



## 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 : 07/03/2018

Your Ref : CC6/III18000163/Whb3 (SJQ 1586L)

To : INDIA INTERNATIONAL INSURANCE PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SKT 8779Z & SJQ 1586L ON 23/12/2017  
AT ALONG TAMPINES STREET 32 TOWARDS TAMPINES STREET 34 BESIDE  
MACDONALD @ TAMPINES MART.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.188059 @ S\$4,173.00 (Inclusive Of 7% GST)
- 2) Loss of Rental @ S\$180.00 (3 Days x S\$60)
- 3) LTA Search @ S\$7.45
- 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:

**INDIA INTERNATIONAL INSURANCE PTE LTD**

64 CECIL STREET

#05-02 IOB BUILDING

SINGAPORE 049711

Bill No. : 188059

Date : 07-March-2018

Vehicle Number : **SKT 8779Z**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 3,900.00
BEFORE GST		3,900.00
7% GST		273.00
<b>TOTAL</b>		<b>\$ 4,173.00</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: LM Fiew Hong Tharen  
CAR/ LORRY/CYCLE: REG NO: SKT 87792 POLICY NO: -  
ACCIDENT CLAIM NO: -

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle  
Registered No. SKT 87792 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 23 day of 12 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: [Signature]

Co's Stamp: NRIC No:

27/12/2017 - PR1

Vehicle In - 27/12/2017

Vehicle Out - 29/12/2017

Lou - 3 days x \$ 60

= \$ 180



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

Print Date/Time : 26 Dec 2017 / 13:46:26

Receipt Date/Time : 26 Dec 2017 / 13:46:26

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-171226-001180

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 - SJQ1586L As at 23 Dec 2017/16:50:00 Insurance Co: INDIA INT'L INS PTE LTD			
1	Insurance Enquiry - SJQ1586L Enquiry Fee 20171226134444399251	7.00	0.49	7.49
	<b>Sub-Total</b>	7.00	0.49	7.49
	<b>Total Before Rounding</b>	7.00	0.49	7.49
	<b>Rounding Difference</b>			0.04
	<b>Total Amount Payable</b>			7.45
	<b>Paid By</b>			
	20171226134452894 Direct Debit: eNETS Debit (Internet Banking)			7.45
	<b>Total</b>			7.45
	<b>Cash Change</b>			0.00
	<b>Tendered Amount</b>			7.45
	<b>Excess Refundable Amount</b>			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.

Print Receipt OK Save as PDF

## Vehicle Insurance Particulars Result

Vehicle No.  
SJQ1586L

Incident Date/Time  
23 Dec 2017 / 16:50:00

Insurance Company Name  
INDIA INT'L INS PTE LTD

Print    OK    Save as PDF



LETTER OF AUTHORITY

Name : LIM SIEW HONG MARWA

Address : B/271 TAMPINES STREET 21

#09-1091 S(520 271)

Contact No : 9673 5733

TO: INDIA INTERNATIONAL INSURANCE PTE LTD.

Dear Sirs,

ACCIDENT INVOLVING SKT 87792 AND STQ 1586L ON 23/12/2017

AT/ ALONG TAMPINES ST 32 BESIDE MACDONALD @ TAMPINES MART

I/We, LIM SIEW HONG MARWA, am/are the registered owner of  
motor car no. SKT 87792

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	26/12/2017 16:51
Date Of Accident	23/12/2017 16:50
Exact Location Of Accident	TAMPINES ST 32 BESIDE MACDONALD @ TAMPINES MART
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT8779Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIN SIEW HONG THERESA
NRIC No	S1264806E
Email Address	THERESALINSH8@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96735733
Alternative Phone No	OFFICE-88888888

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X CVT (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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5080961847-01
Cover Note Number	

### Driver

Name of Driver	LIN SIEW HONG THERESA
NRIC No	S1264806E
Date Of Birth	27/09/1957
Occupation	INDOOR
Date Of Driving Pass	27/11/1978
Driving Experience	39 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96735733
Fax Number	
Contact Number	OFFICE-88888888
EMail Address	THERESALINSH8@GMAIL.COM

Address	BLK 271 TAMPINES ST 21 #07-109
Postcode	520271
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

### 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 23/12/2017 AT ABOUT 1650HRS AT ALONG TAMPINES ST 32 TOWARDS TAMPINES ST 34 BESIDE MACDONALD @ TAMPINES MART. I WAS TRAVELLING ON THE ABOVE MENTIONED ROAD AND WHEN COMING TOWARDS THE CAR PARK ENTRANCE OF MACDONALD @ TAMPINES MART, A VEHICLE (B) FROM THE OPPOSITE DIRECTION COLLIDED BY A VEHICLE (C) FROM THE REAR. THE IMPACT FORCED VEHICLE (B) INTO MY PATH AND COLLIDED ONTO MY FRONT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE ONE PASSENGER INSIDE MY VEHICLE. TOTAL 3 VEHICLES INVOLVED IN THIS ACCIDENT. (A) SKT 8779Z (B) SJQ 1586L (C) GBE 8850K

### 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	SJQ1586L
Vehicle Make/Model/Colour	SUZUKI SWIFT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	



Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBE8850K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report accurately the details of the accident to speed up the claims process.
2. This 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 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 supply it if the report being made available a/for/said.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

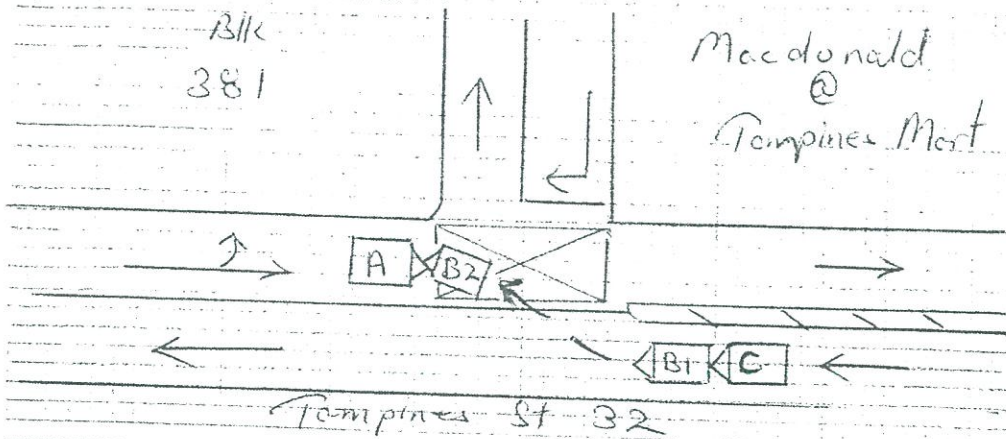
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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 computing, processing, handling and/or dealing with my claim(s), effectively the "Purposes";
- (b) 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 Purpose(s);
- (c) my Personal Information may also be disclosed by any of the Insurers and/or GIA to their third party service providers or agents, including their lawyers/law firms, established outside of Singapore, for one or more of the above Purpose(s);
- (d) my Personal Information will also be collected and used to verify my identity for the purpose of fraud detection or fraud prevention management with present and/or future claims;
- (e) my Personal Information collected under this Form may be shared, disclosed or:
  - (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 Personnel's Signature  
Name:  
NRIC/IN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/12/2017 at about 1650 hrs at along Tampines st 32 towards Tampines st 34 beside Macdonald @ Tampines Mart. I was travelling on the above mentioned road and when coming towards the car park entrance of Macdonald @ Tampines Mart, a Vehicle (B) from the opposite direction collided by a Vehicle (C) from the Rear. The impact forced Vehicle (B) into my Path and collided onto my front Portion of my Vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle. Total 3 vehicle involved in this accident

DECLARATION

I/We declare that the foregoing particulars are true and correct.

*[Signature]*  
 Policeholder's Signature  
 Date & Time:

*[Signature]*  
 Driver's Signature  
 (If driver is not the policeholder)  
 Date & Time:

*[Signature]*  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/PPN No.:

(A) SKT8779Z  
 (B) SJQ 1586L  
 (C) G-BE 8850 K