

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 : 25/04/2019

To : ERGO (SHC Insurance Pte Ltd)
Tel : 6829 9170
Fax : 6829 9247
Email : claims@ergo.com.sg

* vehicle in

By Fax & Email

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. SME 5542P and YM 6129J along
Yishun Ave 1 towards Sektar west Link Beside on 24/04/2019
Camp Post 261

We are instructed by Supreme Insurance & Insurance 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	25/04/2019 14:59
Date Of Accident	24/04/2019 17:30
Exact Location Of Accident	YISHUN AVE 1 TWDS SELETAR WEST LINK BESIDE LP 261
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME5542P
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	HONDA
Model	FREED
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MJ001287-R01
Cover Note Number	
Driver	
Name of Driver	VENGUTU GOPI S/O KUMARA SHANKER
NRIC No	S7819626B
Date Of Birth	23/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	23/10/2000
Driving Experience	18 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85002239
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 212 BUKIT BATOK STREET 21 #02-249
Postcode	650212
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 - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

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

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	YM6129J
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	VENGUTU GOPI S/O KUMARA SHANKER
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Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SME5542P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. This document contains the details of the accident and should be filled out as soon as possible.
 2. This form must be completed in the presence of the Police Officer and the involved parties.
 3. Information provided must be accurate and complete as possible. Any false information provided will be treated as an offence under the Road Traffic Act (Cap. 377A), Singapore.
 4. The Police Officer will sign the document and the involved parties will sign the document and the document will be kept by the Police Officer.
 5. Any false information provided will be treated as an offence under the Road Traffic Act (Cap. 377A), Singapore.
- The report will be provided by the Police Officer to the relevant government agency (such as the Police, Insurance Corporation of Singapore, etc.) and the involved parties will be provided with a copy of the report and the document will be kept by the Police Officer.
6. The report will be provided to the relevant government agency (such as the Police, Insurance Corporation of Singapore, etc.) and the involved parties will be provided with a copy of the report and the document will be kept by the Police Officer.
 7. Consent under the Personal Data Protection Act (PDPA)
 - a) I, the insured, hereby agree, agree and consent that:
 - i) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, 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 Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - i) conducting an investigation and dealing with my claim, including the settlement of my claim and/or the future investigation and relating to the claim;
 - ii) investigating the accident and/or my claim;
 - iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or not to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/packets/packages), and/or;
 - v) dealing with applications for administration of my estate, including the settlement of my claim and/or the future investigation and relating to the claim.
 - b) I, the insured, hereby agree, agree and consent that:
 - i) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, 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 Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - i) conducting an investigation and dealing with my claim, including the settlement of my claim and/or the future investigation and relating to the claim;
 - ii) investigating the accident and/or my claim;
 - iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or not to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/packets/packages), and/or;
 - v) dealing with applications for administration of my estate, including the settlement of my claim and/or the future investigation and relating to the claim.



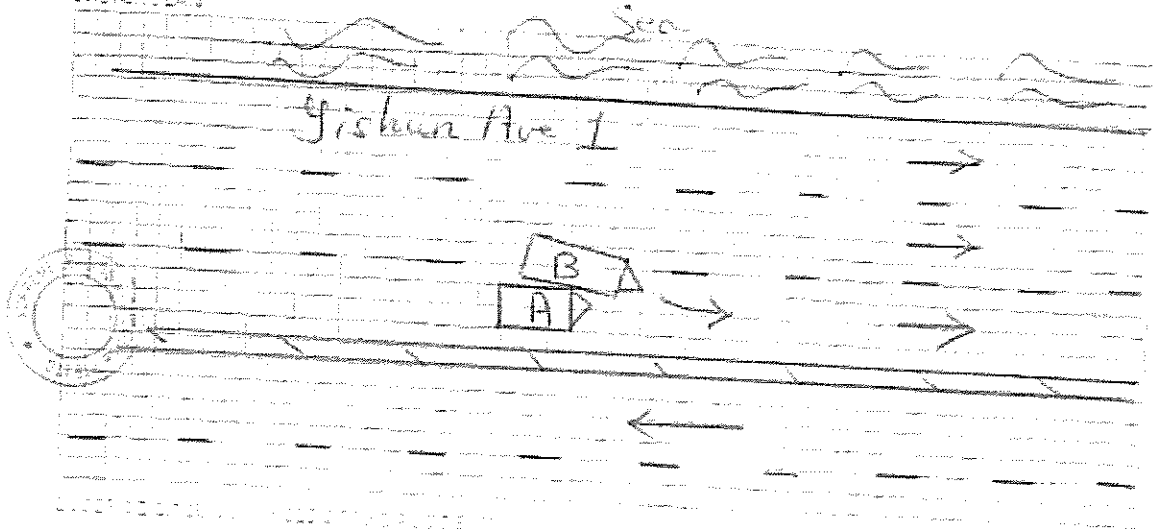
The insured, Signature
Date 1/1/19

The insured, Signature
Date 1/1/19

The insured, Signature
Date 1/1/19

Individual Statement

SKETCH PLAN



On 24/04/2019 at about 1730 hrs at along Yishuan Ave 1 towards Selat West Link (Lamp Post No: 261). I was travelling on the extreme Right Lane and suddenly a Vehicle (B) on my left veered into my lane without proper lookout and without cautions hence collided onto my whole left portion of my Vehicle (A) causing damages to my vehicle.

(A) SME 5542P
(B) YM 6129J

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 confirm the foregoing facts as true and correct.



[Signature]
Driver's Signature
(Please print name and policy no.)
Date & Time:

[Signature] 25/4/19
Accident Scene Witness Signature
Name
Relationship: