

**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 : ..... 19/8/22

To : ALLIANZ INSURANCE SINGAPORE PTE LTD

By Fax & Email

Tel : 1800 222 1818

Fax :

Email : claims@allianz.com.sg

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. SMT 9841X and SLD1074S along  
CTE towards SLE/TPE before Amk Ave 1 Exit on 18/8/22

We are instructed by Simple Lim Xue Jiny (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**

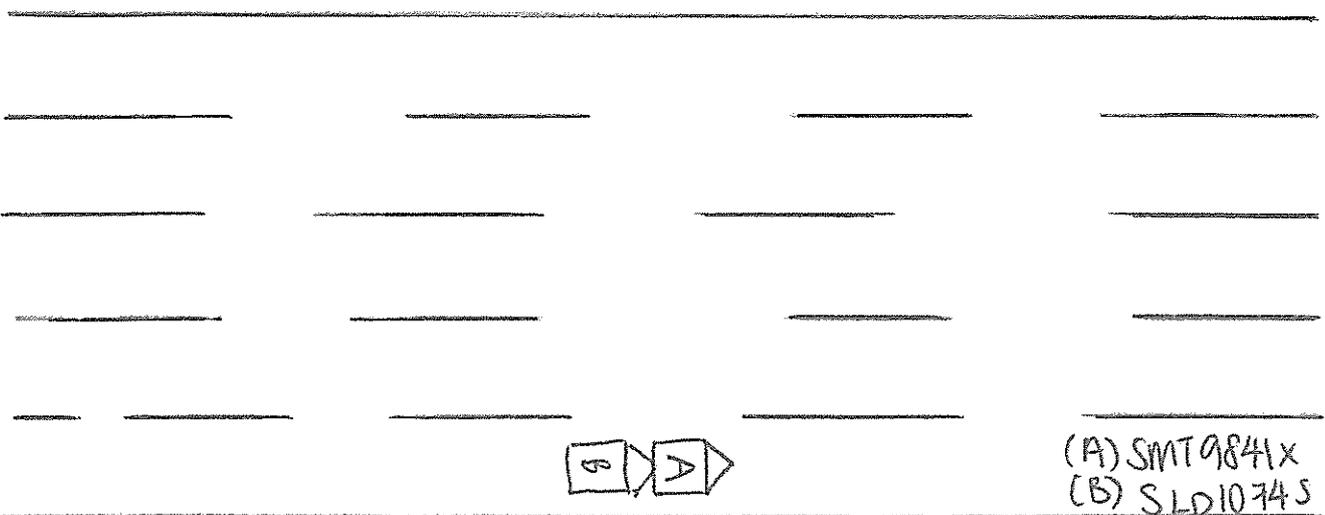
Please initial here after completion of pre-repair  
inspection. Thank you.

Appointed Surveyor: \_\_\_\_\_  
(Name & Signature)

Date & Time of Inspection: \_\_\_\_\_

SKETCH PLAN

CTE towards SLE/TPE before Ang mo kio Ave 1 exit



(A) SMT9841X  
(B) SLD10745

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/08/2022 at about 1820hrs at along CTE towards SLE/TPE before Ang mo kio Ave 1 exit. I was travelling on the extreme right lane on the above mentioned road and the traffic was heavy, ~~was~~ when my front vehicle slow down and stop, hence I follow suit, suddenly I heard a loud bang from the rear 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. I have 1 passenger onboard my vehicle. After the accident, we felt discomfort and will consult a doctor.

(A) SMT9841X  
(B) SLD10745

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.: