

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

vehicle no
SLN 6702C

Date : 28/10/2020

To : CON PAC INSURANCE BHD

By Fax & Email

Tel : 6250 7388

Fax : 6296 2706

Email : geraldpo@longpac.com / int-claim@longpac.com

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. SLN 6702C and 639 5621G
along Woodlands Ave 12 towards Gambas Ave before on 28/10/2020
Woodlands Ave 5

We are instructed by MA SYUOI BIN MASDAR (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,



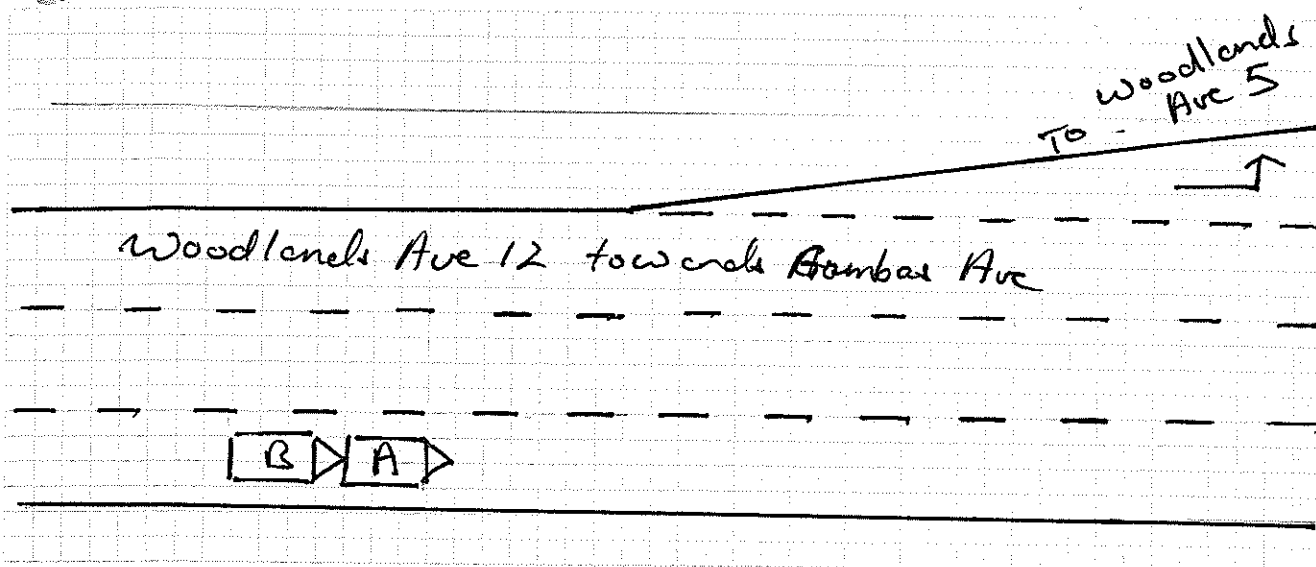
MS. HENG YOKE HONG
HP: 9188 6931

FOR SURVEYOR

Please initial here after completion of pre-repair
inspection. Thank you.

Appointed Surveyor: _____
(Name & Signature)

Date & Time of Inspection: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/10/2020 at about 0850 hrs at along Woodlands Ave 12 towards Gambas Ave before Woodlands Ave 5.

I was travelling on the extreme Right lane and when my front vehicle slow down and stop hence I follow suit.

Suddenly 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. I have two passengers inside my vehicle.

(A) SLN 6702C

(B) GGG 8621U

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/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: