



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 : GBC 8140L

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SKH 9030G & GBC 8140L ON 09/12/2017
AT ALONG CTE TOWARDS CITY BESIDE BRADDELL ROAD EXIT.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.188035 @ S\$9,844.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,080.00 (9 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:

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

N0. 3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

SINGAPORE 079909

Bill No. : 188035

Date : 07-February-2018

Vehicle Number : **SKH 9030G**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 9,200.00
BEFORE GST		9,200.00
7% GST		644.00
TOTAL		\$ 9,844.00

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: OH Theng cheng
CAR/ LORRY/CYCLE: REG NO: SKH 9030G POLICY NO: -
ACCIDENT CLAIM NO: -

I / ~~We~~ confirm that I / ~~we~~ have taken delivery of Car / Lorry / Motor Cycle
Registered No. SKH 9030 G 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 09 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:

11/12/2017 - PRI

17/12/2017 - Sundays

Vehicle In - 11/12/2017

Vehicle Out - 19/12/2017

LOU - 9 days x \$120

= \$ 1,080



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

Print Date/Time : 11 Dec 2017 / 09:05:17

Receipt Date/Time : 11 Dec 2017 / 09:05:17

Tax Invoice/Receipt

Receipt No. : ITNET-00000-171211-000175

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 - GBC8140L			
	As at 09 Dec 2017/18:30:00			
	Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD			
1	Insurance Enquiry - GBC8140L			
	Enquiry Fee	5.00	0.35	5.35
	20171211090426991289			
	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			
	20171211090435969	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
GBC8140L	09 Dec 2017 / 18:30:00	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

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

LETTER OF AUTHORITY

Name : OH Theng cheng

Address : 84 Tai Hwan Heights
S(555429)

Contact No : _____

TO: China Taiping Insurance (Singapore) Pte Ltd

Dear Sirs,

ACCIDENT INVOLVING SKH 9030G AND GBC 8140L ON 09/12/2017
AT/ ALONG CTE TOWARDS CITY BESIDE BRADDELL ROAD EXIT

I/We, OH Theng cheng, am/are the registered owner of
motor car no. SKH 9030G

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

X 
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 as said.

ACCIDENT STATEMENT

Date Of Report	11/12/2017 15:34
Date Of Accident	09/12/2017 18:30
Exact Location Of Accident	CTE TWDS CITY BESIDE BRADDELL RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH9030G
Insured/Policyholder	
Name Of Registered Owner	OH THENG CHENG
NRIC No	S6835117J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98786719
Alternative Phone No	OFFICE-98786719

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS GS300 AUTO
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100334952-04000
Cover Note Number	-

Driver

Name of Driver	OH THENG CHENG
NRIC No	S6835117J
Date Of Birth	03/09/1968
Occupation	INDOOR
Date Of Driving Pass	19/05/1994
Driving Experience	23 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98786719
Fax Number	
Contact Number	OFFICE-98786719
Email Address	NOEMAIL

Address	84 TAI HWAN HEIGHTS
Postcode	555429
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 - 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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO 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	GBC8140L
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	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please complete this form to help speed up the claim process.
2. This form should be completed by the Policyholder and/or the Authorized Driver.
3. Information given should be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurers to repudiate policy liability.
4. This form will be referred to by insurers to determine admissibility of policy liability on the part of the insurance company.
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 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' 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 extension, 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, regulatory requirements, and/or any other legal obligations.
 - (b) My insurer(s) who have insured such vehicle(s) involved in this accident (and the Insurers) may/are permitted to use my Personal Information to disclose or process my Personal Information to the Insurers for the purpose(s) stated in (a).
 - (c) My insurer(s) who have insured such vehicle(s) involved in this accident (and the Insurers) may/are permitted to use my Personal Information to disclose or process my Personal Information to the Insurers for the purpose(s) stated in (a).
 - (d) My insurer(s) who have insured such vehicle(s) involved in this accident (and the Insurers) may/are permitted to use my Personal Information to disclose or process my Personal Information to the Insurers for the purpose(s) stated in (a).
 - (e) My insurer(s) who have insured such vehicle(s) involved in this accident (and the Insurers) may/are permitted to use my Personal Information to disclose or process my Personal Information to the Insurers for the purpose(s) stated in (a).
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 - (s) My insurer(s) who have insured such vehicle(s) involved in this accident (and the Insurers) may/are permitted to use my Personal Information to disclose or process my Personal Information to the Insurers for the purpose(s) stated in (a).
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 - (w) My insurer(s) who have insured such vehicle(s) involved in this accident (and the Insurers) may/are permitted to use my Personal Information to disclose or process my Personal Information to the Insurers for the purpose(s) stated in (a).
 - (x) My insurer(s) who have insured such vehicle(s) involved in this accident (and the Insurers) may/are permitted to use my Personal Information to disclose or process my Personal Information to the Insurers for the purpose(s) stated in (a).
 - (y) My insurer(s) who have insured such vehicle(s) involved in this accident (and the Insurers) may/are permitted to use my Personal Information to disclose or process my Personal Information to the Insurers for the purpose(s) stated in (a).
 - (z) My insurer(s) who have insured such vehicle(s) involved in this accident (and the Insurers) may/are permitted to use my Personal Information to disclose or process my Personal Information to the Insurers for the purpose(s) stated in (a).

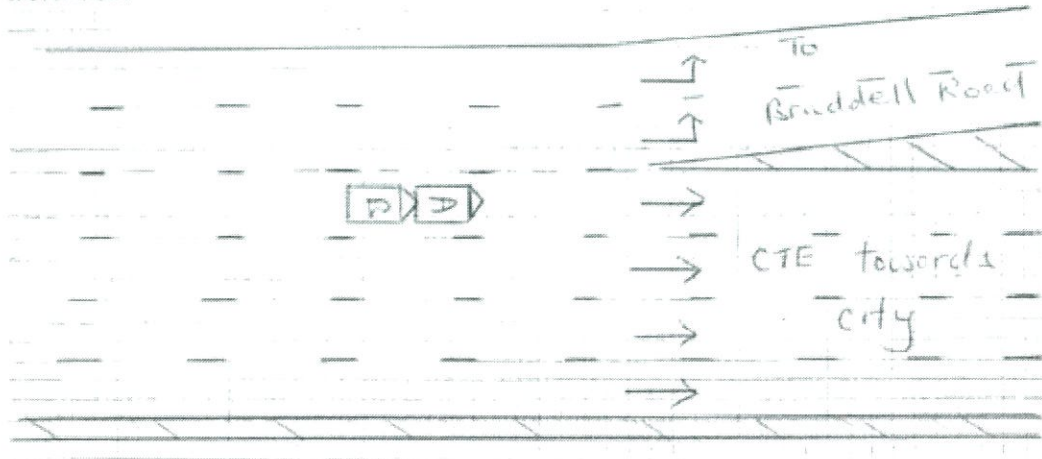

Signature of Policyholder
Name & Title


Signature of Authorized Driver
Name & Title


Signature of Insurer
Name & Title

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 09/12/2017 at about 1830 hrs at along CTE towards city beside Braddell Road Exit. I was travelling on the 3rd lane from the left and when my front vehicle slow down and stop due to heavy traffic hence I follow suit. Suddenly I heard a loud bang from behind and when I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my vehicle (A) causing damages to my vehicle. I have 3 passengers inside my vehicle.

(A) SKH 9030 G
(B) GBC 8140 L

DECLARATION

I declare that the information provided is true and correct.

[Signature]

Police Officer's Signature
Date & Time:

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

[Signature]
Reporting Officer's Signature
Name:
Rank/Title: