

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 : 17/5/2022

To : MSIG INSURANCE (SINGAPORE) PTE LTD

By Fax & Email

Tel : 6827 7888

Fax : 6225 7402

Email : claims@sg.msig-asia.com

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. SLG9676M and SLQ 2995J along
SEMBAWANG ROAD BEFORE YISHUN AVENUE 3 on 14/5/2022

We are instructed by SUPREME LEASING & LIMOUSINE PTE LTD (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 YOK 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: _____

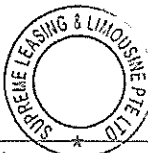
SKETCH PLAN

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

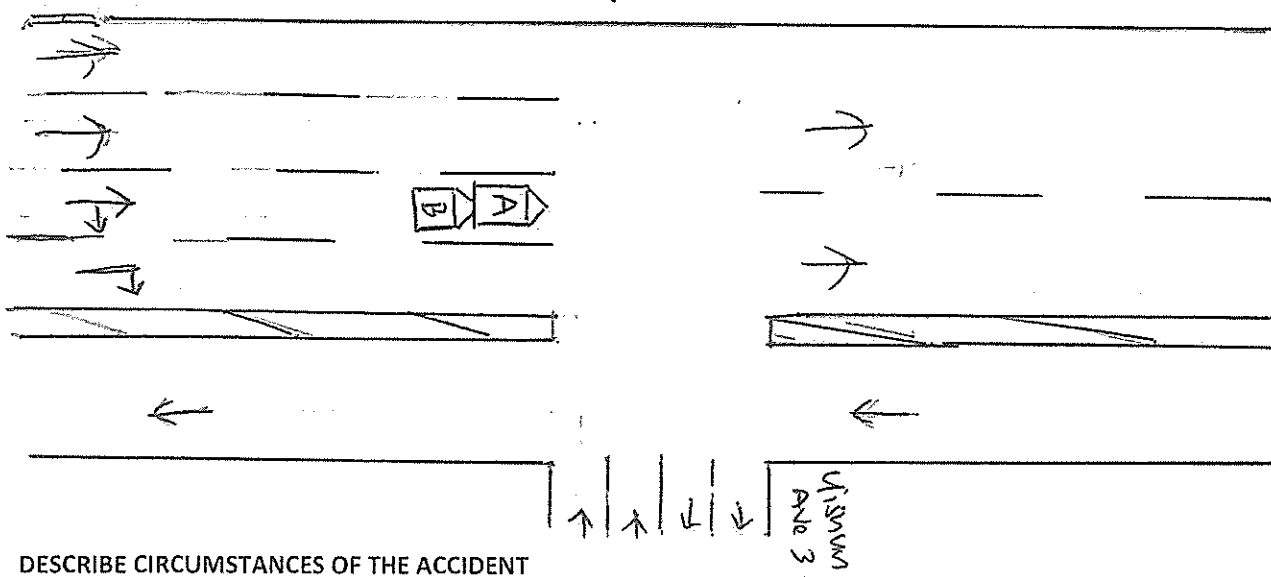
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

I hereby authorise SME Motor Pte Ltd to send my
Accident report to my workshop Maj Solution Pte Ltd
via email / fax
Signature: _____

SKETCH PLAN

Sembawang Road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/05/2022 at about 0130hrs at along Sembawang Road before Yishun Ave 3. I was travelling on the second lane and came to stationary due to red light. Suddenly, I heard a loud bang and my vehicle moved forward. When I alight, I realised it was vehicle (B) who hit onto the rear portion of my vehicle (A) causing damage to my vehicle. I have 1 passenger onboard my vehicle. I will go and consult a ~~the~~ doctor after this.

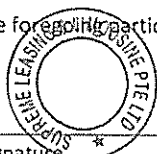
(A) SLU9676M

(B) SLQ2995J

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

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20220517/7009

1 of 3

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

Report No. T/20220517/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/05/2022 11:21		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SEOW TZE CHIANG			Address: 235 BUKIT BATOK EAST AVENUE 5 #05-23 SINGAPORE 650235		
ID Type / ID No.: NRIC NO / S7819898B			Contact No.: Home/Office: Mobile: 83211676		
Nationality: SINGAPORE CITIZEN			Email: JACK_SEOW@YAHOO.COM.SG		
Sex: Male	Age: 43	Date of Birth: 04/07/1978	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 Attended by Police	Drink Drive: No	Date/Time of Accident: 14/05/2022 01:30	Type of Location: Straight Road
Location: SEMBAWANG ROAD BEFORE YISHUN AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
SLQ2995J	Car					0
SLU9676M	Car					1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220517/7009

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

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Report No. T/20220517/7009

CONTINUATION OF REPORT

Driver				
Name	SEOW TZE CHIANG		ID No.	S7819898B
Related Vehicle	SLU9676M (Car)		Contact No.	83211676
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	14/05/2022		Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious	

Brief Details.

ON 14/05/2022 AT ABOUT 0130HRS AT ALONG SEMBAWANG ROAD BEFORE YISHUN AVENUE 3. I WAS TRAVELLING ON THE SECOND LANE AND CAME TO STATIONARY DUE TO RED LIGHT. SUDDENLY, I HEARD A LOUD BANG AND MY VEHICLE MOVED FORWARD. WHEN I ALIGHT, I REALISED THAT IT WAS VEHICLE (B) WHO HIT ONTO MY REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 1 PASSENGER ONBOARD MY VEHICLE. I HAVE 3 DAYS MC FOR MY INJURY.

VEHICLE A: SLU9676M
VEHICLE B: SLQ2995J



**SINGAPORE
POLICE FORCE**



T/20220517/7009

3 of 3

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

Report No. T/20220517/7009

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 /
QHAIRIL BIN ZULKEFLEE
Contact No.: 65476187

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

Date/Time:
17/05/2022 11:21

Classification Of Case: