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 : 27/08/2018

Your Ref : **SJP712B**

To : **EQ INSURANCE CO. LTD**

Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SJL3144S & SJP712B ON 02/06/2018 AT ALONG PIE TOWARDS TUAS BEFORE ENG NEO AVENUE EXIT.

We refer to the above matter.

Attached copies of the following for your kind perusal:

1) Proforma Bill No.**188264 @ S$909.50 (Inclusive Of 7% GST)**

2) Loss of Use @ **S$360.00 (6 Days x S$60)**

3) LTA Search @ **S$29.00**

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,

MG SOLUTION PTE LTD 201427944N

Sharon

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:
EQ INSURANCE CO. LTD
5 MAXWELL ROAD
#17-00 TOWER BLOCK MND COMPLEX
SINGAPORE 069110

Bill No : 188264

Date : 27-August-2018

Vehicle Number : *SJL 3144S*

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	$ 850.00
	BEFORE GST	850.00
	7% GST	59.50
	TOTAL	$ 909.50

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.

MG SOLUTION PTE LTD

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: Shaning Wealth LLP

CAR/ LORRY/CYCLE: REG NO: SJL 3144S POLICY NO: -

ACCIDENT CLAIM NO: -

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

Registered No. SJL 3144S 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 02 day of 06 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: SHARING WEALTH LLP Co. Reg. No. T15LL1899G NRIC No: .....

22/6/2018
23/6/2018 } PEI
24/6/2018

Vehicle In - 22/6/2018
Vehicle Out - 27/6/2018
LOU - 6 days x $60
= $360

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-089159
Date of Request: 11/06/2018

Your Ref No: WALK IN HONG

MG SOLUTION PTE LTD - KAKI BUKIT
25 KAKI BUKIT ROAD 4 #04-01
SINGAPORE 41800

Dear Sir/Madam,

Your Vehicle No: SJL3144S
Date of Accident: 02/06/2018
Place of Accident: PIE
Involving Vehicle No: SJP712B

DESCRIPTION	AMOUNT (S$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:
Date:
[ ] GIRO [X] Cash [ ] Cheque

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00, Singapore 048580
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TAX INVOICE

Our Ref No: GR-18-089161
Date of Request: 11/06/2018

Your Ref No: WALK IN HONG

MG SOLUTION PTE LTD - KAKI BUKIT
25 KAKI BUKIT ROAD 4 #04-01
SINGAPORE 41800

Dear Sir/Madam,

Date of Accident: 02/06/2018
Vehicle No: SJL3144S
Place of Accident: AT ALONG PIE TOWARDS TUAS BEFORE ENG NEO AVE EXIT
Involving Vehicle No: SJP712B

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S$)	QTY	AMOUNT (S$)
SJP712B	AT ALONG PIE TOWARDS TUAS BEFORE ENG NEO AVE EXIT	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:
Date:
[ ] GIRO [X] Cash [ ] Cheque

LETTER OF AUTHORITY

Name : Shaung Wealth LLP

Address : 23 KAKI BUKIT ROAD 4 #06-30
SYNERGY @ KB SINGAPORE 417800

Contact No : _____

TO: EQ INSURANCE CO. LTD.

Dear Sirs,

ACCIDENT INVOLVING SJL 3144S AND SJP 712B ON 02/06/2018

AT/ ALONG PIE TOWARDS TUAS BEFORE ENG NEO AVE EXIT

I/We, Shaung Wealth LLP, am/are the registered owner of motor car no. SJL 3144S

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

SHARING WEALTH LLP
Co. Reg. No. T15LL1699G

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 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	04/06/2018 12:52
Date Of Accident	02/06/2018 06:10
Exact Location Of Accident	AT ALONG PIE TOWARDS TUAS BEFORE ENG NEO AVE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL3144S
Insured/Policyholder	
Name Of Registered Owner	SHARING WEALTH LLP
Co Reg No	T15LL1899G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88888888
Vehicle Particulars	
Manufacturer	HONDA
Model	CITY-1.5 VTEC (A)
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095846982
Cover Note Number	
Driver	
Name of Driver	ABU BAKAR BIN HASSAN
NRIC No	S7044962E
Date Of Birth	06/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	02/10/1992
Driving Experience	25 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85906210
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 129 MARSILING RISE #02-294
Postcode	730120
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : PASSENGER 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 02/06/2018 AT ABOUT 0610HRS AT ALONG PIE TOWARDS TUAS BEFORE ENG NEO AVE EXIT. I WAS TRAVELLING ON THE LANE 2 AND WHEN MY FRONT VEHICLE SLOW DOWN HENCE I FOLLOW SUIT. SUDDENLY I HEARD A LOUD BANG FROM BEHIND AND FROM MY RIGHT SIDE MIRROR I NOTICED THAT A VEHICLE (B) ON MY RIGHT HAD VEERED INTO MY LANE. AFTER THE IMPACT VEHICLE (B) HAD NO INTENTION OF STOPPING HENCE I FOLLOW HIM UNTIL HIS DESTINATION AT NO.11 BUKIT BATOK WEST AVE 2 HOME FOR THE AGES. AFTER ALIGHTED, I INFORMED HIM THAT HE HAD COLLIDED ONTO MY VEHICLE WHILE CHANGING OF LANE AT THE PIE AND HE TOLD HE THAT HE HAD SKIDDED WHILE CROSSING OVER A POOL OF WATER AS IT WAS RAINING HEAVILY AND I WAS TOLD TO CLAIM AGAINST HIS INSURANCE. (A) SJL3144S (B) SJP712B

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	SJP712B
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

IMPORTANT NOTICE

[illegible]

2. This Form must be completed by the Policyholder/Claimant for the Authority of the [illegible]

3. Information provided must be as truthful and accurate as possible. Any wilfully misrepresented or omitted material facts may allow insurance companies to nullifiate policy liability.

4. The issuance and acceptance of this Form by insurance companies is not an admission of liability [illegible] the insurance company.

5. Any false reporting may constitute a Police Report/Offence.

6. This report will be forwarded to the Insurance Claims Association of Singapore (ICAS) and to the General Insurance Association of Singapore (GIA) [illegible] Check by the General Insurance Association of Singapore [illegible]

7. By the [illegible] consent to the collection, use and disclosure of personal data [illegible] and/or being made available to [illegible]

8. Consent under the Personal Data Protection Act (PDPA)

I hereby [illegible] and acknowledge [illegible]

(i) 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) investigating, handling and/or dealing with my claim including the [illegible] and any [illegible] matters relating to the claim;

(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 in administering, processing, handling and/or dealing with my claim (collectively the "Purposes")

(ii) [illegible] involved in the accident and the insured subject, [illegible] my Personal Information for the [illegible]

[illegible]

[illegible]

(iii) [illegible]

(a) to any [illegible] or any person or to parties that assist in investigating, handling and/or [illegible] regulations, law enforcement and government agencies as reasonably required for the purposes stated; or

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

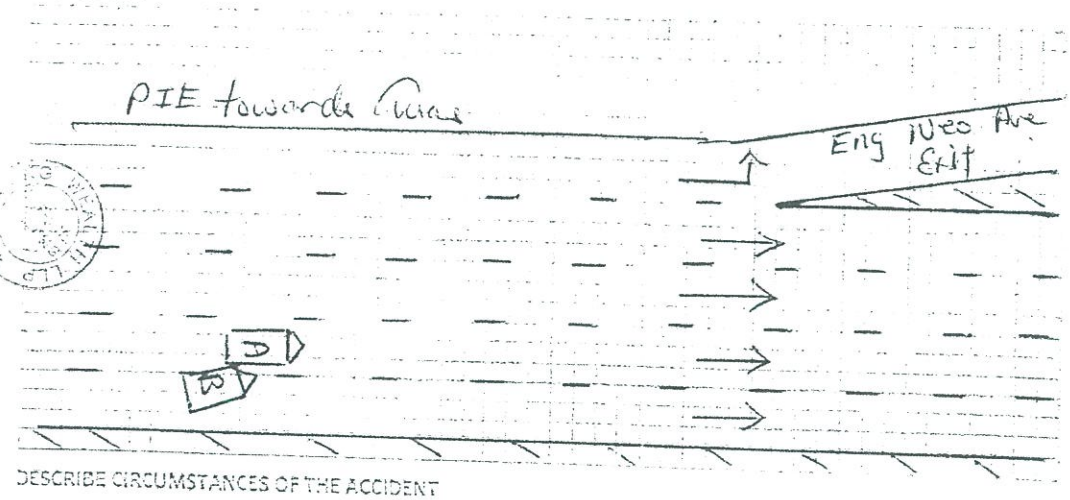
HEALTH LLP

Policyholder's Signature
Date & Time

Claimant's Signature
Adviser's Signature
Date & Time

Witnessed by [illegible] Signature
Name
NRIC No.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02/06/2018 at about 0610 hrs at along PIE towards Tuas before Eng Neo Ave Exit. I was travelling on the lane 2 and when my front vehicle slow down hence I follow suit. Suddenly I heard a loud bang from behind and from my Right side mirror I noticed that a Vehicle (B) on my Right had veered into my lane. After the impact Vehicle (B) had no intention of stopping hence I follow him until his destination at No 11 Bukit Batok West Ave 2 Home For the Ages. After alighted, I informed him that he had collided onto my vehicle while changing of lane at the PIE and he told me that he had skidded while crossing over a Pool of water as it was raining heavily and I was told to claim against his insurance.

(A) SJL 3144S
(B) SJP 712B

DECLARATION

I/We hereby declare that the particulars given in this report are true and correct.

Policy Holder's Signature
Date & Time:

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

Reporting Centre Representative's Signature
Name:
NRIC/FIN No.: