

**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 : 27/1/22

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. SMK 9419E and SHD 3916Y along  
CTE towards AYE after Balestier Road Exit on 26/1/22

We are instructed by NG WEE KEE (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: 8121 1373

**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' 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

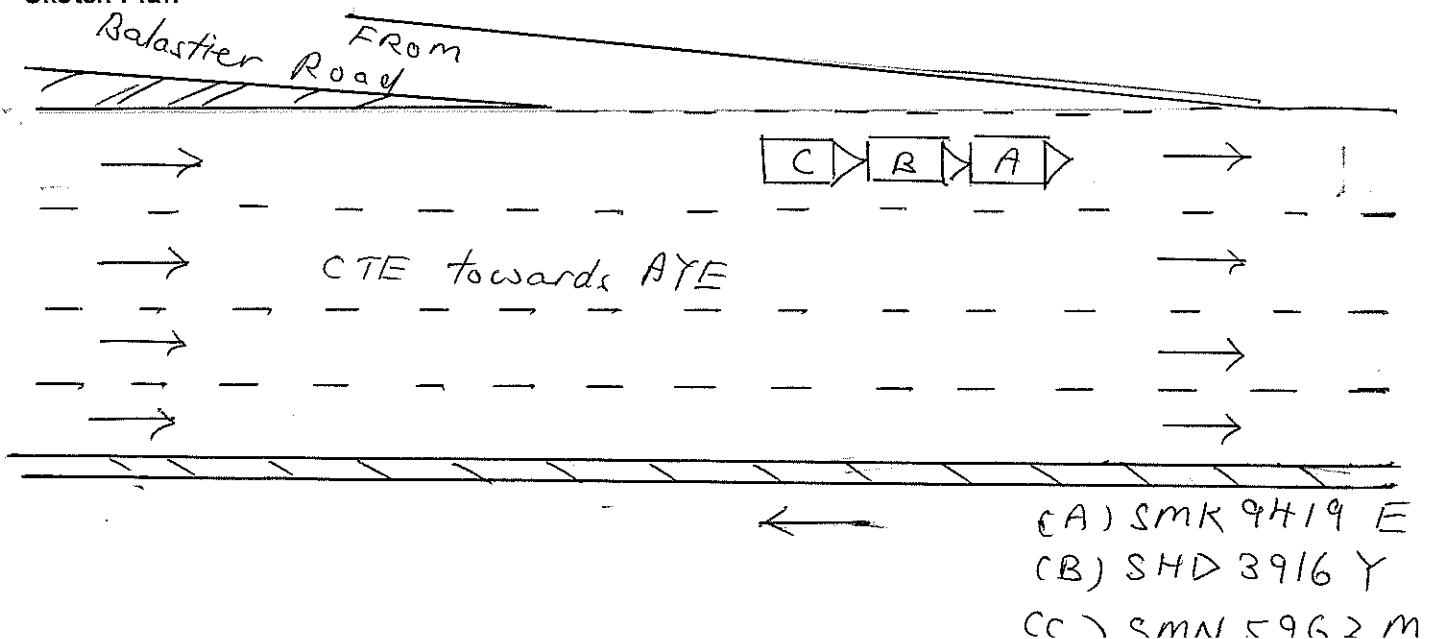
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

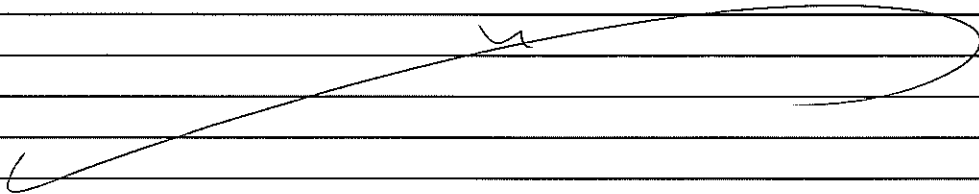


**Describe Circumstances of the Accident**

Refer to Police Report :-

Report No :-

T/20220127/7003



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/20220127/7003

1 of 3

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

Report No. T/20220127/7003

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/01/2022 10:09		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NG WEE KEE			Address: 871C TAMPINES STREET 86 #02-52 SINGAPORE 523871		
ID Type / ID No.: NRIC NO / S7421409F			Contact No.: Home/Office: Mobile: 81274878		
Nationality: SINGAPORE CITIZEN			Email: KEL.NG8888@GMAIL.COM		
Sex: Male	Age: 47	Date of Birth: 03/07/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRER			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/01/2022 14:50	Type of Location: Straight Road
Location:  ALONG CTE TOWARDS AYE AFTER BALESTIER ROAD EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SHD3916Y	Car					0
SMK9419E	Car	TOYOTA	SIENTA HYBRID 1.5X CVT	Red		1
SMN5962M	Car					0



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2 of 3

Report No. T/20220127/7003

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMK9419E	NTUC Income Insurance Co-Operative Limited	5117171495-01	29/04/2021	28/04/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG WEE KEE		ID No. S7421409F
Related Vehicle	SMK9419E (Car)		Contact No. 81274878
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	26/01/2022		Date NIL
No. of Days granted Medical Leave		07	Degree of Serious

Brief Details.

ON 26/01/2022 AT ABOUT 1450HRS AT ALONG CTE TOWARDS AYE AFTER BALESTIER ROAD EXIT. I WAS TRAVELLING ON THE EXTREME LEFT LANE AND WHEN MY FRONT VEHICLE SLOW DOWN AND STOP DUE TO HEAVY TRAFFIC, HENCE I FOLLOW SUIT. SUDDENLY, I FELT A GREAT IMPACT FROM THE REAR AND WHEN I ALIGHTED, I REALIZED THAT IT WAS VEHICLE (B) WHO HIT ONTO MY REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. IT WAS A CHAIN COLLISION OF TOTAL 3 VEHICLES INVOLVED. I HAVE A PASSENGER INSIDE MY VEHICLE. I HAVE 07 DAYS MC FOR MY INJURY.

**VEHICLES INVOLVING IN THE SITUATION:**

- (A) SMK9419E
- (B) SHD3916Y
- (C) SMN5962M



**SINGAPORE  
POLICE FORCE**



T/20220127/7003

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

3 of 3

Report No. T/20220127/7003

**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 /  
SYED ZAYID MUHAMMAD BIN SYED ABDUL  
WAHID ALHINDUAN  
Contact No.: 65476404

NP168

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

Date/Time:  
27/01/2022 10:09

Classification Of Case: