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: Synry	10 20 1421 3441 4				
TO : AXA INSURANCE SINGAPOR Tel : 1800 - 880 4741	By Fax & Email				
Fax: Email: Motor. Survey@axa. Com.					
Attn: Motor Claims Department					
Dear Sir,					
We are instructed by AM CHEW to notify you of a road traffic accident on the a Accident Statement / Traffic Police Report file As a result of the accident, our client's / customers.	above mentioned. A copy of the Singapore ed is enclosed. omer'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.	FOR SURVEYOR				
Yours faithfully,	Please initial here after completion of pre-repair inspection. Thank you. Appointed Surveyor:				
MS. HENG YOKE HONG HP: 8121 1373	Date & Time of Inspection:				

\$10122550001 / 1ST AUTOWORKS PTE LTD ENTRY DATE & TIME: 05/05/2022 12:36 (SGT) SUBMITTED BY: Tan Guan Hin Ronnie VERSION: 1 (05/05/2022 12:36 (SGT))



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.
 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

 A The issue and acceptance of this Form by 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 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.

ACCIDENT STATEMENT

Date of Submission Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

05/05/2022 12:36 (SGT) 04/05/2022 05:55 (SGT)

Before Junction of Punggol Field & Punggol Road Twds Edge field

Plains Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJM9427G

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No Email Address Mobile Phone No Alternative Phone No

Ang Chew Leng SXXXX612D

glennangws@gmail.com (Phone) +65-82262230 +65-82262230

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

Honda Jazz

Jazz

Private use

No - Claiming third party

Private car Auto 1300

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number Direct Asia Insurance (Singapore) Pte Ltd

Comprehensive

Nο

MT 00994050

Nil

DRIVER

Name of Driver

Glenn Ang Wei Sheng

 NRIC No
 SXXXX602E

 Date Of Birth
 15/08/1995

 Occupation
 Indoor

 Date Of Driving Pass
 03/02/2018

Driving experience 4 YEARS AND 3 MONTHS

Gender Male

Mobile Number (Phone) +65-86861995

Alt. Phone Number

Email Address glennangws@gmail.com

Address Blk 421C Northshore Drive #05-759

Address complement

Postcode 823421
Is the driver the policyholder? No
If No, Relationship of the Driver with the Insured Child

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 Collision - Head to Rear

Weather Conditions Clear Road Surface Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

No
No
Was any other vehicle or property damaged?

Yes
Number of Passengers (Including Driver)

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? Yes

Police Station Name Traffic Police

Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900

Police Station Address 10 Ubi Avenue 3 Singapore 408865

Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Report refer Police Report

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB3363C Vehicle Manufacturer -

Vehicle Model

Vehicle Variant

Vehicle Colour



Vehicle Category Private car

Name of Driver

Contact Number

Address - Address complement -

Postcode -

Insurance Company Name -

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Glenn Ang Wei Sheng

Gender Male Phone No

Address Blk 421C Northshore Drive #05-759

Address Complement -

Post Code - Approximate Age Years Old -

Injuries Sustained Back & Neck Pain Injured person in which vehicle? SJM9427G

Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Hease report correctly the details of the accident to speed up the claims process
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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 GA 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 horeby 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)

Lunderstand, acknowledge, agree and consent that

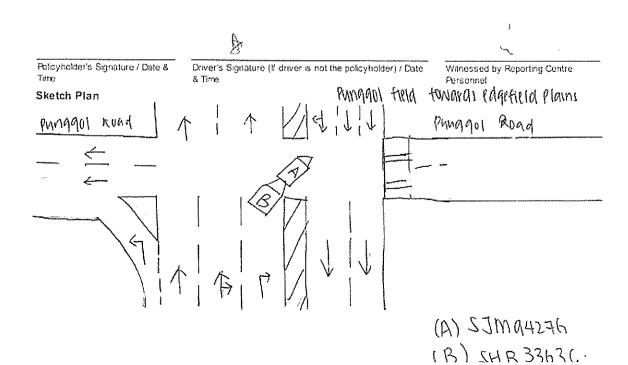
(a) My insurer in my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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;

- (*) investigating the accident and/or my claims;
- (ai) 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

(co≋ectively 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 seed outside of Singapore, for one or more of the above Purposes.



Describe Circumstances of the Accident
λ'.
12 of 1200 g
12008
4022020 / 2008
4301
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.
your own comprehensive pulsy, it lease client your pulsy for more injuritation.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date 8 Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre 8 Time Personnel





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20220505/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/05/2022 10:30		Vide Report No.:	Station Diary No.:	
Informant	s Particu	ilars		
Name of Ir GLENN At		HENG	Address: 421C NORTHSHORE D	RIVE #05-759 SINGAPORE 823421
ID Type / I NRIC NO /)2E	Contact No.; Home/Office:	Mobile: 86861995
Nationality SINGAPO		EN	Email: GlennAngWS@gmail.co	m
Sex: Male	Age: 26	Date of Birth: 15/08/1995	Type of Informant: Driver	
Race: Chinese			Language; English	Institution / School Name:
Occupation civil servar			Driving Licence Informat Class:	ion: Date of Expiry:

General Infor	mation of the Acci	dent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/05/2022 05:55	Type of Location: X-Junction	
Location:				The state of the s	
PUNGGOL R	ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit;	
Traffic Flow:	47404000000000000000000000000000000000	Traffic Control:		Traffic Volume:	
Type of Collis Between Mov	sion: ving Vehicles - Head	d To Rear		Anyone conveyed by ambulance:	

Details of V	ehicle involv	ed	esales susces	16-16-170 (S. 6) 12-15.		
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHB3363C	Car					0
SJM9427G	Car					0

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL Use of	Pedestrian Crossing: NA



T/22/20505/7008

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220505/7008

CONTINUATION OF REPORT

Driver				15/00 per 1994		
Name	GLENN ANG WEI SHENG			ID No.		S9529602E
Related Vehicle	SJM9427G (Car)			Conta	ct No.	86861995
Hospital/Clinic	CARE MEDICAL CLINIC		Class Driving Licenc Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date	05/05/2022 Date		Date	<u> </u>	NIL	300,000,000,000,000,000,000,000,000,000
No. of Days granted Medical Leave 05			Degree of		Serio	us

Brief Details.

On 04/05/2022 at about 0555 hours at before junction of Punggol Field and punggol road towards Edgefield Plains, I was travelling on the extreme right lane on punggol field towards Punggol road and I slow down and stop due to pedestrian crossing.

Suddenly, I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle. I have 5 days mc for my injury.

Vehicles involving in the situation:

Vehicle A: SJM9427G Vehicle B: SHB3363C





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220505/7008

CONTINUATION OF REPORT

Sketch Plan			

Informant is n	ot 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: 05/05/2022 10:30
Officer in Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
NP:68	Manual Processor Control of the Cont