



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 : 23/05/2018

Your Ref : SHC5944H

To : AXA INSURANCE SINGAPORE PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SGE2007J & SHC5944H ON 15/02/2018 AT
ALONG SERVICE ROAD OF BLK 538 AND BLK 536 OF JELAPANG ROAD.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No. **188154 @ S\$12,519.00 (Inclusive Of 7% GST)**
- 2) Loss of Use @ **S\$1,200.00 (10 Days x S\$120)**
- 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 : 188154

Date : 23-May-2018

Vehicle Number : SGE 2007J

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 11,700.00
BEFORE GST		11,700.00
7% GST		819.00
TOTAL		\$ 12,519.00

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: Chua Meng Hua

CAR/ LORRY/CYCLE: REG NO: SGE 2007J POLICY NO: -

ACCIDENT CLAIM NO: -

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

Registered No. SGE 2007J 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 15 day of 02 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:

20/2/2018 - PR 1
21/2/2018 - PR 1
25/2/2018 - Sunday

Vehicle In - 20/2/2018
Vehicle Out - 1/3/2018
Low - 10 days x \$120
= \$1,200

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

Print Date/Time : 20 Feb 2018 / 13:26:56

Receipt Date/Time : 20 Feb 2018 / 13:26:56

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180220-001068

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SHC5944H

As at 15 Feb 2018/15:10:00

Insurance Co: AXA INSURANCE PTE LTD

1	Insurance Enquiry - SHC5944H Enquiry Fee 20180220132534654063	7.00	0.49	7.49
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Sub-Total	7.00	0.49	7.49
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Total Before Rounding	7.00	0.49	7.49
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Rounding Difference			0.04
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Total Amount Payable			7.45
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Paid By

20180220132539777	Direct Debit: eNETS Debit (Internet Banking)	7.45
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Total		7.45
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Cash Change		0.00
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Tendered Amount		7.45
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Excess Refundable Amount		0.00
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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.
SHC5944H

Incident Date/Time
15 Feb 2018 / 15:10:00

Insurance Company Name
AXA INSURANCE PTE LTD

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

LETTER OF AUTHORITY

Name : Chua Meng Hua
Address : BLK 542 JELAPANG ROAD
#03-42 SINGAPORE 670542
Contact No : _____
TO: AXA INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SGE 2007J AND SHC 5944H ON 15/02/2018
AT/ALONG SERVICE ROAD OF BLK 538 AND BLK 536 OF JELAPANG ROAD

I/We, Chua Meng Hua, am/are the registered owner of
motor car no. SGE 2007J


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

Provided always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect my further claim for general and special damages for my personal injuries sustained in the same accident.


AUTHORIZATION TO ACT

I, CHUA MENG HUA ("the third party claimant")
of BLK 542 JELAPANG ROAD #03-42 SINGAPORE 670542 (address),
owner of SGE 2007J (vehicle no.) hereby authorize
MG 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. SGE 2007J that was damaged pursuant to the
accident which occurred on 15/07/2018 (date) along SERVICE ROAD
OF BLK 538 AND BLK 536 OF JELAPANG ROAD (location)
involving Vehicle No/s SHC 5944H
("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 as aforesaid.

ACCIDENT STATEMENT

Date Of Report	20/02/2018 16:22
Date Of Accident	15/02/2018 15:10
Exact Location Of Accident	SERVICE RD ALONG BLK 538 & BLK 536 OF JELAPAND RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGE2007J
Insured/Policyholder	
Name Of Registered Owner	CHUA MENG HUA
NRIC No	S0218805H
Email Address	MENGHUA@BKMGROUP.COM.SG
Mobile Phone No	(LOCAL) +65-97358243
Alternative Phone No	OFFICE-60000000

Vehicle Particulars

Manufacturer	AUDI
Model	A4-1.8 TFSI MU ATTRACTION (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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA310721/1
Cover Note Number	

Driver

Name of Driver	CHUA MENG HUA
NRIC No	S0218805H
Date Of Birth	13/06/1954
Occupation	INDOOR
Date Of Driving Pass	17/12/1976
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97358243
Fax Number	
Contact Number	OFFICE-60000000
Email Address	MENGHUA@BKMGROUP.COM.SG

Address	BLK 542 JELAPAND ROAD #03-42
Postcode	670542
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	-
Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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

Report please refer to Sketch Plan

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	SHC5944H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 do not disturb the scene of the accident to speed up the claim process.
2. This Form must be completed by the Policyholder and/or the Advisor and Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or a willful neglect of material facts may allow insurance companies to regulate 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 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 request to interested parties.
7. By the lodging of this report to the insurers, you hereby consent to the archiving of the report at the Records Management Centre and the report being made available aforesaid.


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 claim, including the settlement of the claim and any necessary investigations relating to the claim;
 - (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
- (b) all Personal Information collected or involved in the settlement of this insured's liability, including any information collected, used, disclosed or otherwise processed, information otherwise held, or information otherwise used, by the Insurers, their 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 claim, including the settlement of the claim and any necessary investigations relating to the claim;
 - (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

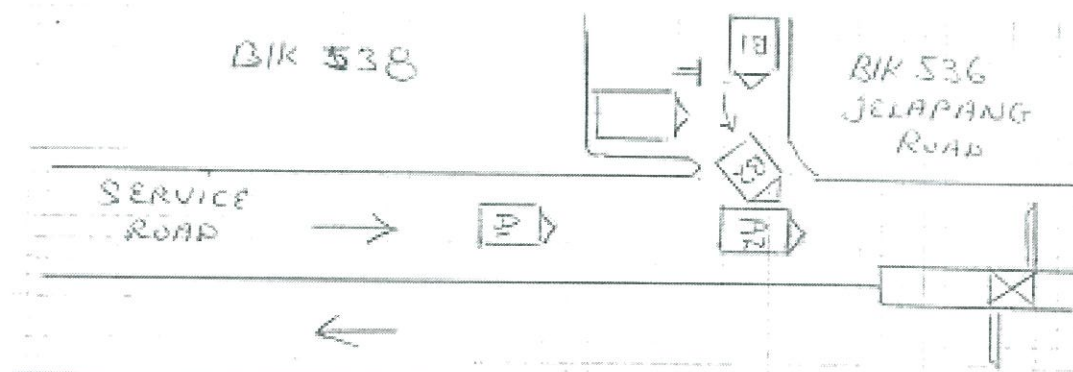

Policyholder's Signature
Date & Time

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


Supporting Centre Personnel's Signature
Name: REN MI
NRIC NO: 571319016

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/02/2018 at about 1510 hrs at along Service Road of Blk 538 and Blk 536 of Jelapang Road. I was travelling along the above mentioned service road and suddenly a vehicle (B) exited out from the side road between Blk 538 & Blk 536 without stopping and without proper lookout and hence collided onto my whole left Portion of my Vehicle (A) causing damages to my vehicle. I have 4 passengers inside my vehicle.

(A) SGE 2007 J

(B) SHC 5944 H

DECLARATION

I/We declare the foregoing contents are true in every respect.

Police Officer's Signature
Date & Time

Driver's Signature
Of Street & not the policyholder
Date & Time

Witness Signature
Name
Address No. 59131856

SKETCH PLAN

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