

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 : INDIA INTERNATIONAL INSURANCE PTE LTD By Fax & Email
Tel :
Fax :
Email :

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. SMV 5008B and SLW5449T along
in front of drop off point of Ion orchard on 18/7/2012

We are instructed by YAP CHEE HOE, PERRY (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.

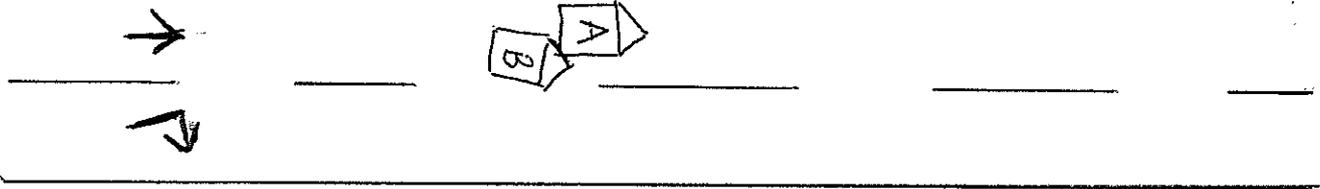
Appointed Surveyor: _____
(Name & Signature)

Date & Time of Inspection: _____

SKETCH PLAN

Premises of ion Orchard

DROP OFF POINT



(A) SMV5008B
 (B) SLW5449T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/07/2022 at about 1845hrs at in front of drop off point of ion Orchard. I was stationary on the extreme left lane while waiting for my passengers and suddenly, I heard a loud bang and when I alight, I realised it was vehicle (B) who hit onto the rear portion of my vehicle (B) causing damages to my vehicle (A). I have 5 passengers onboard my vehicle.

(A) SMV5008B
 (B) SLW5449T

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.: