



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 : 13/04/2018

Your Ref : CC4/ASM18001304/Ahb3 (SKS864T)

To : **AXA INSURANCE SINGAPORE PTE LTD**

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SLG4896B & SKS864T ON 18/01/2018 AT
ALONG RORNIE ROAD TOWARDS PIE BEFORE ANDREW ROAD.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.188093 @ S\$3,210.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$240.00 (4 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:

AXA INSURANCE SINGAPORE PTE LTD

8 SHENTON WAY

#27-01 AXA TOWER

SINGAPORE 068811

Bill No. : 188093

Date : 13-April-2018

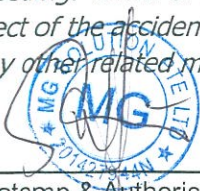
Vehicle Number : **SLG 4896B**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 3,000.00
BEFORE GST		3,000.00
7% GST		210.00
TOTAL		\$ 3,210.00

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: LOW CHERN
CAR/ LORRY/CYCLE: REG NO: SLG 4896B POLICY NO:
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SLG 4896B 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 18 day of 01 2018 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:

22/1/2018 - PRI

Vehicle In - 22/1/2018
Vehicle Out - 25/1/2018
Low - 4 days x \$60
= \$240



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

Print Date/Time : 18 Jan 2018 / 13:57:05

Receipt Date/Time : 18 Jan 2018 / 13:57:05

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180118-000937

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 - SKS864T				
As at 18 Jan 2018/08:00:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SKS864T Enquiry Fee 20180118135621050260	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	20180118135629948	Direct Debit: eNETS Debit (Internet Banking)		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
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.

SKS864T

Incident Date/Time

18 Jan 2018 / 08:00:00

Insurance Company Name

AXA INSURANCE PTE LTD

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

LETTER OF AUTHORITY

Name : LOW CHERN
Address : BLK 126 LORONG 1 TOA PAYOH
#05-553 SINGAPORE 310126
Contact No : _____
TO: AXA INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SLG 4896B AND SKS 864T ON 18/01/2018
AT/ ALONG LORNE ROAD TOWARDS PIE BEFORE ANDREW ROAD

I/We, LOW CHERN, am/are the registered owner of
motor car no. SLG 4896B

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

AUTHORIZATION TO ACT

I, LOW CHERN ("the third party claimant")
of BLK 126 LORONG 1 TAPAYOH #05-553 S(310126) (address),
owner of SLG 4896B (vehicle no.) hereby authorize

M G 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. SLG 4896B that was damaged pursuant to the
accident which occurred on 18/01/2018 (date) along LORNIE ROAD
TOWARDS PIE BEFORE ANDREN ROAD (location)

involving Vehicle No/s SKS 864T

("The accident").

I further authorize the workshop to settle my 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.

Dated this _____ day of _____ (month) 20 _____ (year)



Signed by "the third party claimant"



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 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	19/01/2018 17:03
Date Of Accident	18/01/2018 08:00
Exact Location Of Accident	ALONG LORNIE RD TWDS PIE B4 ANDREW RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG4896B
Insured/Policyholder	
Name Of Registered Owner	LOW CHERN
NRIC No	S8913168E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81114815
Alternative Phone No	OTHERS-81114815

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	NEW GOLF
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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	217VP05016359
Cover Note Number	

Driver

Name of Driver	LOW CHERN
NRIC No	S8913168E
Date Of Birth	15/04/1989
Occupation	INDOOR
Date Of Driving Pass	22/03/2008
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81114815
Fax Number	
Contact Number	OTHERS-81114815
EEmail Address	NOEMAIL

Address	BLK 126 LORONG 1 TOA PAYOH #05-553
Postcode	310126
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
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)	1

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

PLS REFER TO THE 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	SKS864T
Vehicle Make/Model/Colour	
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)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly the date of the accident to your insurer.
2. This form must be completed by the policyholder and/or the affected driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or omission of material facts may allow the insurer to rescind its policy liability.
4. The insurer may share the information with its authorised agent or administrator, including company, broker, reinsurer, or other 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 to other interested parties.
7. By the submission of this report to the insurer, you hereby consent to the insurer and its authorised agent or administrator the report being made available to process:
 1. Consent under the Personal Data Protection Act (PDPA)
 1. Understand, or know, agree and consent to:
 - (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 my claim 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 and notices to me, which should involve disclosure of certain personal data about me to bring about delivery of the same as well as to the relevant driver of the other vehicle(s) involved); and/or
 - (v) other purposes that may be required by the insurers and/or government agencies and/or law enforcement agencies.
 - (b) My insurer, my workshop and the GIA may/are permitted to use my personal data/personal information for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of my claim 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 and notices to me, which should involve disclosure of certain personal data about me to bring about delivery of the same as well as to the relevant driver of the other vehicle(s) involved); and/or
 - (v) other purposes that may be required by the insurers and/or government agencies and/or law enforcement agencies.
 2. I consent to the insurers, my insurer, my workshop and the GIA may/are permitted to use my personal data/personal information for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of my claim 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 and notices to me, which should involve disclosure of certain personal data about me to bring about delivery of the same as well as to the relevant driver of the other vehicle(s) involved); and/or
 - (v) other purposes that may be required by the insurers and/or government agencies and/or law enforcement agencies.

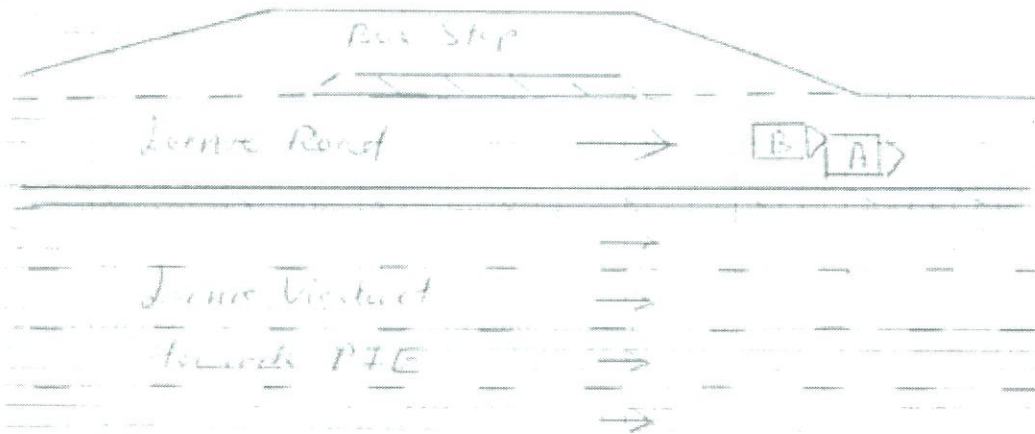
Insured's Signature
Date & Time

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

Reporting Centre Person's Signature
Name
NRIC/FIN No.

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/01/2018 at about 0800 hrs I was driving along Lorne Road towards PTE before Andrew Road. I was travelling on the above mentioned road 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 into my Rear Portion of my vehicle (A) causing damages to my vehicle.

(A) SIG 4876 13
(B) SKS 864 1

DECLARATION

I declare that the information provided is true and correct.

Authorised Signatory
Date & Time

Signature of Driver
Date & Time

Signature of Witness
Date & Time