



## 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 : 03/12/2018

Your Ref : **SHD3513B**

To : **INDIA INTERNATIONAL INSURANCE PTE LTD**

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SGA7256U & SHD3513B ON 30/10/2018 AT JUNCTION OF HOUGANG AVENUE 10 (UPPER SERANGOON ROAD) AND HOUGANG AVENUE 10 (AVENUE 4).**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.188411 @ S\$4,066.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$2,200.00 (11 Days x S\$200)
- 3) LTA Search @ S\$7.45
- 4) Towing Fee @ S\$60.00
- 5) Authorisation to Act
- 6) 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

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: ..... Soo Pon Teong .....  
CAR/ LORRY/CYCLE: REG NO: SGA 7256u ..... POLICY NO: .....  
ACCIDENT CLAIM NO: ..... - .....

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

Registered No. .... SGA 7256u ..... 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 ..... 30 ..... day of ..... 10 ..... 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: ..... Soo .....

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

30/10/2018 - Tow In  
31/10/2018 - PR1  
04/11/2018 - Sunday  
06/11/2018 - Deepavali (PH)

Vehicle In - 30/10/2018  
Vehicle Out - 09/11/2018  
LON = 11 days x \$ 200  
= \$ 2,200

> [Back to OneMotoring](#)



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

Print Date/Time : 30 Oct 2018 / 11:29:06

Receipt Date/Time : 30 Oct 2018 / 11:29:06

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-181030-000653

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 - SHD3513B As at 30 Oct 2018/08:30:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SHD3513B Enquiry Fee 20181030112802495285	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
Paid By				
	20181030112820732	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](#)





Reg No: 52977287 J

# CASH SALE/WORK ORDER

## 迅速拖車服務 SPEEDWAY RECOVERY SERVICE

Singapore Post Centre Post Office P.O. Box 201 Singapore 914007

Tel: 6841 0080

No: D 19038

Date: 20/10/18

Name/Company CASH (MG)

Vehicle No. VGA 7256 U Model N/LA710

From HOUGANG AVE 10

To CAKI ST AVE 4

Remarks \_\_\_\_\_

Time:  :  -  :  -  :

- ☐ Jump Start
- ☐ Tyre Replacement
- ☐ Accident/Breakdown
- ☐ Multi/Basement
- ☐ With Load/Cargo Box
- ☐ King Dolly
- ☐ Transport Charge
- ☐ Low Body Kit
- ☐ Door Opening Service
- ☐ Crane Up/Winch Out
- ☐ Collect Doc/Key
- ☐ Repo Payment
- ☐ Trips

Amount \$ 60.2

NOTE: Vehicle is towed at owner's risk. The Company accepts no responsibility for damages or other misdemeanour to your vehicle whilst being towed.

Tow Truck

24 HRS TOWING SERVICE  
6841 0080

www.speedwayrecovery.com  
Email: speedwaytowing@gmail.com

Received By \_\_\_\_\_

LETTER OF AUTHORITY

Name : Soo Poh Teong

Address : BLK 359B Admiralty Drive  
#11-10 Singapore 752359

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

TO: India International Insurance Pte Ltd

Dear Sirs,

ACCIDENT INVOLVING SGA 7256U AND SHD 3513 B ON 30/10/2018  
AT/ ALONG Junction of Hongang Ave 10 (Upper Serangoon Road) and Hongang  
Ave 10 (Ave 4)

I/We, Soo Poh Teong, am/are the registered owner of  
motor car no. SGA 7256U

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

Soo

Signature of Claimant

[Signature]

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 as aforesaid.

### ACCIDENT STATEMENT

Date Of Report	30/10/2018 14:56
Date Of Accident	30/10/2018 08:30
Exact Location Of Accident	JUNC OF HOUGANG AVE 10 & HOUGANG AVE 04
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA7256U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOO POH TEONG
NRIC No	S1241906F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82766918
Alternative Phone No	OTHERS-82766918

### Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO-1.5 (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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100304564
Cover Note Number	

### Driver

Name of Driver	NG WEE YONG
NRIC No	S7916668E
Date Of Birth	06/06/1979
Occupation	OUTDOOR
Date Of Driving Pass	23/03/1999
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97309334
Fax Number	
Contact Number	
Email Address	RONGRAE@GMAIL.COM



Address	BLK 192A RIVERVALE DRIVE #15-928
Postcode	541192
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SON IN LAW
Vehicle Registration Number of Driver's Own Vehicle	-
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	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)	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

REFER TO BELOW STATEMENT/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	SHD3513B
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)	



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 renewate 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:

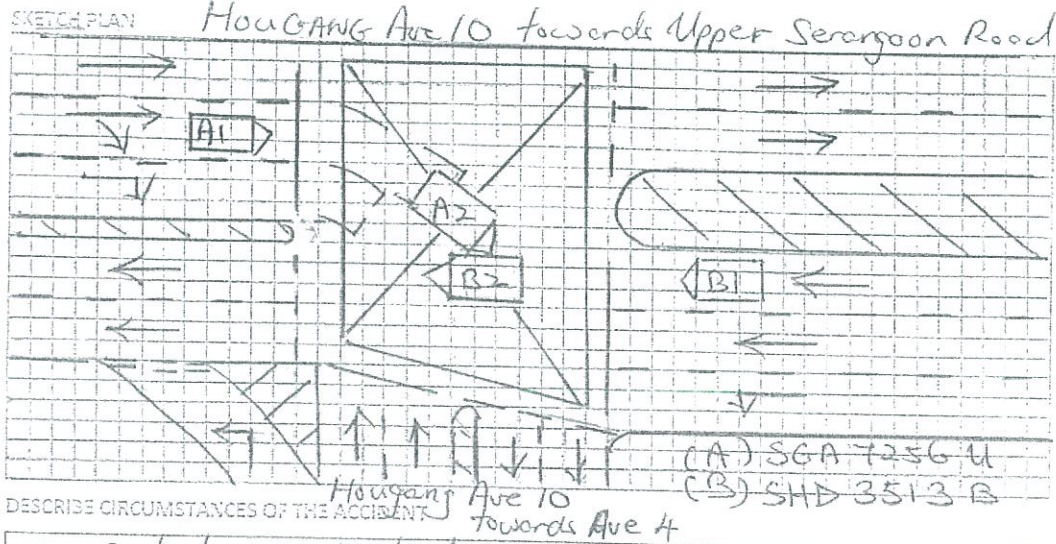
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

30 OCT 2018

Policyholder's Signature  
Date & Time:

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

IDAC KAKI BUKIT (VAC)  
23 KAKI BUKIT AVE #  
Reporting Centre  
Name:  
Tel: 67416697  
Fax: 67492305  
Email: vackb@singnet.com.sg



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/10/2018 at about 0830 hrs at Junction of Hougang Ave 10 (Upper Serangoon Road) and Hougang Ave 10 (Ave 4). I was travelling on the Centre Lane along Hougang Ave 10 towards Upper Serangoon Road and while making a Right turn into Hougang Ave 10 (Ave 4) Suddenly a Vehicle (B) at the opposite direction beat the 'RED' traffic light and hence collided onto my Front Right Portion of my Vehicle (A) causing damages to my vehicle. I wish to state that while making my Right turn the traffic light was in 'RED' and with 'Green Arrow'.

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.

30 OCT 2018

Policyholder's Signature  
Date & Time:

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

IDAC KAKI BUKIT (VAC)  
23 KAKI BUKIT AVE 4

Reporting Centre Singapore 415933  
Name: Tel: 67416697  
NRIC/EN No: Fax: 67492305  
Email: vackb@singnet.com.sg