

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 : 11/3/2021

a vehicle in #

SJU 153m

To : Sampo Insurance Singapore PTE LTD

Tel : 6461 6555

Fax : 6221 3147

Email : motorSurvey@Sampo.com.sg

By Fax & Email

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. SJU 153m and FBP 1449A
along AYE towards City beside Alexandra Exit. on 28/2/2021

We are instructed by SEE CHEM TECK (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 YOK 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: _____

SKETCH PLAN

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. The 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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

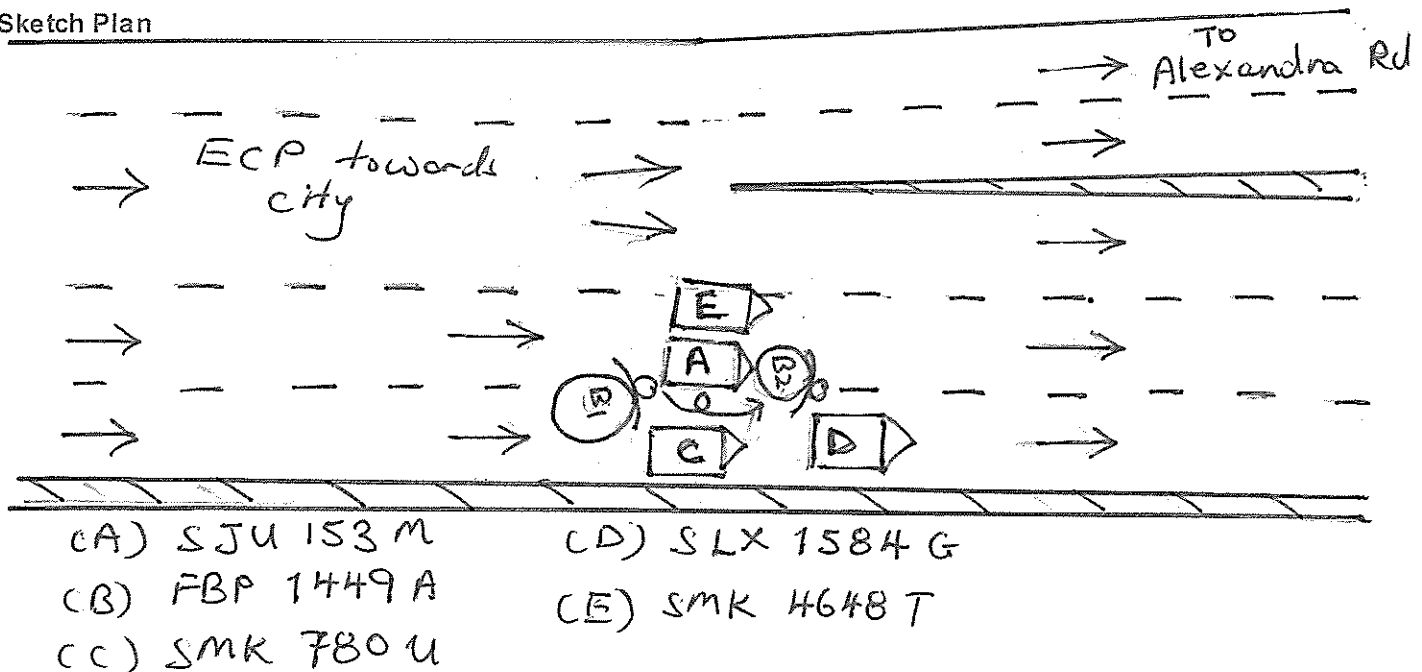
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

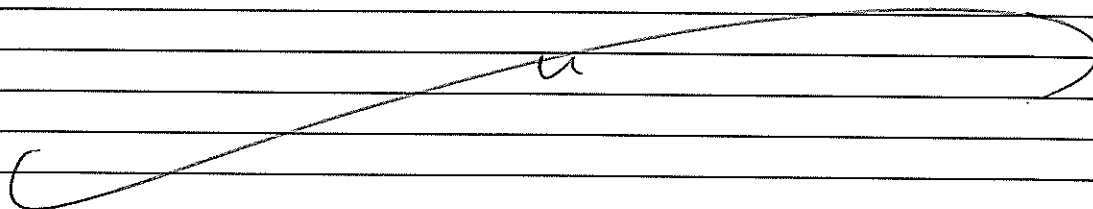


Describe Circumstances of the Accident

Refer to Police Report :-

Report No :-

T/20210301/7006



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

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20210301/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210301/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/03/2021 11:19		Vide Report No.: D/20210227/0072		Station Diary No.:	
Informant's Particulars					
Name of Informant: SEE CHENG TECK			Address: 512 WOODLANDS DRIVE 14 #04-77 SINGAPORE 730512		
ID Type / ID No.: NRIC NO / S1521839H			Contact No.: Home/Office: Mobile: 96182744		
Nationality: SINGAPORE CITIZEN			Email: WATERMAN_SHAUN@YAHOO.COM.SG		
Sex: Male	Age: 58	Date of Birth: 17/10/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/02/2021 12:40	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
(B) FBP1449A	Motorcycle					0
(A) SJU153M	Car	TOYOTA	WISH 2.0 AUTO	White		0
(D) SLX1584G	Car					0
(E) SMK4648T	Car					0



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T/20210301/7006

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Report No. T/20210301/7006

CONTINUATION OF REPORT

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No. of
SMK780U	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU153M	NTUC Income Insurance Co-Operative Limited	5094992805-03	12/11/2020	11/11/2021

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	Unknown Rider	ID No.	NIL
Related Vehicle	FBP1449A (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	SEE CHENG TECK	ID No.	S1521839H
Related Vehicle	SJU153M (Car)	Contact No.	96182744
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

ON 27/02/2021 AT ABOUT 1240HRS AT ALONG AYE TOWARDS CITY BESIDE ALEXANDRA EXIT, I WAS TRAVELLING ON THE EXTREME RIGHT LANE AND WHEN MY FRONT VEHICLE SUDDENLY STOPPED HENCE I TRY TO FOLLOW SUIT BUT WAS TOO CLOSE AS SUCH I TRY TO AVOID THE COLLISION, I VEERED OUT TO THE LEFT.

WHILE DOING SO, A VEHICLE (B) AT MY REAR ALSO COULDN'T STOP IN TIME AND COLLIDED ONTO MY REAR RIGHT PORTION OF MY VEHICLE (A) AND SQUEEZE THROUGH BETWEEN MY VEHICLE (A) AND VEHICLE(C) AND COLLIDED ONTO THE REAR PORTION OF VEHICLE (D). WHILE MY VEHICLE (A) VEERED OUT TO THE LEFT TO AVOID THE COLLISION WITH VEHICLE (C). A VEHICLE (E) ON MY LEFT CAME AND HIT ONTO MY LEFT SIDE MIRROR AND ALSO MY



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Report No. T/20210301/7006

CONTINUATION OF REPORT

FRONT LEFT PORTION OF MY VEHICLE (A). TOTAL 5 VEHICLES INVOLVED IN THIS ACCIDENT. I HAVE ONE PASSENGER INSIDE MY VEHICLE.

- (A) SJU153M
- (B) FBP449A
- (C) SMK780U
- (D) SLX1584G
- (E) SMK4648T



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Report No. T/20210301/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/03/2021 11:19
Officer In Charge Of Case: TP / TPIB / JOFILIANO BIN MOHAMED ALI Contact No.: 65476960	Classification Of Case:

Authentication Stamp

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