



## 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 : 07/02/2018

Your Ref : **SBU 8283M**

To : **AIG ASIA PACIFIC INSURANCE PTE LTD**

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SLE 5069B & SBU 8283M ON 29/11/2017  
AT ALONG SOUTH BRIDGE ROAD AFTER ANN SIANG HILL.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.188032 @ **S\$5,564.00 (Inclusive Of 7% GST)**
- 2) Loss of Use @ **S\$360.00 (6 Days x S\$60)**
- 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



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(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. : 188032

Date : 07-February-2018

Vehicle Number : **SLE 5069B**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 5,200.00
BEFORE GST		5,200.00
7% GST		364.00
<b>TOTAL</b>		<b>\$ 5,564.00</b>

***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: JOHNNY LEE

CAR/ LORRY/CYCLE: REG NO: SLE 8069 B POLICY NO: .....

ACCIDENT CLAIM NO: .....

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle

Registered No. SLE 8069 B 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 29 day of 11 2017 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: .....

30/11/2017 - 187

3/12/2017 - Sunday

Vehicle In - 30/11/2017

Vehicle Out - 3/12/2017

LOU - 6 days x \$60  
= \$360



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

Print Date/Time : 29 Nov 2017 / 12:35:51

Receipt Date/Time : 29 Nov 2017 / 12:35:51

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-171129-000861

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 - SBU8283M				
As at 29 Nov 2017/11:50:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SBU8283M			
	Enquiry Fee	5.00	0.35	5.35
	20171129123358147844			
<b>Sub-Total</b>		5.00	0.35	5.35
<b>Total Before Rounding</b>		5.00	0.35	5.35
<b>Rounding Difference</b>				0.00
<b>Total Amount Payable</b>				5.35
Paid By				
	20171129123410590	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
SBU8283M	29 Nov 2017 / 11:50:00	AIG ASIA PACIFIC INSURANCE PTE. LTD.

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LETTER OF AUTHORITY

Name : JOHNNY LEE  
Address : 95 TAMPINES AVE 1 #02-47  
WATERVIEW SINGAPORE 528692  
Contact No : \_\_\_\_\_

TO: AIG ASIA PACIFIC INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SLE 5069 B AND SBU 8283 M ON 29/11/17  
AT/ ALONG SOUTH BRIDGE ROAD AFTER ANN LIANH HILL

I/We, JOHNNY LEE, am/are the registered owner of  
motor car no. SLE 5069 B

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



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

I, JOHNNY LEE ("the third party claimant")  
of 95 TAMPINES AVENUE 1 #02-47 WATERVIEW S(S28692) (address),  
owner of SLE 5069 B (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. SLE 5069 B that was  
damaged pursuant to the accident which occurred on 29/11/17 (date) along  
SOUTH BRIDGE ROAD AFTER ANN SIANG HILL (location)  
involving vehicle no/s SBU 8283 M ("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 disputes 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 aforesaid.

### ACCIDENT STATEMENT

Date Of Report	30/11/2017 09:55
Date Of Accident	29/11/2017 11:50
Exact Location Of Accident	SOUTH BRIDGE RD TOWARDS MAXWELL RD AFT ANN SIANG H
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE5069B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JOHNNY LEE
Co Reg No	53335293B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97684272
Alternative Phone No	OFFICE-88888888

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (A)

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? NO

If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5085585534
Cover Note Number	

### Driver

Name of Driver	LEE HAK SENG
NRIC No	S1433185I
Date Of Birth	12/09/1960
Occupation	INDOOR
Date Of Driving Pass	08/02/1992
Driving Experience	25 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97684272
Fax Number	
Contact Number	
E Mail Address	JOHNNYLEEHS@YAHOO.COM.SG

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

### General Information of the Accident

Type Of Accident COLLISION - OPENING DOOR OF VEHICLE

Weather Conditions CLEAR

Road Surface DRY

### Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? NO

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) 2

### 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

ON 29/11/2017 AT ABOUT 1150HRS AT ALONG SOUTH BRIDGE ROAD AFTER ANN SIANG HILL. I WAS TRAVELLING ON THE EXTREME LEFT LANE AND WHEN COMING TOWARDS A STATIONARY PARKED VEHICLE (B), IT DRIVER OPER HER DOOR WITHOUT PROPER LOOKOUT AND WITH CAUTIOUS AND HENCE COLLIDED ONTO MY FRONT LEFT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE ONE PASSENGER INSIDE MY VEHICLE. (A) SLE 5069B (B) SBU 8283M

### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: PLEASE GET FROM WRKSHOP

Was there any audio recorded? NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SBU8283M

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

# 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 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 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 lodgment 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 to insurers.
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 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:
  - (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 Insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyers/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/are be disclosed by any of the Insurers and/or GIA to their third party agent, broker, agent or agents/lawyer/law firms, which may be/are outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will/are be collected and used to provide claims information to all Insurers of the accident, investigations and management in present and all future claims;
- (e) the information so collected under (d) 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 regulations, laws or court orders.

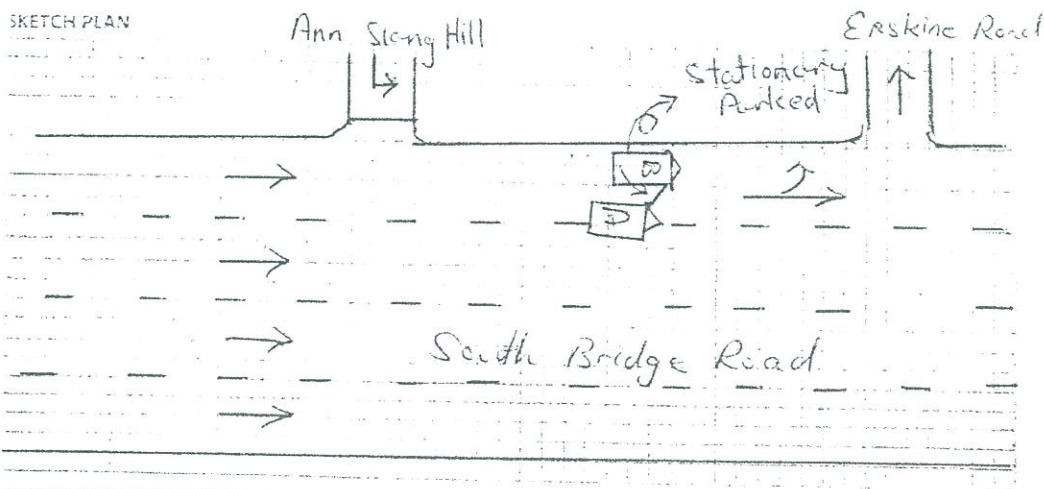


Policyholder's signature  
Date & Time:

Driver's signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Person's signature  
Name:  
NRIC/PIN No.:





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 29/11/2017 at about 1150 hrs at along South Bridge Road after Ann Siang Hill. I was travelling on the extreme left lane and when coming towards a stationary parked vehicle (B), it driver open her door without proper lookout and with cautious and hence collided onto my left front portion of my vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle.

(A) SLE 5069 B  
(B) SBU 8283 M

DECLARATION

(I/We declare that the information and facts in above report)



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/ID No.:

*Lawson Tan*