

MG SOLUTION PTE LTD

23 Kaki Bukit Ave 4 (South Wing) #02-03B
Vroom Inspection Centre, Singapore 415933

Tel: 6243 1373 Fax: 6243 1376

Co. Reg. No.: 201427944N

vehicle no

SK2 3039C

Date : 6/12/19

To : AXA INSURANCE SINGAPORE PTE LTD

Tel : 1800-8806741

Fax :

Email : motor-survey@axa.com.sg

By Fax & Email

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. SK2 3039C and PA 68352 along
Junction of Tampines Ave 5 & Ave 4 on 2/12/19

We are instructed by FONG HICK SWANG (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	05/12/2019 10:35
Date Of Accident	02/12/2019 11:45
Exact Location Of Accident	JUNCTION OF TAMPINES AVE 05 / AVENUE 04
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ3039C
Insured/Policyholder	
Name Of Registered Owner	FONG HICK SWANG
NRIC No	S0070519E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91789186
Alternative Phone No	OTHERS-91789186

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3 1.6A SX
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106732142
Cover Note Number	

Driver

Name of Driver	FONG HICK SWANG
NRIC No	S0070519E
Date Of Birth	22/03/1949
Occupation	INDOOR
Date Of Driving Pass	04/05/1974
Driving Experience	45 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91789186
Fax Number	
Contact Number	OTHERS-91789186
EMail Address	NOEMAIL

Address	BLK 915 #07-47 TAMPINES STREET 91 TAMPINES PALMSVILLE
Postcode	520915
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	SIDE SWIPE
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

REFER ATTACHED;

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	PA6835Z
Vehicle Make/Model/Colour	TOYOTA / HIACE 2.5 A
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

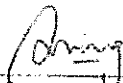
IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to reassess 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. The 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 lodging of this report to the Insurers, you hereby consent to the storing of this report at the centre and to copies of the report being made available if possible.

Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent to:

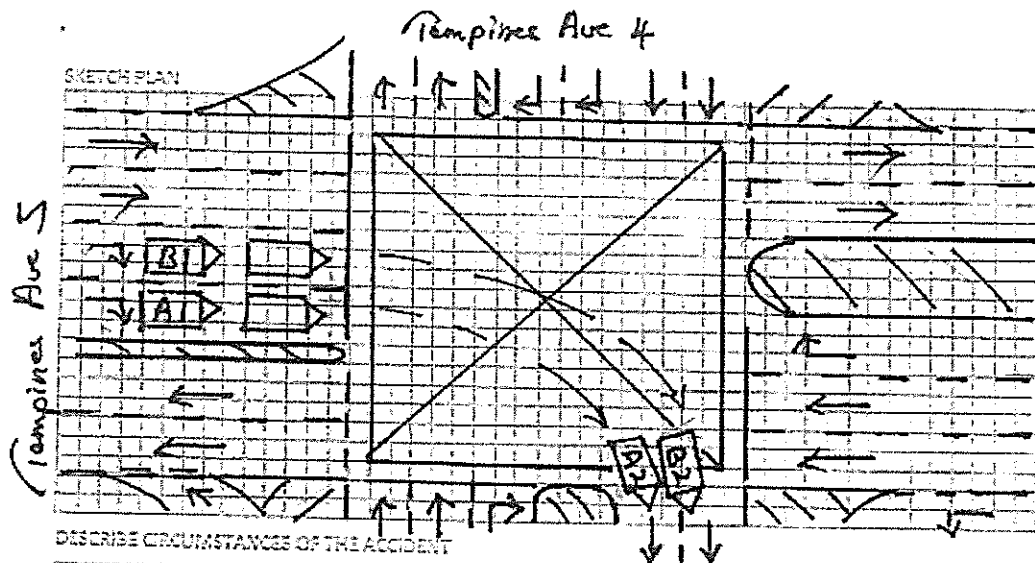
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this Form and any other personal information provided by me or possessed by my Insurer (collectively the "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) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations 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, processing, 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 be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purpose(s).
- (c) My Personal Information may be disclosed by any of the Insurers and/or GIA to their third party service providers or agents involved in their business activities, which may include staff of GIA, Insurers, Insurers' lawyers/law firms or their agents.
- (d) My Personal Information will be collected and used to settle my claims (including my personal data, statements, invoices, reports or notices, correspondence, correspondence, notices and all future claims).
- (e) The information collected, handled and/or processed may be shared with:
 - (i) 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 purposes 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:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackh@vicom.com.sg
Reporting Centre's Person(s) Signature
Name:
NRIC/IN No.:

Accident Sketch Plan



On 02/12/2019 at about 1144 hrs at Junction of Tampines Ave 5 and Tampines Ave 4. I was travelling on the extreme Right Lane along Tampines Ave 5 and came to a stop behind a vehicle at the above mentioned junction while waiting to turn Right into Tampines Ave 4 (Ave 7) and vehicle (B) was on my left. When the traffic light turns 'GREEN ARROW' as such I made my Right turn into Tampines Ave 4. While doing so, Vehicle (B) on my left veered into my lane without proper lookout and without caution hence collided onto my left Front Portion of my Vehicle (A) causing damages to my vehicle.

(A) SKZ 303PC

(B) PA 6835 Z

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 hereby declare the foregoing particulars are true and correct.

Signature
Date & Time

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vacb@vicom.com.sg

Reporting Centre Person's Signature
Name:
NRIC/Pass No: