

**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 : 20/7/2008

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

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. SMT 760E and SNC 3148G along  
before junction of Orchard Road & Grange Link on 19/7/2008  
towards Orchard Boulevard.

We are instructed by TAN LAY KHEEN (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

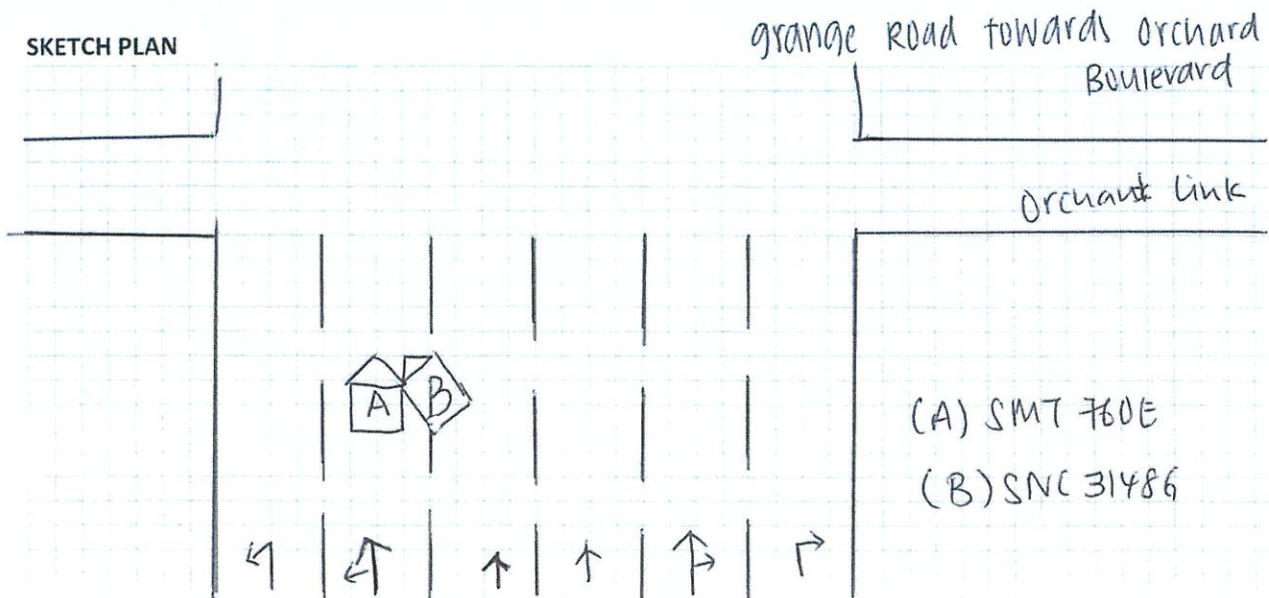
**FOR SURVEYOR**

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

On 19/07/2022 at about 1510hrs at before Junction of garage road towards Orchard Boulevard. I was travelling straight on the fifth lane and suddenly, a vehicle (B) on my right veered into my lane without cautions and without checking his blindspot and hit onto the right portion of my vehicle (A) causing damages to my vehicle. I have 1 passenger onboard my vehicle. After the accident, I felt discomfort and will consult a doctor.

(A) SMT760E

(B) SNC31486

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.

LK Tan  
Policyholder's Signature  
Date & Time:

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

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