



MG SOLUTION PTE LTD

Ashley

23 Kaki Bukit Ave 4, AAS Kaki Bukit Centre #02-03 Singapore 415933
Tel: 6243 1373 Fax: 6243 1376
(GST Reg. No. 201427944N)

Date : 17/08/2018
Your Ref : GBG8548Z
To : CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SLT4355C & GBG8548Z ON 03/05/2018 AT
ALONG WOODLANDS AVENUE 1 TOWARDS WOODLANDS AVENUE 2
OUTSIDE SI LING PRI SCHOOL.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.188254 @ S\$5,136.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$560.00 (7 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:

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

NO. 3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

SINGAPORE 079909

Bill No : 188254

Date : 17-August-2018

Vehicle Number : **SLT 4355C**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 4,800.00
		BEFORE GST 4,800.00
		7% GST 336.00
		TOTAL \$ 5,136.00

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: Lim Wei Lee
CAR/ LORRY/CYCLE: REG NO: SLT 4355C POLICY NO: -
ACCIDENT CLAIM NO: -

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

Registered No. SLT 4355C 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 03 day of 05 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:

4/5/2018 - PR1

6/5/2018 - Sunday

Vehicle In - 4/5/2018

Vehicle Out - 10/5/2018

Low - 7 days x \$ 80
= \$ 560



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

Print Date/Time : 03 May 2018 / 17:35:58

Receipt Date/Time : 03 May 2018 / 17:35:58

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180503-001916

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 - GBG8548Z

As at 03 May 2018/09:55:00

Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

1	Insurance Enquiry - GBG8548Z Enquiry Fee 20180503173519621512	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

20180503173525586 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
GBG8548Z	03 May 2018 / 09:55:00	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

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

LETTER OF AUTHORITY

Name : LIM WEE LEE

Address : BLK 583 WOODLANDS DRIVE 16
#05-464 SINGAPORE 730583

Contact No : _____

TO: China Taiping Insurance (Singapore) Pte Ltd.

Dear Sirs,

ACCIDENT INVOLVING SLT 4355C AND GB4 85482 ON 03/05/2018
AT/ ALONG Woodlands Ave 1 towards Woodlands Ave 2 Outside Si Ling Pri School.

I/We, LIM WEE LEE, am/are the registered owner of
motor car no. SLT 4355C

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	04/05/2018 14:21
Date Of Accident	03/05/2018 09:55
Exact Location Of Accident	WOODLANDS AVE 1 TWDS AVE 2 OUTSIDE SI LING PRI SCH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT4355C
Insured/Policyholder	
Name Of Registered Owner	LIM WEE LEE
NRIC No	S7712728C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86889462
Alternative Phone No	OTHERS-86889462

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 ECO (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	VPA/P2014253
Cover Note Number	

Driver

Name of Driver	LIM WEE LEE
NRIC No	S7712728C
Date Of Birth	15/05/1977
Occupation	INDOOR
Date Of Driving Pass	23/07/2007
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86889462
Fax Number	
Contact Number	OTHERS-86889462
Email Address	NOEMAIL

Address	BLK 583 WOODLANDS DRIVE 16 #05-464
Postcode	
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?	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: : CARRIE ZHUANG TING TING GENDER: : FEMALE

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

REFER TO SKETCH PLAN

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	GBG8548Z
Vehicle Make/Model/Colour	TOYOTA DYNA 3.0M
Details Of Properties	
Vehicle Category	GOODS VEHICLE
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. This report is strictly for the use of the accident be speed up the claim 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 upon application by interested parties.
7. By the lodging of this report to the insurers, you hereby consent to the archiving of this report at the respective insurers and to 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 laws administered, processed and/or required dealing with my personal data with 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 transfer my Personal Information for the purpose(s) of aforesaid;
- (c) my Personal Information may/are disclosed by any of the Insurers and/or the Insurers' lawyers/law firms to any person or organisation for the purpose(s) of aforesaid;
- (d) my Personal Information may/are disclosed by any of the Insurers and/or the Insurers' lawyers/law firms to any person or organisation for the purpose(s) of aforesaid;
- (e) my Personal Information may/are disclosed by any of the Insurers and/or the Insurers' lawyers/law firms to any person or organisation for the purpose(s) of aforesaid;
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- (z) my Personal Information may/are disclosed by any of the Insurers and/or the Insurers' lawyers/law firms to any person or organisation for the purpose(s) of aforesaid;

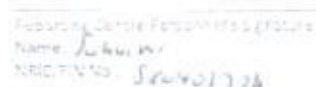


Driver's Signature
(If driver is not the policyholder)

Date & Time

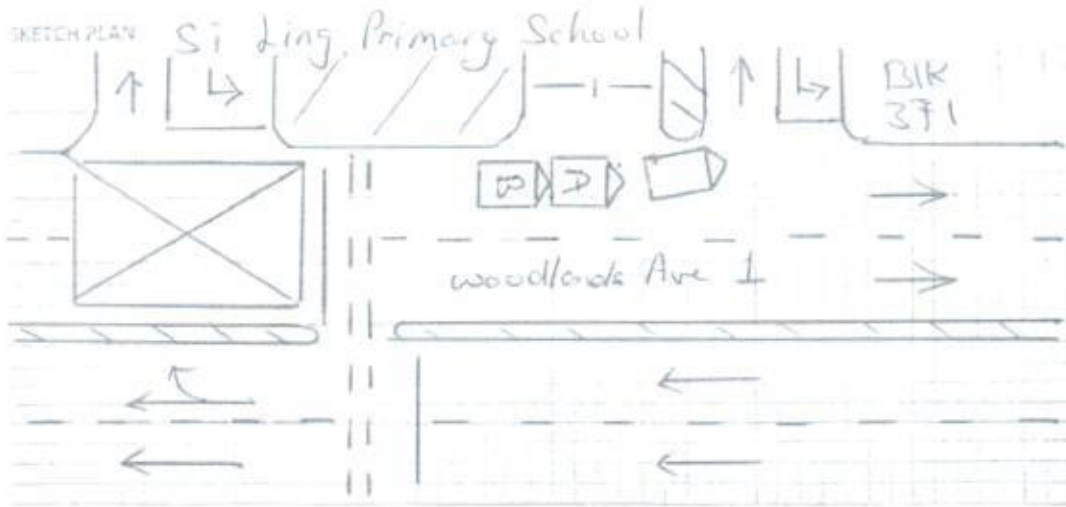
Driver's Signature
(If driver is not the policyholder)

Date & Time



Reporting Centre Person's Signature
Name: L. K. W.
NRIC ID No: S2401726

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02/05/2018 at about 0955 hrs at along Woodlands Ave 1 towards Woodlands Ave 2 outside Si Ling Pri School. I was travelling on the extreme left lane along Woodlands Ave 1 and when coming towards Si Ling Pri School, my front vehicle slow down due to making a left turn into the car park hence I follow suit. Suddenly I heard a loud bang from behind and when I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle.


(A) SLT 4355C
(B) GRG 8548Z

DECLARATION

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


Policeholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name: Johnson
Identification: SP040333H

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN1767471700

Claim No : SNM18D02265/C02/8

Claimant : LIM WEE LEE

Amount : S\$5,563.45
DOLLARS FIVE THOUSAND FIVE HUNDRED SIXTY THREE AND CENTS
FORTY FIVE ONLY.

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : SLT 4355C
Insured Vehicle No. : GBG 85482

Date of Loss : 03/05/2018
Place of Accident : WOODLANDS AVE 1 TWDS AVE 2 OUTSIDE SI LING PRI SCH

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : LEE LUM HUAT AND COMPANY
Driver Name : JIANG YIN

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

(1) General Damages	S\$	
(2) Cost of Repair/ Excess	S\$	5,136.00
(3) Loss of Use/ Rental/Earning	S\$	420.00
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$	7.45
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/Towing Fee/Disbursement	S\$	
(7) Cost including Disbursement	S\$	
TOTAL		S\$ 5,563.45

Claimant Name : LIM WEE LEE

NRIC No : S7712728C

Signature : 

Date : 06/05/2019

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.



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:

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

NO. 3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

SINGAPORE 079909

INVOICE No : TI 199102

PB No : 188254

Date : 07-May-2019

ATTN : MOTOR CLAIMS DEPARTMENT

Vehicle Number : SLT 4355C

QTY	DESCRIPTION	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 4,800.00
BEFORE GST		4,800.00
7% GST		336.00
TOTAL		\$ 5,136.00

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

Co's stamp & Authorised Signature

