



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 : 11/03/2019
Your Ref : SHD3575Y
To : INDIA INTERNATIONAL INSURANCE PTE LTD
Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SLR5285A & SHD3575Y ON 19/04/2018 AT JUNCTION OF SHEARAS AVENUE AND MARINE BOULEVARD.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.198052 @ S\$9,095.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,800.00 (9 Days x S\$200)
- 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:

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET

#05-02 IOB BUILDING

SINGAPORE 049711

Bill No : 198052

Date : 11-March-2019

Vehicle Number : **SLR 5285A**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 8,500.00
BEFORE GST		8,500.00
7% GST		595.00
TOTAL		\$ 9,095.00

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: SUPREME LEASING & LIMOUSINE PTE. LTD.

CAR/ LORRY/CYCLE: REG NO: SLR 5285A POLICY NO:

ACCIDENT CLAIM NO:

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

Registered No. SLR 5285A 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 19 day of 04 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:



20/4/2018 - PRI
22/4/2018 - Sunday

Vehicle In - 20/4/2018
Vehicle Out - 28/4/2018

LOU - 9 days + \$ 200
= \$ 1,800



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

Print Date/Time : 19 Apr 2018 / 13:17:00

Receipt Date/Time : 19 Apr 2018 / 13:17:00

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180419-001004

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 - SHD3575Y

As at 19 Apr 2018/11:40:00

Insurance Co: INDIA INT'L INS PTE LTD

1 Insurance Enquiry - SHD3575Y
Enquiry Fee
20180419131549711889

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

20180419131607678 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.	Incident Date/Time	Insurance Company Name
SHD3575Y	19 Apr 2018 / 11:40:00	INDIA INT'L INS PTE LTD

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

LETTER OF AUTHORITY

Name : SUPREME LEASING & LIMOUSINE PTE LTD

Address : 61 UBI AVENUE 2 #01-03/04
AUTOMOBILE MEGAMART S(408898)

Contact No : _____

TO:

INDIA INTERNATIONAL INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SLR5285A AND SHD3575Y ON 19/04/2018
AT/ ALONG JUNCTION OF SHEARAS AVE AND MARINE BOULEVARD

I/We, SUPREME LEASING & LIMOUSINE PTE LTD, am/are the registered owner of
motor car no. SLR 5285A


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



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	20/04/2018 11:41
Date Of Accident	19/04/2018 11:40
Exact Location Of Accident	AT JUNCTION OF SHEARES AVE & MARINE BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR5285A
Insured/Policyholder	
Name Of Registered Owner	SUPREME LEASING & LIMOUSINE PTE LTD
Co Reg No	201710190R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88888888
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA HYBRID-1.5 X CVT (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 HIRE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MI000894-R00
Cover Note Number	
Driver	
Name of Driver	LEONG JIN ING
NRIC No	S1535048B
Date Of Birth	05/01/1962
Occupation	OUTDOOR
Date Of Driving Pass	11/04/1983
Driving Experience	35 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96789613
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 842B TAMPINES ST 82 #13-30
Postcode	522842
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	YES
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)	2
Passenger 1	NAME: : PASSENGER GENDER: : MALE

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 19/04/2018 AT ABOUT 1140HRS AT JUNCTION OF SHEARES AVE AND MARINA BOULEVARD. I WAS TRAVELLING ON THE 2ND LANE FROM THE LEFT ALONG SHEARES AVE AND WHEN COMING TOWARDS THE ABOVE MENTIONED, I MADE A LEFT TURN INTO MARINA BOULEVARD. WHILE DOING SO, A VEHICLE (B) ON MY LEFT MOVING STRAIGHT AT A 'LEFT TURN ONLY' LANE WITHOUT CHECKING HIS BLINDSPOT AND WITHOUT CAUTIONS HENCE COLLIDED ONTO MY WHOLE LEFT PORTION OF MY VEHICLE 'A' CAUSING DAMAGES TO MY VEHICLE. I HAVE ONE PASSENGER INSIDE MY VEHICLE. (A) SLR5285A (B) SHD3575Y

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PLEASE GET FR WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3575Y
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)

DETAILS OF INJURED PERSON 1

Name

LEONG JIN ING

Approximate Age

Injuries Sustain

NECK AND BACK PAIN

Injured person in which vehicle?

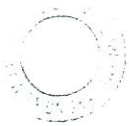
SLR5285A

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

Address

Postcode

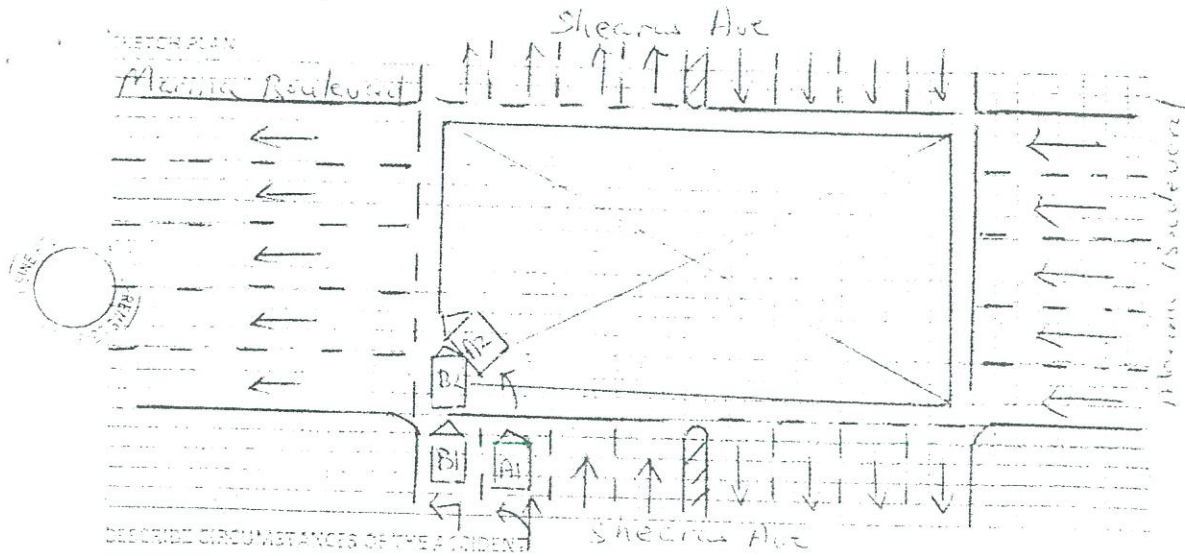
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100-443887-100

Handwritten signature

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

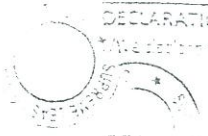
On 15/04/2018 at about 1140 hrs at Junction of Sheena Ave and Marina Boulevard. I was travelling on the 2nd lane from the left along Sheena Ave and when coming towards the above mentioned, I made a left turn into Marina Boulevard, while doing so, a vehicle (B) on my left moving straight at a 'LEFT TURN ONLY' lane without checking his blindspot and without cautious hence collided into my whole left portion of my vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle.

(A) SIR SURESH

(B) VIND BETH Y

DECLARATION

I hereby declare that the above information is true and correct.



Signature of the Driver
Date 15/04/2018

Signature of the Witness
Date 15/04/2018

Signature of the Police Officer
Date 15/04/2018
Police Station