



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 : 05/09/2018

Your Ref : GQ8238G

To : AXA INSURANCE SINGAPORE PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SJJ1963T & GQ8238G ON 21/07/2018 AT ALONG MACPHERSON ROAD TOWARDS ALJUNIE ROAD AFTER TAI THONG CRESCENT.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.188276 @ S\$1,500.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,560.00 (26 Days x S\$60)
- 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



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:

AXA INSURANCE SINGAPORE PTE LTD

8 SHENTON WAY

#27-01 AXA TOWER

SINGAPORE 068811

Bill No : 188276

Date : 05-September-2018

Vehicle Number : *SJJ 1963T*

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 1,401.87
BEFORE GST		1,401.87
7% GST		98.13
TOTAL		\$ 1,500.00

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.

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: 168 MOTOR
CAR/ LORRY/CYCLE: REG NO: SJJ1963T POLICY NO:
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SJJ1963T 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 21 day of 07 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: 

168 MOTOR
Co's Stamp: **53343850X** NRIC No:

21/7/2018 - Tow In
22/7/2018 - Sunday
23/7/2018 - reporting
24/7/2018 - PRI

Vehicle In - 21/7/2018
Vehicle Out - 15/8/2018
Loh - 26 days x \$60
= \$1,560

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 24 Jul 2018 / 16:45:47

Receipt Date/Time : 24 Jul 2018 / 16:45:46

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180724-001657

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 - GQ8238G As at 21 Jul 2018/22:45:00 Insurance Co: AXA INSURANCE PTE LTD			
1	Insurance Enquiry - GQ8238G Enquiry Fee 20180724164419961480	7.00	0.49	7.49
	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			
	20180724164436761 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.

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

Vehicle No.

GQ8238G

Incident Date/Time

21 Jul 2018 / 22:45:00

Insurance Company Name

AXA INSURANCE PTE LTD

[Print](#)[OK](#)[Save as PDF](#)

LETTER OF AUTHORITY

Name : 168 MOTOR
Address : 276A JURONG WEST STREET 25
#02-43 SINGAPORE 641276
Contact No : _____

TO:
AXA INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SJJ 19637 AND GQ 82386 ON 21/07/2018
AT/ALONG MACPHERSON ROAD TOWARDS ALJUNIE ROAD AFTER TAI THONG
CRESCENT

I/We, 168 MOTOR, am/are the registered owner of
motor car no. SJJ 19637

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

168 MOTOR
53343850X

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, 168 MOTOR ("the third party claimant")
of 276A JURONG WEST STREET 25 #02-43 S(641276) (address),
owner of SJJ1963T (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. SJJ1963T that was damaged pursuant to the accident which occurred on 21/07/2018 (date) along MACPHERSON ROAD TOWARDS ALJUNIE ROAD AFTER FAITHONG CRESCENT (location) involving Vehicle No/s GQ 82386
("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)

168 MOTOR
53343850X

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	24/07/2018 13:26
Date Of Accident	21/07/2018 22:45
Exact Location Of Accident	MACPHERSON TOWARDS ALJUNIED ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ1963T
Insured/Policyholder	
Name Of Registered Owner	168 MOTOR
Co Reg No	53343850X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90000000

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION-1.5 (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 REPORTING ONLY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5092557540
Cover Note Number	

Driver

Name of Driver	HOE AH HUAT
NRIC No	S1477239A
Date Of Birth	29/06/1961
Occupation	OUTDOOR
Date Of Driving Pass	21/04/1982
Driving Experience	36 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96989076
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address	BLK 276A #02-43 JURONG WEST STREET 25
Postcode	641276
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

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

Type Of Accident: HEAD TO SIDE REFER TO BELOW STATEMENT/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	GQ8238G
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

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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 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 lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the terms 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/are 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 sited 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 (c) above may be shared, if disclosure:
 - (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.

168 MOTOR

57343850X

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policy holder)

Date & Time:

24 JUL 2018

IDAC KAKI BUKIT(VAC)

23 KAKI BUKIT AVE 4

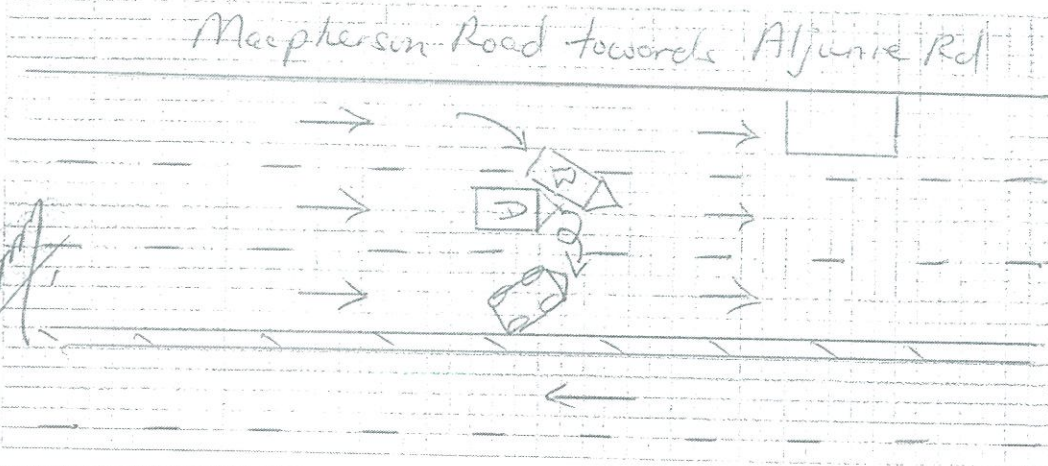
Reporting Centre **Singapore 41933**

Name: **Tel: 67416697**

NRIC/FIN No.: **Fax: 67492305**

Email: **vackb@singnet.com.sg**

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/07/2018 at about 2245 hrs at along Macpherson Road towards Aljunie Road after Kai Thong Crescent. I was travelling on the centre lane and suddenly a Vehicle (B) on my left veered into my lane without checking his blindspot hence collided onto my front left Portion of my Vehicle (A) causing my vehicle to over turn. I have 2 passengers inside my vehicle.

(A) STJ 1963 T
(B) GW 8238 G

DECLARATION

We declare the foregoing particulars are true in every respect.

168 MOTOP

Policyholder's Signature
Date & Time: 53343850X

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

24 JUL 2018

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Singapore 415933
Tel: 67416697
Fax: 67492305
Email: vackb@singnet.com.sg