

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 : 3/8/12

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

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. SLH 3991K and SND 8474S along
Eunos flyover after Eunos Exit towards PIE (Tuas) on 3/8/12

We are instructed by BASHEER BIN K M AHMED (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

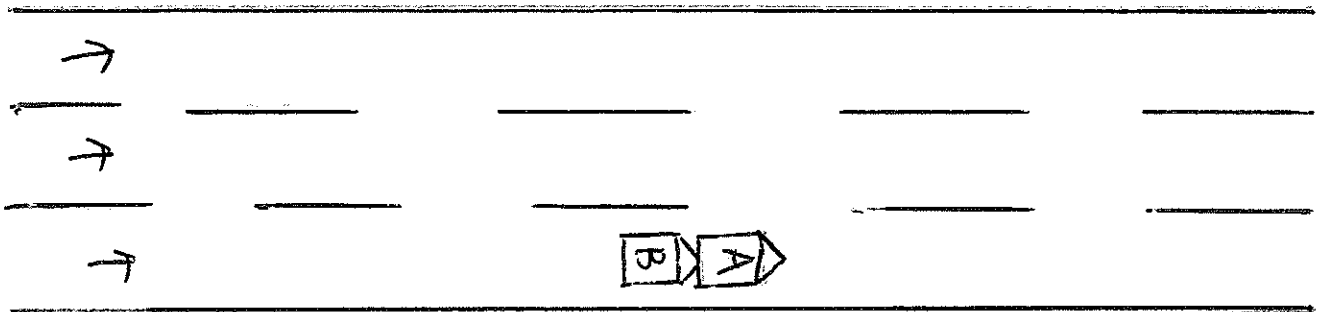
Please initial here after completion of pre-repair
inspection. Thank you.

Appointed Surveyor: _____
(Name & Signature)

Date & Time of Inspection: _____

SKETCH PLAN

PIE towards TUAS after Julian Eunos Exit, on Eunos flyover



(A) SLH 3991K (B) SND8474B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02/08/2022 at about 1900hrs at along Eunos flyover after Eunos Exit towards PIE (TUAS). I was travelling on the extreme right lane on the above mentioned flyover and when my front vehicle slow down and stop due to heavy traffic, hence I follow suit. Suddenly, I heard a loud bang and when I alight, I realise it was vehicle (B) who hit onto the rear portion of my vehicle (A) causing damages to my vehicle.

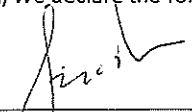
(A) SLH3991K

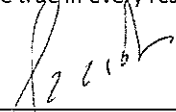
(B) SND8474B

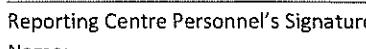
Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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.: