



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 : 18/06/2018
Your Ref : CC4/ASM18007670/Aua3 (SJP3239G)
To : **AXA INSURANCE SINGAPORE PTE LTD**
Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SLP7225X & SJP3239G ON 20/04/2018 AT ALONG NANYANG AVENUE BESIDE ENTRANCE TO HALL 9 CAR PARK.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.188188 @ S\$5,457.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$880.00 (11 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



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 : 188188

Date : 18-June-2018

Vehicle Number : **SLP 7225X**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 5,100.00
		BEFORE GST 5,100.00
		7% GST 357.00
		TOTAL \$ 5,457.00

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: Koh Gim Ann
CAR/ LORRY/CYCLE: REG NO: SLP 7225X POLICY NO: -
ACCIDENT CLAIM NO: -

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

Registered No. SLP 7225Xfrom 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 20 day of 04 20.. 18 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:

23/4/2018 - PR1
24/4/2018 - PR1
29/4/2018 - Sunday
01/05/2018 - PH

vehicle in - 23/4/2018
vehicle out - 13/05/2018
Low - 11 days x \$80
= \$ 880

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 20 Apr 2018 / 16:17:03

Receipt Date/Time : 20 Apr 2018 / 16:17:02

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180420-001730

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 - SJP3239G As at 20 Apr 2018/12:02:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SJP3239G Enquiry Fee 20180420161605993814	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				
	20180420161621714	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.

LETTER OF AUTHORITY

Name : Koh Gim Ann

Address : B1K 556 Honggang Street
SI #07-350 S(530556)

Contact No : _____

TO: AXA Insurance pte Ltd

Dear Sirs,

ACCIDENT INVOLVING SLP 7225 X AND SJP 3239G ON 20/04/2018
AT/ALONG NANYANG AVE BESIDE ENTRANCE TO HALL 9 CAR PARK

I/We, Koh Gim Ann, am/are the registered owner of
motor car no. SLP 7225 X

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, KOH GIM ANN ("the third party claimant")
of BLK 556 HOUGANG STREET 51 #07-350 S(530556) (address),
owner of SLP 7225X (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. SLP 7225X that was damaged pursuant to the
accident which occurred on 20/4/2018 (date) along NANYANG AVE
BESIDE ENTRANCE TO HALL 9 CAR PARK (location)
involving Vehicle No/s SJP 32396
("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	23/04/2018 15:01
Date Of Accident	20/04/2018 12:00
Exact Location Of Accident	ALONG NANYANG AVE BESIDE ENTRANCE OF HALL 9 C/PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP7225X
Insured/Policyholder	
Name Of Registered Owner	KOH GIM ANN
NRIC No	S1579134I
Email Address	HANQUAN8882@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96699819
Alternative Phone No	OFFICE-60000000
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL-1.5 1.5X CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA220417/1
Cover Note Number	
Driver	
Name of Driver	KOH GIM ANN
NRIC No	S1579134I
Date Of Birth	26/05/1963
Occupation	INDOOR
Date Of Driving Pass	14/11/1985
Driving Experience	32 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96699819
Fax Number	
Contact Number	OFFICE-60000000
EMail Address	HANQUAN8882@HOTMAIL.COM

Address	BLK 556, HOUGANG ST 51 #07-350
Postcode	530556
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	T/20180420/2165
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Report please refer to sketch Plan

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP3239G
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

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 to non-party interested parties.
- 7. By the lodgment of this report to the insurers, you hereby consent to the producing of this report at the discretion of the insurers and 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 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) I (Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms), are permitted to collect, use, disclose and/or process my Personal Information for the purpose of the above Purpose(s);
- (c) My Insurer(s) may/are permitted to disclose my Personal Information to the Insurers' lawyers/law firms or agents for the purpose of the above Purpose(s);
- (d) My Insurer(s) may/are permitted to disclose my Personal Information to the Insurers' lawyers/law firms or agents for the purpose of the above Purpose(s);
- (e) My Insurer(s) may/are permitted to disclose my Personal Information to the Insurers' lawyers/law firms or agents for the purpose of the above Purpose(s);
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- (r) My Insurer(s) may/are permitted to disclose my Personal Information to the Insurers' lawyers/law firms or agents for the purpose of the above Purpose(s);
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- (u) My Insurer(s) may/are permitted to disclose my Personal Information to the Insurers' lawyers/law firms or agents for the purpose of the above Purpose(s);
- (v) My Insurer(s) may/are permitted to disclose my Personal Information to the Insurers' lawyers/law firms or agents for the purpose of the above Purpose(s);
- (w) My Insurer(s) may/are permitted to disclose my Personal Information to the Insurers' lawyers/law firms or agents for the purpose of the above Purpose(s);
- (x) My Insurer(s) may/are permitted to disclose my Personal Information to the Insurers' lawyers/law firms or agents for the purpose of the above Purpose(s);
- (y) My Insurer(s) may/are permitted to disclose my Personal Information to the Insurers' lawyers/law firms or agents for the purpose of the above Purpose(s);
- (z) My Insurer(s) may/are permitted to disclose my Personal Information to the Insurers' lawyers/law firms or agents for the purpose of the above Purpose(s);

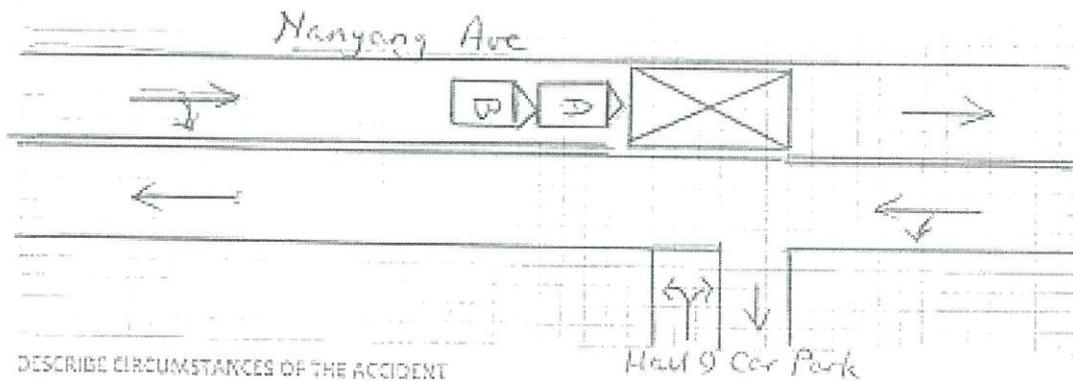
Policyholder's Signature
(Date & Time)

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

Reporting Centre Personnel's Signature
Name: ROBERT
NRIC/FIN No: 57131809C

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/04/2018 at 1202 hrs at along Nanyang Ave beside entrance to Hall 9 Car Park. I was travelling on the above mentioned road and came to a stop while waiting to turn Right into Hall 9 Car Park. While waiting, I heard a loud bang from behind and before I could go down from my vehicle, Vehicle (B) squeeze thru from my left and speed up without stopping. My Vehicle (A) Rear Portion was seriously damaged. I had CCTV footage that had recorded the whole incident. I had also made a Police Report for hit & Run Case.

(A) SLP 7225 X
(B) SJP 3239 G

DECLARATION

I/We declare the foregoing particulars are true & correct.


Police Officer's signature
Date & Time


Driver's Signature
(If driver not involved, delete)
Date & Time


Reporting Officer's signature
Name: **RENJIE**
No. & Grade: **57131B 096**

Police Report



**SINGAPORE
POLICE FORCE**



T/20180420/2165

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3
Report No: T/20180420/2165

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/04/2018 22:18		Vide Report No.:		Station Diary No.: 149	
Informant's Particulars					
Name of Informant: KOH GIM ANN			Address: APT BLK 556 HOUGANG STREET 51 #07-360 SINGAPORE 530556		
ID Type / ID No.: NRIC NO / S15791341			Contact No.: Home/Office: Mobile: 96699819		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 26/05/1963	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: SALES EXECUTIVE			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drnk Drive: No	Date/Time of Accident: 20/04/2018 12:00	Type of Location: Straight Road
Location: Along Road 1 NANYANG AVENUE Along Nanyang Avenue before the entrance to Hall 9 Carpark				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP3239G	Car	MAZDA	MAZDA3SP LUX	Red	Slightly Damaged	0
SLP7225X	Car	HONDA	VEZEL 1.5X CVT	Silver	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP7225X	AXA INSURANCE SINGAPORE PTE LTD	GA220417	15/06/2017	14/06/2018

Police Report



**SINGAPORE
POLICE FORCE**



T/20180420/2165

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20180420/2165

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH GIM ANN	ID No	S1579134I
Related Vehicle	SLP7225X (Car)	Contact No.	96699819
Hospital/Clinic	IDOC CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/04/2018	Date Discharge	20/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 20/04/2018 at about 1200hrs, I was driving my car(Registration No. SLP 7225X) along Nanyang Avenue before the entrance to Hall 9 Carpark on a one lane road when I was stationary and waiting to turn right into Hall 9. Suddenly, I heard a loud bang and felt an impact. I suffered sprain on my back. Before I could go down to make a check, the car(Registration No. SJP3239P) squeeze through on my left and speed up without stopping to render assistance. There are dent damages on my car's rear. There is in-car CCTV inside my car. I later went to IDOC Clinic and has got 3days of MC. I am lodging this Traffic Accident report as it is a hit-and-run incident.

Police Report



SINGAPORE
POLICE FORCE



T/20180420/2165

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No: T/20180420/2165

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: F / Sgt 2 BOH YONG SENG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/04/2018 22:18
Officer In Charge Of Case: TP / HRT / SI TAN LEE HWANG DAWN Contact No: 65476215	Classification Of Case:
Authentication Stamp  Signature: _____ Singapore Police Force	