MG SOLUTION PTE LTD



23 Kaki Bukit Ave 4, AAS Kaki Bukit Centre #04-01 Singapore 415933 Tel: 6744 4986 / 6744 4165 (GST Reg. No. 201427944N)

Date

: 26/02/2025

Your Ref

: GBJ6258H

To

: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Attn

: Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE GBJ2258J & GBJ6258H ON 18/11/2024 AT ALONG SLIP ROAD OF SUNGEI TENGAH ROAD TOWARDS KPE.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.258027 @ S\$4,087.50 (Inclusive of 9% GST)
- 2) Loss of Use @ S\$2,000.00 (8 Days x S\$250)
- 3) LTA Search @ **\$\$27.25**
- 4) Authorisation to Act
- 5) GIA Report

Hope the above is in order and kindly let us have your confirmation soon.

Tax invoice will be issue upon amount finalized.

Thank You.

Yours faithfully,



Sharon Chia

HP: 8121 1373

E-mail: mg3solution@gmail.com





23 Kaki Bukit Ave 4, AAS Kaki Bukit Centre #04-01 Singapore 415933

Tel: 6744 4986 / 6744 4165

(GST Reg. No. 201427944N)

PROFORMA BILL

Bill To:

Bill No: 258027

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

NO. 3 ANSON ROAD

SINGAPORE 079909

Date: 26-February-2025

#16-00 SPRINGLEAF TOWER

Vehicle Number : GBJ 2258J

ATTN: MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation	\$ 3,750.00
	(Lump Sum)	
	SUB-TOTAL	1
	GST 9%	
	TOTAL	\$ 4,087.50

Tax Invoice will be issue upon amount finalised.

Please note that our above offer and any settlement arising from the above offer are made on a without prejudice basis with sole intention of resolving the matter amicably without parties resorting to legal proceeding. Terms of such settlement should also not be disclosed in any other related matter(s) in respect of the accident. No reference shall be made to this offer or any settlement arising from this offer in any other related matters.

Co's stamp & Authorised Signature

MG SOLUTION PTE LTD

23 Kaki Bukit Ave 4 (South Wing) #04-01 Vicom Inspection Centre, Singapore 415933 Tel: 6744 4986 / 6744 4165 Co. Reg. No.: 201427944N

MOTOR CLAIM DISCHARGE VOUCHER

I / We G LD BUILDER PTE LTD
the owner of the vehicle no. $\frac{GBJ 2258 J}{}$ hereby confirm that I / we have taken
delivery of vehicle from the repairers MG Solution Pte Ltd and that all repairs necessary as
a result of an accident in which the said vehicle was involved on or about the $\frac{18}{}$ day
of 11 20 24 have been completed to my / our satisfaction. Save for my / our
rights under the Warranty set out below, I / we have no further claim on the above
company in respect of such repairs.

Signature of Policyholder

26/11/2014- PRI 01/12/2014- Sunday Company Stamp (if applicable)

vehicle (n. 26/11/2014)
vehicle ont-03/12/2014
Lon = 8 days & \$ 250
= \$ 2,000

> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

18 Nov 2024 / 17:53:26

Receipt Date/Time: 18 Nov 2024 / 17:53:26

Tax Invoice/Receipt

Receipt No.: ITNET-00000-241118-003895

Previous Receipt No.:

S/N Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - GBJ6258H As at 18 Nov 2024/06:20:00 Insurance Co: CHINA TAIPING INSURANCE 1 Insurance Enquiry - GBJ6258H	E (SINGAPORE) PTE LTD			
Enquiry Fee 20241118175209434487		25.00	2.25	27.25
	Sub-Total	25.00	2.25	27.25
	Total Before Rounding	25.00	2.25	27.25
	Rounding Difference			0.00
	Total Amount Payable			27.25
	Paid By			
	523682XXXXXX8079	eNETS	Credit Card	27.25
	Total			27,25
	Cash Change			0.00
	Tendered Amount			27.25
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.



LETTER OF AUTHORITY

Name : G L D BUILDER PTE . LTD.	
Address : 9 TAGORE LANE, #04-03	
9@ TAGORE	
SINGAPORE 787472	
Contact No :	
TO: CHINA TAIPING INSURANCE (SINGA)	PORE) PTE.LTD.
Dear Sirs,	
ACCIDENT INVOLVING GBJ22587 AND GBJ	16258H ON 18/11/2024
AT/ALONG SLIP ROAD OF SUNGEL TENGAH R	
I/We, G L D BUILDER PTE LTD	, am/are the
registered owner of motor car no. <u>GBJ 2258J</u>	
Please note that I have assigned all compensations monies of to M/S MG SOLUTION PTE LTD.	due to me/us in the above said accident
I/We, hereby authorize you to release all compensation mor accident to M/S MG SOLUTION PTE LTD and forward your se PTE LTD whom I had authorized to collect the said compens	ttlement cheque to M/S MG SOLUTION
Thank you.	
ROC NO. M. A. C.	h
Signature of Claimant	Witness By



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 witholding of material facts may allow insurance companies to repudiate
- 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 First Submission

Reported by

Date of Accident cact Location of Accident

Additional Location Information

Country/State of Loss

20/11/2024 16:09 (SGT)

Actual Driver

18/11/2024 06:20 (SGT)

Sungei Tengah Rd, Singapore

SLIP ROAD TOWARDS KJE (BKE)

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ2258J

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

G L D BUILDER PTE LTD

201716543C

AMY,LIU@CHENGJIBUILDER,COM

(Phone) +65-83820147

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Transmission

CC

Vehicle Fuel

First Regisration Date

Chassis no

Effective Date/Time of Ownership

Toyota

Dyna

No - Claiming third party Commercial vehicle

Manual

2982

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Income Insurance Limited 5107554875-05

DRIVER



Name of Driver Passport No/FIN Date Of Birth Occupation Driving Pass Date

Driving License Pass Class Driving License Validity Driving experience

Gender

Mobile Number Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No. Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

Translator's name

Translator's ID

Translator's phone number

Translator's email

riginal language used in the statement

PASSENGER 1

Name

Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No Alt. Police Station Phone No.

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT

ATTACHMENT(S)

FAN HONGJUN G7650066K 20/10/1970 Indoor 07/02/2022

3 Valid

2 YEARS AND 9 MONTHS

Male

(Phone) +65-83820147

AMY.LIU@CHENGJIBUILDER.COM

9 TAGORE LANE

787472

No

Employee

No

Collision - Head to Rear

Clear Dry

No

2 Yes

> No Yes 2

No

BACHAR MD SOHUG

Male

Yes

Traffic Police

(Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBJ6258H

Vehicle Manufacturer

Vehicle Model Vehicle Variant Vehicle Colour -

Vehicle Category Commercial vehicle

Name of Driver

Contact Number - Address - -

Address complement

Postcode ...

Insurance Company Name
Nature Of Damage

Details of property damaged in accident .

No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person BACHAR MD SOHUG

Gender Male
Phone No -

Address

Address Complement _

Post Code _ _ Approximate Age Years Old _ _

Injuries Sustained 3 DAYS MC Injured person in which vehicle? GBJ2258J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Yes

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- This Form must be completed by the Poicyholder and/or the Actual Driver
- 3 information provided must be as fullful and accurate as possible. Any withit misrepresentation of withholding of material tests may allow insurance companies to repudgate policy is britis.
- 4. The itsue and acceptance of this Form by insurance companies is not an admission of policy tability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- 8 This report will be forwarded by the insurans to the SIA 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 misurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforecast.
- 8 Consent under the Personal Data Protection Act (PDPA)

I understand, 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 pressurer (collectively the "Personal information") and disclose and transfer such Personal Information to at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers (lawyers/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) of insurer(a) who have insured vehicle(s) involved in this accident and the insurers' lawyers/hav firms, may are permitted to collect use, disclose and/or process my Personal Information for one or more of the above Purposes; and

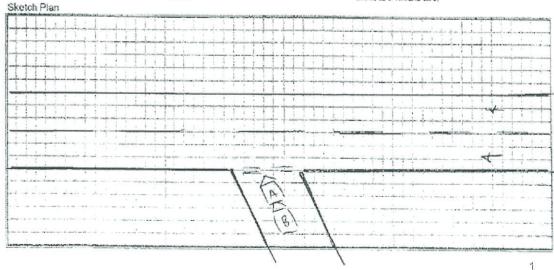
(c) my Personal information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their terryors/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Politice / Date & Time

Orliver's Signature at driver a not the policyhologra/ Date

Witnessed by Reporting Centre Poston-INAME as in NRICAD card)

Co. Reg. No.



Accident report SA1824BI000P

ON 18/11/2024 at about 0620 Mrs at along
Slip road of Sunger tengan Road towards
KPE (BKE).
I came to a complete stop at
the above mentioned road due to oncoming
main traffic. Suddenly, I heard a loud bang
and when I alight, I reassed it was
Vehicle (B) that bit onto the rear portion of
my venice (A) Causing damage to my venice.
I have I parkinger onboard.
We felt dis comfort and Will consult doctor.
(1) GBJ 22187
(B) GBJ (258H
and a sure of the

Declaration

iWe declare the foregoing particulars are true in every respect

Policy/socker's September - Date & Time

Driver's Signature in animal is not the policyholders (Date & Time

SERVICE OF THE STATE OF THE SERVICE OF THE SERVICE

Withested by Reporting Centre Personne.
/Name as in NRIESO card



T/20241120/7080

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20241120/7080

REPORT	OF A	TRACCIO	ACCIDENT

Date/Time Report Made: 20/11/2024 14:59			Vide Report No.:	Station Diary No.:	
Informant's	Particulars				
Name of In FAN HONG			Address: WOODLANDS CRESCENT #	#08-04 SINGAPORE 738087	
ID Type / ID No.: FIN NO / G7650066K			Contact No.: Home/Office:	Mobile: 82876840	
Nationality: CHINESE			Email: FANHONGJUN141@GMAIL.COM		
Sex: Age: Date of Birth: Male 54 20/10/1970			Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation CONSTRU			Driving Licence Information: Class:	Date of Expiry:	

	of the Accident		0	In a milest	Torrest landing
Type of Accident:	Injury Others	1	Drink Drive: No	Date/Time of Accident: 18/11/2024 06:20	Type of Location: SLIP ROAD
Location:					
SUNGEI TENGAH	ROAD				
Weather:		Road Su	urface:		
Weather: Traffic Flow:		Road Su Traffic C		Traf	ffic Volume:

Vehicle No. Type Make Model Color Color	
	11
GBJ2258J Lorry	
GBJ6258H Lorry	10

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



cs Scanned with CamScanner



T/20241120/7080

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20241120/7080

CONTINUATION OF REPORT

Passenger			645-141-141-141-141-141-141-141-141-141-1	6 - 3 - 5 1 M S	
Name	BACHAR MD SOHUG		ID No.		M3288546W
Related Vehicle	GBJ2258J (Lorry)		Conta	ct No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL				Class: NIL Date of Expiry: NIL
Date Treatment	18/11/2024 Date D		arge	NIL	1
No. of Days grant	Degree of		Slight		
Driver					
Name	FAN HONGJUN		ID No		G7650066K
Related Vehicle	GBJ2258J (Lorry)		Conta	ct No.	82876840
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class Drivin Licend Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	18/11/2024	Date Disc		NIL	
No. of Days grant	ed Medical Leave (MC) NIL	Degree of		Sligh	

Brief Details.

ON 18/11/2024 AT ABOUT 0620 HOURS AT ALONG SLIP ROAD OF SUNGEI TENGAH ROAD TOWARDS KPE (BKE).

I CAME TO A COMPLETE STOP AT THE ABOVE MENTIONED ROAD DUE TO THE ONCOMING MAIN TRAFFIC. SUDDENLY, I HEARD A LOUD BANG AND WHEN I ALIGHT, I REALISED IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 1

AFTER THE ACCIDENT, WE WENT TO THE HOSPITAL AND MY PASSENGER WAS GIVEN 3 DAYS MC.

- (A) GBJ2258J
- (B) GBJ6258H





Station Of Origin:



T/20241120/7080

3 of 3

Report No. T/20241120/7080

CONTINUATION OF REPORT

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: 20/11/2024 14:59
Officer In Charge Of Case: TP / AEIT / FAHKRUL RAZI BIN SUHAIME Contact No.: 65476404	Classification Of Case:

