



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 : SKJ30E

To : AXA INSURANCE SINGAPORE PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SGP3407Z & SKJ30E ON 10/03/2018 AT
ALONG CTE TOWARDS AYE.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.188164 @ S\$5,136.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$700.00 (7 Days x S\$100)
- 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

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 : 188164

Date : 28-May-2018

Vehicle Number : **SGP 3407Z**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 4,800.00
BEFORE GST		4,800.00
7% GST		336.00
TOTAL		\$ 5,136.00

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: MAZLAN BIN AMAT
CAR/ LORRY/CYCLE: REG NO: SGP 3407Z POLICY NO:
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SGP 3407Z 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 10 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:

Co's Stamp: NRIC No:

14/3/2018 - PRI
18/3/2018 - Sunday

Vehicle In - 14/3/2018
Vehicle Out - 20/3/2018
Lau - 7days x \$100
= \$700



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

Print Date/Time : 13 Mar 2018 / 15:28:36

Receipt Date/Time : 13 Mar 2018 / 15:28:36

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180313-001612

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 - SKJ30E				
As at 10 Mar 2018/14:40:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SKJ30E			
	Enquiry Fee	7.00	0.49	7.49
	20180313152731602966			
	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				
	20180313152738925	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.

SKJ30E

Incident Date/Time

10 Mar 2018 / 14:40:00

Insurance Company Name

AXA INSURANCE PTE LTD

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

LETTER OF AUTHORITY

Name : MAZLAN BIN AMAT

Address : BLK 339 WOODLANDS AVE 1
#04-549 SINGAPORE 730339

Contact No : _____

TO: AXA INSURANCE SINGAPORE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SGP3407Z AND SKJ30E ON 10/03/2018
AT/ ALONG CTE TOWARDS AYE

I/We, MAZLAN BIN AMAT, am/are the registered owner of
motor car no. SGP3407Z

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, MAZLAN BIN AMAT ("the third party claimant")
of BLK 339 WOODLANDS AVE 1 #04-549 S(730339) (address),
owner of SGP 3407Z (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. SGP 3407Z that was damaged pursuant to the
accident which occurred on 10/03/2017 (date) along CIE TOWARDS AYE (location)
involving Vehicle No/s SKJ 3UE
("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	13/03/2018 16:52
Date Of Accident	10/03/2018 14:40
Exact Location Of Accident	ALONG CTE TOWARDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP3407Z
Insured/Policyholder	
Name Of Registered Owner	MAZLAN BIN AMAT
NRIC No	S1544986A
Email Address	PUTRI3@MSN.COM
Mobile Phone No	(LOCAL) +65-93626587
Alternative Phone No	OFFICE-88888888

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5083114724-01
Cover Note Number	

Driver

Name of Driver	MAZLAN BIN AMAT
NRIC No	S1544986A
Date Of Birth	14/06/1962
Occupation	OUTDOOR
Date Of Driving Pass	02/11/1983
Driving Experience	34 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93626587
Fax Number	
Contact Number	OFFICE-88888888
Email Address	PUTRI3@MSN.COM

Address	BLK 339 WOODLANDS AVE 1 #04-549
Postcode	730339
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?	YES
Foreign Vehicle Registration Number	JSH8293 (PRIVATE CAR)
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180310/2121

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKJ30E
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	JSH8293
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 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 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/can 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 sited 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 (d) 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.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

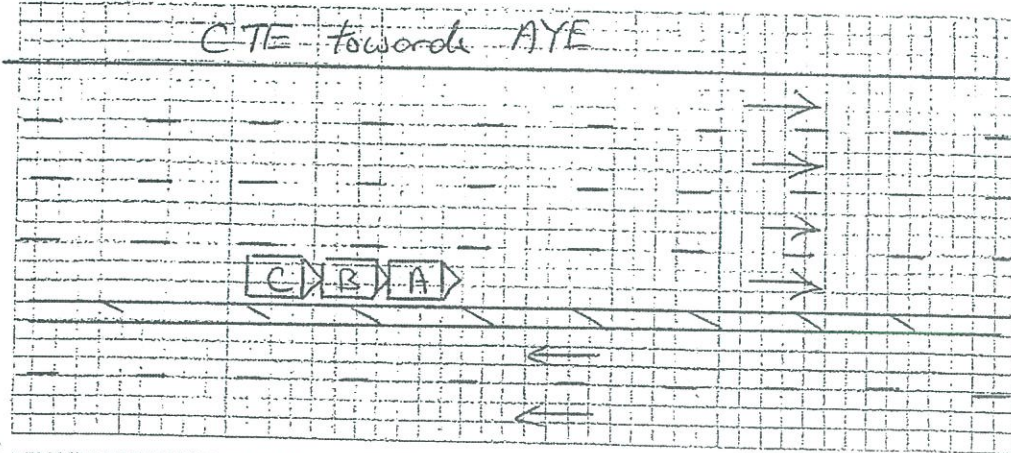
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to TP Report

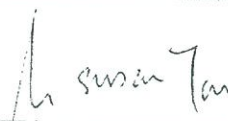
Report No:- T/20180310/2121

DECLARATION

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


 Policyholder's Signature
 Date & Time:

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


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180310/2121

1 of 3

Report No. T/20180310/2121

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No. 1800-2959999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
10/03/2018 16:30

Vide Report No.:
A/20180310/0094

Station Diary No.:
83

Informant's Particulars

Name of Informant
MAZLAN BIN AMAT

Address:
APT BLK 339 WOODLANDS AVENUE 1 #04-549
SINGAPORE 730339

ID Type / ID No.:
NRIC NO / S1544986A

Contact No.
Home/Office Mobile: 93626587

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 55 Date of Birth: 14/06/1962

Type of Informant
Driver

Race:
Malay

Language:

Institution / School Name:

Occupation:
LTA ENFORCEMENT OFFICER

Driving Licence Information:
Class:

Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/03/2018 14:40	Type of Location: Expressway
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Location:
Along Road 1
CENTRAL EXPRESSWAY

CTE towards AYE, at 7KM mark

Weather: Clear	Road Surface: Dry	Road Speed Limit:
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Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate
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Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance: No
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Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Damage	No. of Passengers
JSH8293	Car				Slightly Damaged	1
SGP3407Z	Car	TOYOTA	WISH 1.8X AERO SPORT A	White	Slightly Damaged	3
SKJ30E	Car				Slightly Damaged	1

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No. 1800-2959999



T/20180310/2121

Report No. T/20180310/2121

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	22/08/2017	12/06/2018
SGP3407Z	NTUC Income Insurance Co-Operative Limited	5083114724-01		

Brief Details.

On the 10/03/2018 at about 1440hrs, I was driving my vehicle (SGP3407Z) along CTE towards AYE. 7KM mark and the vehicle in front of my suddenly jam break however I managed to brake on time. Suddenly I heard a thud sound and discovered that the vehicle behind me SKJ30E had hit onto my rear bumper. I then alighted from my vehicle and realized that another vehicle bearing vehicle registration number JSH8293 had hit onto vehicle SKJ30E. All of us then exchanged particulars.

Traffic police vide A/20180310/0094 also attended to us and advised us to lodge a traffic accident report.

I wish to state that, I am not injured and my 2 passengers are also not injured

I also wish to state that, I have in built car camera and TP officer had already seized the SD card.

The damages on the vehicle as follows:
1) Dented rear bumper

The Traffic police IO in charge is Azan, tel, 65476256

	SINGAPORE POLICE FORCE		T/20180310/2121
Police Station Of Origin Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892 Tel No. 1800-2359996		3 of 3 Report No. T/20180310/2121	

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report

Sgt. KADUAH D.O ABBAS

Signature Of Informant

Signature Of Interpreter

Not applicable

Date/Time

10/03/2018 16:30

Officer In Charge Of Case

TP1131A

Staff Sgt TANG BIEW PING

Contact No. 65476430

Classification Of Case:

Authentication Stamp

NP168

	SINGAPORE POLICE FORCE	SN 167
SIGNATURE		