



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 : 09/11/2018

Your Ref : SHD9782B

To : AXA INSURANCE SINGAPORE PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SLD2121H & SHD9782B ON 03/06/2018 AT
ALONG NORTH BRIDGE ROAD TOWARDS SOUTH BRIDGE ROAD BEFORE
BRAS BASAH ROAD JUNCTION.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.188374 @ S\$5,136.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,320.00 (6 Days x S\$220)
- 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

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: GOH KWEE SEE

CAR/ LORRY/CYCLE: REG NO: SLD 2121H POLICY NO:

ACCIDENT CLAIM NO:

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

Registered No. SLD 2121Hfrom 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 06 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:

04/6/2018 - PRI

Vehicle In- 04/6/2018

Vehicle Out- 09/6/2018

Low- 6 days x \$220

= \$1,320

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 04 Jun 2018 / 10:37:19

Receipt Date/Time : 04 Jun 2018 / 10:37:18

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180604-000614

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 - SHD9782B
As at 03 Jun 2018/15:40:00
Insurance Co: AXA INSURANCE PTE LTD
1 Insurance Enquiry - SHD9782B
Enquiry Fee
20180604103622756647

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			
20180604103630902	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 : GOH KWEE SEE

Address : 61C DUNBAR WALK
SINGAPORE 454813

Contact No : _____

TO: AXA INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SLD 2121H AND SHD 978JB ON 03/06/2018
AT/ ALONG NORTH BRIDGE ROAD TOWARDS SOUTH BRIDGE ROAD
BEFORE BRAS BASAH ROAD JUNCTION

I/We, GOH KWEE SEE, am/are the registered owner of
motor car no. SLD 2121H

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, GOH KWEE SEE ("the third party claimant")
of 61C DUNBAR WALK SINGAPORE 454813 (address),
owner of SLD2121H (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. SLD2121H that was damaged pursuant to the accident which occurred on 03/06/2018 (date) along NORTH BRIDGE ROAD TOWARDS SOUTH BRIDGE ROAD BEFORE BRAS BASAH ROAD JUNCTION (location)

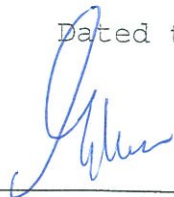
involving Vehicle No/s SHD 9782B

("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	04/06/2018 16:37
Date Of Accident	03/06/2018 15:40
Exact Location Of Accident	NORTH BRIDGE RD-SOUTH BRIDGE RD BEF BRAS BASAH JUN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD2121H
Insured/Policyholder	
Name Of Registered Owner	GOH KWEE SEE
NRIC No	S1630337B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94800806
Alternative Phone No	OFFICE-94800806

Vehicle Particulars

Manufacturer	TOYOTA
Model	-

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	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPG18001970
Cover Note Number	

Driver

Name of Driver	GOH KWEE SEE
NRIC No	S1630337B
Date Of Birth	25/07/1964
Occupation	INDOOR
Date Of Driving Pass	16/07/1990
Driving Experience	27 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94800806
Fax Number	
Contact Number	OFFICE-94800806
EMail Address	NOEMAIL

Address -
 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 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? 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) 1

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 attached report.

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 SHD9782B
 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)

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 Authorized 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 renege on 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 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:

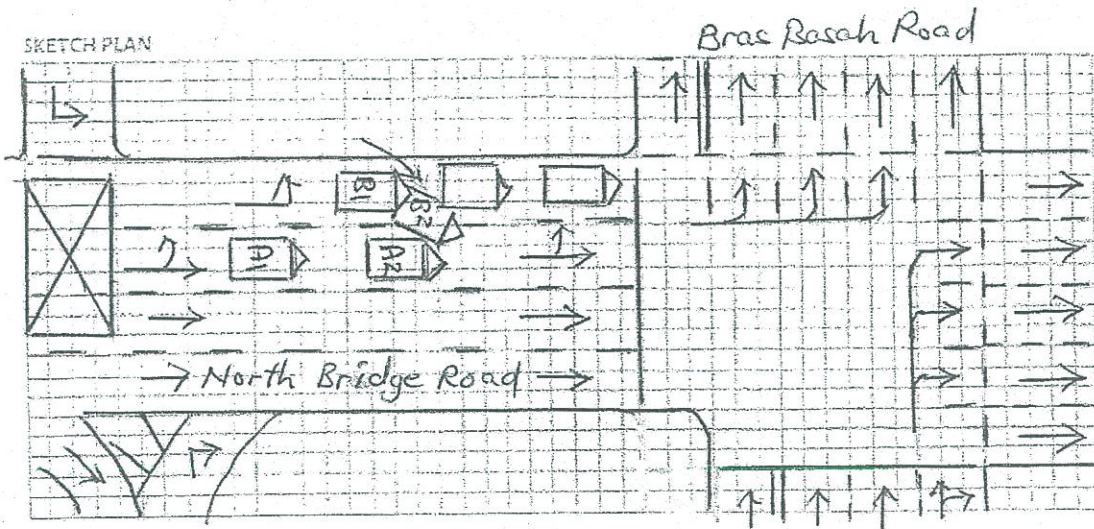
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/can 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 located 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 (a) 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:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03/06/2018 at about 1540 hrs at along North Bridge Road towards South Bridge Road before Bras Basah Road Junction. I was travelling on the lane 3 and suddenly a Vehicle (B) on my left veered into my lane abruptly without checking his blindspot and hence collided onto my Left Front Portion of my Vehicle (A) causing damages to my vehicle.

(A) STD 2121 H

(B) SHD 9782 B

DECLARATION

(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 Personnel's Signature
Name:
NRIC/FIN No.: