



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)

TAX INVOICE

Bill To:

LONPAC INSURANCE BHD

NO.100 BEACH ROAD

#19-00 SHAW TOWER

SINGAPORE 189702

INVOICE No : TI 209104

PB No : 188230

Date : 06-April-2020

ATTN : MOTOR CLAIMS DEPARTMENT

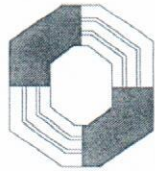
Vehicle Number : SJJ 7792E

| QTY | DESCRIPTION | AMOUNT |
|------------|---|-------------|
| 1 | To carried out accident repair as per surveyor's recommendation (Lump Sum) | \$ 1,200.00 |
| BEFORE GST | | 1,200.00 |
| 7% GST | | 84.00 |
| TOTAL | | \$ 1,284.00 |

Cheque should be made payable to **MG Solution Pte Ltd**



Co's stamp & Authorised Signature



LONPAC INSURANCE BHD

CLAIM NO : 18/18/18/VP05/020581
DATE : 17 JULY 2019

DISCHARGE VOUCHER

I/We, QUAH TSIEN CHING confirmed acceptance from **M/s LONPAC INSURANCE BHD** and/or the owner of SJW 7497P the sum of Singapore Dollars One Thousand Four Hundred Only (\$1,400.00) in full and final satisfaction, liquidation and discharge of property claim competent to me/us upon the said M/s **LONPAC INSURANCE BHD** in respect of property claim sustained by me/us whether now or hereafter to become manifest, arising either directly or indirectly from an accident to my vehicle, SJJ 7792E on 01 MAY 2018 along BEDOK NORTH STREET 1.

I /We hereby agree to indemnify and keep indemnify (**GEORGE JOSEPH KANNARKAT / LONPAC INSURANCE BHD**) against all claims and any claims whatsoever made by any person/persons on our behalf in respect of the said accident.

I/We further authorize you to pay the above settlement sum directly to **M/S MG SOLUTION PTE LTD.**

I/We hereby acknowledge that this payment is made on a without admission of liability basis and without prejudice to all related claims and in respect of our insured's recovery action.

.....
Signature of vehicle owner/Date

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.

QUAH TSIEN CHING
.....

Name of vehicle owner/Date



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 @ **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:

LONPAC INSURANCE BHD

NO.100 BEACH ROAD

#19-00 SHAW TOWER

SINGAPORE 189702

Bill No : 188230

Date : 25-July-2018

Vehicle Number : **SJJ 7792E**

ATTN : MOTOR CLAIMS DEPARTMENT

| QTY | CLAIM | AMOUNT |
|------------|---|-------------|
| 1 | To carried out accident repair as per surveyor's recommendation (Lump Sum) | \$ 2,400.00 |
| BEFORE GST | | 2,400.00 |
| 7% GST | | 168.00 |
| TOTAL | | \$ 2,568.00 |

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: QUAH TSIEH CHING
CAR/ LORRY/CYCLE: REG NO: SJJ7792E POLICY NO:
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SJJ7792E 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 01 day of 05 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:

2/5/2018 PRI

Vehicle In - 2/5/2018

Vehicle Out - 5/5/2018

LOU - 4 days x \$60

= \$240



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

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

LETTER OF AUTHORITY

Name : QUAH TSIEN CHING
Address : BLK 271C SENGKANG CENTRAL
#12-285 SINGAPORE 543271
Contact No : _____
TO: LONPAC INSURANCE BHD

Dear Sirs,

ACCIDENT INVOLVING SJJ 7792E AND SJW 7497P ON 01/05/2018
AT/ ALONG OPEN CAR PARK OF BLK 216 BEDOK NORTH STREET 1

I/We, QUAH TSIEN CHING, am/are the registered owner of
motor car no. SJJ 7792E

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 | 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 | SJJ7792E |
| Insured/Policyholder | |
| Name Of Registered Owner | QUAH TSIEN CHING |
| 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? NO

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 | - |
| | - |
| | - |
| 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) | 3 |
| 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? | NO |
| 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? | 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 | 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

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)

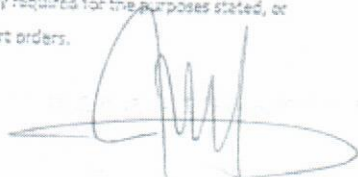
I understand, acknowledge, agree and consent that:

- (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/ may 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:

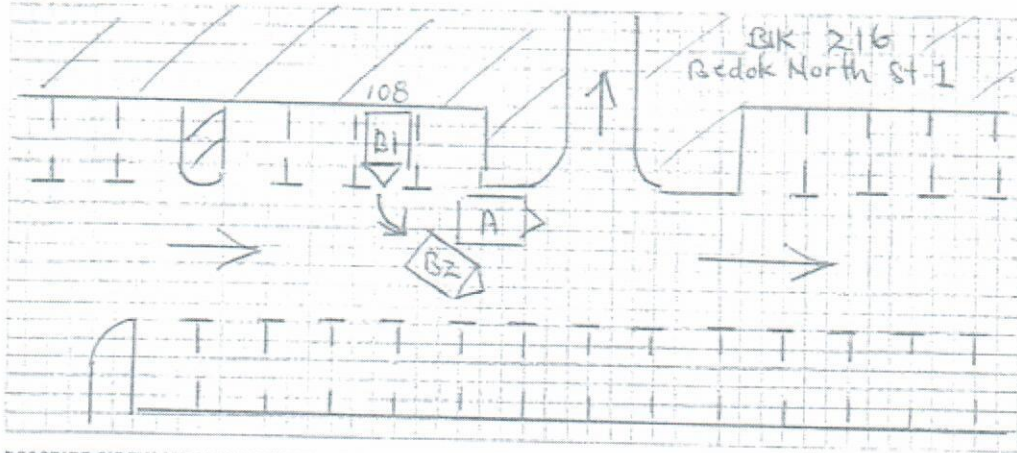
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: Tai Wei Lin
NRIC/FIN No.: S8403070

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/05/2018 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 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 cautious and hence collided
 onto my Rear Right Portion of my Vehicle (A) causing
 damages to my vehicle. I have two passengers inside
 my vehicle.

(A) SJJ 779Z E

(B) SJLW 7497 P

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 Person's Signature
 Name: Tan Wei Jie
 NRIC/PIN No: S8460207D