

**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

26/3/2021  
Date : .....

To : AXA INSURANCE SINGAPORE PTE LTD By Fax & Email  
Tel : 1800 - 880 4741  
Fax :  
Email : motor-survey@axa.com.sg

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. SJB 6008B and SMB 3421T  
along Junction of Changi Road & Joo Chiat Road on 25/3/2021

We are instructed by ABDUL RAZAK BIN MD YATIM (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: \_\_\_\_\_

## 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

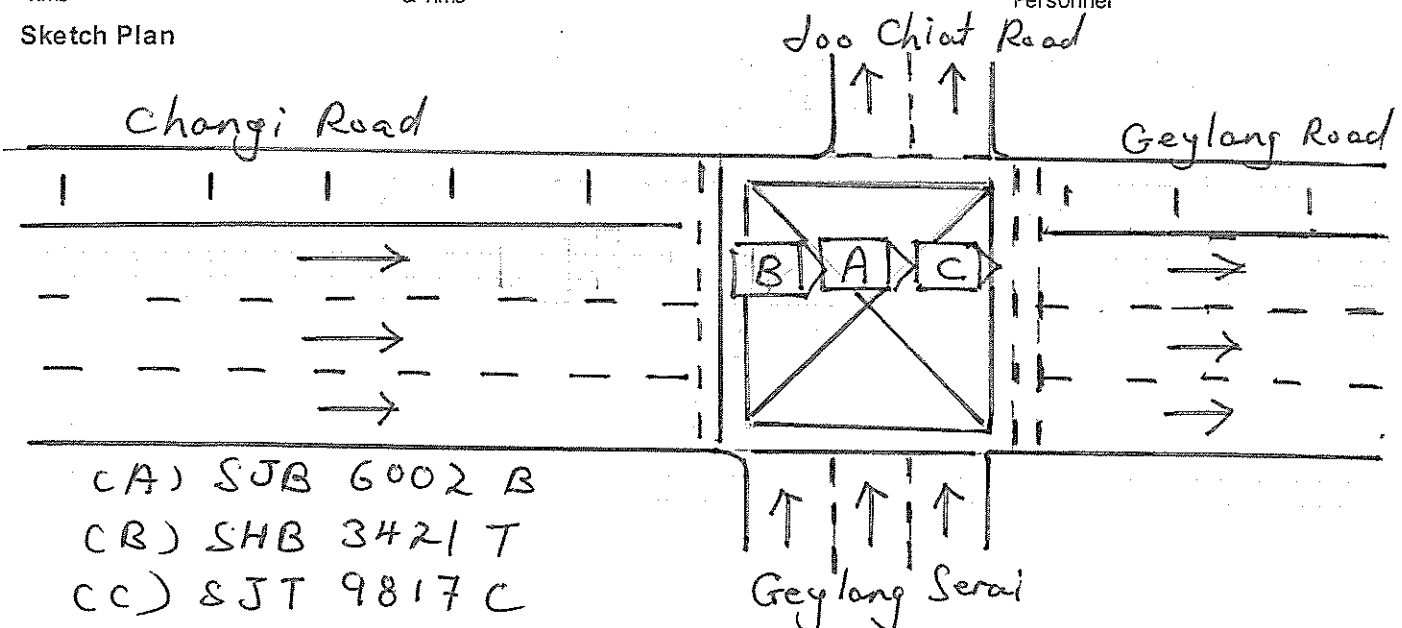
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

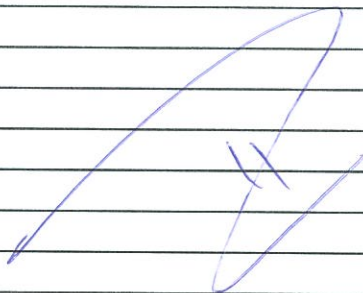
Witnessed by Reporting Centre Personnel

Sketch Plan



**Describe Circumstances of the Accident**

Attached -  
TP Police report no: 7/20210325/7029



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.

A handwritten signature in blue ink, located on the left side of the signature line.

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/20210325/7029

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

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Report No. T/20210325/7029

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/03/2021 16:41		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ABDUL RAZAK BIN MD YATIM			Address: 920 JURONG WEST STREET 92 #13-79 SINGAPORE 640920		
ID Type / ID No.: NRIC NO / S1495229B			Contact No.: Home/Office: Mobile: 97332253		
Nationality: SINGAPORE CITIZEN			Email: abdulrazak.ar817@gmail.com		
Sex: Male	Age: 60	Date of Birth: 11/02/1961	Type of Informant: Driver		
Race: Malay		Language: English		Institution / School Name:	
Occupation: PRIVATE HIRER		Driving Licence Information: Class: Date of Expiry:			

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/03/2021 12:20	Type of Location: T-Junction
Location:  CHANGI ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHB3421T	Car					0
SJB6002B	Car	HONDA	STREAM 1.8 A	Black		0
SJT9817C	Car					0



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

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJB6002B	NTUC Income Insurance Co-Operative Limited	5118699287	28/08/2020	27/08/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ABDUL RAZAK BIN MD YATIM	ID No.	S1495229B
Related Vehicle	SJB6002B (Car)	Contact No.	97332253
Hospital/Clinic	BALKIS FAMILY CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	25/03/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

On 23/03/2021 at about 1220 hours at before junction of Changi Road and Joo Chiat Road towards Geylang Road beside Joo Chiat Complex.

I was travelling on lane 3 and my front vehicle slow down and stop due to heavy traffic hence I follow suit.

Suddenly, I heard a loud bang from behind and the impact forced my vehicle (A) to move forward to hit onto the rear portion of Vehicle (C). When I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my front & rear portion of my vehicle. It was a chain collision of total 3 vehicles involved. I have 3 days MC for my injury.

(A) SJB6002B

(B) SHB3421T

(C) SJT9817C



**SINGAPORE  
POLICE FORCE**



T/20210325/7029

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

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Report No. T/20210325/7029

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAY CHUN KEEN  
Contact No.: 65476229

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
25/03/2021 16:41

Classification Of Case: