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 : 6/4/21

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.** SMQ 7862 **and** SHA 23455

along DUNEARN ROAD TOWARDS CITY **on** 3/4/2021

We are instructed by DICKSON AUTO SOLUTION 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.

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: _____

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 witholding 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. 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 the 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 Submission	05/04/2021 10:05 (SGT)
Date of Accident	03/04/2021 20:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	DUNEARN ROAD TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ7261Z

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DICKSON AUTO SOLUTION PTE LTD
Company Reg No	201624081Z
Email Address	POON@DACC.COM.SG
Mobile Phone No	(Phone) +65-83897984
Alternative Phone No	+65-83897984

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No – Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5112378074-01
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD SHAZALI BIN ABDUL RASHID
NRIC No	S8441621E

Date Of Birth	25/12/1984
Occupation	Indoor
Date Of Driving Pass	25/07/2007
Driving experience	13 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83897984
Alt. Phone Number	-
Email Address	SHAZALI21@HOTMAIL.COM
Address	15 CANBERRA DRIVE
Address complement	#06-32
Postcode	768073
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	Advise to submit to motorvideo@income.com.sg
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD4007K
Vehicle Manufacturer	Fiat
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ABHILASH CHUNGATH
NRIC No	S7860036E
Contact Number	(Phone) +65-90176121

Address -
Address complement -
Po stcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number   SHA2345S
Vehicle Manufacturer   -
Vehicle Model   -
Vehicle Variant   -
Vehicle Colour   -
Vehicle Category   Taxi
Name of Driver   MOHAMAD ISMAIL BIN HAJI ASMAWI
NRICNo   S0166161B
Contact Number   (Phone) +65-84682590
Address   -
Address complement   -
Postcode   -
Insurance Company Name   -
Nature Of Damage   -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 1

SKETCH PLAN

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7. By the lodgment 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' lawyers/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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

   (e) the information so collected under (d) above may be shared / disclosed:

   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or

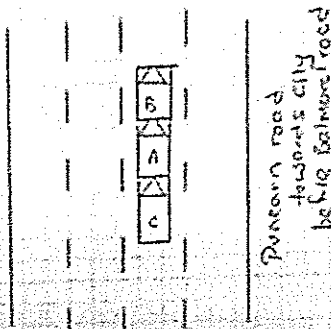   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: O5 O4 2021
0930HRS

Driver's Signature
(if driver is not the policyholder)
Date & Time: O5 O4 2021
0930HRS

Reporting Centre Personnel's Signature
Name: SHAN
NRIC/FIN No.: S9905U9

SKETCH PLAN

A - SMQ7261?
B - GBD4007K
C - SHB2345S

Puncan road
towards city
be fize Balmore road

B
A
C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3rd April 21 at 2000hrs, I was driving along Duncan Road towards City.
I slowed down and stopped at the junction of Balmoral Road as it was
red light.
I felt an impact on my left back and made my vehicle moved forward
and hit the van in front.

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

Policyholder's Signature
Date & Time   05.04.2021
              0930HRS

Driver's Signature
(if driver is not the policyholder)
Date & Time   05.04.2021
              0930HRS

Reporting Centre Personnel's Signature
Name: SHAN
NRIC/FIN No.: S990349