

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 : 16/12/2019

To : AXA INSURANCE SINGAPORE PTE LTD

Tel : 800 - 880 4741

Fax :

Email : motor.survey@axa.com.sg

Vehicle In

By Fax & Email

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. SMN3029K and SGD38040 along  
Airport Road towards Macpherson before Ubi on 13/12/19  
Rd 2.

We are instructed by WEIDA LOGISTICS AND SUPPLY (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	16/12/2019 17:04
Date Of Accident	13/12/2019 18:15
Exact Location Of Accident	ALONG AIRPORT RD TWDS MACPHERSON
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN3029X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WEIDA LOGISTICS & SUPPLY
Co Reg No	53338385D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-999999999

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE

Exact Purpose for which vehicle was being used at time of accident	WORK
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Are you claiming under your own insurance policy for repair to your vehicle?	NO
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	PRIVATE HIRE
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### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29131923 MCX

Cover Note Number	
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### Driver

Name of Driver	SOH KIM YONG @ LEOW KAH HOCK
NRIC No	S0835560F
Date Of Birth	03/03/1950
Occupation	OUTDOOR
Date Of Driving Pass	05/02/1972
Driving Experience	47 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87783921

Fax Number	
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Contact Number	
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EEmail Address	NOEMAIL
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Address	BLK 180C MARSILING ROAD #21-2228
Postcode	733180
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SOLE-PROPRIETOR
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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKOWN GENDER: : MALE

#### 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?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD3504D
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	SOH KIM YONG @ LEOW KAH HOCK
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SJD3504D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

2000年12月29日

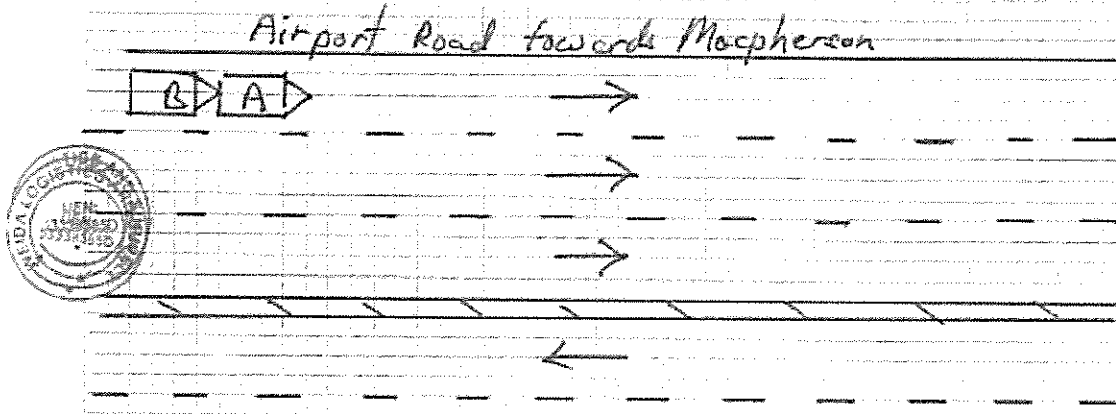
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S. A. King & Co.

16/12/19

# Individual Statement

SKETCH PLAN



RESTATE CIRCUMSTANCES OF THE INCIDENT

On 13/12/2019 at about 1815 hrs at along Airport Road towards Macpherson before Ubi Rd 2. I was travelling on the extreme left lane and when my front vehicle slow down and stop due to heavy traffic hence I follow suit. Moment later, I felt a great impact from the Rear 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.

CA) SMN 3029 X

(B) SJA 3504 D

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim. Please refer to your policy for more information.

DECLARATION



Sgt. Kim Xuan

(Signature)  
(For identification only)

16/12/19

(Signature)  
(For identification only)