

MG SOLUTION PTE LTD

23 Kaki Bukit Ave 4 (South Wing) #04-01
Vicom Inspection Centre, Singapore 415933
Tel: 6243 1373 Fax: 6243 1376
Co. Reg. No. : 201427944N

Date : 10/8/21

To : AXA Insurance Singapore Pte Ltd By Fax & Email
Tel : 1800-8804741
Fax :
Email : Motor-Survey@axa.com.sg

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. SLT 4531K and GBC 9972X
along at before Junction of Ang Mo Kio Ave 1 and on 07/8/21
Ang Mo Kio Ave 10

We are instructed by SEE BEAN SENH (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

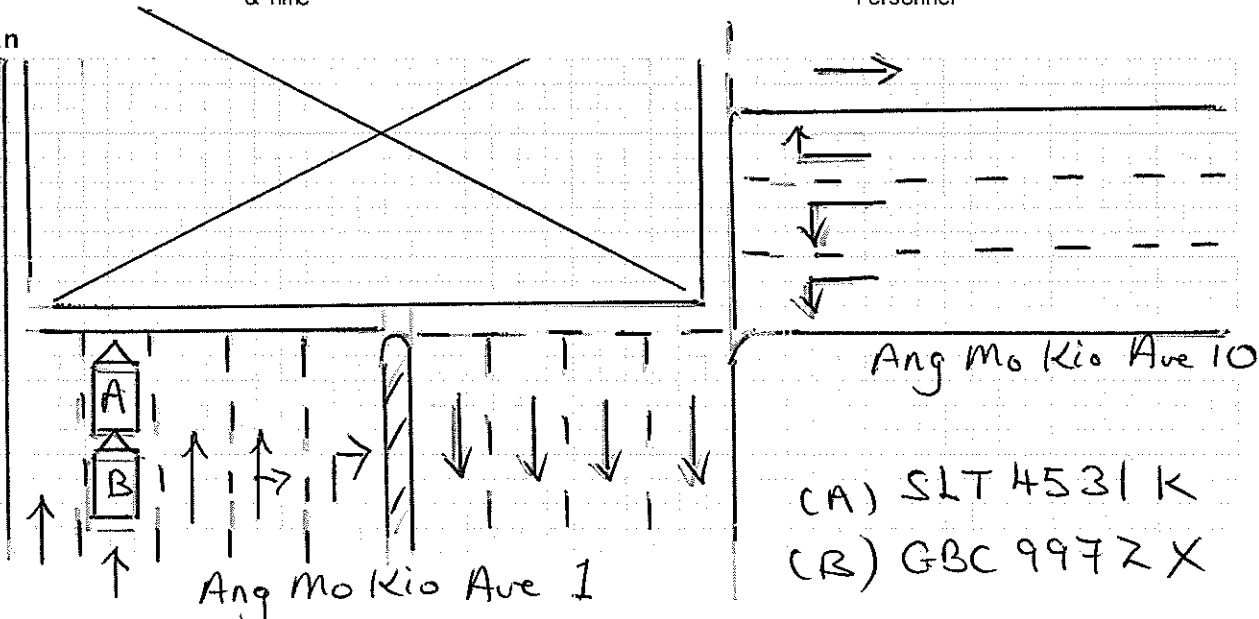
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

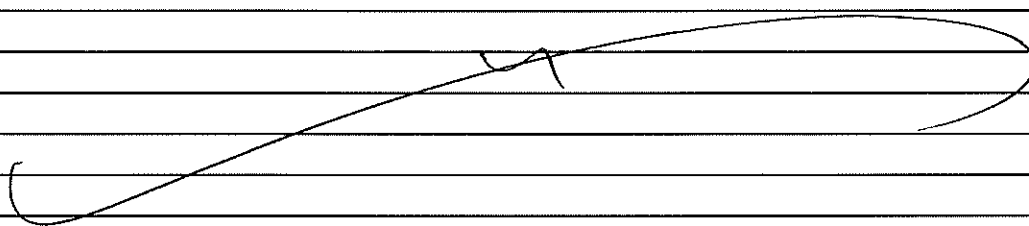


Describe Circumstances of the Accident

Refer to Police Report

Report No:-

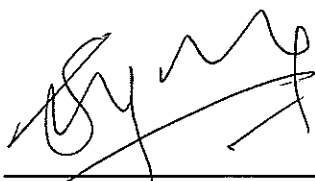
T/20210810/7007



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

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/20210810/7007

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

1 of 3

Report No. T/20210810/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2021 12:11		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SEE BENG SENG			Address: 205 ANG MO KIO AVENUE 1 #05-1081 SINGAPORE 560205		
ID Type / ID No.: NRIC NO / S1640701A			Contact No.: Home/Office: Mobile: 96582956		
Nationality: SINGAPORE CITIZEN			Email: bssee4acc@gmail.com		
Sex: Male	Age: 57	Date of Birth: 13/07/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Director			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/08/2021 21:45	Type of Location: T-Junction
Location: ANG MO KIO AVENUE 1				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		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
GBC9972X	Van					0
SLT4531K	Car	TOYOTA	C-HR HYBRID 1.8G CVT	Silver		0



**SINGAPORE
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T/20210810/7007

Police Station Of Origin:
Traffic Police
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Tel No: 65470000

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Report No. T/20210810/7007

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT4531K	AXA INSURANCE SINGAPORE PTE LTD	GA555834	30/10/2020	29/10/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEE BENG SENG		ID No. S1640701A
Related Vehicle	SLT4531K (Car)		Contact No. 96582956
Hospital/Clinic	T M AUW CLINIC		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	10/08/2021		Date NIL
No. of Days granted Medical Leave		05	Degree of Serious

Brief Details.

ON 07/08/2021 AT ABOUT 2145 HRS, I WAS TRAVELLING AT BEFORE JUNCTION OF ANG MO KIO AVE 1 AND ANG MO KIO AVE 10. I WAS TRAVELLING ON THE 2ND LANE FROM THE LEFT ALONG ANG MO KIO AVE 1 TOWARDS BISHAN ROAD AND CAME TO A STOP BEFORE THE RED TRAFFIC LIGHT AT THE ABOVE MENTIONED JUNCTION. MOMENT LATER, I FELT A GREAT IMPACT FROM THE REAR AND WHEN I ALIGHT, IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 5 DAYS MC FOR MY INJURY.

- (A) SLT4531K
(B) GBC9972X



**SINGAPORE
POLICE FORCE**



T/20210810/7007

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

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Report No. T/20210810/7007

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.: 65476436

Authentication Stamp

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

Date/Time:
10/08/2021 12:11

Classification Of Case: