



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 : 18/04/2018
Your Ref : SLC9940U
To : **LONPAC INSURANCE BHD**
Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SLV6410C & SLC9940U ON 23/01/2018 AT ALONG UPPER BUKIT TIMAH ROAD TOWARDS WOODLANDS BEFORE PETIR ROAD.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.188096 @ S\$4,280.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$420.00 (7 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,



HP: 9188 6931

E-mail: mg3solution@gmail.com



MG SOLUTION PTE LTD

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Tel: 6243 1373 Fax: 6243 1376

(GST Reg. No. 20-1427944-N)

PROFORMA BILL

Bill To:

LONPAC INSURANCE BHD

N0.100 BEACH ROAD

#19-00 SHAW TOWER

SINGAPORE 189702

Bill No. : 188096

Date : 18-April-2018

Vehicle Number : **SLV 6410C**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 4,000.00
		BEFORE GST 4,000.00
		7% GST 280.00
		TOTAL \$ 4,280.00

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: AWESOME RENTALS PTE LTD

CAR/ LORRY/CYCLE: REG NO: SLV6410S POLICY NO:

ACCIDENT CLAIM NO:

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

Registered No. SLV 6410Sfrom 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 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:



Co's Stamp: NRIC No:

25/1/2018 - PR1
28/1/2018 - Sunday

vehicle In: 25/1/2018
vehicle Out: 31/1/2018
LOU = 7 days x \$60
= \$ 420

From: LTA [LTA-VTL@lta.gov.sg]
Sent: Wednesday, January 24, 2018 10:54 AM
To: mg3solution@gmail.com
Subject: Notification of Successful Vehicle Insurance Search for Receipt No.: ITNET-00000-180124-000544

Land Transport Authority

Notification of Successful Vehicle Insurance Search for Receipt No.: ITNET-00000-180124-000544

Dear Sir/Madam

We wish to inform you that your transaction on "Enquire Vehicle Insurance Particulars" performed on 24 Jan 2018 was successful and the Receipt No. is ITNET-00000-180124-000544.

2. The details of the search results are as follow:

Vehicle No.	Search Date	Search Time	Search Result
SLC9940U	23 Jan 2018	19:20:00	LONPAC INSURANCE BHD

3. Please contact our customer service officers at tel : 1800-CALL LTA (1800-2255 582) should you require further assistance.
4. Please do not reply to this auto-generated e-mail. If you have any feedback, please go to www.lta.gov.sg/feedback. You can also visit www.onemotoring.com.sg for more information.
5. Thank you.

If you are not the intended recipient of this communication, please delete it.

As it may contain confidential or official information, do not retain it or disclose the contents to any person as it may be an offence under the Official Secrets Act.

LETTER OF AUTHORITY

Name : OWESOME RENTALS PTE LTD
Address : 183 JALAN PELIKAT #01-10
THE PROMENADE@PELIKAT S(537643)
Contact No : _____

TO:

LONPAC INSURANCE BHD

Dear Sirs,

ACCIDENT INVOLVING SLV 6410C AND SLC 9940U ON 23/01/2018
AT/ALONG UPPER BUKIT TIMAH ROAD TOWARDS WOODLANDS BEFORE
PETIR ROAD

I/We, OWESOME RENTALS PTE LTD, am/are the registered owner of
motor car no. SLV 6410C

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, appearing to be 'S. B.', written over a horizontal dashed line.

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 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	24/01/2018 16:56
Date Of Accident	23/01/2018 19:20
Exact Location Of Accident	UPPER BUKIT TIMAH RD TOWARDS WOODLANDS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV6410C
Insured/Policyholder	
Name Of Registered Owner	OWESOME RENTALS PTE LTD
Co Reg No	201701835N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81022396
Alternative Phone No	OFFICE-81022396
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ-1.4 (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	THIRD PARTY
Fleet Policy	NO
Policy Number	5093084377
Cover Note Number	
Driver	
Name of Driver	QUAH YONG LI
NRIC No	S9148791H
Date Of Birth	30/12/1991
Occupation	OUTDOOR
Date Of Driving Pass	06/02/2015
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81022396
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 235, CHOA CHU KANG CENTRAL #18-25
Postcode	680235
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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?	
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

ON 23.01.2018 AT ABOUT 1920 HRS AT ALONG UPPER BUKIT TIMAH ROAD TOWARDS WOODLANDS BEFORE PETIR ROAD I WAS TRAVELLING ON THE CENTRE LANE AND WHEN I SAW A VEHICLE BREAK DOWN AHEAD HENCE, I SLOW DOWN MY VEHICLE 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

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	SLC9940U
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

IMPORTANT NOTICE

1. Please report correctly the date, time and location of the accident.
2. This Form must be completed by the Policyholder and signed by the Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or falsification of facts may allow the insurer to repudiate policy liability.
4. The basis and existence of this Form is insurance contract and is not a document of insurance or any other contract between the insurer and the insured.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded to, their insurers of the Traffic Accident Management Corporation (TAMC), the Motor Insurance Association of Singapore (MIAS) for settling and controls of a report. It is for the insurer's use and should not be sent to any interested parties.
7. Both assignment of a claim and the insured's liability, including outstanding amounts, will be settled and paid to the insured's policy beneficiary.
8. Consent under the Personal Data Protection Act, 2012:
 - (a) I, the insured, do hereby consent to the insurer and the General Insurance Association of Singapore (GIAS) may be 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 during the settlement of the claims and any necessary follow-up and/or appeals;
 - (ii) investigating the situation and/or any 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/boxes) and/or;
 - (v) compliance with related laws, regulations, processing, handling and/or dealing with my claims, collectively the "Purposes".
 - (b) I, the insured, do hereby consent to the insurer and the Insurers' lawyers/law firms, may be permitted to collect, use, disclose and/or process my personal data/personal information for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims during the settlement of the claims and any necessary follow-up and/or appeals;
 - (ii) investigating the situation and/or any 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/boxes) and/or;
 - (v) compliance with related laws, regulations, processing, handling and/or dealing with my claims, collectively the "Purposes".
9. The information collected is for use by the Insurers' lawyers/law firms, to assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (i) for complying with requirements under any regulations, laws or court orders.

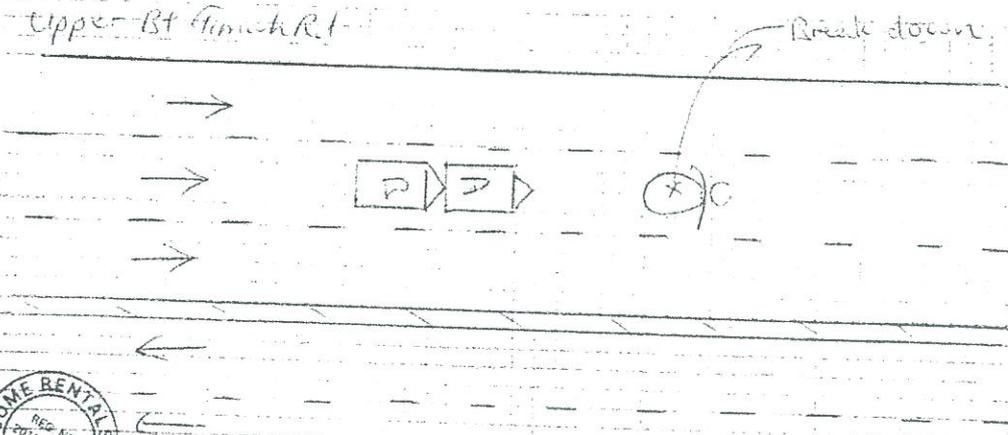


Policyholder's Signature
Date & Time:

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

Reporting Officer's Signature
Name:
NRIC/FIN NS.:

SKETCH PLAN



CIRCUMSTANCES OF THE ACCIDENT

On 22/01/2018 at about 1920 hrs at along Upper Bukit
 Tinch Road towards Woodlands before Petir Road. I
 was travelling on the centre lane and when I saw a
 vehicle break down ahead hence I slow down my
 vehicle.
 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) resulting
 damages to my vehicle.

DECLARATION

I hereby declare that the above information is true and correct.
 Date: 22/01/2018
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time



Reporting Centre Person's Signature
 Name:
 No. 01835N