



MG SOLUTION PTE LTD

23 Kaki Bukit Ave 4, AAS Kaki Bukit Centre #02-03 Singapore 415933

Tel: 6243 1373 Fax: 6243 1376

(GST Reg. No. 201427944N)

Date : 15/01/2018
Your Ref : CC6/AIG17022216/Aha3 (SDL 90D)
To : **AIG ASIA PACIFIC INSURANCE PTE LTD**
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SJH 3006D & SDL 90D ON 16/11/2017 AT
ALONG BUKIT TIMAH ROAD TOWARDS NEWTON BEFORE CAVENAGH
ROAD.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.188007 @ S\$8,346.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$720.00 (6 Days x S\$120)
- 3) LTA Search @ S\$5.35
- 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:9188 6931

E-mail: mg3solution@gmail.com



MG SOLUTION PTE LTD

23 Kaki Bukit Ave 4, AAS Kaki Bukit Centre #02-03 Singapore 415933

Tel: 6243 1373 Fax: 6243 1376

(GST Reg. No. 20-1427944-N)

PROFORMA BILL

Bill To:

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY

#07-12 AIG BUILDING

SINGAPORE 079120

Bill No. : 188007

Date : 15-January-2018

Vehicle Number : **SJH 3006D**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 7,800.00
BEFORE GST		7,800.00
7% GST		546.00
TOTAL		\$ 8,346.00

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) #02-03B
Vicom Inspection Centre, Singapore 415933
Tel: 6243 1373 Fax: 6243 1376
GST Reg. No. : 201427944N

MOTOR CLAIM DISCHARGE

INSURED: NARMEET SINGH
CAR/ LORRY/CYCLE: REG NO: SJH 3006D POLICY NO:
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SJH 3006D from the repairers,
Messrs 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 16 day of 11 20 17 have been completed to my / our satisfaction, and that
I / we have no further claim on the above company in Respect thereof.

Date: Signature: 

Co's Stamp: NRIC No:

20/11/2017 - PRI

Vehicle In - 20/11/2017

Vehicle out - 25/11/2017

LOU - 6 days x \$120

= \$720



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 17 Nov 2017 / 10:14:58

Receipt Date/Time : 17 Nov 2017 / 10:14:58

Tax Invoice/Receipt

Receipt No. : ITNET-00000-171117-000438

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 - SDL90D As at 16 Nov 2017/16:30:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.			
1	Insurance Enquiry - SDL90D Enquiry Fee 20171117101404854336	5.00	0.35	5.35
	Sub-Total	5.00	0.35	5.35
	Total Before Rounding	5.00	0.35	5.35
	Rounding Difference			0.00
	Total Amount Payable			5.35
	Paid By			
	20171117101411950	Direct Debit: eNETS Debit (Internet Banking)		5.35
	Total			5.35
	Cash Change			0.00
	Tendered Amount			5.35
	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.

Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
SDL90D	16 Nov 2017 / 16:30:00	AIG ASIA PACIFIC INSURANCE PTE. LTD.

[Print](#) [OK](#) [Save as PDF](#)

LETTER OF AUTHORITY

Name : NARMEET SINGH

Address : 48 WOODLANDS DRIVE 16
#04-54 S(737763)

Contact No : _____

TO: ALB ASIA PACIFIC INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SJH 3006D AND SDL 90D ON 16/11/2017
AT/ ALONG BUKIT TIMAH ROAD TOWARDS NEWTON BEFORE
CAVENAGH ROAD

I/We, NARMEET SINGH, am/are the registered owner of
motor car no. SJH 3006D

Please note that I have assigned all compensations monies due to me/us in the above said accident to **M/S MG SOLUTION PTE LTD**.

I/We, hereby authorize you to release all compensation monies pertaining to the above-mentioned accident to **M/S MG SOLUTION PTE LTD** and forward your settlement cheque to **M/S MG SOLUTION PTE LTD** whom I had authorized to collect the said compensation monies.

Thank you



Signature of Claimant



Witness By



Provided always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect my further claim for general and special damages for my personal injuries sustained in the same accident.


AUTHORIZATION TO ACT
(AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

I, NARMEET SINGH ("the third party claimant")
of 48 WOODLANDS DRIVE 16 #04-54 S(737763) (address),
owner of SJH 3006D (vehicle no.) hereby authorize
MG SOLUTION PTE LTD
("the workshop") to act for me with respect to my claim for repair costs and/or
rental and/or loss of use ("claim") for my vehicle no. SJH 3006D that was
damaged pursuant to the accident which occurred on 16/11/2017 (date) along
BUKIT TIMAH ROAD TOWARDS NEWTON BEFORE (location)
involving vehicle no/s SDL 90D ("the accident").

I further authorize the workshop to settle the above mentioned claim in a
manner that they deem fit and the workshop is further authorized to receive
payment further to settlement of my claim with payment cheque/s being made in
favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my
behalf is on a without prejudice and without admission of liability basis insofar
as the driver/owner/insurers of the other vehicle/s is concerned.

Date this _____ day of _____ (month) 20 _____ (year)


Signed by "the third party claimant"


Signed by "the workshop"



Provided always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect my further claim for general and special damages for my personal injuries sustained in the same accident.

RELEASE VOUCHER
(AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

"We/I, _____ ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte. Ltd. _____ ("name of surveyor") with respect to the amount claimed for S\$ _____ (repair costs), S\$ _____ (loss of use/rental) S\$ _____ (search fees) for vehicle no. _____ that was damaged pursuant to the accident which occurred on _____ (date) along _____ (location) involving vehicle no/s _____.

This is pursuant to the inspection conducted on _____ (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner _____ ("third party claimant") of vehicle no. _____ to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte. Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to _____ (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

Dated this _____ day of _____ (month) 20____ (year)

Signed by AIG appointed surveyor



Chopped & Signed by "the workshop"

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 Authorised 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 ability.
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 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 afterwards.

ACCIDENT STATEMENT

Date Of Report	17/11/2017 14:46
Date Of Accident	16/11/2017 16:30
Exact Location Of Accident	BUKIT TIMAH RD TWDS NEWTON B4 CAVENAGH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH3006D
Insured/Policyholder	
Name Of Registered Owner	NARMEET SINGH
NRIC No	S8631422C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91158654
Alternative Phone No	OTHERS-91158654
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2017-00007856
Cover Note Number	
Driver	
Name of Driver	NARMEET SINGH
NRIC No	S8631422C
Date Of Birth	05/11/1986
Occupation	INDOOR
Date Of Driving Pass	22/03/2006
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91158654
Fax Number	
Contact Number	OTHERS-91158654
Email Address	NOEMAIL

Address 48 WOODLANDS DRIVE
#04-54
Postcode 737763
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OWNER
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? YES
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO
If Yes, Please state which Police Station
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SDL90D
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name NARMEET SINGH

Approximate Age

Injuries Sustain

BACK & NECK

Injured person in which vehicle?

SJH3006D

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan

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10. My insurer, my workshop and the General Insurance Association of Singapore ("GIA") has, or permit it to, will 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

10.1 To enable the Insurers to process my claim and/or to settle my claim.

10.2 To enable the Insurers to investigate my claim.

10.3 To enable the Insurers to assist with my instructions or requests of law enforcement agencies.

10.4 To enable the Insurers to include the findings of this statement of incident, including my opinion, in my report, which will be used as evidence of facts and circumstances of the accident in the event of a dispute between the Insurers and the Insurers' lawyers/law firms.

10.5 To enable the Insurers to provide me with a copy of the findings of this statement of incident, including my opinion, in my report, which will be used as evidence of facts and circumstances of the accident in the event of a dispute between the Insurers and the Insurers' lawyers/law firms.

10.6 To enable the Insurers to provide me with a copy of the findings of this statement of incident, including my opinion, in my report, which will be used as evidence of facts and circumstances of the accident in the event of a dispute between the Insurers and the Insurers' lawyers/law firms.

10.7 To enable the Insurers to provide me with a copy of the findings of this statement of incident, including my opinion, in my report, which will be used as evidence of facts and circumstances of the accident in the event of a dispute between the Insurers and the Insurers' lawyers/law firms.

10.8 To enable the Insurers to provide me with a copy of the findings of this statement of incident, including my opinion, in my report, which will be used as evidence of facts and circumstances of the accident in the event of a dispute between the Insurers and the Insurers' lawyers/law firms.

10.9 To enable the Insurers to provide me with a copy of the findings of this statement of incident, including my opinion, in my report, which will be used as evidence of facts and circumstances of the accident in the event of a dispute between the Insurers and the Insurers' lawyers/law firms.

10.10 To enable the Insurers to provide me with a copy of the findings of this statement of incident, including my opinion, in my report, which will be used as evidence of facts and circumstances of the accident in the event of a dispute between the Insurers and the Insurers' lawyers/law firms.

10.11 To enable the Insurers to provide me with a copy of the findings of this statement of incident, including my opinion, in my report, which will be used as evidence of facts and circumstances of the accident in the event of a dispute between the Insurers and the Insurers' lawyers/law firms.

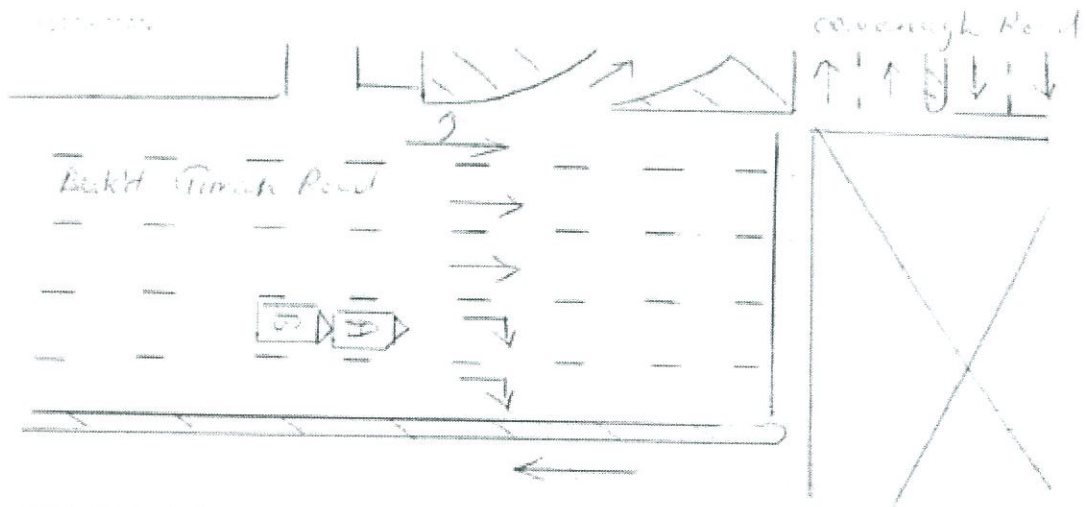
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Sketch Plan #2



STATEMENT OF FACTS

On 16/11/2017 at 1630 hrs at along Bukit Timah Road towards Newton before Cavenagh Road, I was travelling on the 2nd lane from the Right and when my front vehicle slows down and stop close to the RED traffic light hence I follow suit. Suddenly I heard a loud bang from behind and when I alighted, I realised that it was vehicle (B) hit into my Rear Portion of my vehicle (A) causing damage to my vehicle.

(A) SIA 2006 D
(B) SIA 90 D

DECLARATION

Sgn 17/11/17