



## 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)

Joy

Date : 23/11/2018

Your Ref : GQ4796M

To : INDIA INTERNATIONAL INSURANCE PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SJB4462U & GQ4796M ON 06/10/2018 AT  
JUNCTION OF BEDOK NORTH AVENUE 1 AND BEDOK NORTH STREET 1.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.188403 @ S\$4,815.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$2,000.00 (8 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

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(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 : 188403

Date : 23-November-2018

Vehicle Number : **SJB 4462U**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 4,500.00
BEFORE GST		4,500.00
7% GST		315.00
<b>TOTAL</b>		<b>\$ 4,815.00</b>

**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: ..... NORYATI BINTI KASSIM .....  
CAR/ LORRY/CYCLE: REG NO: SJB 4462U ..... POLICY NO: .....  
ACCIDENT CLAIM NO: .....

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle  
Registered No. SJB 4462U ..... 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 06 day of 10 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: O/M .....

Co's Stamp: ..... NRIC No: .....

9/10/2018 - PRI  
14/10/2018 - Sunday

vehicle in - 9/10/2018  
vehicle out - 14/10/2018  
Low - 8 days x \$250  
= \$ 2,000

> [Back to OneMotoring](#)



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 08 Oct 2018 / 10:55:59

Receipt Date/Time : 08 Oct 2018 / 10:55:59

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-181008-000709

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 - GQ4796M As at 06 Oct 2018/13:45:00 Insurance Co: INDIA INT'L INS PTE LTD			
1	Insurance Enquiry - GQ4796M Enquiry Fee 20181008105509975888	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
	<b>Paid By</b>			
	20181008105514572 Direct Debit: eNETS Debit (Internet Banking)			7.45
	<b>Total</b>			7.45
	<b>Cash Change</b>			0.00
	<b>Tendered Amount</b>			7.45
	<b>Excess Refundable Amount</b>			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.	Incident Date/Time	Insurance Company Name
GQ4796M	06 Oct 2018 / 13:45:00	INDIA INT'L INS PTE LTD

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

LETTER OF AUTHORITY

Name : NORYATI BINTI KASSIM

Address : BLK 777C BEDOK RESERVOIR CRESCENT  
#02-25 SINGAPORE 473747

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

TO: INDIA INTERNATIONAL INSURANCE PTE LTD

Dear Sirs,


ACCIDENT INVOLVING SJB 44624 AND GQ 4796M ON 06/10/2018  
AT/ALONG JUNCTION OF BEDOK NORTH AVE 1 AND BEDOK NORTH STREET 1

I/We, NORYATI BINTI KASSIM, am/are the registered owner of  
motor car no. SJB 44624

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

X 

Signature of Claimant



Witness By



## 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: MC20182839  
Claimant Ref: SJB 4462U

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\$ 4,815.00 (repair cost), S\$ 800.00 (loss of use/rental), S\$ 7.45 (search fee), vehicle no. SJB 4462U that was damaged pursuant to the accident which occurred on 06.10.2018 (date) at BEDOK NORTH AVE 1 (location) involving vehicle no. GO 4796M (insured vehicle). This is pursuant to the inspection conducted on 09/10/2018 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner NORYATI BINTI KASSIM ("the third party claimant") of vehicle no. SJB 4462U 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 SJB 4462U (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\$ 5,622.45 to MG SOLUTION PTE LTD

Dated this 05 day of 07 2019

#### CLAIMANT:

Signature:

Signed by "the Workshop" (with chop)

Name:

MG SOLUTION PTE LTD

NRIC:

201427944N

Address:

23 KAKI BUKIT AVE 4 AAS PARK  
BUKIT CENTEE #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 INDUSTRIAL 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 199169

PB No : 188403

Date : 05-July-2019

ATTN : MOTOR CLAIMS DEPARTMENT

Vehicle Number : SJB 4462U

QTY	DESCRIPTION	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 4,500.00
BEFORE GST		4,500.00
7% GST		315.00
TOTAL		\$ 4,815.00

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



Co's stamp & Authorised Signature



## 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 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. 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	08/10/2018 16:06
Date Of Accident	08/10/2018 13:45
Exact Location Of Accident	BEDOK NORTH AVENUE 1 / BEDOK NORTH STREET 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB4462U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NORYATI BINTI KASSIM
NRIC No	S7343069J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96944407
Alternative Phone No	OTHERS-96944407

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER 2.4 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097329528 CLASSIC
Cover Note Number	

### Driver

Name of Driver	ZAINAL B ROSNI
NRIC No	S7102925E
Date Of Birth	24/01/1971
Occupation	INDOOR
Date Of Driving Pass	25/06/1998
Driving Experience	20 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96944407
Fax Number	
Contact Number	
E-Mail Address	ZAINAL.ROSNI2411@GMAIL.COM

Address	BLK 747C #02-25 BEDOK RESERVOIR CRESCENT BELVIA
Postcode	473747
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### 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)	5
Passenger 1	NAME: : NORAYATI BINTI KASSIM GENDER: : FEMALE
Passenger 2	NAME: : SAMSIAH BINTE TALIB GENDER: : FEMALE
Passenger 3	NAME: : MUHAMMAD IRFAN BIN ZAINAL GENDER: : MALE
Passenger 4	NAME: : TIA NATRA BINTE ZAINAL 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

REFER TO SKETCH PLAN ATTACHED

#### 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	GQ4796M
Vehicle Make/Model/Colour	TOYOTA LITEACE 5 DR
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 concerned 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 its 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 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 based outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will be collected and used to complete claims claims timely for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (a) above may be stored / 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.

**IDAC KAKI BUKIT (VAC)**  
 23 Kaki Bukit Ave 4  
 Singapore 415933  
 Tel: 67416697 Fax: 67492305  
 Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)

Policyholder's Signature  
 Date & Time:

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

- 8 OCT 2018

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



## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06/10/2018 at about 1345 hrs at Junction of  
 Bedok North Ave 1 and Bedok North Street 1. I was  
 travelling on the extreme Right Lane, and come to a  
 stop behind few vehicles while waiting to turn Right  
 into Chai Chee St at the above mentioned junction.  
 Suddenly I heard a loud bang from behind and when  
 I alighted, I realised that it was Vehicle (B) who  
 hit onto my Rear Portion of my Vehicle (A) causing  
 damages to my vehicle.

(A) SJB 4462 U

(B) GQ 4796 M

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 to be true & correctly stated.

Policyholder's Signature  
 Date & Time:

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

- 8 OCT 2018

## IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vac@idacsingapore.com.sg

Resolving Centre Personnel's Signature

Name:

NRIC/IN No.: