



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 : 07/12/2018
Your Ref : WC6539K
To : CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SGG9981P & WC6539K ON 21/07/2018 AT ALONG SHEARES AVE TOWARDS ECP BESIDE MARINA BAY SANDS HOTEL.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.188421 @ S\$3,638.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,250.00 (5 Days x S\$250)
- 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 (South Wing) #02-03B
Vicom Inspection Centre, Singapore 415933
Tel: 6243 1373 Fax: 6243 1376
GST Reg. No. : 201427944N

MOTOR CLAIM DISCHARGE

INSURED: FOONG SAI MUN
CAR/ LORRY/CYCLE: REG NO: SGG 9981P POLICY NO:
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SGG 9981Pfrom 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 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: [Signature]

Co's Stamp: NRIC No:

24/7/2018 - PR1 vehicle in - 24/7/2018
vehicle out - 28/7/2018
LOU - 5 days x \$ 250
= \$ 1,250

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

Print Date/Time : 23 Jul 2018 / 17:22:09

Receipt Date/Time : 23 Jul 2018 / 17:22:09

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180723-001847

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 - WC6539K As at 21 Jul 2018/14:45:00 Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - WC6539K Enquiry Fee 20180723172114592755	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				
	20180723172129924	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
WC6539K	21 Jul 2018 / 14:45:00	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

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LETTER OF AUTHORITY

Name : FOONH SAI MUN
Address : 17 PASIR RIS RISE
05-34 SINGAPORE 518088
Contact No : _____

TO: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SGG 9981P AND WC 65391C ON 21/7/18
AT/ALONG Sheares Ave towards ECP beside Marina Bay Sands Hotel.

I/We, FOONH SAI MUN, am/are the registered owner of
motor car no. SGG 9981P

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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	24/07/2018 15:26
Date Of Accident	21/07/2018 14:45
Exact Location Of Accident	SHEARER AVE TWDS ECP BESIDE MARINA BAY SANDS HOTEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG9981P
Insured/Policyholder	
Name Of Registered Owner	FOONG SAI MUN
NRIC No	S7315397B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97572620
Alternative Phone No	OFFICE-88888888

Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD-2.0 VTIS 5AT (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 CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MW007477-R02
Cover Note Number	

Driver

Name of Driver	YONG PUEH TENG
NRIC No	S7574806Z
Date Of Birth	07/09/1975
Occupation	INDOOR
Date Of Driving Pass	02/09/2000
Driving Experience	17 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91336929
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	17 PASIR RIS RISE #05-34
Postcode	518088
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	
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

ON 21/07/2018 AT ABOUT 1445HRS AT ALONG SHEARES AVE TOWARDS ECP BESIDE MARINA BAY SANDS HOTEL. I WAS TRAVELLING ON THE LANE 3 AND SUDDENLY A VEHICLE (B) ON MY RIGHT VEERED INTO MY LANE WITHOUT CHECKING HIS BLINDSPOT AND WITHOUT CAUTIOUS HENCE COLLIDED ONTO MY RIGHT REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE ONE PASSENGER INSIDE MY VEHICLE. (A) SGG9981P (B) WC6539K

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	WC6539K
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 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 lodgment 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.
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 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 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 direct 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 / disclosed:
 - (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.

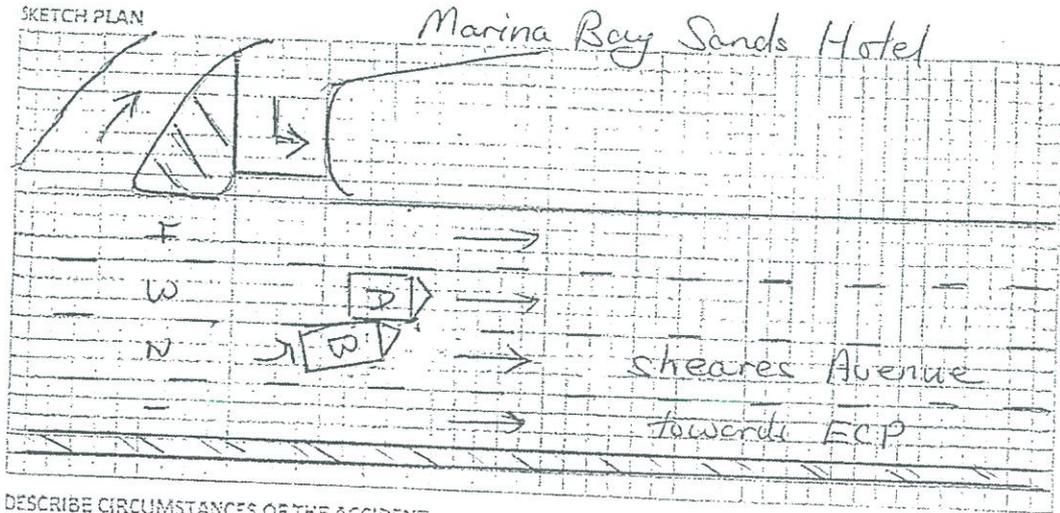
 Policyholder's Signature
 Date & Time:

PK

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

A. Suman

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/07/2018 at about 1445 hrs at along Sheares Ave towards ECP beside Marina Bay Sands Hotel. I was travelling on the lane 3 and suddenly a Vehicle (B) on my Right veered into my lane without checking his blindspot and without cautious hence collided onto my Right Rear Portion of my vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle.

(A) SGG 9981 P
(B) WC 6539 K

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/IN No.: