



## 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 : SJF 1085Z

To : AIG ASIA PACIFIC INSURANCE PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SKL 6310Y & SJF 1085Z ON 30/11/2017 AT  
ALONG KPE TOWARDS ECP BEFORE FORT ROAD EXIT.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.188008 @ S\$3,745.00 (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



## 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. : 188008

Date : 15-January-2018

Vehicle Number : SKL 6310Y

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 3,500.00
BEFORE GST		3,500.00
7% GST		245.00
<b>TOTAL</b>		<b>\$ 3,745.00</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: ..... WHEELWAY .....

CAR/ LORRY/CYCLE: REG NO: ..... SKL 63104 ..... POLICY NO: .....

ACCIDENT CLAIM NO: .....

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

Registered No. .... SKL 63104 ..... 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 ..... 30 ..... 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: .....

7/12/2017 - PRI  
10/12/2017 - Sunday

Vehicle In - 7/12/2017

Vehicle Out - 12/12/2017

LOU - 6 days x \$60

= \$360



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

Print Date/Time : 01 Dec 2017 / 09:07:34

Receipt Date/Time : 01 Dec 2017 / 09:07:34

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-171201-000232

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SJF1085Z				
As at 30 Nov 2017/18:30:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SJF1085Z Enquiry Fee 20171201090632306601	5.00	0.35	5.35
<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				
	20171201090645760	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
SJF1085Z	30 Nov 2017 / 18:30:00	AIG ASIA PACIFIC INSURANCE PTE. LTD.

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



LETTER OF AUTHORITY

Name : WHEELWAY  
Address : 14 JALAN KERAYONG SEMBANG  
STRAITS ESTATE (5759311)  
Contact No : \_\_\_\_\_  
TO: AIG ASIA PACIFIC INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SKL 6310 Y AND SJF 1085 Z ON 30/11/17  
AT/ ALONG ROAD 1 KALLANG PAYA LEBAR EXPRESSWAY NEAR FORD ROAD EXIT TOWARDS  
ECP.

I/We, WHEELWAY, am/are the registered owner of  
motor car no. SKL 6310 Y

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

A handwritten signature in blue ink, consisting of a stylized 'S' followed by a flourish.

\_\_\_\_\_  
Witness By



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

I, WHEELWAY ("the third party claimant")  
of 14 JALAN KERAYONG SEMBAWANG STRAITS ESTATE SINGAPORE (address),  
owner of SKL 6310 Y (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. SKL 6310 Y that was  
damaged pursuant to the accident which occurred on 30/11/17 (date) along  
ALONG ROAD 1 KALLANG PAYA LEBAR EXPRESSWAY NEAR FORD ROAD EXIT (location)  
involving vehicle no/s SKL 6310 Y & SJF1085Z TOWARDS ECP. ("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, MG SOLUTION PTE LTD. ("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 aforesaid.

### ACCIDENT STATEMENT

Date Of Report	01/12/2017 15:19
Date Of Accident	30/11/2017 18:30
Exact Location Of Accident	KPE TOWARDS ECP BEFORE FORT ROAD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL6310Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WHEELWAY
Co Reg No	53348097C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88888888

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF-1.4 GT TSI (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	5088304004
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD AZRAM BIN ABDUL AZIZ
NRIC No	S8227359Z
Date Of Birth	26/08/1982
Occupation	INDOOR
Date Of Driving Pass	13/01/2011
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97526404
Fax Number	
Contact Number	
Email Address	AZRAM@LIVE.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 - 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? 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? YES

If Yes, Please state which Police Station

Police Station Name CHANGKAT NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7819999 - FAX NO: 67832722

Was notice of intended Prosecution given? NO

If Yes, against whom?

### Circumstances of Accident

PLEASE REFER POLICE REPORT T/20171130/2179

### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: PLS GET FROM WORKSHOP

Was there any audio recorded? NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJF1085Z

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 don't correctly state 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 truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The consequence of false facts by insurance companies may result in loss of policy, loss of benefits and loss of insurance compensation.
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 to those authorised by interested parties.
7. By the lodging of this report to the insurers, you hereby consent to the archiving of this report at the centre and to the report being made available to those authorised.
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 claim including the settlement of a claim and any necessary investigations relating to the claim;
    - (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, supervising, processing and handling of my claims (collectively the "Purposes").
  - (b) All insurer(s) who have insured vehicle(s) involved in this accident and the insured, to provide information, make statements and/or provide documents, records, data and information to 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) stated in (a).
  - (c) My Personal Information may be used to disclose and/or transfer to 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) stated in (a).
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  - (z) My Personal Information may be used to disclose and/or transfer to 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) stated in (a).



Date & Time:

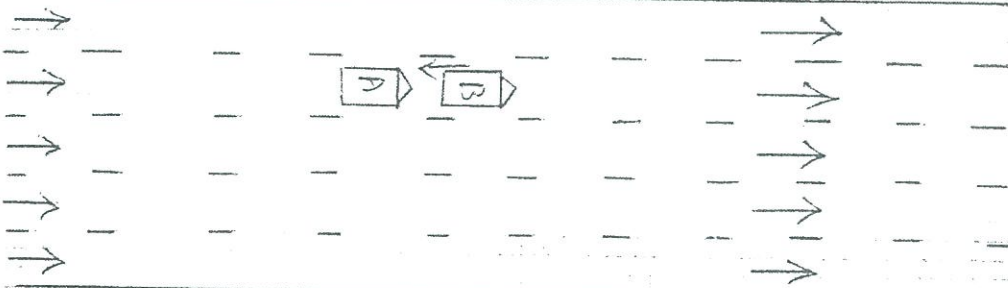
Signature  
(If driver is not the policyholder)

Signature  
Name:  
NRIC/FIN No.:



SKETCH PLAN

KPE (ECP) before Fort road Exit



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) SKL 6310 Y  
(B) SJF 1085 Z

Refer to Police Report

Report No. -

T/20171130/2179

*[Handwritten signature]*

DECLARATION

I/we declare the foregoing details are true to the best of my/our knowledge.



Date & Time:

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

Witness's Signature  
Name:  
Address:

*[Handwritten signature]*



**SINGAPORE  
POLICE FORCE**



T/20171130/2179

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

1 of 3

Report No. T/20171130/2179

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/11/2017 22:45		Vide Report No.:		Station Diary No.: 22	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD AZRAM BIN ABDUL AZIZ			Address: APT BLK 477C UPPER SERANGOON VIEW #02-582 SINGAPORE 533477		
ID Type / ID No.: NRIC NO / S8227359Z			Contact No.: Home/Office: Mobile: 97526404		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 26/08/1982	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: TECHNICAL PROFESSIONAL			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/11/2017 18:30	Type of Location: Flyover
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY near ford road exit towards ECP				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Rear to Head			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>					
Vehicle No.	Type	Make	Model	Year	Registration
SJF1085Z	Car				0
SKL6310Y	Car				Slightly Damaged 3

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20171130/2179

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

2 of 3

Report No. T/20171130/2179

CONTINUATION OF REPORT

<b>Driver</b>			
Name	MUHAMMAD AZRAM BIN ABDUL AZIZ	ID No.	S8227359Z
Related Vehicle	SKL6310Y (Car)	Contact No.	97526404
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 30/11/2017 at 1830hrs, as I was stationary along KPE tunnel near fort road exit towards ECP due to the traffic jam. A blue vehicle(SJF1085Z) rolled backwards towards my vehicle. I then horned at the driver to alert him however the rear of his vehicle collided onto the front of my vehicle. after which I had signaled him to move to the side however he just sped off without exchanging particulars.





**SINGAPORE  
POLICE FORCE**



T/20171130/2179

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

3 of 3

Report No. T/20171130/2179

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
G /  
Staff Sgt YEO HAO KIAT

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
30/11/2017 22:45

Officer In Charge Of Case: SN 107  
TE  
SINGAPORE REEM BIN ABDUL HAGUE  
CO 65476079

Classification Of Case:

Authentication  
NP168

65476079