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 : 25/07/2018

Your Ref : SJW7497P

To : LONPAC INSURANCE BHD

Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SJJ7792E & SJW7497P ON 01/05/2018 AT OPEN CAR PARK OF BLK 216 BEDOK NORTH STRET 1.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.188230 @ S\$2,568.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$240.00 (4 Days x S\$60)
- 3) LTA Search @ \$\$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:

LONPAC INSURANCE BHD

N 0.100 BEACH ROAD #19-00 SHAW TOWER S INGAPORE 189702 Bill No: 188230

Date: 25-July-2018

Vehicle Number: SJJ 7792E

ATTN: MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	Al	MOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$	2,400.00
	BEFORE GST 7% GST	i .	2,400.00 168.00

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

	MUMJ	TCITAL	CHINI		
INSURED:					
CAR/ LORRY/CYCLE:	REG NO:	SJJ77	りンモ POLIC	CY NO:	
ACCIDENT CLAIM NO):				
	I/We co	nfirm that I	/ we have taker	n delivery of Car	/ Lorry / Motor Cycle
Registered No.	2	JJ 779	IZE	y	from the repairers,
Messrs	MG	Chi MTIG	N PTF (TI)	rom the repairers,
Messrs		3000	11000	,	
					ehicle was Involved on or
about the	day of	20	have bee	n completed to	my / our satisfaction, and that
I / we have no furthe	r claim on	the above c	company in Resp	ect thereof.	
			1	7	
Date:			XALL		
Date:	***************	Signatur	re:V		
Co's Stamp:		NRIC No):		
	2/5/2	018-PR	1	Vehicle In	- 2/5/2018
					7-5/5/2018
				VC- C & 0.	1 - 11 days x \$ 60
				LO	v - 4 days x \$ 60
					= # N40

5/2/2018 Receipt



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time: 02 May 2018 / 13:07:33

Receipt Date/Time: 02 May 2018 / 13:07:33

Tax Invoice/Receipt

Receipt No.: ITNET-00000-180502-001084

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 - SJW7497P As at 01 May 2018/11:30:00 Insurance Co: LONPAC INSURANCE BHD 1 Insurance Enquiry - SJW7497P				
Enquiry Fee 20180502130647316405		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			
	20180502130657963	Direct Debit: eNE (Internet Banking		7.45
	Total	1000		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

SJW7497P 01 May 2018 / 11:30:00 LONPAC INSURANCE BHD

Print OK Save as PDF

LETTER OF AUTHORITY

Na	ame : QUAH TSIEN CHING	_	
Ad	idress : BLK 271C SENGKANG G	ENTRAL	
	#12-285 SINGAPORE S	543271	
Со	ntact No :		
ТО): LONPAC INSURANCE B	3HD	
АС	ar Sirs, CIDENT INVOLVINGSJJ 7792E AN 7/ALONG OPEN CAR PARK OF BIK .		S
I/W	ve, QUAH TSIEN CHING otor car no. SJJ 7792E		_ of
Ple:	ase note that I have assigned all compensations M/S MG SOLUTION PTE LTD.	s monies due to me/us in the above said accide	nt
acc	/e, hereby authorize you to release all compens ident to M/S MG SOLUTION PTE LTD and forwar E LTD whom I had authorized to collect the said	rd your settlement cheque to M/S MG SOLUTIC	ed)N
Tha	nk you		
~			
Sign	nature 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 witholding 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	02/05/2018 17:00		
Date Of Accident	01/05/2018 11:30		
Exact Location Of Accident	OPEN CAR PARK OF BLK. 216 BEDOK NORTH ST. 1		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		

Vehicle Registration Number

Insured/Policyholder

Name Of Registered Owner

QUAH TSIEN CHING

SJJ7792E

NRIC No S7633660A

Email Address VICTOR_QUAH@YAHOO.COM.SG

Mobile Phone No (LOCAL) +65-81880922 Alternative Phone No OTHERS-81880922

Vehicle Particulars

Manufacturer SUBARU

Model IMPREZA-1.5 (M)

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?

If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company ETIQA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number DMAP175501160

Cover Note Number

Driver

Name of Driver QUAH TSIEN CHING

NRIC No S7633660A Date Of Birth 24/10/1976 Occupation **INDOOR** Date Of Driving Pass 02/09/1996

Driving Experience 21 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81880922

Fax Number

Contact Number OTHERS-81880922

EMail Address VICTOR_QUAH@YAHOO.COM.SG Address BLK. 271C SENGKANG CENTRAL

#12-285

Postcode 543271

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

OVVIVL

_

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)

Passenger 1

NAME: : KISA CHEW

GENDER: : FEMALE

Passenger 2

NAME:

: JET QUAH

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON 01.05.18 AT ABOUT 1130 HRS AT OPEN CAR PARK OF BLK. 216 BEDOK NORTH ST. 1. MY VEHICLE WAS STATIONARY PARKED AT ALONG THE LEFT SIDE OF THE DRIVEWAY OF THE ABOVE MENTIONED CAR PARK WHILE WAITING FOR CAR PARK LOT. SUDDENLY A VEHICLE B AT LOT NO 108 MAKING A LEFT TURN OUT FROM IT LOT WITHOUT CONTIOUS AND HENCE COLLIDED ONTO MY REAR RIGHT PORTION OF MY VEHICLE A CAUSING DAMAGES TO MY VEHICLE. I HAVE TWO PASSANGERS INSIDE MY VEHICLE.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJW7497P

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

MPORTANT NOTICE

- 1. Florida report correctly the details of the ozcisors to speed up the claims process.
- 1. This Form must be completed be the Policyholder and/or the desharised believe
- Information provided must be as <u>truthful and accurate as possible</u>. Any width in graphspartation or wider plant in tracing all and eccurate policy habition.
- The issue and asseptance of this Form by incurance companies is not an estimation of balling on the darket the nountries
- 3. Any false reporting may be referred to the Police for Investigation.
- The report will be forwarded by the insurers of the GIA Records Management Control challenging the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will far a fee be made environe upon application by
 interested perpets.
- 7) By the ladgment of this report to the insurers, you hardly consent to the archying afonts report at the centre and to copies at the report being made available aloressist.
- 5. Consect under the Personal Data Presention Act (2024)
 - tunderstand, orknowledge, agree and associations
 - (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/porsonal 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 insurers) 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 :
 - (ii) processing, handling and/or dealing with my deline inducing the cottlement of the deline and any necessary investigations relating to the deline;
 - (d) investigating the ambient and/or my dolma:
 - (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 cavalopes/mail produces); and/or
 - Complying with applicable law in estimatering, processing, handling analyzer dealing with my cisions implicatively the "Purposes")
 - all Insurer(s) who have insured callida(s) implied to the decident and the insurers' lawyers/low firms, in pylane permitted
 to collect. Ltb. disclose analytic property in Acreonal Information for the province of the phone Authorism and
 - If y Personal Information met Are nice displaced by any of the insurement for GIA to their third pamy spraise providers on agencyl religing their twenty as famely which may be tited outside of Singapore, for and point and the chave Purposes.
 - The Personal Internation will be based feducations used to complete or manifestion for the complete fire of decisions.
 The Personal Techniques of the Complete of the Complete or the Complete of the Complete of the Complete or the Complete of the Complete of the Complete or th
 - o). This infarmation contributor under chost (2) situate may de chares / situated:
 - i) so all insurers and for any other units parties that assist in evaluating, investigating, controlling or managing fraud, regulations, law enforcement or a government agendes as reasonably required for the partiposes stated, or

(a) for complying with requirements under any regulations, laws or court orders.

Policynologica Signaturo Date & Time:

Onver's Signature
(If driver is not the polloyholder)
Date & Timer

NAMES OF STREET

CEOSONS SANDON

Fersonnel's Signature

IKETCH PLAN		
and the second of the second o	7 / / / /	BK 216
	108 / X	Buk 216 Bedok Horth St 1
wing on the state of the state	THE RESTRICTION OF THE PARTY OF	
more as a sough on the state of the		
	(3)	
4 1		many and the second sec

DESCRIBE CIRCUMSTANCES C		No.
	at about 1130 hs.	of Coen Co- Porte of
Blk 311 Redak	AL-H N T MA	riveway the above mentioned
	4191	senice was stationary
perfect of ale	ne the left cirls of a	H. Class
		The coope inclutioned
Car Ruk While	wating for Ca-P	relat. Suddenly a
		ract. Suadeny &
Vehicle (B) of	- Lot No 108 making	e a left fuch out
from it lot wi	thout cautious or	rd house collided
onto my Rear	Right Portion of m	y Vehicle (A) coming
	J	two passengers inside
my vehicle.	Sign Virginia (1 and a consequent and a	And the second s
U.		FT92 E
The second secon	(B) STW	7H97 P
DECLARATION		
ANG BERKATAN TAN TAN TAN TAN TAN	roaren arrentarioa	/ 1/1/
MACO		4-14/1/
MM/N/	20 A Superior Control Control	1000
Politybolder e Signarura Dese E Timor	Converse gradule of converse not the policyholder	Separate Cours Person of Suffrage Victor
	The second of the second of	CIF 02 00 USS = 20 L853 AL