



## 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)

Vic

Date : 28/11/2018

Your Ref : SJQ829T

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SME8726G & SJQ829T ON 22/10/2018 AT  
ALONG DRIVEWAY OF BLK 29 BENDEMEER ROAD.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.188409 @ S\$1,926.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,600.00 (8 Days x S\$200)
- 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:

**CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD**

NO. 3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

SINGAPORE 079909

Bill No : 188409

Date : 28-November-2018

Vehicle Number : **SME 8726G**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 1,800.00
BEFORE GST		1,800.00
7% GST		126.00
TOTAL		\$ 1,926.00

**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: ..... Tan cheng Hoe .....

CAR/ LORRY/CYCLE: REG NO: ..... SME 8726G ..... POLICY NO: ..... - .....

ACCIDENT CLAIM NO: ..... - .....

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

Registered No. .... SME 8726G ..... 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 ..... 22 ..... 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: ..... 

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

23/10/2018 - PR1  
28/10/2018 - Sunday

vehicle in - 23/10/2018  
vehicle out - 30/10/2018  
LOU - 8 days x \$200  
= \$1,600

&gt; Back to OneMotoring



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

Print Date/Time : 22 Oct 2018 / 14:32:13

Receipt Date/Time : 22 Oct 2018 / 14:32:13

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-181022-001395

Previous Receipt No. :

**S/N Item Description/****Business Transaction Reference****No.****Amount****Before****GST (\$\$)****GST****Amount****(\$\$)****Amount****After GST****(\$\$)**

Result of Insurance Enquiry - SJQ829T

As at 22 Oct 2018/13:21:00

Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

1 Insurance Enquiry - SJQ829T

Enquiry Fee

20181022143119551699

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

20181022143126765

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.

Print Receipt

OK

Save as PDF



LETTER OF AUTHORITY

Name : TAN CHENG HOE

Address : BLK 952 JURONG WEST STREET 91  
#09-715 SINGAPORE 640952

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

TO: China Taiping Insurance (Singapore) Pte Ltd

Dear Sirs,

ACCIDENT INVOLVING SME 8726G AND SJQ 829T ON 22/10/2018  
AT/ALONG DRIVEWAY AT BLK 39 BENDEMEER ROAD

I/We, Tan Cheng Hoe, am/are the registered owner of  
motor car no. SME 8726G

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 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	23/10/2018 14:28
Date Of Accident	22/10/2018 13:20
Exact Location Of Accident	DRIVEWAY AT BLK 29 BENDEMEER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME8726G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN CHENG HOE
NRIC No	S2576136G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90097526
Alternative Phone No	OFFICE-60000000

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 GF CVT (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	GA408206/1
Cover Note Number	

### Driver

Name of Driver	TAN CHENG HOE
NRIC No	S2576136G
Date Of Birth	07/06/1958
Occupation	OUTDOOR
Date Of Driving Pass	21/02/1980
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90097526
Fax Number	
Contact Number	OFFICE-60000000
Email Address	NOEMAIL

Address	BLK 952 JURONG WEST STREET 91 #09-715
Postcode	640952
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	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	
	NAME: : OOI CHOON IM
	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

Report please refer to Sketch plan

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	GET FROM WORKSHOP
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ829T
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

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report promptly the details of the accident to your insurer.
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 repudiate policy liability.
4. The value 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 lodging 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 sited outside of Singapore, for one or more of the above Purposes.  
(d) The 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 (a) above may be shared / disclosed:  
(i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulatory, 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:

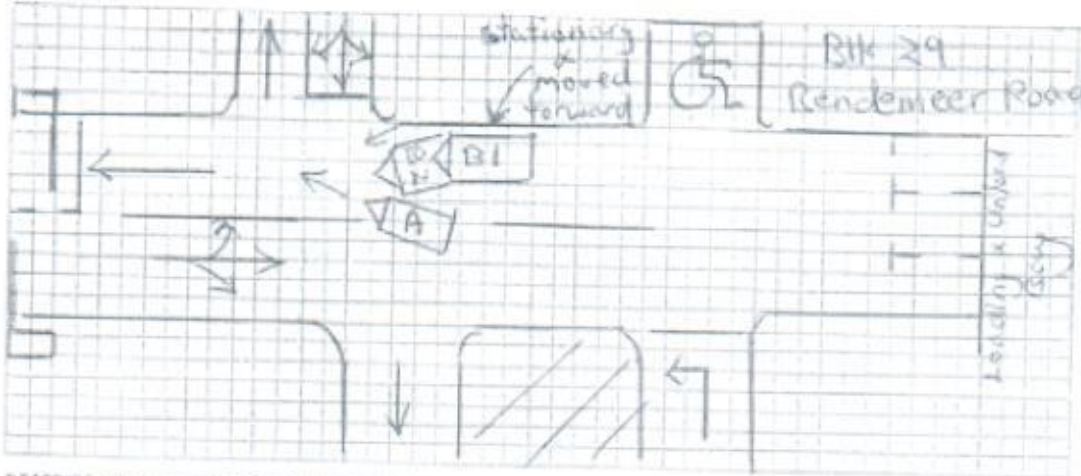
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

Reporting Centre Person's Signature  
Name:  
NRIC/IN No:

57131809C

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/10/2018 at about 1321 hrs at along driveway at Blk 29 Bendemeer Road. I was driving on the above mentioned driveway and when overtaking a stationary parked Vehicle (B), Suddenly Vehicle (B) moved forward without proper lookout and without cautious hence collided onto my Right Front Portion of my Vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle.

(A) SME 8T26 G

(B) SJQ 829 T

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: Amond  
NAC/EN No: 571718090