



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 : CC2/CTII7023298/Ahb3 (SKJ 9127B)

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SKB 5937Z & SKJ 9127B ON 05/12/2017
AT ALONG TEMASEK AVENUE AND SIDE ROAD OF SUNTEC CITY TOWARDS
CAR PARK F.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.188034 @ S\$3,905.50 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$480.00 (6 Days x S\$80)
- 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:

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

NO. 3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

SINGAPORE 079909

Bill No. : 188034

Date : 07-February-2018

Vehicle Number : **SKB 5937Z**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 3,650.00
BEFORE GST		3,650.00
7% GST		255.50
TOTAL		\$ 3,905.50

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

MOTOR CLAIM DISCHARGE

INSURED: FONG CHEE KEONG

CAR/ LORRY/CYCLE: REG NO: SKB 5937Z POLICY NO:

ACCIDENT CLAIM NO:

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

Registered No. SKB 5937Z 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 05 day of 12 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 \$ 80
= \$ 480



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

Print Date/Time : 06 Dec 2017 / 09:06:52

Receipt Date/Time : 06 Dec 2017 / 09:06:52

Tax Invoice/Receipt

Receipt No. : ITNET-00000-171206-000218

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 - SKJ9127B As at 05 Dec 2017/11:50:00 Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD			
1	Insurance Enquiry - SKJ9127B Enquiry Fee 20171206090536802075	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			
	20171206090546541 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
SKJ9127B	05 Dec 2017 / 11:50:00	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

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LETTER OF AUTHORITY

Name : FONG CHEE KEONG

Address : BLK 7 COMMONWEALTH AVE
#09-654 SINGAPORE 14007

Contact No : _____

TO: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SKB 59372 AND SJK 9127 B ON 5/12/17
AT/ ALONG TEMASEK AVE AND SIDE ROAD OF SUNTEC CITY TOWARDS
CAR PARK F

I/We, FONG CHEE KEONG, am/are the registered owner of
motor car no. SKB 59372

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	06/12/2017 14:28
Date Of Accident	05/12/2017 11:45
Exact Location Of Accident	SUNTEC CITY ENTRANCE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB5937Z
Insured/Policyholder	
Name Of Registered Owner	FONG CHEE KEONG
NRIC No	S7233102H
Email Address	ERFONGCHEEKEONG72@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96569874
Alternative Phone No	OFFICE-96569874

Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE 1.6L AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10672052
Cover Note Number	N.A

Driver

Name of Driver	FONG CHEE KEONG
NRIC No	S7233102H
Date Of Birth	10/09/1972
Occupation	INDOOR
Date Of Driving Pass	16/08/2003
Driving Experience	14 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96569874
Fax Number	
Contact Number	OFFICE-96569874
Email Address	ERFONGCHEEKEONG72@GMAIL.COM

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 SIDE SWIPE

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 05/12/2017 at about 1145hrs at along Temasek Ave and side road of Suntec City towards Car Park F. I was travelling on the above mentioned side road towards the Car Park F and suddenly a Vehicle (B) on my left lane veered into my lane without checking his blindspot and without 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) SKB5937Z (B) SKJ9127B

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: WILL FORWARD TO INSURANCE TEAM ONCE INSURED SEND

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKJ9127B
Vehicle Make/Model/Colour AUDI A6 2.0 TFSI MU / WHITE
Details Of Properties NIL
Name of Driver TAN CHIEW PENG
NRIC/Passport Number S7682040F
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

Details of Witness

Name

Phone Number

Email Address

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of 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 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.
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' lawyer/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' lawyer/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/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]

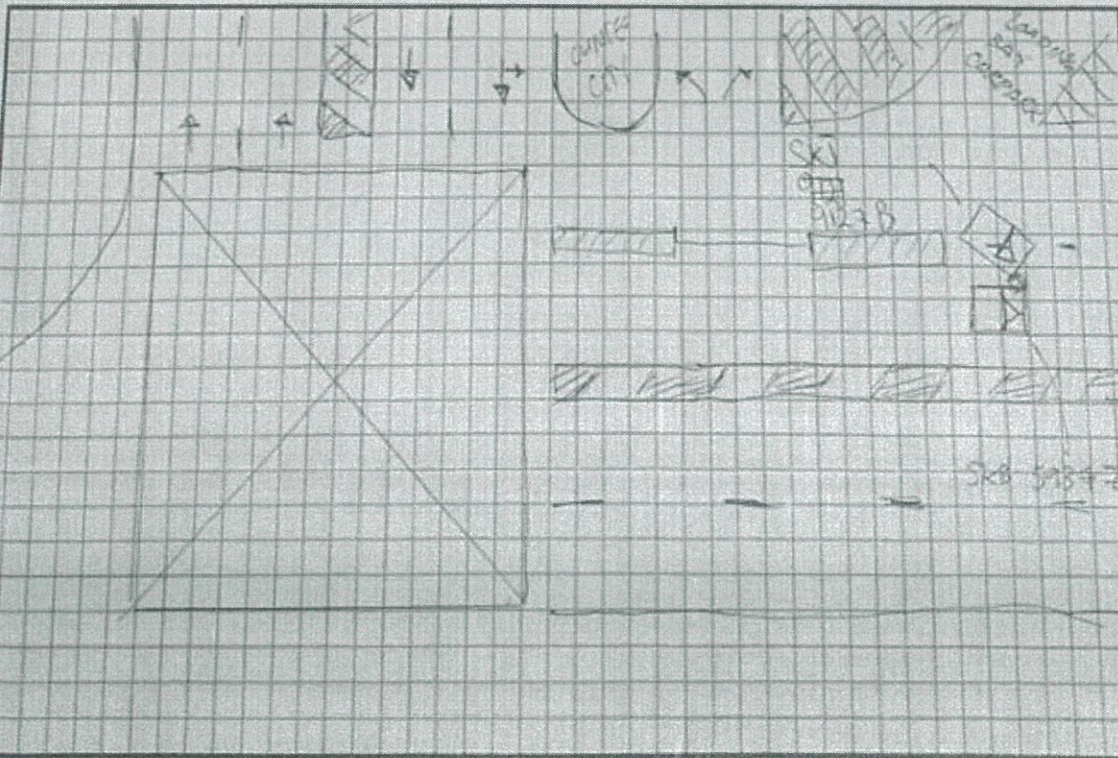
**VERIFIED BY AJAX MARS
REPORTING OFFICER
MUHAMMAD SUMARDI BIN
MOHD AFFANDI**

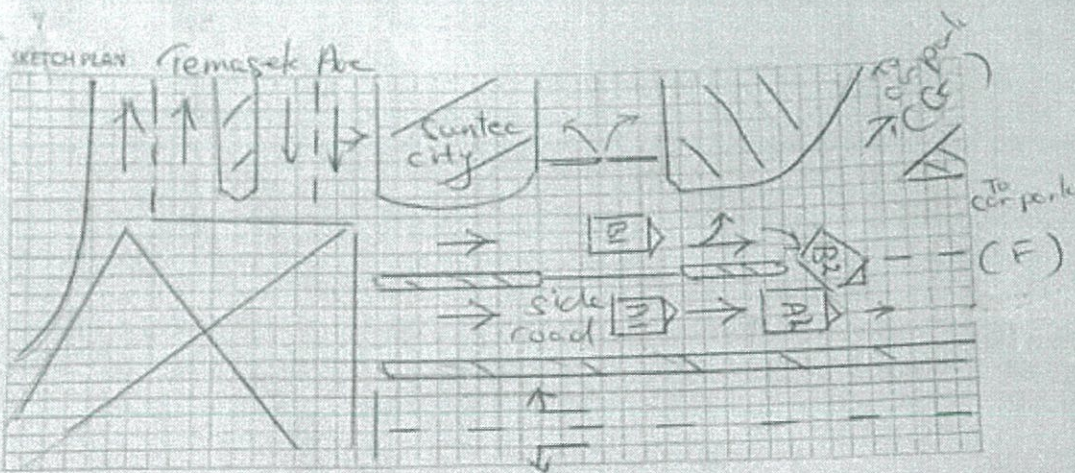
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/12/2017 at about 1145 hrs at along Temasek Ave and side road of Suntec City towards Car Park F. I was travelling on the above mentioned side road towards the Car Park F and suddenly a Vehicle (B) on my left lane veered into my lane without checking his blindspot and without 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) SKB 5937 Z

(B) SKJ 9127 B

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 Centre Personnel's Signature
Name:
NRIC/FIN No.: