



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 : 04/06/2018

Your Ref : SHC5234Z

To : AXA INSURANCE SINGAPORE PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SJS8543D & SHC5234Z ON 17/03/2018 AT
ROUNDAABOUT TOWARDS TUAS CHECKPOINT.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.188172 @ S\$3,424.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$480.00 (8 Days x S\$60)
- 3) LTA Search @ S\$29.00
- 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

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: SAINAL B RAHMAN
CAR/ LORRY/CYCLE: REG NO: SJS 8543D POLICY NO:
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SJS 8543Dfrom 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 30 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]

Co's Stamp: NRIC No:

03/09/2018 - PR1
04/09/2018 - PR1
08/09/2018 - Sunday

Vehicle In - 02/09/2018
Vehicle Out - 10/09/2018
Luv - 8 days x \$60
= \$480

TAX INVOICE

Our Ref No: GR-18-050111
Date of Request: 04/04/2018

Your Ref No: WALK IN HONG

MG SOLUTION PTE LTD - KAKI BUKIT
25 KAKI BUKIT ROAD 4 #04-01
SINGAPORE 41800

Dear Sir/Madam,

Your Vehicle No: SJS8543D
Date of Accident: 30/03/2018
Place of Accident: ROUNDAABOUT TWDS TUAS CHECK POINT
Involving Vehicle No: SHC5234Z

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

TAX INVOICE

Our Ref No: GR-18-050113

Date of Request: 04/04/2018

Your Ref No: WALK IN HONG

MG SOLUTION PTE LTD - KAKI BUKIT
25 KAKI BUKIT ROAD 4 #04-01
SINGAPORE 41800

Dear Sir/Madam,

Date of Accident: 30/03/2018

Vehicle No: SJS8543D

Place of Accident: ROUNDABOUT TOWARDS TUAS CHECKPOINT

Involving Vehicle No: SHC5234Z

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SHC5234Z	ROUNDABOUT TOWARDS TUAS CHECKPOINT	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

LETTER OF AUTHORITY

Name : SAINAL B RAHMAN
Address : BLK 143 PASIR RIS STREET 11
#02-111 S (510143)
Contact No : _____
TO: AXA INSURANCE SINGAPORE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SJS 8543D AND SHL 5234Z ON 30/3/18
AT/ ALONG Roundabout towards Tuas Checkpoint

I/We, SAINAL B RAHMAN, am/are the registered owner of
motor car no. SJS 8543D

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, SAINAL B RAHMAN ("the third party claimant")
of BLK 143 PASIR RIS STREET 11# 02-111 S (510/437) (address),
owner of SJS 8543D (vehicle no.) hereby authorize
M/S 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. SJS 8543D that was damaged pursuant to the
accident which occurred on 30/3/18 (date) along Roundabout
towards Tuas Checkpoint (location)
involving Vehicle No/s SHC 52342
("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	02/04/2018 17:31
Date Of Accident	30/03/2018 06:50
Exact Location Of Accident	ROUNDAABOUT TOWARDS TUAS CHECKPOINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS8543D
Insured/Policyholder	
Name Of Registered Owner	SAINAL B RAHMAN
NRIC No	S0058286G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97266964
Alternative Phone No	OFFICE-88888888

Vehicle Particulars

Manufacturer	PERODUA
Model	VIVA-989CC SXI (M)

Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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Are you claiming under your own insurance policy for repair to your vehicle?	NO
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5045682321-07
Cover Note Number	

Driver

Name of Driver	SAINAL B RAHMAN
NRIC No	S0058286G
Date Of Birth	02/05/1953
Occupation	INDOOR
Date Of Driving Pass	01/06/1999
Driving Experience	18 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97266964
Fax Number	
Contact Number	OFFICE-88888888
EMail Address	NOEMAIL

Address	BLK 143 PASIR RIS ST 11 #02-111
Postcode	510143
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	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?	
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)	4

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 30/03/2018 AT ABOUT 0650 HOURS AT ROUNDABOUT TOWARDS TUAS CHECKPOINT. I WAS TRAVELLING ON THE EXTREME LEFT LANE OF THE ABOVE MENTIONED CIRCLE AND WAS HEADING TOWARDS TUAS CHECKPOINT AND SUDDENLY A VEHICLE (B) ON THE RIGHT MAKE A LEFT TURN TOWARDS TUAS ROAD/PIONEER ROAD WITHOUT CHECKING BLINDSPOT AND HENCE COLLIDED ONTO MY RIGHT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 3 PASSENGERS IN MY VEHICLE. (A) SJS8543D (B) SHC5234Z

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	SHC5234Z
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)	

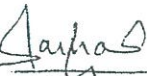
SKETCH PLAN

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 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 cited 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 (c) 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:

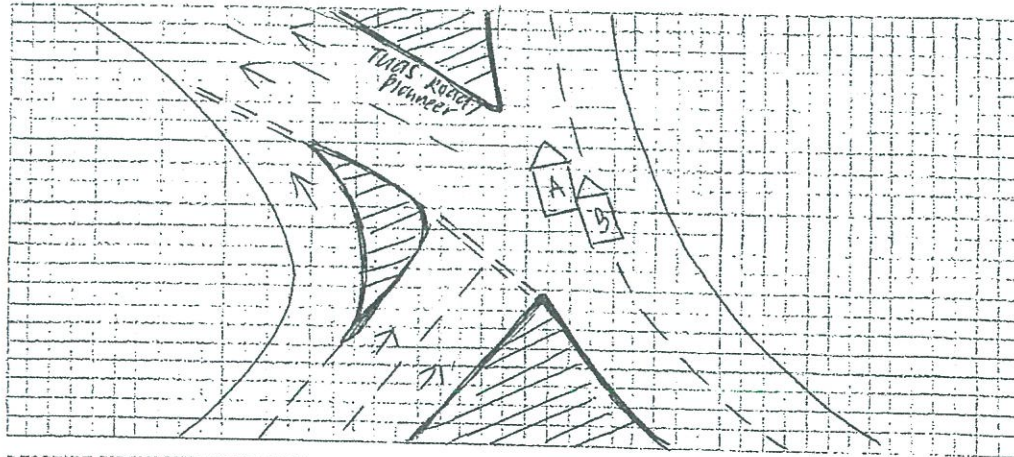
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

Tuas Checkpoint



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/03/2018 at about 0650 hours, at roundabout towards Tuas Checkpoint. I was travelling on the extreme left lane of the above mentioned circle and was heading towards tuas checkpoint and suddenly, a vehicle (B) on the right make a left turn towards Tuas Road / Pioneer road without checking blindspot and hence collided onto my right portion of my vehicle (A) causing damages to my vehicle. I have 3 passengers in my vehicle.

(A) SJS8543D

(B) SHC5234H

DECLARATION

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

Signature

Policyholder's Signature
Date & Time:

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

Signature

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