

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 : 19/7/2012

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. SMF37914 and SMJ6685 along
before of Irwell Bank Road and Grange Road towards on 18/07/2012
Napier Road.

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 JOKE HONG
HP: 8121 1373

FOR SURVEYOR

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

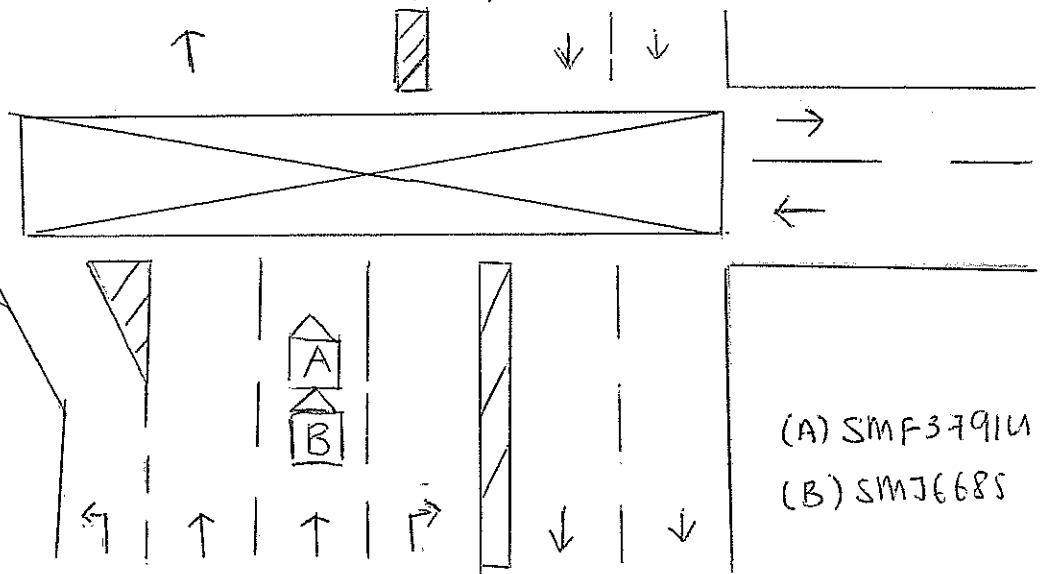
Appointed Surveyor: _____
(Name & Signature)

Date & Time of Inspection: _____

SKETCH PLAN

Irwell Bank Road

Grange Road towards Napier Road.



(A) SMF3791L

(B) SMJ668S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/07/2022 at about 2305hrs at before junction of Irwell Bank

Road and Grange Road towards Napier Road. I was traveling on the

second lane and my vehicle came to a complete stop due
hence I follow suit.

to red traffic light. Suddenly, I heard a loud bang and when

I awoke, I realise it was vehicle (B) who hit onto the rear

portion of my vehicle (A) causing damages to my vehicle. I have

1 passenger onboard my vehicle.

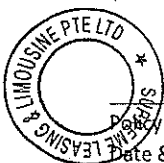
(A) SMF3791L

(B) SMJ668S.

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.: