



## 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 : 31/08/2018

Your Ref : **GBG9360R**

To : **CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD**

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SLA1900Z & GBG9360R ON 26/06/2018 AT  
MSCP OF BLK 787A CHAO CHU KANG DRIVE.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No. **188274 @ S\$3,745.00 (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



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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 : 188274

Date : 31-August-2018

Vehicle Number : **SLA 1900Z**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 3,500.00
BEFORE GST		3,500.00
7% GST		245.00
<b>TOTAL</b>		<b>\$ 3,745.00</b>

**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: ..... HAN JONG JUAN .....  
CAR/ LORRY/CYCLE: REG NO: ..... SLA 1900Z ..... POLICY NO: ..... - .....  
ACCIDENT CLAIM NO: ..... - .....

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle  
Registered No. .... SLA 1900Z .....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 ..... 26 ..... 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: ..... NRIC No: .....

27/06/2018 - PRI  
01/07/2018 - Sunday

Vehicle In - 27/06/2018  
Vehicle Out - 03/07/2018  
Low - 7 days x \$80  
= \$560

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Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 26 Jun 2018 / 11:20:06

Receipt Date/Time : 26 Jun 2018 / 11:20:06

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-180626-000904

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 - GBG9360R			
	As at 26 Jun 2018/08:00:00			
	Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD			
1	Insurance Enquiry - GBG9360R			
	Enquiry Fee	7.00	0.49	7.49
	20180626111906664434			
	<b>Sub-Total</b>	7.00	0.49	7.49
	<b>Total Before Rounding</b>	7.00	0.49	7.49
	<b>Rounding Difference</b>			0.04
	<b>Total Amount Payable</b>			7.45
	<b>Paid By</b>			
	20180626111918840 Direct Debit: eNETS Debit (Internet Banking)			7.45
	<b>Total</b>			7.45
	<b>Cash Change</b>			0.00
	<b>Tendered Amount</b>			7.45
	<b>Excess Refundable Amount</b>			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.

[> Back to OneMotoring](#)**Vehicle Insurance Particulars Result**

Vehicle No.

GBG9360R

Incident Date/Time

26 Jun 2018 / 08:00:00

Insurance Company Name

CHINA TAIPING INSURANCE (SINGAPORE) PTE  
LTD[Print](#)[OK](#)[Save as PDF](#)



LETTER OF AUTHORITY

Name : Han Jong Juan  
Address : BLK 491D TAMPINES STREET 45  
#11-224 SINGAPORE 523491

Contact No : \_\_\_\_\_

TO: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SLA 19002 AND GBGT 9360R ON 26/06/2018  
AT/ ALONG MSCP OF BLK 787A CHOA CHU KANG DRIVE

I/We, Han Jong Juan, am/are the registered owner of  
motor car no. SLA 19002

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

X   
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	27/06/2018 15:52
Date Of Accident	26/06/2018 08:00
Exact Location Of Accident	MSCP OF BLK 787A CHOA CHU KANG DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA1900Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HAN JONG JUAN
NRIC No	S1647695A
Email Address	JOELHAN@HOTMAIL.SG
Mobile Phone No	(LOCAL) +65-96403356
Alternative Phone No	OFFICE-60000000

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 CLASSIC CVT (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/P2061418
Cover Note Number	

### Driver

Name of Driver	JOEL HAN YIGUANG
NRIC No	S9246842I
Date Of Birth	11/12/1992
Occupation	INDOOR
Date Of Driving Pass	29/04/2013
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96403356
Fax Number	
Contact Number	OFFICE-60000000
Email Address	JOELHAN@HOTMAIL.SG

Address	BLK 491D TAMPINES STREET 45 11-224
Postcode	523491
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	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

Report please 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	GBG9360R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

2. 在下列各数中, 找出与 10 互质的数, 并求出最大公约数:

- (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:

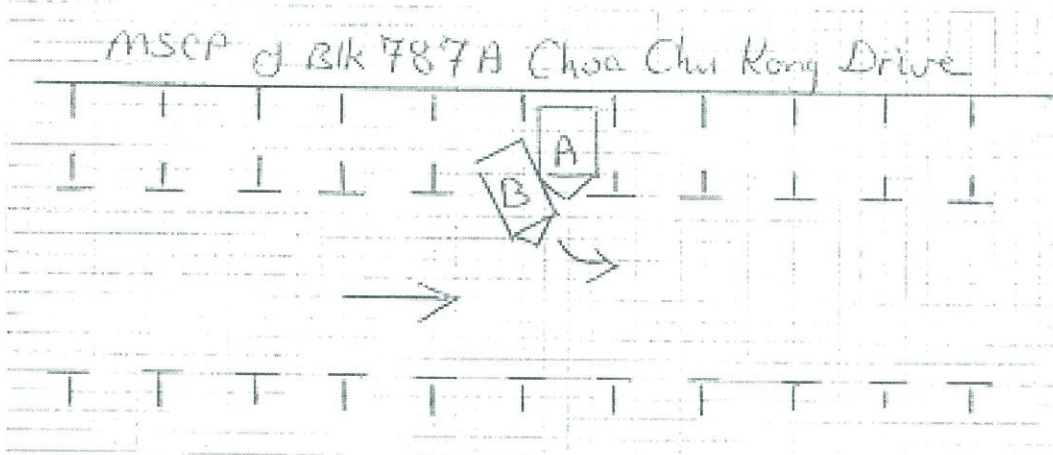
1.  $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$   
 2.  $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$   
 3.  $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$   
 4.  $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$   
 5.  $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$   
 6.  $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$   
 7.  $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$   
 8.  $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$   
 9.  $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$   
 10.  $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$

Supporting Service Personnel's Signature  
Name Reynolds  
OFFICIAL'S SIGNATURE [Signature]

Row 11  
571312095

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/06/2018 at about 0800 hrs at MSCP of Blk 787A Choa Chu Kang Drive. My vehicle was stationary parked at the above mentioned car park of Deck 1B and was inside the vehicle while waiting for my friend. Suddenly I heard a loud bang from the front and the great impact pushed me to the left side and hit against the hand brake handle. When I alighted, I realised that it was Vehicle (B) collided onto my Right front Portion of my Vehicle (A) while exit out from the Parking lot on my Right causing damages to my vehicle.

## DECLARATION

I hereby declare that the foregoing facts are true and correct to the best of my knowledge.

Police Officer's Signature  
Date & Time

Driver's Signature  
Name of the driver  
Date & Time

Reporting Officer's Signature  
Name  
NR Signature

571313096