# MG SOLUTION PTELTD

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		;		
70	: AXA	INSURANCZ	SINGAPORE	MELLO	

\* rehicle In

Tel: (200-880 4741.

. By Fax & Email

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Email: huter. Surve 10 axa. (or. Sa)

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. SMN 3024 and SID 35040 along Airport Road towards Machines on before Usi on 13/12/19

We are instructed by \_\_\_\_\_\_ WE (i) A \_\_\_\_\_ Lugury (S Avn) 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 I customer's vehicle has been damaged. Before our client I 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 I we shall proceed to repair the vehicle without further reference to you.

Thank you.

Yours faith Solur

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? \*

MNA119165499 / National Assessment Centre Services - Ubi ENTRY DATE & TIME: 16/12/2019 17:04 SUBMITTED BY: Roslinda Binte Abdul Wahab

# 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 witholding 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.

COMPANY OF THE PROPERTY OF THE	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
Insured/Policyholder	
Name Of Registered Owner	WEIDA LOGISTICS & SUPPLY
Co Reg No	53338385D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29131923 MCX
Cover Note Number	
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

Contact Number

EMail Address NOEMAIL

BLK 180C MARSILING ROAD Address

#21-2228

Postcode 733180

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - SOLE-PROPRIETOR

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)

2 involved in the accident

Was any body injured in the Accident? YES Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

NO

5

: UNKNOWN

: MALE GENDER:

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?

Was there any video captured by Car Camera?

YES 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

### Accident Sketch Plan

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