



## 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 : 15/03/2019

Your Ref : SDP3738D

To : AIG ASIA PACIFIC INSURANCE PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SKB2249X & SDP3738D ON 21/11/2018 AT  
ALONG SENGKANG EAST ROAD TOWARDS PUNGGOL BEFORE  
ANCHORVALE STREET.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.198060 @ S\$6,099.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,540.00 (7 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

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Tel: 6243 1373 Fax: 6243 1376

(GST Reg. No. 20-1427944-N)

# PROFORMA BILL

Bill To:

**AIG ASIA PACIFIC INSURANCE PTE LTD**

78 SHENTON WAY

#07-12 AIG BUILDING

SINGAPORE 079120

Bill No : 198060

Date : 15-March-2019

Vehicle Number : **SKB 2249X**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 5,700.00
BEFORE GST		5,700.00
7% GST		399.00
TOTAL		\$ 6,099.00

**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: Abdul Halim Bin Abdul Kadir  
CAR/ LORRY/CYCLE: REG NO: SKB 2249X POLICY NO: -  
ACCIDENT CLAIM NO: -

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle  
Registered No. SKB 2249X 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 21 day of 11 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: Halim

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

23/11/2018 - PRI  
25/11/2018 - Sunday

Vehicle In - 23/11/2018  
Vehicle Out - 29/11/2018  
LOU - 7 days x \$ 220  
= \$ 1,540

> Back to OneMotoring



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

Print Date/Time : 22 Nov 2018 / 13:44:34

Receipt Date/Time : 22 Nov 2018 / 13:44:34

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-181122-001245

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SDP3738D

As at 21 Nov 2018/17:53:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1 Insurance Enquiry - SDP3738D  
Enquiry Fee  
20181122134306982544

<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

20181122134312527 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.	Incident Date/Time	Insurance Company Name
SDP3738D	21 Nov 2018 / 17:53:00	AIG ASIA PACIFIC INSURANCE PTE. LTD.

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

LETTER OF AUTHORITY

Name : ABDUL HALIM BIN ABDUL KADIR

Address : BLK 440B PERNALE LINK  
#11-163 SINGAPORE 792440

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

TO: ALG ASIA PACIFIC INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SKB 2249X AND SDP 3738D ON 21/11/2018  
AT/ ALONG SENGKANG EAST ROAD TOWARDS PUNGGOL BEFORE ANCHORALE STREET

I/We, Abdul Halim Bin Abdul Kadir, am/are the registered owner of  
motor car no. SKB 2249X

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

Halim

Signature of Claimant

[Signature]

Witness By



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.

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

I, ABDUL HALIM BIN ABDUL KADIR ("the third party claimant")  
of BLK 440B FERNVALE LINK #11-163 S (792440) (address),  
owner of SKB 2249X (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. SKB 2249X that was  
damaged pursuant to the accident which occurred on 21/11/2018 (date) along  
SENGKANG EAST ROAD TOWARDS PUNGOL BEFORE ANCHORAGE STREET. (location)  
involving vehicle no/s SDP 3738D ("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)

*glukin*

Signed by "the third party claimant"



Signed by "the workshop"



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.

**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 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	22/11/2018 16:28
Date Of Accident	21/11/2018 17:55
Exact Location Of Accident	B4 JUNCTION OF SENGKANG RD & ANCHORVALE ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB2249X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL HALIM BIN ABDUL KADIR
NRIC No	S8706785H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98237179
Alternative Phone No	OFFICE-60000000

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE-1.6 (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	GA341263/1
Cover Note Number	

### Driver

Name of Driver	ABDUL HALIM BIN ABDUL KADIR
NRIC No	S8706785H
Date Of Birth	23/03/1987
Occupation	INDOOR
Date Of Driving Pass	14/03/2007
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98237179
Fax Number	
Contact Number	OFFICE-60000000
EEmail Address	NOEMAIL

Address	BLK 440B FERNVALE LINK #11-163
Postcode	792440
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	RAINING
Road Surface	WET

#### 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: : RAHAYU OSMAN
	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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDP3738D
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)	

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGL5011P
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. We report correctly the date and 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 false information could result in the insurer(s) refusing to pay or may delay insurance compensation to settle the policy liability.
4. The issue and acceptance of this Form by the insurer(s) is not an admission of liability by the insurer(s) or the insured.
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 (via the General Insurance Association of Singapore (GIA)) for archiving and that copies of the report will be available to all relevant and interested parties.
7. By completion of this report to the insurers, you hereby consent to the archiving and transfer of the information to the insurer(s) and the relevant parties.
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 my claims and any necessary investigation 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 documents well as on the external cover of envelopes/mail packages); and/or
      - (v) complying with applicable law (including processing, handling and disclosing my personal data collectively for "purposes").
    - (b) I understand that the Insurers, my workshop and the GIA may/are permitted to collect, use, disclose and/or process my Personal Information for the purpose(s) of:
      - (i) my Personal Information may be used to process any of the instructions for GIA to be disclosed to any relevant parties or agents, including the relevant law firms, where my vehicle is involved in an investigation, or any other relevant purpose;
      - (ii) the collection, processing, disclosure and use of my personal data for the purpose(s) of my claim, a report or investigation, or management including investigation and;
      - (iii) the information collected about my vehicle may be shared, sold, used, or otherwise disclosed for any other relevant purposes that assist in investigating, investigating, controlling or managing my claim, regulatory, law enforcement and government agencies as reasonably necessary for the purposes stated above.
      - (iv) for complying with requirements under any regulations, laws or court orders.

*John*

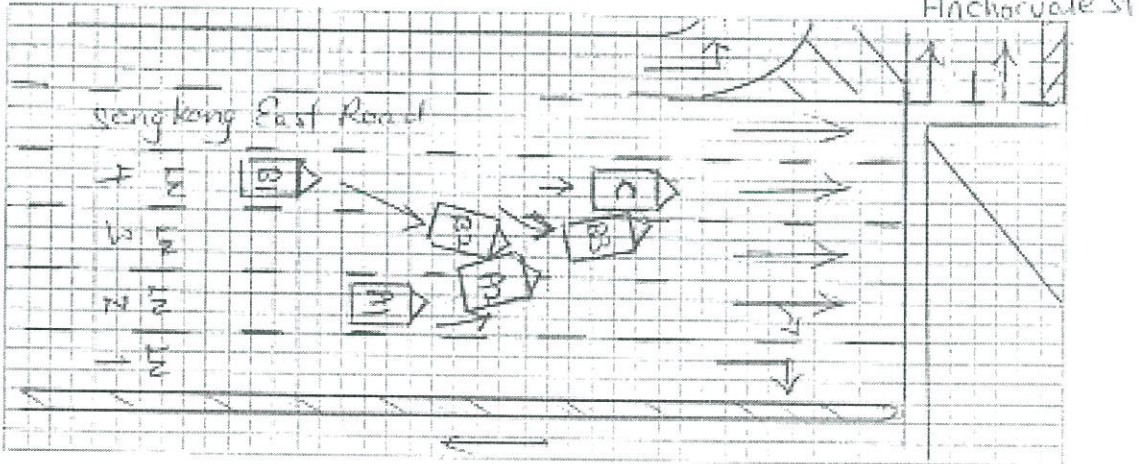
Policyholder's Signature  
Date & Time

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

Reporting Centre Person's Signature  
Name  
NRIC number  
*Renric*  
*571313095*

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/11/2018 at about 17:53 hrs at along Sengkang East Road towards Punggol before Anchorvale Street, I was travelling on the 2<sup>nd</sup> Lane from the Right and had checked that the 3<sup>rd</sup> Lane was cleared before I change my Lane. While doing so, a Vehicle (B) from the 4<sup>th</sup> Lane veered into the 3<sup>rd</sup> Lane abruptly and hence collided into the Left Portion of my vehicle (A) causing damages to my vehicle. After the impact, Vehicle (B) veered out into the 4<sup>th</sup> Lane again and collided into the Right Portion of Vehicle (C). Total 3 vehicles involved in this accident.

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

(We declare the foregoing particulars are true in every respect.)

*[Signature]*

Police Officer's Signature  
Date & Time:

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

*[Signature]*  
Reporting Centre Personnel's Signature  
Name: *[Signature]*  
Date & Time: 27/12/2018