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: 10/02/2020				
TO: AXA INMANU SINGAPOR 1240 Tel: 1800 - 800 4741 Fax: 6880 4740 Email: CMO axa-coms	. Ltd	* Vehicle In By Fax & Email		
Attn: Motor Claims Department Dear Sir,				
Re: Accident involving motor vehicle in Stip road from PIE (changi) towards	Nos. SLR 6529R and Gt	$\frac{3(17900 \text{ along})}{07/02/2020}$		
We are instructed by ALJ (6nfortium Pte Ltd (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.	FOR SURVEYOR			
MG 5	Please initial here after complinspection. Thank you. Appointed Surveyor: (Name & Signature)			
MS. HENG YOKE HONG HP: 9188 6931	Date & Time of Inspection:			

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 reputiate 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. Bythe 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	10/02/2020 16:55			
Date Of Accident	07/02/2020 15:15			
Exact Location Of Accident	SLIP RD FROM PIE(CHANGI) TWDS UPP CHANGI RD NORTH			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SLR6529R			
Insured/Policyholder				
Name Of Registered Owner	ALS CONSORTIUM PTE LTD			
Co Reg No	2XXXXX904K			
Email Address	NOEMAIL			
Mobile Phone No				
Alternative Phone No	OFFICE-83838816			
Vehicle Particulars				
Manufacturer	TOYOTA			
Model	PRIUS			
Exact Purpose for which vehicle was being used a time of accident	t COMMERCIAL			
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	TOKIO MARINE INSURANCE SINGAPORE LTD			
Type Of Coverage	COMPREHENSIVE			
Fleet Policy	NO			
Policy Number	19-MI001310-R02			
Cover Note Number				
Driver				
Name of Driver	LIM CHOO SUA			
NRIC No	SXXXX813D			
Date Of Birth	01/01/1947			
Occupation	OUTDOOR			
Date Of Driving Pass	17/03/1971			
Driving Experience	48 YEARS AND 10 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-96847558			
Fax Number				

NOEMAIL

Address 135 LOYANG RISE

Postcode 507466

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

V*e*hicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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?

Was any other material or property damaged? YES

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

NO

NO

Number of Passengers (Including Driver)

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?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBC1790G

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)

Accident Sketch Plan



SKETCH PLAN

IMPORTANT NOTICE

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 - (iii) carrying but and/at dealing with my instructions or responding to any engagies by mes
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 - (ii) for complying with facture ments under any regulations, laws or court orders.

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Accident Sketch Plan

SKETCH PLAN

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	3) GBC 1790		
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