                                                                                                                                                                                                       | 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 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                                  |
| 19-2 <b>0-27</b> -07-07-05-5-19-19-19-19-19-19-19-19-19-19-19-19-19- | DETAILS OF OWN VEHICLE                     |

**GBF7618S** 

Vehicle Registration Number

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

COMMERCIAL

Are you claiming under your own insurance policy

for repair to your vehicle?

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  Actidress 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

Ve hicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

NO

NO

NO

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

Was any body injured in the Accident? YEŞ

Was any injured conveyed to hospital by NO am bulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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
Imjuries Sustain
Imjured person in which vehicle?
Vere seat belts worn?
Vas this injured conveyed to hospital by a mbulance?

Address Postcode NECK N BACK GBF7618S YES

NO

## Accident Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

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  - (3) My insurer, my workshop and the General Insurance Association of Singapore ("GIA"), may/are permitted to tot aid, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Fersonal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/flaw firms, the Mongrary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of singapore.
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# Accident Sketch Plan

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