



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 : **SLR4975Z**

To : **AIG ASIA PACIFIC INSURANCE PTE LTD**

Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SKP9605G & SLR4975Z ON 03/08/2018 AT MSCP OF PREMISES AT CHANGI AIRPORT TERMINAL 2, L2 SECTION A LOT NO: 179A.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.188385 @ S\$2,782.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,100.00 (5 Days x S\$220)
- 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: Yang En Grace mare

CAR/ LORRY/CYCLE: REG NO: SHP 9605G POLICY NO: -

ACCIDENT CLAIM NO: -

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle

Registered No. SHP 9605G 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 03 day of 08 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:

07/08/2018 - PRI

09/08/2018 - PH (National Day)

Vehicle In - 07/08/2018

Vehicle Out - 11/08/2018

Low - 5 days x \$220

= \$ 1,100

[> Back to OneMotoring](#)

Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 06 Aug 2018 / 13:57:03

Receipt Date/Time : 06 Aug 2018 / 13:57:03

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180806-001234

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 - SLR4975Z | | | | |
| As at 03 Aug 2018/16:30:00 | | | | |
| Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD. | | | | |
| 1 | Insurance Enquiry - SLR4975Z | | | |
| | Enquiry Fee | 7.00 | 0.49 | 7.49 |
| | 20180806135553105971 | | | |
| 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 | | | | |
| | 20180806135607763 | 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.

SLR975Z

Incident Date/Time

03 Aug 2018 / 16:30:00

Insurance Company Name

AIG ASIA PACIFIC INSURANCE PTE. LTD.

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LETTER OF AUTHORITY

Name : YONG SU EN GRACE MARIE
Address : 143 TANAH MERAH RECHIL ROAD
SOUTH SINGAPORE 466673 .
Contact No : _____
TO: AIG ASIA PACIFIC INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SKP 9605G AND SLR 49752 ON 03/08/2018
AT/ALONG MSCP OF PREMISES AT CHANGI AIRPORT TERMINAL 2, L2 SECTION A
LOT NO: 129A.

I/We, Yong Su En Grace Marie, am/are the registered owner of
motor car no. SKP 9605G

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



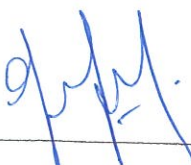
AUTHORIZATION TO ACT
(AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

I, Yong Si En Grace Marie ("the third party claimant")
of 143 Tanah Merah Keruil Road Smtm S(466673) (address),
owner of SLP 96056 (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. SLP 96056 that was
damaged pursuant to the accident which occurred on 03/08/2018 (date) along
MSCP OF PREMISES AT CHANGI AIRPORT TERMINAL 2, L2 SECTION A LOT M2-176A (location)
involving vehicle no/s SLR 4975 Z ("the accident").

I further authorize the workshop to settle the 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.

Date this _____ day of _____ (month) 20 _____ (year)



Signed by "the third party claimant"



Signed by "the workshop"



RELEASE VOUCHER
(AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

"We/I, _____ ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte. Ltd. _____ ("name of surveyor") with respect to the amount claimed for S\$ _____ (repair costs), S\$ _____ (loss of use/rental) S\$ _____ (search fees) for vehicle no. _____ that was damaged pursuant to the accident which occurred on _____ (date) along _____ (location) involving vehicle no/s _____.

This is pursuant to the inspection conducted on _____ (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner _____ ("third party claimant") of vehicle no. _____ to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte. Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to _____ (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

Dated this _____ day of _____ (month) 20____ (year)

Signed by AIG appointed surveyor

Chopped & 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 repute 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 afraid.

ACCIDENT STATEMENT

| | |
|----------------------------|---|
| Date Of Report | 06/08/2018 17:27 |
| Date Of Accident | 03/08/2018 16:30 |
| Exact Location Of Accident | MSCP OF CHANGI AIRPORT T2 L2 SECTION A LOT NO. 17 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SKP9605G |
| Insured/Policyholder | |
| Name Of Registered Owner | YONG SU EN GRACE MARIE |
| NRIC No | S8424206C |
| Email Address | YANGSHUEN@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96583788 |
| Alternative Phone No | OFFICE-88888888 |

Vehicle Particulars

| | |
|--------------|---------------|
| Manufacturer | MERCEDES-BENZ |
| Model | B180-2.0 (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 | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | A 29037521 QMY |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | YONG SU EN GRACE MARIE |
| NRIC No | S8424206C |
| Date Of Birth | 14/08/1984 |
| Occupation | INDOOR |
| Date Of Driving Pass | 26/10/2005 |
| Driving Experience | 12 YEARS AND 9 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-96583788 |
| Fax Number | |
| Contact Number | OFFICE-88888888 |
| Email Address | YANGSHUEN@GMAIL.COM |

| | |
|---|-----------------------------------|
| Address | 143 TANAH MERAH KECHIL ROAD SOUTH |
| Postcode | 466673 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| 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) | 0 |

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 03/08/2018 AT ABOUT 1630HRS AT MSCP OF PREMISES AT CHANGI AIRPORT TERMINAL 2, L2 SECTION A LOT NO. 179 A. MY VEHICLE (A) WAS STATIONARY PARKED AT THE ABOVE MENTIONED CAR PARK LOT NO. 179A AND WHEN I RETURNED BACK TO MY VEHICLE AT AROUND 1800HRS ON THE EVEN DAY, I REALISED THAT MY VEHICLE (A) RIGHT PORTION WAS DAMAGED AND THERE WAS A NOTE ON MY WINDSCREEN INFORM ME TO FILE A CLAIM AGAINST HIS INSURANCE. (A) SKP9605G (B) SLR4975Z

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 | SLR4975Z |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| 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 wilful misrepresentation or withholding of material facts may allow insurance companies to rebutiate 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:

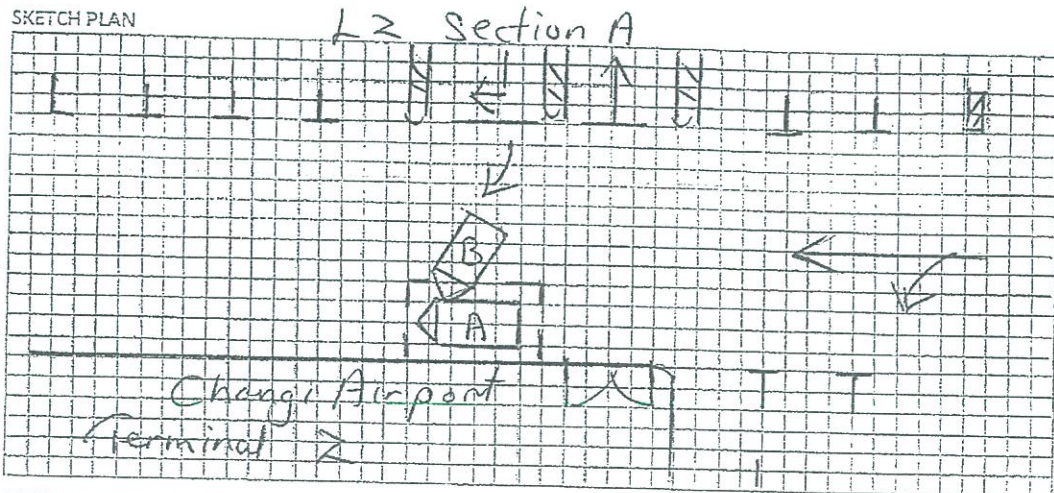
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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 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/can 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 used 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 (d) 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:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03/08/2018 at about 1630 hrs at MSCP of Premises at Changi Airport Terminal Z, L2 Section A Lot No: 179A. My Vehicle (A) was stationary parked at the above mentioned car park lot no. 179A and when I returned back to my vehicle at around 1800 hrs on the even day, I realised that my vehicle (A) Right Portion was damaged and there was a note on my windscreen inform me to file a claim against his insurance.

(A) SKP 9605 G

(B) SLR 4975 Z

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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/FIN No.:

CHANGI AIRPORT