

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 : 08/05/19

To : Ergo 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. SH6 8830Z and GABD 13P3D along Bedok North Road towards PIE before bedok north on 08/05/2019
flyover

We are instructed by Koo Jing Kok (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 YUKE 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	08/05/2019 16:42
Date Of Accident	08/05/2019 07:40
Exact Location Of Accident	BEDOK NTH ROAD TWDS PIE B4 BEDOK NTH FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ8830Z
Insured/Policyholder	
Name Of Registered Owner	KOO TING KOK
NRIC No	S1178349Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98272288
Alternative Phone No	OFFICE-60000000
Vehicle Particulars	
Manufacturer	BMW
Model	420I-2.0 CABRIOLET SPORT (F33) (A)
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA324581/1
Cover Note Number	
Driver	
Name of Driver	KOO CHONG EN JOEL
NRIC No	S8835500H
Date Of Birth	19/09/1988
Occupation	INDOOR
Date Of Driving Pass	20/05/2010
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93863323
Fax Number	
Contact Number	OFFICE-60000000
EEmail Address	NOEMAIL

Address 30 JALAN SELAMAT
 Postcode 418558
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured CHILDREN
 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 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

Report please refer to sketch Plan

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 GBD7383D
 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)

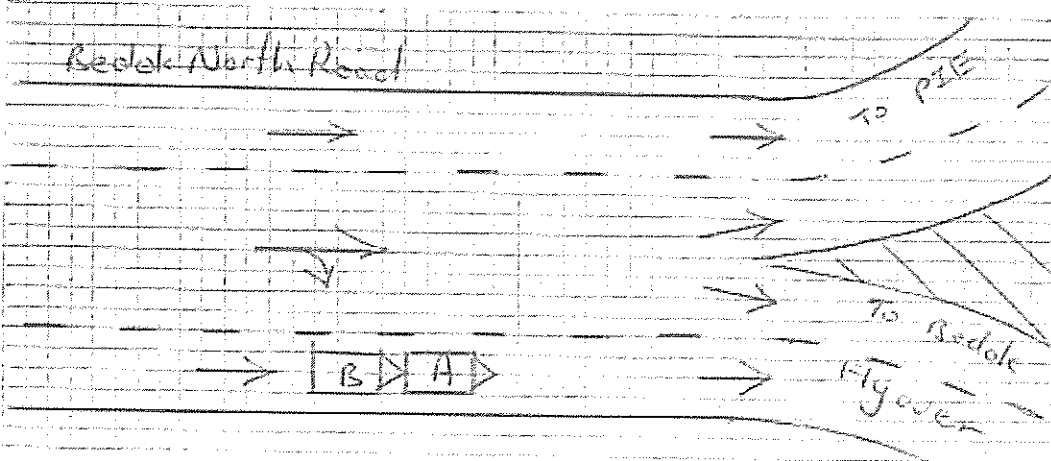
DETAILS OF INJURED PERSON 1

Name KOO CHONG EN JOEL

Approximate Age	31
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SKQ8830Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan #2

SKETCH PLAN



DESCRIPTION OF CIRCUMSTANCES OF THE ACCIDENT

On 08/05/2019 at about 0740 hrs at along Bedok North Road towards PIE before Bedok North Flyover, I was travelling on the extreme Right Lane and when I saw a vehicle on my left had the intention of changing lane as such I slow down my vehicle while exercise caution. 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 damage to my vehicle.

(A) SKQ 8830 Z

(B) GBD 7383 D


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 do declare and I am the person responsible for the report.

Insured's Signature
Date: 5/5/19


Driver's Signature
(If driver is not the policy holder)


Reporting Person's Signature
Name

Identification: Kenneth
57131809E