

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 : 4/5/2017

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. SNC4689E and GBJ 15X0A along
After Junction of Boundary Road And upper on 27/4/2017
Serangoon Road towards YIO CHU KANG ROAD.
TAN WAN LEE

We are instructed by _____ (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: _____

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 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. 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	28/04/2022 18:00 (SGT)
Date of Accident	27/04/2022 18:20 (SGT)
Exact Location of Accident	Boundary Rd, Singapore
Additional Location Information	JUNCTION OF BOUNDARY ROAD & UPPER SERANGOON ROAD TOWARDS YIP CHU KANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC4689E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN WAN LEE
NRIC No	SXXXX562J
Email Address	CHRISTALTANWL@GMAIL.COM
Mobile Phone No	(Phone) +65-97129872
Alternative Phone No	(Home) +65-97129872

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Yaris
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5124262821
Cover Note Number	-

DRIVER

Name of Driver	TAN WAN LEE
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NRIC No	SXXXX562J
Date Of Birth	08/10/1979
Occupation	Outdoor
Date Of Driving Pass	03/12/2003
Driving experience	18 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97129872
Alt. Phone Number	(Home) +65-97129872
Email Address	CHRISTALTANWL@GMAIL.COM
Address	APT BLK 20 TELOK BLANGAH CRESCENT #04-68
Address complement	-
Postcode	090020
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FIDA
Gender	Female

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

REFER TO ATTACHED

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	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ1540A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	TAN WAN LEE
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNC4689E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 willful 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;



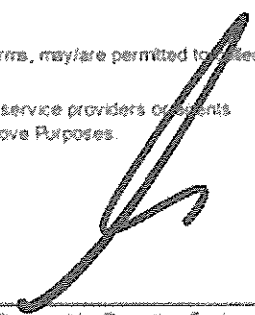
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

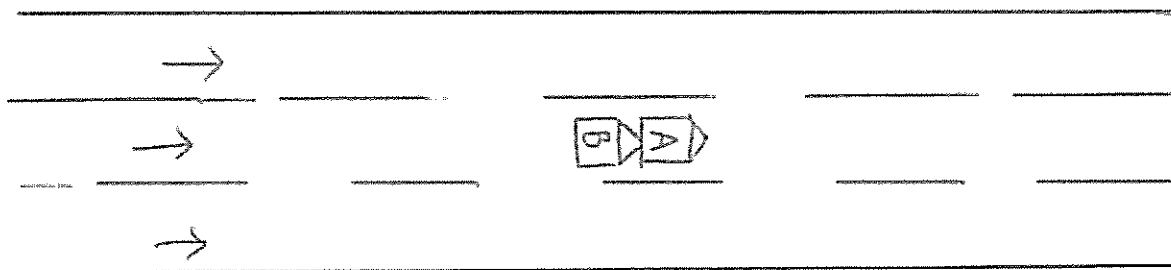
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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 Sketch Plan	 Driver's Signature (if driver is not the policyholder) / Date & Time After Junction of Boundary Road & Upper Serangoon Road	 Witnessed by Reporting Centre Personnel
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(A) SNC 4689E
 (B) GBT 1540A



Describe Circumstances of the Accident

On 27/04/2022 at about 1830hrs, after junction of Boundary Road and Upper Mangrove Road towards Jio and Kang Road I was travelling in the middle lane and my front vehicle slow down and stop due to heavy traffic hence I follow suit. Suddenly, I heard a loud bang from behind and when I alight, I realise it was vehicle (B) was hit onto the rear portion of my vehicle (A). I have 4 days MC for my injury. I have 1 passenger inside my vehicle.

(A) SNC46896

(B) GBJ1540A

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/20220428/7036

1 of 3

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

Report No. T/20220428/7036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/04/2022 17:10		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN WAN LEE			Address: 20 TELOK BLANGAH CRESCENT #04-68 SINGAPORE 090020		
ID Type / ID No.: NRIC NO / S7973562J			Contact No.: Home/Office: Mobile: 97129872		
Nationality: MALAYSIAN			Email: CHRISTALTANWL@GMAIL.COM		
Sex: Female	Age: 42	Date of Birth: 08/10/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRER			Driving Licence Information: Class:		Date of Expiry:

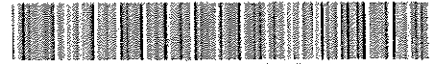
General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/04/2022 18:20	Type of Location: Straight Road
Location: BOUNDARY ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBJ1540A	Van					0
SNC4689E	Car	TOYOTA	YARIS CROSS 1.5X B AUTO	White		1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20220428/7036

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

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Report No. T/20220428/7036

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNC4689E	NTUC Income Insurance Co-Operative Limited	5124262821	22/10/2021	21/10/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TAN WAN LEE		ID No.	S7973562J
Related Vehicle	SNC4689E (Car)		Contact No.	97129872
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		04	Degree of	Slight

Brief Details.

ON 27/04/2022 AT ABOUT 1820 HOURS AFTER JUNCTION OF BOUNDARY ROAD AND UPPER SERANGOON ROAD TOWARDS YIO CHU KANG ROAD. I WAS TRAVELLING IN THE MIDDLE LANE AND MY FRONT VEHICLE SLOW DOWN AND STOP DUE TO HEAVY TRAFFIC HENCE I FOLLOW SUIT. SUDDENLY, I HEARD A LOUD BANG FROM BEHIND AND WHEN I ALIGHT, I REALISE IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF MY VEHICLE (A). I HAVE 4 DAYS MC FOR INJURY, I HAVE 1 PASSENGER INSIDE MY VEHICLE

(A) SNC4689E
(B) GBJ1540A

**SINGAPORE
POLICE FORCE**

T/20220428/7036

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

3 of 3

Report No. T/20220428/7036

CONTINUATION OF REPORTSketch 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 / TP1B /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Signature Of Informant:

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

Date/Time:
28/04/2022 17:10

Classification Of Case: