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

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 : 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
	TOTAL	$ 3,745.00

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.

MG SOLUTION PTE LTD 201427944N

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 1900 Z 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
LOU - 7 days x $80
= $560

> Back to OneMotoring

Land Transport Authority

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			
	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		
20180626111918840	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.

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Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
GBG9360R	26 Jun 2018 / 08:00:00	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 1900Z AND GBG 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 1900Z

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

MALP18083022 / Alpine Motors Pte Ltd - HQ
ENTRY DATE & TIME: 27/06/2018 15:52
SUBMITTED BY: RONNIE TAN GUAN HIN

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	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

Insured/Policyholder

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

IMPORTANT NOTICE

1. Please fill in correctly and completely all particulars as requested in this Sketch Plan.
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 of such information or 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 and is without prejudice to the rights of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the drivers of the IU1 Report Management Centre (called Motor Claims Association of Singapore (MCA)) for recording and the details after research. There is a fee payable by the parties to the MCA.
7. By the lodgment of this report to the MCA, I/we agree to be bound by the rules and regulations governing the use of the Report Centre facilities as stipulated by the MCA.
8. Consent under the Personal Data Protection Act (PDPA)

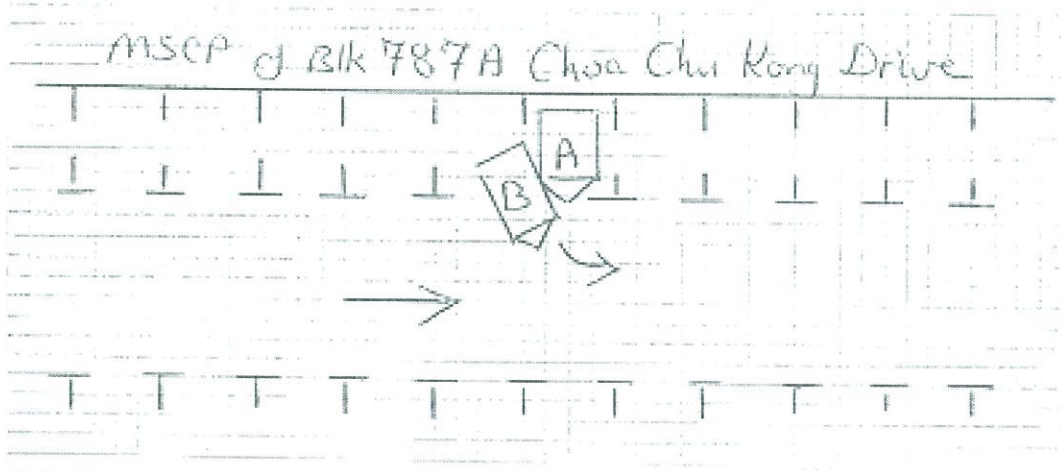
I understand, acknowledge, agree and consent that:

(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) [illegible] and/or [illegible] my claim(s) [illegible] and/or [illegible] and/or [illegible] and/or

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 stationery parked at the above mentioned car park of Deck 1B and was inside the vehicle while waiting for my friend. Suddenly I heared 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/We do solemnly declare that the statement made by me/us is true to the best of my/our knowledge and belief.

Police Officer's Signature
Date & Time:

Driver's Signature
Driver's Particulars (Name & NRIC)
Date & Time:

Witness' Signature
Name: Annie
NRIC: S7131096E