

**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

#vehicle ins  
SLQ 8030D

Date : 27/2/19

To : FWD INSURANCE PTE LTD  
Tel : 6820 8588  
Fax :  
Email : motorclaims.sg @ fwd-com.

By Fax & Email

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. SLQ 8030D and SST 7564U along  
PIE towards Changi, before Steven Road exit on 27/2/19

We are instructed by MUHAMMAD AZAL BIN MD AMIN (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 YOK 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	27/02/2019 15:07
Date Of Accident	27/02/2019 10:30
Exact Location Of Accident	ALONG PIE TWDS CHANGI B4 STEVEN RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ8030D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD AIZAL BIN MD AMIN
NRIC No	S8323947F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81579341
Alternative Phone No	OTHERS-81579341

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00009002
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD AIZAL BIN MD AMIN
NRIC No	S8323947F
Date Of Birth	15/08/1983
Occupation	INDOOR
Date Of Driving Pass	10/05/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81579341
Fax Number	
Contact Number	OTHERS-81579341
EMail Address	NOEMAIL

Address	BLK 21 TEBAN GARDENS ROAD #28-119
Postcode	600021
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	NO
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**

PLS REFER TO THE 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

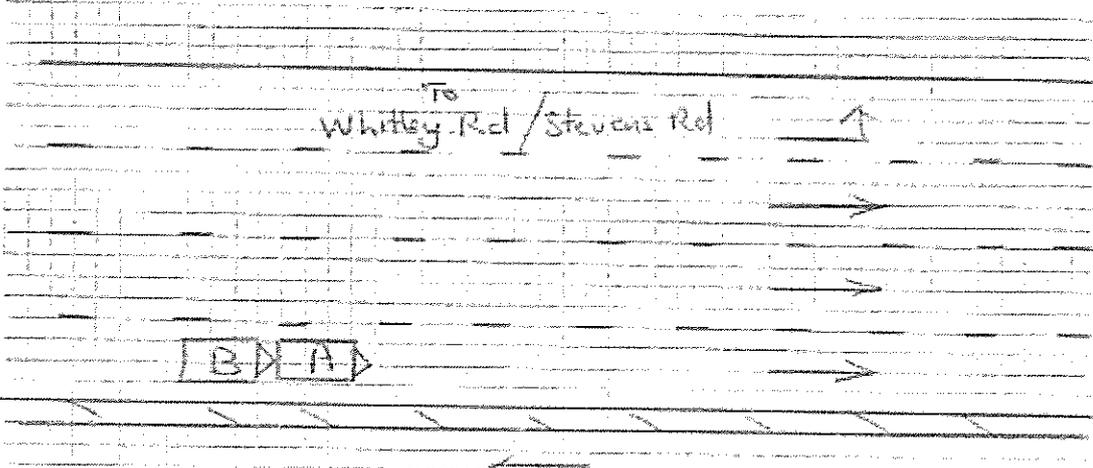
**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SJT7564U
Vehicle Make/Model/Colour	SUBARU IMPREZA
<b>Details Of Properties</b>	
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)	



Individual Statement

DIRECTION PLAN



DESCRIBE THE CIRCUMSTANCES OF THE ACCIDENT

On 27/02/2019 at about 10:30 hrs at along PIE towards Changi before Stevens Road Exit. I was travelling on the extreme Right Lane and when my front vehicle slow down and stop due to heavy traffic hence I follow suit. Suddenly I heard a loud bang from behind and when I alighted, I realised that it was Vehicle (B), he hit onto my Rear Portion of my Vehicle (A) causing damage to my vehicle.

(A) SLG 8030 D  
 (B) SJT 7564 U

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

We declare that the information provided is true and correct.

Witness's Signature  
 Date: 27/2/19

Driver's Signature  
 (If driver is not the policyholder)  
 Date: 27/2/19

*[Signature]* 27/02/19  
 Name: *[Name]*  
 No. of Policy: *[Number]*