



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 : 10/01/2018

Policy No : GA202142/1

To : AXA INSURANCE SINGAPORE PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: OWN DAMAGE CLAIM FOR ACCIDENT INVOLVING VEHICLE SLC 7045S
& SJM 7480P ON 26/11/2017 AT JUNCTION OF UPPER SERANGOON ROAD AND
HOUGANG AVENUE 4.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Tax Invoice No.179293 @ S\$9,255.50 (Inclusive Of 7% GST)
- 2) Authorisation to Act
- 3) GIA Report
- 4) Certificate of Insurance

Please look into the above claim and let us have your payment of \$9,255.50 soonest.

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)

TAX INVOICE

Bill To:

AXA INSURANCE SINGAPORE PTE LTD

8 SHENTON WAY
#27-01 AXA TOWER
SINGAPORE 068811

INVOICE No : TI 179293

PB No :

Date : 10-January-2018

ATTN : MOTOR CLAIMS DEPARTMENT

Vehicle Number : SLC 7045S

QTY	DESCRIPTION	AMOUNT
1	To carried out Own Damage Claim repair as per surveyor's recommendation (Lump Sum)	\$ 9,450.00
2	Name of Policyholder : LIM LI HIA Policy No : GA202142/1 Period Of Insurance : 24/05/2017 to 23/05/2018	(800.00)
BEFORE GST		8,650.00
7% GST		605.50
TOTAL		\$ 9,255.50

Cheque should be made payable to **MG Solution Pte Ltd**

Co's stamp & Authorised Signature



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SATISFACTION VOUCHER / WORKSHOP'S WARRANTY

To: AXA Insurance Pte Ltd

I/We LIM LI HIA hereby confirm that I/we have taken delivery of my/our vehicle of registration number SLC 7045 S from the Workshop, Messrs MG SOLUTION PTE LTD and that all necessary and reasonable repairs arising from the accident involving my/our vehicle that occurred on 26/11/17 have been effected to my/our entire satisfaction. Save for my/our rights under the Warranty set out below, I/we confirm that I/we have no further claims against the Workshop in respect of such repairs.

I/We hereby authorise my/our insurer, AXA Insurance Pte Ltd, to pay the costs of such repairs (less the excess) which amounts to S\$ 9,255.50 directly to the said Workshop and I/we confirm that such payment shall wholly discharge any and all liability on the part of AXA Insurance Pte Ltd to indemnify me/ us for all damage to my/our said vehicle arising from the said accident.

Dated: _____

Signature of the Policyholder or duly authorized representative and company stamp where applicable.

WORKSHOP'S WARRANTY

Subject to provisions (a) to (d) below, the repairs effected to the abovementioned vehicle are warranted good by the Workshop for twelve (12) months from the date of this Satisfaction Voucher and during this period, rectification of repairs effected by the Workshop which prove to be faulty shall be undertaken by the Workshop free of charge.

This Warranty shall be inapplicable to:

- (a) faults arising out of abnormal usage of the vehicle;
- (b) faults due to attempts to correct any defect in the repairs effected by the Workshop or the mishandling of rectification work to the vehicle by persons other than the Workshop;
- (c) manufacturing defects in any parts replaced that could not reasonably have been detected by the Workshop at the time the repairs were effected;
- (d) faults or defects arising out of normal wear and tear, misuse, neglect, accident, flood, acts of God, or use in violation of the specifications relevant to the vehicle.



Signature and stamp of the Workshop



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AXA INSURANCE SINGAPORE PTE LTD
☎ 1800-880 4888 (Within Singapore)
(65) 6880 4888 (International)
☎ (65) 6338 2522
🌐 www.axa.com.sg

Letter of Authorisation for Lump Sum Repair

1. I, [Name] [NRIC] LIM LI HIA, the owner of vehicle [no.] SIC 70K5 S ("Vehicle") do hereby authorize the [Workshop/Insurer] to repair the Vehicle on a lump sum basis instead of part by part.
2. The [Workshop/Insurer] has explained to me the difference between lump sum repair and part by part repair and the consequences of my authorisation for lump sum repair for the Vehicle.
3. I understand that with lump sum repair, the Workshop may use a mixture of genuine parts, original equipment manufacturer (OEM) parts, reconditioned and second hand parts to carry out the repair and I note that the [Workshop/Insurer] will not be furnishing a detailed breakdown of parts or price for such lump sum repair.
4. I am aware that AXA Insurance Singapore Pte Ltd ("AXA Insurance") does not encourage lump sum repair as AXA Insurance strongly recommends repairs for vehicles on a part by part basis for transparency reasons. I confirm that I will hold AXA Insurance harmless from any claims arising from the lump sum repair of the Vehicle which I have authorised.

Signed and acknowledged by:

Signature of policyholder
Date:



Name and signature of workshop personnel including workshop stamp
Date:

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: LIM LI HIA

CAR/ LORRY/CYCLE: REG NO: SIC 7045 S POLICY NO: GA 202142 / 1

ACCIDENT CLAIM NO:

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

Registered No. SIC 7045 S 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 26 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:

LETTER OF AUTHORITY

Name : LIM LI HIA

Address : B/319 HOUGANG AVENUE 5

#10-23 S (530319)

Contact No : 9626 9612

TO: AXA INSURANCE SINGAPORE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SLC 7045 S AND SJM 7480 P ON 26/11/17

AT/ ALONG JUNCTION OF UPPER SERANGOON RD TO HOUGANG AVE 4.

I/We, LIM LI HIA, am/are the registered owner of
motor car no. SLC 7045 S

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

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	27/11/2017 13:38
Date Of Accident	26/11/2017 11:55
Exact Location Of Accident	JUNCTION OF UPPER SERANGOON RD TO HOUGANG AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC7045S
Insured/Policyholder	
Name Of Registered Owner	LIM LI HIA
NRIC No	S1499652D
Email Address	LLHJESSIE@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96269612
Alternative Phone No	OFFICE-60000000

Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 (A)
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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA202142/1
Cover Note Number	

Driver

Name of Driver	LIM LI HIA
NRIC No	S1499652D
Date Of Birth	08/04/1961
Occupation	INDOOR
Date Of Driving Pass	07/08/1981
Driving Experience	36 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96269612
Fax Number	
Contact Number	OFFICE-60000000
Email Address	LLHJESSIE@YAHOO.COM.SG

Address

Postcode

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

-

-

-

Insurance Company of Driver's Own Vehicle

-

-

-

General Information of the Accident

Type Of Accident

COLLISION - CROSS JUNCTION

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) 4

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

Report please refer sketch Plan

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 SJM7480P

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

SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly the details of the accident to speed up the claims process.
2. The Form must be completed by the Policyholder and/or the Authorized 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 date 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 statement 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report by the centre and to copies of the report being made available if possible.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

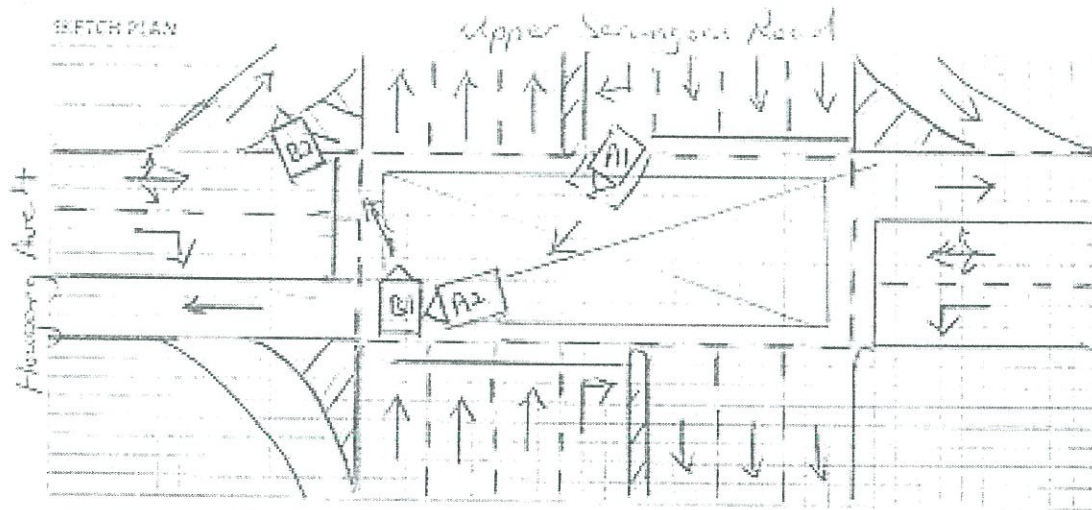
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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 insurer(s) 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 to be disclosed by any of the Insurers and/or its authorised servants or agents or agents including their lawyers/law firms, which may be law abiding citizens of Singapore, for one or more of the above purposes
- (d) my Personal Information will also be collected and/or processed by the Insurers for the purpose of fraud detection, investigations and management of present and future claims.
- (e) the information collected under (a) above may be shared with:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, legal claims, law enforcement and government agencies as reasonably required for the purposes stated, to
 - (ii) for complying with requirements under any regulations, laws or court orders.

Insured's Signature
Date & Time

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

Reporting Centre Representative Signature
Name: Ramesh
NRIC/IN No: S1018096

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 26/11/2017 at about 1155 hrs at junction of Upper Serangoon Road and Hwangang Ave 4. I was travelling on the extreme Right Lane along Upper Serangoon Rd and had stopped at the pocket to enter Right into Hwangang Ave 4. When the green arrow traffic signal appeared, I proceed my Right turn into Hwangang Ave 4. While doing so, a Vehicle (A) from the opposite direction of Upper Serangoon Road beat the traffic light and hence collided onto my front Portion of my Vehicle (A) causing damages to my vehicle.

(A) SLC 7045 S

(B) SJM 7480 P

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 Constable Person's Signature
Name: [Signature]
USP Number: 57316098



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AXA Insurance Pte Ltd
☎ 1800 880 4888 (Within Singapore)
(65) 6880 4888 (International)
☎ (65) 6880 4740
✉ customer.care@axa.com.sg
🌐 www.axa.com.sg

Certificate of Insurance

account number
03094

Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 - Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name	LIM LI HIA	Certificate number	GA202142 / 1
Cover	Comprehensive	Chassis number	JM6BM42A6G0334295
Plan name	Flexi	Engine number	P520350038
NCD applicable	20%		
Vehicle registration number	SLC7045S		
Period of Insurance	from 24/05/2017 to 23/05/2018 (both dates inclusive)		
Finance loan company	HONG LEONG FINANCE LIMITED		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
(b) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS Basic Own Damage Excess
Windscreen Excess

SGD 800.00
SGD 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).
The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.