

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

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.

India Ref: MCT18080908
 Claimant Ref: SJY1577X

We/I, MG Solution Pte Ltd ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK Auto Consultants Pte Ltd (name of Surveyor) with respect to the amount claimed for S\$ 8,020.00 ^(Global Sum) ~~(repair cost), 00~~ ~~(loss of contents), 00~~ ~~(search fee)~~, vehicle no. SJY 1577X that was damaged pursuant to the accident which occurred on 29/08/2018 (date) at Upper Bukit Timah Road B4 Gombak Drive (location) involving vehicle no. SHD 4403D (insured vehicle). This is pursuant to the inspection conducted on 30/08/2018 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner HOO KOK PENG ("the third party claimant") of vehicle no. SJY 1577X 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 India International 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 cost of repairs and/or rental and/or loss of use pursuant to the damage to SJY 1577X (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims 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.

We/I authorize you to pay the total amount of S\$ 8,020.00 to MG SOLUTION PTE LTD

Dated this 24 day of 09 20

CLAIMANT:

Signature: 
 Signed by "the workshop" (with chop)

Name: MG SOLUTION PTE LTD

NRIC: 201427944N

Address: 23 KAKI BUKIT AVE 4 AAS KAKI
 BUKIT CENTRE #02-03 S(415933)

Nationality: MALAYSIA

Occupation: ADMIN

WITNESS:

Signature: _____
 Signed by appointed Surveyor

Name: LKK Auto Consultants Pte Ltd

NRIC: 199607198R

Address: 51 Ubi Avenue 1
 #01-25 Paya Ubi Ind. Park S(408933)

Nationality: _____

Occupation: _____



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)

TAX INVOICE

Bill To:

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET
#05-02 IOB BUILDING
SINGAPORE 049711

INVOICE No : TI 199261

PB No : 188394

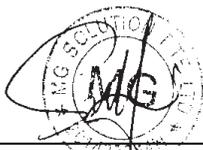
Date : 24-September-2019

ATTN : MOTOR CLAIMS DEPARTMENT

Vehicle Number : SJY 1577X

QTY	DESCRIPTION	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 6,900.00
		BEFORE GST 6,900.00
		7% GST 483.00
		TOTAL \$ 7,383.00

Cheque should be made payable to **MG Solution Pte Ltd**



Co's stamp & Authorised Signature



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 : 19/11/2018

Your Ref : SHD4403D

To : INDIA INTERNATIONAL INSURANCE PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SJY1577X & SHD4403D ON 29/08/2018 AT ALONG UPPER BUKIT TIMAH ROAD BEFORE GOMBAK DRIVE.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.188394 @ S\$7,383.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,680.00 (7 Days x S\$240)
- 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:

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET
#05-02 IOB BUILDING
SINGAPORE 049711

Bill No : 188394

Date : 19-November-2018

Vehicle Number : **SJY 1577X**

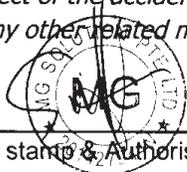
ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 6,900.00
		BEFORE GST 6,900.00
		7% GST 483.00
		TOTAL \$ 7,383.00

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

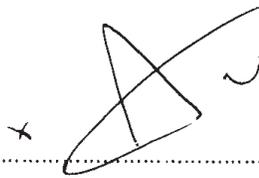
MOTOR CLAIM DISCHARGE

INSURED: HOO KOK PENG
CAR/ LORRY/CYCLE: REG NO: SJY 1577X POLICY NO:
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SJY 1577X 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 29 day of 08 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:

20/8/2018 TXI
2/9/2018 Sunday

vehicle to 20/8/2018
vehicle out - 2/9/2018
2000 7 days (8000)
2000 300

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

Print Date/Time : 29 Aug 2018 / 17:43:13

Receipt Date/Time : 29 Aug 2018 / 17:43:13

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180829-001825

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 - SHD4403D As at 29 Aug 2018/15:40:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SHD4403D Enquiry Fee 20180829174232998655	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

20180829174237948 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
SHD4403D	29 Aug 2018 / 15:40:00	INDIA INT'L INS PTE LTD

OK

Save as PDF

LETTER OF AUTHORITY

Name : HOO KOK PENG

Address : BLK 461 SEGAR ROAD
#13-203 SINGAPORE 670461

Contact No : _____

TO: INDIA INTERNATIONAL INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SJY1577X AND SHD4403D ON 29/08/2018
AT/ALONG UPPER BUKIT TIMAH ROAD BEFORE GOMBAK DRIVE

I/We, HOO KOK PENG, am/are the registered owner of
motor car no. SJY1577X

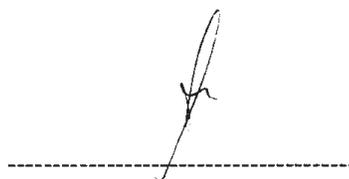
Please note that I have assigned all compensations monies due to me/us in the above said accident to **M/S MG SOLUTION PTE LTD.**

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 willful 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	30/08/2018 14:54
Date Of Accident	29/08/2018 15:40
Exact Location Of Accident	UPPER BUKIT TIMAH ROAD B4 GOMBAK DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY1577X
Insured/Policyholder	
Name Of Registered Owner	HOO KOK PENG
NRIC No	S8111643A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97404939
Alternative Phone No	OFFICE-60000000

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B180-1.7 (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	GA139648/1
Cover Note Number	

Driver

Name of Driver	HOO KOK PENG
NRIC No	S8111643A
Date Of Birth	11/04/1981
Occupation	INDOOR
Date Of Driving Pass	30/09/2009
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97404939
Fax Number	
Contact Number	OFFICE-60000000
EMail Address	NOEMAIL

Address BLK 461 SEGAR ROAD #13-203
 Postcode 670461
 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 CHAIN COLLISION
 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? 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) 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 SHD4403D
 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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YP9303L
 Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

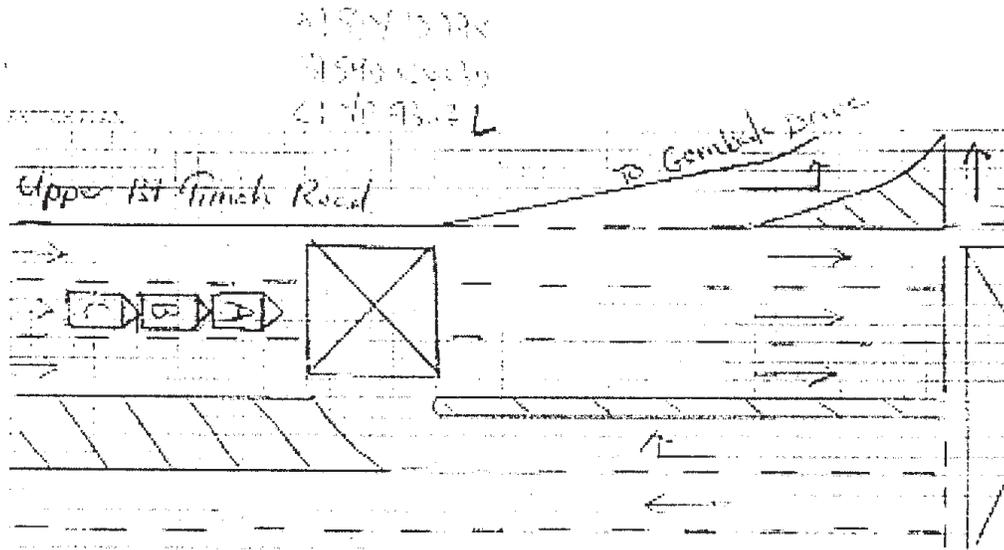
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan #2



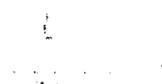
On 29/08/2018 at about 1540 hrs at along Upper
 Bukit Timah Road before Gombak Drive, I was travelling
 on the Centre Lane and when my front vehicle slow
 down and stop hence I follow suit and come to
 a complete halt. Suddenly I heard a loud bang from
 behind and when I lighted, I realized that it was
 vehicle (B) who hit onto my Dec - Partion of my
 vehicle (A) causing damages to my vehicle. It was
 a chain collision of total 3 vehicles involved.

Note: Please note that you may have to sign and stamp this report to get an official stamp from the police. Please check your policy for more information.

DECLARATION

I hereby declare that the information provided in this report is true and correct to the best of my knowledge and belief.

Signature:  Date: 29/08/2018
 Name: [Name] Address: [Address]

Signature:  Date: 29/08/2018
 Name: [Name] Address: [Address]