

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 no

9BJ 27444

Date : 13/05/2019

To : FWD Insurance Pte Ltd

Tel : 6880 8888

Fax :

Email : motorclaims.sg@fwd.com

By Fax & Email

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. 9BJ 27444 and SEP 8804E along
SLE towards BKE before Woodlands Ave 2 on 10/5/19

We are instructed by WOODLANDS 11 CAR RENTAL (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	13/05/2019 14:26
Date Of Accident	10/05/2019 15:45
Exact Location Of Accident	SLE TWDS CTE (BEFORE WOODLAND AVE 2)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ2744Y
Insured/Policyholder	
Name Of Registered Owner	WOODLANDS 11 CAR RENTAL
Co Reg No	53227415J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-60000000

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-2.8 D (A)
Exact Purpose for which vehicle was being used at time of accident	WORK 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VFX/P2260969
Cover Note Number	

Driver

Name of Driver	KUMARAN S/O TAMIL SELVAN
NRIC No	S9701533C
Date Of Birth	11/01/1997
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2018
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90071351
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 315 SERANGOON AVE 2 #03-216
Postcode	550315
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 - 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

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	SKP8504E
Vehicle Make/Model/Colour	
Details Of Properties	
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)	

DETAILS OF INJURED PERSON 1

Name	KUMARAN S/O TAMIL SELVAN
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Approximate Age	22
Injuries Sustain	BACK & NECK PAIN
Injured person in which vehicle?	GBJ2744Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report immediately the facts of the accident to proceed the claim process.
 2. This form must be completed by the Policyholder and/or the Authorized Insurer.
 3. Information provided must be truthful and verifiable as possible. Any willful misrepresentation or wilful withholding of material facts may affect insurance coverage to immediate policy lapsure.
 4. The Valid acceptance of this form by Insurance company is not an admission of any liability on the part of the insurance companies.
 5. Any false report may be referred to the Police for investigation.
 6. The report will be forwarded by the Insurer to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of the report will for a fee be made available upon application by interested parties.
 7. By the lodgment of this report to the Insurers, you hereby consent to the collection and use of your personal data and to the use of the report of the report being made available elsewhere.
 8. Consent under the Personal Data Protection Act (PDPA)
- I understand, acknowledge, agree and consent that:
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are 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) investigating, handling and/or dealing with my claims including the settlement of the claims and any necessary investigation relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (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 notices 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/mail packages; and/or
 - (v) complying with applicable law in administering, or dealing, handling and/or dealing with my claims (collectively the "Purposes");
 - (b) all insurer(s) who have insured vehicle(s) involved in the accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (c) my Personal Information may/are disclosed by any of the Insurers and/or GIA to their third party service providers or representatives (the Insurers' law firms, which may be located outside of Singapore), for one or more of the above Purposes;
 - (d) my Personal Information may/are collected and used to complete claim history for the purpose of fraud detection, investigation and management, research and all future claims;
 - (e) my Personal Information collected under this form may be stored in a cloud;
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purpose stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.



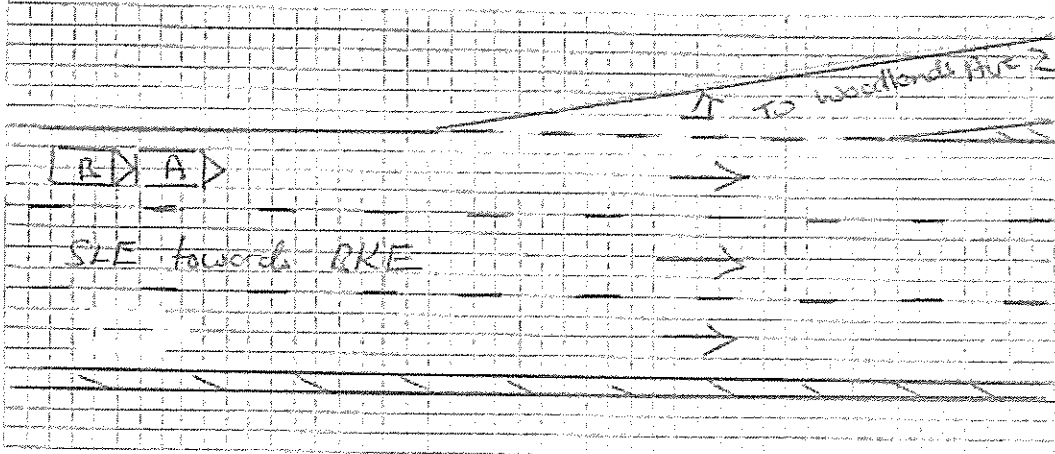
Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Ram
NRIC/PRN No: S7121824E

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/05/2019 at about 1545 hrs at along SLE towards RKE before Woodlands Ave 2 exit. I was travelling on the extreme left lane and when my front vehicle slow down and stop hence I follow suit. 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 damages to my vehicle.

(A) GBJ 2744Y

(B) SKP 8804 E

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 declare the foregoing particulars are true in every respect.



Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Person's Signature
Name:

ARCIEN No: 571318096