



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/ASM18004208/Ahb3 (PC3193B)
To : AXA INSURANCE SINGAPORE PTE LTD
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE PC7200M & PC3193B ON 02/03/2018 AT
ALONG DRIVE WAY OF GARDENS BY THE BAY.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.188163 @ S\$12,626.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,350.00 (9 Days x S\$150)
- 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 (South Wing) #02-03B
Vicom Inspection Centre, Singapore 415933
Tel: 6243 1373 Fax: 6243 1376
GST Reg. No. : 201427944N

MOTOR CLAIM DISCHARGE

INSURED: KBS LIMOUSINE LLP
CAR/ LORRY/CYCLE: REG NO: PC 7200 M POLICY NO:
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. PC 7200 Mfrom 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 02 day of 03 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]

**KBS
LIMOUSINE LLP**
Co's Stamp: NRIC No:

5/3/2018 - PRI
11/3/2018 - Sunday

vehicle in - 5/3/2018
vehicle out - 13/3/2018
Lon - 9 days x \$150
= \$1,350



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

Print Date/Time : 02 Mar 2018 / 15:14:38

Receipt Date/Time : 02 Mar 2018 / 15:14:38

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180302-001441

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 - PC3193B				
As at 02 Mar 2018/14:00:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - PC3193B Enquiry Fee 20180302151342483865	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				
	20180302151347934	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.
PC3193B

Incident Date/Time
02 Mar 2018 / 14:00:00

Insurance Company Name
AXA INSURANCE PTE LTD

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

LETTER OF AUTHORITY

Name : KBS LIMOUSINE LLP

Address : 148 POTONG PASIR AVE 1

#04-43 SINGAPORE 350148

Contact No : _____

TO: AXA INSURANCE SINGAPORE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING PC 7200M AND PC 3193B ON 02/03/2018
AT/ALONG DRIVE WAY OF GARDENS BY THE BAY

I/We, KBS LIMOUSINE LLP, am/are the registered owner of
motor car no. PC 7200M

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


**KBS
LIMOUSINE LLP**

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.

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, KBS LIMOUSINE LLP ("the third party claimant")

of 148 POTONG PASIR AVE 1 #04-43 SINGAPORE 350148 (address),

owner of PC 7200M (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. PC 7200M that was damaged pursuant to the accident which occurred on 02/03/2018 (date) along DRIVE WAY OF GARDENS BY THE BAY (location)

involving Vehicle No/s PC 3193B

("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)

**KBS
LIMOUSINE LLP**

[Handwritten signature]



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 revoke 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 resaid.

ACCIDENT STATEMENT

Date Of Report	02/03/2018 16:23
Date Of Accident	02/03/2018 14:00
Exact Location Of Accident	AT ALONG DRIVEWAY OF GARDENS BY THE BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7200M
Insured/Policyholder	
Name Of Registered Owner	KBS LIMOUSINE LLP
Co Reg No	T15LL1822L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90106239

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	V220 CDI EXTRA-LONG AT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	BUS

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	S118V02358/VBS/R02
Cover Note Number	

Driver

Name of Driver	PHOON KAR LOON
NRIC No	S7022219A
Date Of Birth	12/07/1970
Occupation	OUTDOOR
Date Of Driving Pass	13/02/1993
Driving Experience	25 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90106239
Fax Number	
Contact Number	
Email Address	KARLPHOON@OUTLOOK.COM

Address BLK 148 POTONG PASIR AVE 1 #04-43
 Postcode 350148
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident SIDE SWIPE
 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

REFER TO BELOW STATEMENT/SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: WITH DRIVER
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PC3193B
 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)

Accident Sketch Plan Pg. 1

SKETCH PLAN

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 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 copies of the report being made available aforesaid.
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 administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) All insurer(s) 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 Purposes; and
- (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), which may be based outside of Singapore, for one or more of the above Purposes;
- (d) My Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) The information so collected under (a) above may be shared / disclosed:
- (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.

KBS LIMOUSINE LLP

[Handwritten Signature]

02 MAR 2019

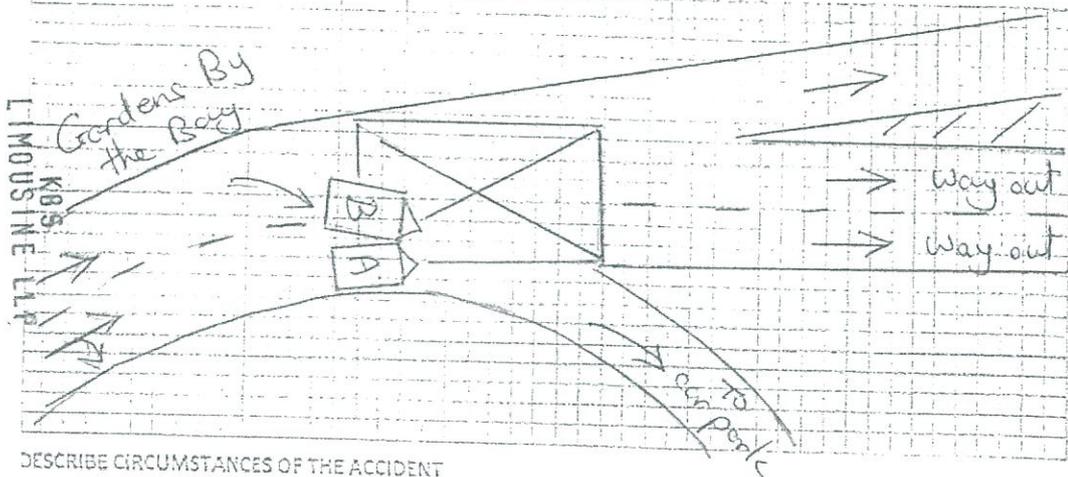
IDAC KAKI BUNTI (VAC)

Policyholder'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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 02/03/2018 at about 1400 hrs at along Drive
 Way of Gardens by the Bay. I was travelling on
 the extreme Right lane and suddenly a Vehicle (B)
 on my left veered into my lane without checking
 his blindspot and without cautious hence collided
 on my whole left portion of my Vehicle (A). The
 great impact forced my vehicle to hit onto the
 Right Kerb causing my Right Rear tyre punctured.

(A) PC F200M
 (B) PC 3193B

DECLARATION

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

LIMOUSINE LLP

Policyholder's Signature
 Date & Time:

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

02 MAR 2018
 KARI BUNIT (VAC)
 23 HAKI BUKIT AVE 4

Reporting Centre Personnel's Signature
 Name: KARI BUNIT
 NRIC No: 900101-00000