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 :	18/2				
To : Tel : Fax : Email :	CHINA TAIPING	NSURANCE	By Fax & Email		
Attn: Motor (Claims Department				
Dear Sir,					
Re: Accide	ant involving motor vehice 7445) before BKE	e Nos. <u>Skw 6961k</u> (woudlands) zxi	and $\frac{4959000}{434}$ along on $\frac{148}{37}$		
to notify you	cted by	the above mentioned. A	(Name of Claimant) copy of the Singapore		
/ we proceed receipt of this the vehicle. If	to repair the damaged vehicle notice whether you or you	cle, please let us know w r insurer would like to con y from you within the stip	een damaged. Before our client ithin 2 working days of your duct a Pre- Repair Survey of ulated timeline, our client / we I.		
Thank you.		FOR SURVEYOR			
Yours faithfully Appointed Surveyor: (Name & Signature)					
MS. HENG \\ HP: 8121 13	73	Date & Time of Inspe	ection:		
	and the second s				

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time Sketch Plan	Driver's Signature (If driver is not the policyholder) / Date Witnesse & Time PIE (TWAI) before BEE (NOUC)	ed by Reporting Centre el and () Exit 24 .
→		
→		
→		stricture districture per established de la companya de la company

A SUMMAN A		
		/
		<u>, </u>
	/	

	L	
and the second s	20	0.010.0
	REFER to TP REPORT NO: T/20:	2200111018
		<u>.</u>
COMMITTY II		
		
/		
/		
		· · ·
		<u></u>
	444	
	··ión	

Lata Diagram and the day on in-	urer may have 14 days time frame for you to submit an Ow	- Dansana Olaina wadan w

Declaration

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

Witnessed by Reporting Centre Personnel





1 of 3

Report No. T/20220818/7018

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/08/2022 12:04			Vide Report No.:	Station Diary No.:		
Informant's	s Particu	llars				
Name of Int			Address: 503 JELAPANG ROAD #15-	376 SINGAPORE 670503		
ID Type / ID No.: NRIC NO / S7903531I			Contact No.: Home/Office: Mobile: 91066303			
Nationality: SINGAPORE CITIZEN			Email: dylan.leecc@gmail.com			
Sex: Age: Date of Birth: Male 43 28/01/1979			Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Project Manager			Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Others	Drive:	Accident: 17/08/2022 19:50	Straight Road
Location:				
PIE (TUAS) BEF	ORE BKE (WOODLANDS) EXIT 24		
Weather: AFTER RAIN	Ro We	ad Surface: et		Road Speed Limit:
Traffic Flow: One Way		affic Control: t Controlled	1	Traffic Volume: Heavy
Type of Collision: Between Moving	Vehicles - Head To Rear			Anyone conveyed by ambulance: No

General Information of the Accident

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKW6961K	Car	CITROEN	GRAND C4	Silver		1
			PICASSO			
			1.6			
			BLUEHDI			
			EAT6 S/R			
YP5900P	Lorry					0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220818/7018

CONTINUATION OF REPORT

Details of Ve	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKW6961K	AIG ASIA PACIFIC INSURANCE PTE.	2100434365-06	12/11/2021	11/11/2022
	LTD.]

Details of Perso	n Involved					
Any Pedestrian In	nvolved: No					
No. of Pedestrians Injured: NIL Use of Pe			Use of Ped	lestrian	Cross	ing: NA
Driver						
Name	LEE CHEE CHOON	***************************************	The state of the s	ID No.		S7903531I
Related Vehicle	SKW6961K (Car)			Conta	ct No.	91066303
Hospital/Clinic	POW FAMILY CLINIC & SURGERY		RY	Class Driving Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	18/08/2022 Date		Date		NIL	
No. of Days granted Medical Leave 03			Degree of		Serio	us

Brief Details.

ON 17/08/2022 AT ABOUT 1950HRS AT ALONG PIE (TUAS) BEFORE BKE (WOODLANDS) EXIT 24. I WAS TRAVELLING ON THE EXTREME LEFT LANE ON THE ABOVE MENTIONED ROAD AND THE TRAFFICE WAS HEAVY. MY FRONT VEHICLE SLOW DOWN AND STOP DUE TO HEAVY TRAFFICE, HENCE I FOLLOW SUIT. SUDDENLY, I FELT A LOUD BANG AND WHEN I ALIGHT, I REALISED THAT IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE (A). I HAVE 1 PASSENGER INSIDE MY VEHICLE. I HAVE 3 DAYS MC FOR MY INJURY.

VEHICLE A: SKW6961K VEHICLE B: YP5900P





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220818/7018

CONTINUATION OF REPORT

Sketch Plan					
Informant is	not	able	to	provide	sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/08/2022 12:04
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of Case: