



## 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 : 14/11/2018

Your Ref : SHD4443M

To : INDIA INTERNATIONAL INSURANCE PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE GBG3620E & SHD4443M ON 09/07/2018  
AT JUNCTION OF PASIR RIS DRIVE 3 AND PASIR RIS DRIVE 2.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.188381 @ S\$19,153.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$3,000.00 (15 Days x S\$200)
- 3) LTA Search @ S\$7.45
- 4) Towing Fee @ S\$60.00
- 5) Authorisation to Act
- 6) 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: CHEE FATT CO. (PTE.) LTD  
CAR/ LORRY/CYCLE: REG NO: GBG 3620E POLICY NO: .....  
ACCIDENT CLAIM NO: .....

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle  
Registered No. GBG 3620E .....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 09 day of 07 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: .....

11/7/2018 - Tow out from TP Round  
12/7/2018 - PRI  
15/7/2018 - Sunday  
22/7/2018 - Sunday

Vehicle In - 11/7/2018  
Vehicle Out - 25/7/2018  
Lau - 15 days x \$200  
= \$ 3,000

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

Print Date/Time : 11 Jul 2018 / 12:37:53

Receipt Date/Time : 11 Jul 2018 / 12:37:53

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-180711-000995

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 - SHD4443M As at 09 Jul 2018/18:45:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SHD4443M Enquiry Fee 20180711123649784064	7.00	0.49	7.49
<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
Paid By				
	20180711123701894	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
SHD4443M	09 Jul 2018 / 18:45:00	INDIA INT'L INS PTE LTD

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~~CASH SALE~~/WORK ORDER No: AH7596



PEOPLE'S VEHICLE SERVICE PTE LTD

BLK 3023A, UBI ROAD 1 #01-60, SINGAPORE 408717  
TEL: 6743 1937 (3 LINES) FAX: 6743 0013  
Reg No: 200415052W

Date: 11/7/18

Messrs: 11 G

Vehicle No: GBG 3620E Model No: T/Van

From: T.p. pound

To: Kaki Bukit Vi'com

Remark:

Time: 13:30 - 14:00 - 14:45 AMOUNT: \$60

注意: 本公司對所拖之車, 在進行中如有任何損失或破壞, 一概由車主自行負責。  
NOTE: Vehicle is towed at owner's risk. The company accepts no responsibility for damages or other misdemeanour to your vehicle whilst being towed.

經手人: [Signature] 收貨人: [Signature]  
Authorised by: Received by:

LETTER OF AUTHORITY

Name : CHEE FATT CO. (PTE.) LTD.

Address : 5A TANJONG PENJURU  
SINGAPORE 609035

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

TO: INDIA INTERNATIONAL INSURANCE PTE LTD.

Dear Sirs,

ACCIDENT INVOLVING GBG 3670E AND SHD 4443M ON 09/07/2018  
AT/ ALONG JUNCTION OF PASIR RIS DRIVER 3 AND PASIR RIS DRIVE 2

I/We, CHEE FATT CO. (PTE.) LTD, am/are the registered owner of  
motor car no. GBG 3670E

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 as aforesaid.

### ACCIDENT STATEMENT

Date Of Report	12/07/2018 09:11
Date Of Accident	09/07/2018 18:45
Exact Location Of Accident	JUNC OF PASIR RIS DR 3 & PASIR RIS DR 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3620E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEE FATT CO.(PTE.)LTD.
Co Reg No	197302471N
Email Address	PETERPOH@CHEEFATT.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-94552266

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORK

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 COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700033251
Cover Note Number	

### Driver

Name of Driver	TAY WHATT BENG
NRIC No	S1418940H
Date Of Birth	28/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	17/06/1982
Driving Experience	36 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94552266
Fax Number	
Contact Number	
EMail Address	NOEMAIL



Address BLK 27 BALAM RD  
#09-33  
Postcode 370027  
Was driver an employee of the Insured's Company YES  
If No, Relationship of the Driver with the Insured  
Vehicle Registration Number of Driver's Own Vehicle -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -  
-

#### General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION  
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? YES  
Was any injured conveyed to hospital by ambulance? YES  
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

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES  
Remarks/ Reasons: WITH DRIVER  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD4443M  
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)

#### DETAILS OF INJURED PERSON 1

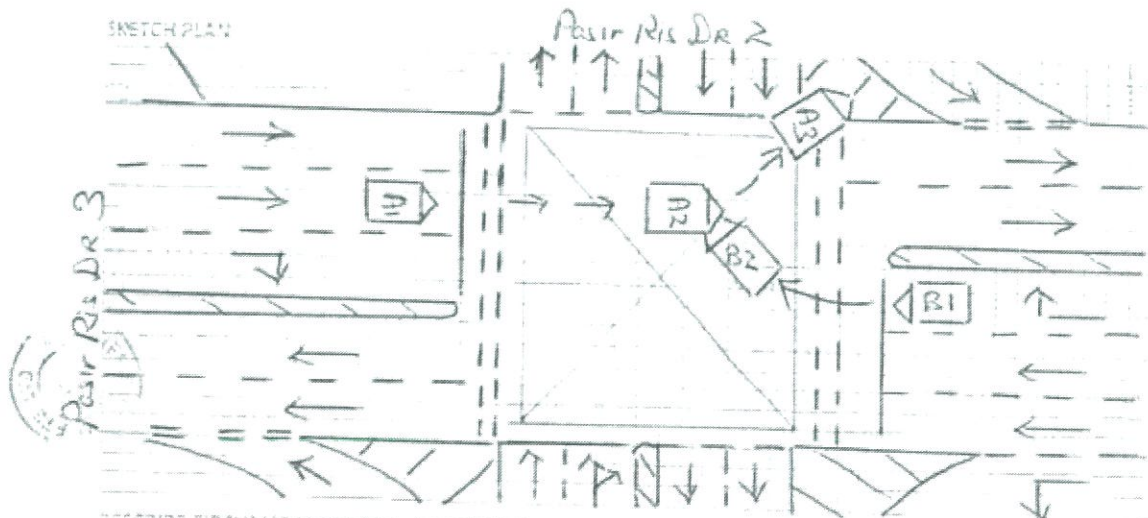
Name	TAY WHATT BENG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBG3620E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## REFERENCES

[illegible]

*[Handwritten signature]*

# Individual Statement



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09/07/2018 at about 1845 hrs at junction of Pasir Ris Drive 3 and Pasir Ris Drive 2, I was travelling on the centre lane along Pasir Ris Dr 3 towards Downtown East and when coming towards the above mentioned junction a Vehicle (B) from the opposite direction making a Right turn into Pasir Ris Dr 2 without stopping and without proper lookout hence collided onto my Front Portion of my Vehicle (A) causing my vehicle to swerve to the left and when up the slip road divider, I was conveyed to the hospital and my vehicle was compounded by TP.

(A) GBG 3620 E

(B) SHD 4443 M

## DECLARATION

I hereby declare that the above information is true and correct to the best of my knowledge.

Signature of Driver  
Date

Signature of Driver  
Date

Signature of Driver  
Date 12/07/18