

Specialist in repairing of Motor  
Vehicles, Welding, Spraying,  
Painting Car, Insurance Agent

德顺摩哆喷漆厂  
**TEK SOON MOTOR REPAIR & SPRAY PAINTING**  
Autobay @ Kaki Bukit, 1 Kaki Bukit Avenue 6, #01-93/95, Singapore 417883  
Tel: 67475484, Fax: 67466822  
Reg No. 252083/00-L

本 汽  
号 车  
精 货  
工 丰  
修 兼  
理 打

**FACSIMILE TRANSMITTAL**

DATE: 23/5/2018	ATTN TO: (MOTOR CLAIMS DEPT)
TO : INDIA INT'L INS PTE LTD	
ATTN: The Officer-in-charge	NUMBER OF PAGES
FROM: TEK SOON MOTOR REPAIR & SPRAY PAINTING	
SUBJECT: ACCIDENT ON <u>18/5/2018</u> INVOLVING YOUR INSURED' S VEHICLE	
<u>SIK 2556 Z</u> AND OUR CLIENT' S VEHICLE <u>SIQ 622 Y</u>	
ALONG <u>MCE TWDS ECP AT P23M MARK</u>	

We fax herein the relevant documents to you.

Kindly look into it and arrange for survey as soon as possible.

Thank you.

PLEASE CALL BACK TEL: 67475484 OR H/P: 81232600



21/05 2018 MON 15:52 FAX

001/009

MBME18066056 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 21/05/2018 16:01  
SUBMITTED BY: Chie Pui Ying

## 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 ability.
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 21/05/2018 16:01  
Date Of Accident 18/05/2018 17:30  
Exact Location Of Accident MCE TWDS ECP AT P23M MARK  
Country/State of Loss SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SJQ622Y  
**Insured/Policyholder**  
Name Of Registered Owner ANAND S/O N KANAGASABAI  
NRIC No S6947084Z  
Email Address ANAND@SAMUDERA.ID  
Mobile Phone No (LOCAL) +65-96815189  
Alternative Phone No OFFICE-96815189

**Vehicle Particulars**  
Manufacturer SUZUKI  
Model SX4

Exact Purpose for which vehicle was being used at time of accident

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 AXA INSURANCE PTE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number GA098602

Cover Note Number

**Driver**

Name of Driver ANAND S/O N KANAGASABAI  
NRIC No S6947084Z  
Date Of Birth 15/04/1969  
Occupation INDOOR  
Date Of Driving Pass 15/07/2005  
Driving Experience 12 YEARS AND 10 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-96815189  
Fax Number  
Contact Number OFFICE-96815189  
Email Address ANAND@SAMUDERA.ID

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Address BLK 647 PASIR RIS DRIVE 10 #05-48  
 Postcode 510647  
 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 -  
 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 Involved in the accident  
 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? YES  
 If Yes, Please state which Police Station  
 Police Station Name BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE  
 Police Station Address ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-2449999 - FAX NO: 62447258  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

REFER TO POLICE REPORT: T/20180519/2063.

**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 SJK2556Z  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category PRIVATE CAR  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage

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No. Of Passenger (Including Driver)

## DETAILS OF INJURED PERSON 1

Name

ANAND S/O N KANAGASABAI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SJQ822Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode