# MG SOLUTION PTE LTD

23 Kaki Bukit Ave 4 (South Wing) #04-01 Vicom Inspection Centre, Singapore 415933 Tel: 6243 1373 Fax: 6243 1376

GST. Reg. No.: 201427944N

Date:				
TO: AXA INSURANCE SINGAPORE  Tel: (800 - 880 4741  Fax:  Email: motor.survey@axa.com.sg	E PTE LTD By Fax & Email			
Attn: Motor Claims Department  Dear Sir,				
Re: Accident involving motor vehicle N  JUNTION OF ANG MO KIO AVE I AND A	os. SDY 1311S and SHA6585P along			
We are instructed byCHWA CHOR to notify you of a road traffic accident on the Accident Statement / Traffic Police Report fil	above mentioned. A copy of the Singapore			
As a result of the accident, our client's / customer's vehicle has been damaged. Before our clien / we proceed to repair the damaged vehicle, please let us know within <b>2 working days</b> of your receipt of this notice whether you or your insurer would like to conduct a <b>Pre- Repair Survey</b> 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.	FOR SURVEYOR			
Yours taithfully,	Please initial here after completion of pre-repair inspection. Thank you.  Appointed Surveyor:(Name & Signature)			
MS. HENG YOKE HONG HP: 8121 1373	Date & Time of Inspection:			

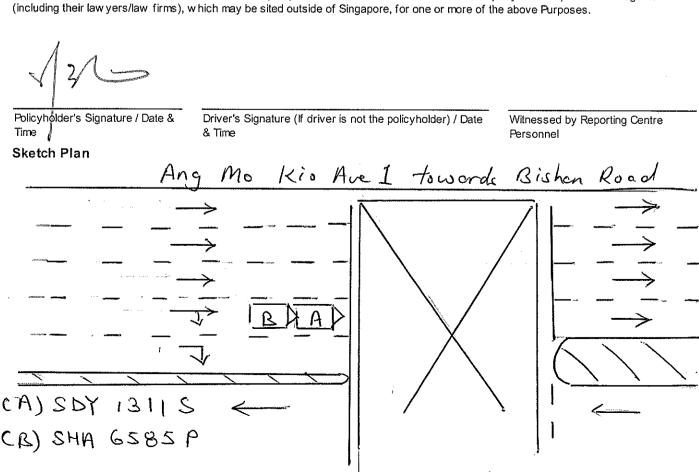
#### **SKETCH PLAN**

## 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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



Describe Circumstances of the Accident
Refer to Police Report
Report No:-
7/20210826/7010
1/20210826/+010
,
Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your
Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your your own comprehensive policy. Please check your policy for more information.
7-3. S. W. Comprendito policy. Floado check your policy for filoro 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





1 of 3

Report No. T/20210826/7010

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/08/2021 11:16			Vide Report No.:		Station Diary No.:		
Informant'	s Particul	ars					
Name of In			Address:				
CHOA CH	)		26 BUKIT BATOK EAST AVENUE 2 #05-06 SINGAPORE 659920				
ID Type / II			Contact No.:				
NRIC NO / S1628477G			Home/Office: Mobile: 84943323				
Nationality:			Email:				
SINGAPORE CITIZEN			CHUACHORPIN64@GMAIL.COM				
Sex:	Age:	Date of Birth:	Type of Informant:				
Male 56 13/11/1964		13/11/1964	Driver				
Race:			Language:	Institution /	School Name:		
Chinese			English				
Occupation:			Driving Licence Information:				
PRIVATE HIRER			Class:	Date of Ex	piry:		

General Information of the Accident						
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/08/2021 05:30	Type of Location Straight Road	on:	
Location:						
ANG MO KIO AV	ENUE 1					
Weather:		Road Surface:		Road Speed Limit:		
Clear		Dry				
Traffic Flow:		Traffic Control:	Traffic Volume:			
Type of Collision: Between Moving	Vehicles - Head To Ro	ear		Anyone conveyed by ambulance: No	/	
			<u> </u>	***************************************		

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SDY1311S	Car	MAZDA	MAZDA3 5- DOOR HATCHBAC K 1.5L SP.6EAT	Black		1
SHA6585P	Car					0





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Report No. T/20210826/7010

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

#### **CONTINUATION OF REPORT**

Details of Ve	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDY1311S	AXA INSURANCE SINGAPORE PTE	P2424562	02/02/2021	11/05/2022
	LTD			

Details of Perso	n Involved					
Any Pedestrian I	rvolved: No					
No. of Pedestriar	is Injured: NIL		Use of Pedestrian Crossing: NA			
Driver		92522				
Name	CHUA CHOR PIN			ID No.		S1628477G
Related Vehicle	SDY1311S (Car)			Conta	ct No.	84943323
Hospital/Clinic	CARE MEDICAL CLINIC			Class Driving Licend Expiry	g æ &	Class: NIL Date of Expiry: NIL
Date	26/08/2021		Date		NIL	
No. of Days gran	05	Degree of	of Serious		us	

## Brief Details.

ON 26/08/2021 AT ABOUT 0530 HOURS AT JUNCTION OF ANG MO KIO AVE 1 AND ANG MO KIO AVE 10. I WAS TRAVELLING ON THE LANE 2 OF ANG MO KIO AVE 1 TOWARDS BISHAN ROAD AND WHEN COMING TOWARDS THE ABOVE MENTIONED JUNCTION. I CAME TO A STOP BEFORE THE 'RED' TRAFFIC LIGHT.

MOMENT LATER, I FELT A GREAT IMPACT FROM THE REAR AND WHEN I ALIGHTED, I REALISED IT WAS VEHICLE (B) WHO HIT ONTO MY REAR PORTION OF MY VEHICLE(A) CAUSING DAMAGES TO MY VEHICLE. I HAVE ONE PASSENGER INSIDE MY VEHICLE. I AM USING THIS VEHICLE FOR WORK PURPOSE. I HAVE 5 DAYS FOR MY INJURY.

- (A) SDY1311S
- (B) SHA6585P





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210826/7010

**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: 26/08/2021 11:16
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case: