



## 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 : 28/05/2018  
Your Ref : CC4/ASMI8003771/Aeb3 (SGM9376E)  
To : AXA INSURANCE SINGAPORE PTE LTD  
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SJK6074X & SGM9376E ON 26/02/2018 AT JUNCTION OF LAVENDER STREET AND BENDEMEER ROAD.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.188158 @ S\$3,638.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$400.00 (5 Days x S\$80)
- 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

## Asher Sng (LKKAuto)

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**From:** Asher Sng (LKKAuto)  
**Sent:** Friday, 23 March 2018 11:32 AM  
**To:** 'ERYANG0119@HOTMAIL.COM'  
**Subject:** ACCIDENT INVOLVING SGM 9376E AND SJK 6074X ALONG LAVENDER ST/BENDEMEER RD JUNCTION ON 26/02/2018



Auto  
Consultants  
Pte Ltd

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51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

23 MAR 2018

**YANG ER BIN**

Dear Sir/ Mdm

**OUR REF : CC4/ASM18003771/Aeb3**

**YOUR REF : SGM 9376E**

**ACCIDENT INVOLVING SGM 9376E AND SJK 6074X ALONG LAVENDER ST/BENDEMEER RD JUNCTION ON 26/02/2018**

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a claim from M/s MG SOLUTION PTE LTD acting on behalf of the owner of SJK 6074X against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had rear-ended the Third Party vehicle SJK 6074X. As such, liability is down against us.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com) within 7 days from the date of this letter **if not provided at our reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)

- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6256 3561 or email us at [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com).

Please quote the claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Asher  
Case Handler  
DID: 6841 6051  
FAX: 6741 4108  
Email: [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com)

c.c. AXA Insurance Pte Ltd (AXA)  
(Motor Claims Dept)

Provided always that the 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, SHARING WELL PTE LTD ("the third party claimant")  
of 25 KAKI BUKIT ROAD 4 #06-30 SYNERGY@KB S(417800) (address),  
owner of SJK 6074X (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. SJK 6074X that was damaged pursuant to the  
accident which occurred on 26/02/18 (date) along JUNCTION OF  
LAVENDER STREET AND BENDEMEER ROAD (location)  
involving Vehicle No/s SGIM9376E  
("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 31 day of FEB (month) 20 18 (year)



Signed by "the third party claimant"



Signed by "the workshop"



redefining / insurance

CLAIM REF : S8M009KJ  
INSURED : YANG ER BIN

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.

#### DISCHARGE VOUCHER

We/I [ SHARING WELL PTE LTD ], NRIC NO. 201617903C hereby agree to accept the sum of dollars [ THREE THOUSAND NINE HUNDRED FORTY FIVE AND CENTS FORTY FIVE ONLY ] (S\$ 3,945.45) paid to us/me by AXA INSURANCE PTE LTD as full and final settlement of all claims of whatever kind including damages for personal injuries and damages to property that we/I may have against the said AXA INSURANCE PTE LTD or their Insured or the driver of motor vehicle no. [ SGM 9376E ] as a result of an accident along [ JUNCTION OF LAVENDER ST & BENDEMEER ROAD ] on [ 26/02/2018 ] of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. [ SJK 6074X ].

We/I hereby declare that the said insurer or owner and/or driver of insured vehicle shall not be liable for any further claim(s) whatsoever and whosoever present or future that we/I may have against the said Insurer, owner and/or driver of vehicle no. [ SGM 9376E ] in connection directly or indirectly with the said accident and give our/my full and final discharge.

We/I hereby declare that we/I are/am the person(s) entitled to receive the above settlement and hereby undertake to indemnify AXA INSURANCE PTE LTD against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made without admission of liability whatsoever on the part of the said insurer, owner and/or driver of vehicle no. [ SGM 9376E ].

Dated this 09 day of 09 2018

Claimant's Signature : \_\_\_\_\_  
NRIC no./ Company Stamp : \_\_\_\_\_  
Occupation/ Business : \_\_\_\_\_  
Address : \_\_\_\_\_  
Telephone No. : \_\_\_\_\_  
Witness's Name : \_\_\_\_\_  
Witness's Signature : \_\_\_\_\_  
Witness's NRIC No. : \_\_\_\_\_



## MG SOLUTION PTE LTD

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Tel: 6243 1373 Fax: 6243 1376

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

## TAX INVOICE

Bill To:

**AXA INSURANCE SINGAPORE PTE LTD**

8 SHENTON WAY

#27-01 AXA TOWER

SINGAPORE 068811

INVOICE No : TI 189227

PB No : 188158

Date : 11-September-2018

ATTN : MOTOR CLAIMS DEPARTMENT

Vehicle Number : **SJK 6074X**

QTY	DESCRIPTION	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 3,400.00
BEFORE GST		3,400.00
7% GST		238.00
TOTAL		\$ 3,638.00

Cheque should be made payable to MG Solution Pte Ltd



Co's stamp & Authorised Signature



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

Print Date/Time : 26 Feb 2018 / 14:09:53

Receipt Date/Time : 26 Feb 2018 / 14:09:53

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-180226-001294

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SGM9376E As at 26 Feb 2018/10:15:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SGM9376E Enquiry Fee 20180226140856714334	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				
	20180226140902696	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.  
SGM9376E

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

Insurance Company Name  
AXA INSURANCE PTE LTD

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