

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 : 21/9/22

To : AXA INSURANCE SINGAPORE PTE LTD

By Fax & Email

Tel : 1800-8804741

Fax :

Email : motor_survey@axa.com.sg

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. GBA 1678A and SHC 3005G along
at T junction of Geylang East Ave 2 and Geylang East Ave 3 beside Sri Sivan Temple. on 20/9/22

We are instructed by WINCO AIRCON ENGINEERING (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: _____

SINGAPORE ACCIDENT STATEMENT

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 Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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. This 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.

ACCIDENT STATEMENT

Date of Submission	21/09/2022 15:03 (SGT)
Reported by	Driver
Date of Accident	20/09/2022 15:40 (SGT)
Exact Location of Accident	Geylang East Ave 2, Singapore
Additional Location Information	JUNCTION GEYLANG EAST AVE 3 BESIDE SRI SIVAN TEMPLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA1672A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WINCO AIRCON ENGINEERING
Company Reg No	53110353J
Email Address	PAUL.CHAW@YAHOO.COM
Mobile Phone No	(Phone) +65-94558416
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3000

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5060761010-08

DRIVER

Name of Driver	CHAW CHON YIN
NRIC No	S7287295I
Date Of Birth	18/02/1972
Occupation	Outdoor

Date Of Driving Pass	23/02/1995
Driving experience	27 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94558416
Alt. Phone Number	-
Email Address	PAUL.CHAW@YAHOO.COM
Address	BLK 319 UBI AVE 1 #08-513
Address complement	-
Postcode	400319
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SOLE PROPRIETOR
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	CHAW ZI HAO
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 20/09/2022 AT 1540HRS AT T-JUNCTION OF GEYLANG EAST AVE 2 & GEYLANG EAST AVE 3 BESIDE SRI SIVAN TEMPLE. I WAS TRAVELLING AT ALONG GEYLANG EAST AVE 2 AND SUDDENLY, A VEHICLE B EXITED OUT FROM GEYLANG EAST AVE 3 WITHOUT STOPPING ON THE STOP LINE AND HIT ONTO THE RIGHT PORTION OF MY VEHICLE A CAUSING DAMAGES TO MY VEHICLE. I HAVE ONE PASSENGER ONBOARD MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3005G
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHAW CHON YIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBA1672A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

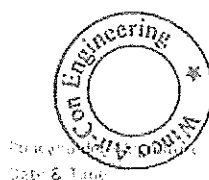
SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the incident to the accident to speed up the claims process
2. The form must be **completed by the Policyholder and/or the Authorised Driver**
3. Information provided must be **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability or 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 to the GAA Roadside Management Centre established by the Georgia Insurance Association of Georgia and the Georgia Department of Transportation that review of the report will be done by the GAA Roadside Management Centre and the parties.
7. By the assignment of this report to the insurers, you hereby consent to the archiving of this report in the online and to consent to this report being made available at a later date.
8. **Consent under the Personal Data Protection Act (PDPA)**

19. "A" (under any and step and the Federal Insurance Association of a company "GIA") has the permission to collect, use, receive and/or process my personal data/personal information set out in this form and any other personal information provided by me or processed by my insurer (collectively, the "Personal Information") and disclose and transfer such Personal Information to its insurers (which have interest in liability) involved in the accident and/or involved in the processing of this information in the event that the collectively information is the "Insurers" (the Insured) supplied as firms, the Monetary Authority of Singapore and any relevant government agencies/institutions for the purposes, for the purposes of, or

- (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 validity and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any demands for redress;
- (iv) administering my claims including the handling of correspondence, statements, witnesses, reports or entries or notes which could involve disclosure of certain personal data about me in the course of the same, such as in the relevant order of emergency/mad proceedings, and/or;
- (v) complying with applicable law in relation to processing, handling and/or dealing with my claims (collectively the **Purposes**).
- (b) I understand that the personal data I have provided to the Insurers and/or Third Parties may be disclosed to:
- (i) all insurers who have insured vehicles involved in the accident and the insurers' lawyers/loss adjusters, may be permitted to submit to me, disclosure of my personal information for one or more of the above Purposes; and
- (ii) my Personal Information may also be disclosed by and to the Insurers and/or Third Parties (here "third parties") who are providers or agents (including their lawyers/law firms) who may be situated outside of Singapore, for one or more of the above Purposes;
- (c) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (d) the information so collected under (c) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
- (ii) for complying with requirements under any regulatory, laws or court orders.

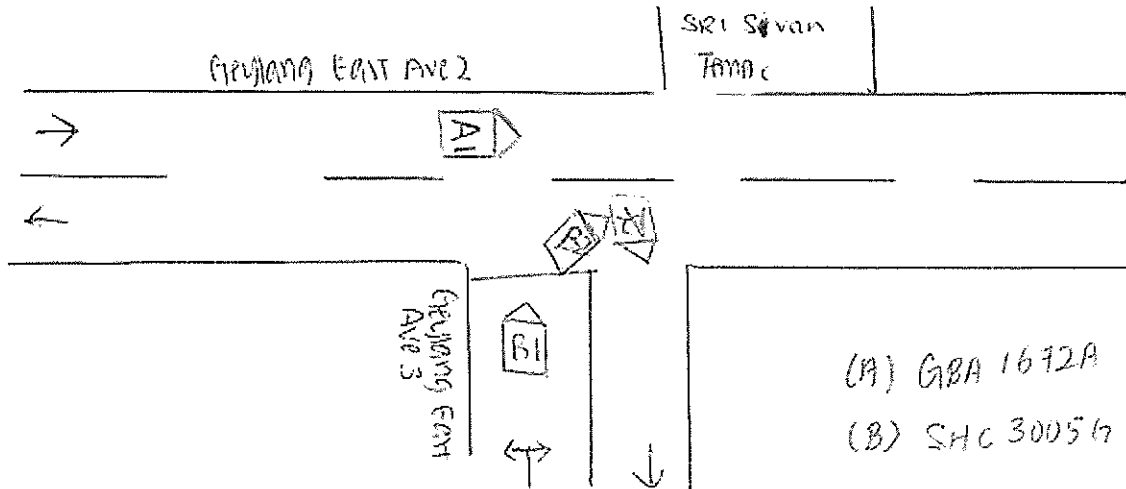


University of California
 1110 University Avenue
 Davis, CA 95616

Reporting Centre: Research's Supervisor
Name: _____
Matr. No.: _____

I hereby authorise SME Motor Pte Ltd to send my
Accident report to my workshop _____
via email / fax
Signature: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/09/2022 at 1540hrs at T Junction of Geylang East Ave 2 and Geylang East Ave 3 beside Sri Sivan Temple

I was travelling at along Geylang East Ave 2 and Suddenly, a vehicle (B) exited out from Geylang East Ave 3 without stopping on the stop line and hit onto the right portion of my vehicle (A) causing damages to my vehicle. I have 1 passenger onboard my vehicle

(A) GBA 1672A

(B) SHC 30056

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 that the information provided is true and correct.

Policyholder's Name
(Print & Stamp)



Signature of Policyholder
(If signed by the policyholder)

Reporting Center (Insurer's Signature)
Name
Address