

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 : 5/7/2011

To : Alh ASIA PACIFIC INSURANCE PTE LTD By Fax & Email

Tel :

Fax :

Email :

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. SNF 178JP and SPK 58E along
Before junction of Whitley Road and Dunearn on 04/07/2011
Road towards Steven Road.

We are instructed by PRIME CAR LIMO 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 YOKE HONG
HP: 8121 1373

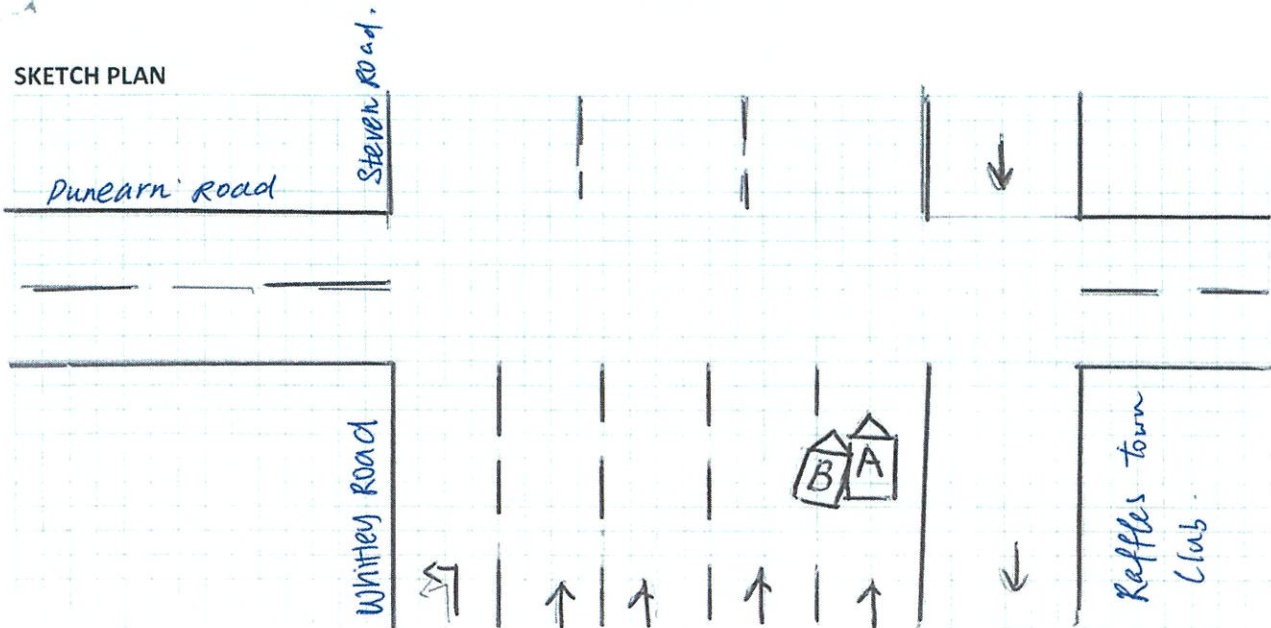
FOR SURVEYOR

Please initial here after completion of pre-repair
inspection. Thank you.

Appointed Surveyor: _____
(Name & Signature)

Date & Time of Inspection: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) SNFI785P (B) SFK58E

On 04/07/2022 at about 1830hrs at before Junction of Whitley Road and Dunearn Road towards Steven Road. I was travelling on the extreme right lane at the above mentioned junction and suddenly, a vehicle (B) on my left veered into my lane without cautious and without checking her blindspot and hit onto the left portion of my vehicle (A) causing damages to my vehicle. I have 3 passengers onboard my vehicle.

(A) SNFI785P

(B) SFK58E

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.: