



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 : **SLG5658R**

To : **AIG ASIA PACIFIC INSURANCE PTE LTD**

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SFQ76X & SLG5658R ON 22/11/2018 AT
SLIP ROAD FROM ORANGE GROVE ROAD TOWARDS STEVENS ROAD.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.198064 @ S\$2,354.00 (Inclusive Of 7% GST)
- 2) Loss of Rental @ S\$642.00 (5 Days x S\$128.40)
- 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:

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY

#07-12 AIG BUILDING

SINGAPORE 079120

Bill No : 198064

Date : 15-March-2019

Vehicle Number : **SFQ 76X**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 2,200.00
BEFORE GST		2,200.00
7% GST		154.00
TOTAL		\$ 2,354.00

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



TAX INVOICE

GST REG. NO.: 200106276D

INVOICE TO
GOH TANG KUAN 152 CANBERRA DRIVE #02-13 SINGAPORE 768080

DATE	INVOICE NO.
29-Nov-2018	A 38617

	VHA NO.	DUE DATE	VEH. NO.
	A 38617	29-Nov-2018	SJY 6180 Z
DESCRIPTION	NO. OF DAYS	RATE	AMOUNT
RENTAL FROM 23 NOVEMBER 2018 TO 28 NOVEMBER 2018 YOUR REF: SFQ 76 X	5	120.00	600.00
GST @ 7%			\$42.00
TOTAL			\$642.00

All cheques must be made payable to BKW Rent A Car Pte Ltd.
Please write the vehicle and invoice number on the reserve.

VEHICLE HIRING AGREEMENT

Workshop: 1169

HIRER'S PARTICULARS

Name (as in I/C) GO TANG KUAN
 NRIC/Passport No: S8402938F Date of Birth: 08-02-1984
 Address: 152 CANBERRA DRIVE Age: 34
#02-13 S(710080)
 Name & Address of Employer: _____
 Occupation: _____ Driving Exp: 9
 Driving Licence No: _____ Passed Date: 15-08-2009
 D/L Type: Local/Int'l/Others: _____
 Tel(O) _____ (R) _____ HP _____

DRIVER'S PARTICULARS

Name (as in I/C) _____
 NRIC/Passport No: _____ Date of Birth: _____
 Address: _____ Age: _____
 _____ S(_____)
 Occupation: _____ Driving Exp: _____ Yrs
 Driving Licence No: _____ Passed / Expiry Date: _____
 D/L Type: Local/Int'l/Others: _____ Contact No: _____

Hirer's Own Vehicle No: 5FQ76X Replace Veh No: _____
 Loan Vehicle No: 5346180Z VR No: _____
 Make & Model: VOLKSWAGEN JETTA Auto/Manual Group: 0
 CHARGES : \$ cts
 Daily 05 day @\$ 120 Per day 600 -
 Weekly/Monthly week @\$ Per week/Monthly
 Others
 CDW/PAI @\$ Per day/Monthly
 Delivery/Collection Svc
 GST 71 42
 OR No: (A) SUB-TOTAL 642
 Petrol Level & Surcharge
 OUT E 1/4 1/2 3/4 F
 IN
 First _____ km FREE per day GST
 Excess mileage is chargeable at _____ cents per km TOTAL CHARGES

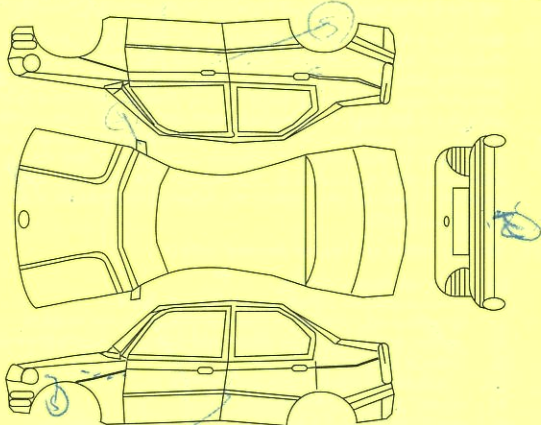
Security Deposit : \$ Bank:
 CASH/NETS/VISA/MC/AMEX/CHQ No:
 Expiry Date: Card ID No:
 Name as in Card:

NON WAIVER EXCESS (Subject to GST): \$ 2000
ACCESSORIES CHECK
☐ Data Cards ☐ Camera Systems ☐ Hub Cap ☐ Radio / CD Cartridge
☐ Jack ☐ Tyre Opener ☐ Petrol Cap ☐ Spare Tyre

Hirer's Signature: Additional Driver's Signature:
SINGAPORE Use Only

INDICATE:

- A - Accidents
- D - Dents
- S - Scratches
- ✓ Crack



I have read and agree to the terms and condition on both sides of this agreement. If I have presented a charge/credit card for payment. I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have been given BKW Rent A Car Pte Ltd in connection with this agreement is true.

IMPORTANT

- The Hirer and the authorized driver must be over 23 years of age and under 65 years and be holding valid driving licenses and have a minimum of 2 years regular and qualified driving experience. Failure to observe stipulation may return all damages costs to be Borne by the Hirer/the Authorised Driver.
- All vehicles are supplied with petrol and should returned with petrol level likewise. A service charge of \$5 on top of a petrol surcharge is payable by the hirer should he fail to return the vehicle at the appropriate petrol level.
- No refund for early return of vehicle. The hirer shall be liable for additional charges for any late return at the rate shown per hour per day, inclusive of CDW and/or PAI where applicable. Any returns after our operation hours will be charged as a full day rental.
- Use of the vehicle for illegal purpose (For instance: in connection with theft, drug peddling or trafficking, smuggling), is strictly prohibited.
- Vehicle strictly for Singapore use only and may not be driven out of Singapore without prior written consent of BKW Rent A Car Pte Ltd. The hirer is liable for a penalty fee of \$200 in addition to the appropriate insurance top up in the case of non-disclosure of Malaysia usage.
- The hirer and/or driver shall be responsible for all damages or losses howsoever caused, all traffic violations, fines and penalties imposed on the vehicle for whatsoever reason in respect of or in connection with its use or operation.
- The hirer and/or driver shall be responsible for all claims, damages, losses, increased insurance premiums, non-waiver excess and cost expense (including

- legal costs on a full indemnity basis), whatsoever and howsoever brought against, suffered or incurred by you in respect of the vehicle or the use or the operation of the vehicle. Full excess amount have to be paid immediately in the event of an accident. The owner reserve the right not to replace a replacement vehicle if an accident occurred. Any damage to the car will be repair at BKW authorized workshop.
- Smoke or permit smoking and transport of pets in the vehicle are not allowed: Any offensive smell e.g. cigarette, durian or pet's smell, the hirer and/or driver shall bear the cost of removing the offensive smell or pet's hair between \$200 - \$400.
- The Hirer agrees that a punctured tyre, empty petrol tank, loss of vehicle's key or locked keys inside of vehicle, by itself, does not constitute a breakdown and that in the event the owner's 24-Hours Emergency Service is called upon to respond to such occurrence, the Hirer shall bear the cost of such response at \$50.00 per trip.
- In case of accident, the hirer shall report to rental office immediately. An accident report must be made within 24 hours. Failure to comply, the hirer will have to borne all liability from all parties claim. Full excess amount have to be paid immediately in the event of an accident.
- The hirer/Driver also have the responsibility to ensure that the radiator water level in the car is sufficient and do not drive when the vehicle is stall and does not have sufficient water. Any damage to the engine will be bear by the hirer/driver.
- All customers' data will be kept strictly confidential and is solely used for the purpose of completing the sales transactions and other relating matters.
- I understand and agree to the personal data collection statement stated on the Terms and Conditions Page.

Date Out	Time Out	Mileage	Check By	Remarks
23/11/18	10:45	200/22	<u>[Signature]</u>	

Hirer's/Driver Signature

Return Of Vehicle: The Hirer Driver Is Required To Sign In The Column "Signature Of Hirer Driver Failing Which The Day And Time Inserted Below Shall Be Deemed To Be The Day And Time The Vehicle Is Returned To BKW Rent A Car Pte Ltd And The Same Shall Be Accepted As Conclusive Evidence Of The Same And Shall Not Be Challenged Or Questioned On Any Account Whatsoever. And I had cleared my belonging items from the rental vehicle (cashcard, parking coupons, etc)"

Date In	Time In	Mileage	Check By	Remarks
28/11	1300 1735	200585	<u>[Signature]</u>	

Hirer's/Driver Signature

> Back to OneMotoring



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

Print Date/Time : 23 Nov 2018 / 10:06:58

Receipt Date/Time : 23 Nov 2018 / 10:06:58

Tax Invoice/Receipt

Receipt No. : ITNET-00000-181123-000593

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 - SLG5658R As at 22 Nov 2018/22:45:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.			
1	Insurance Enquiry - SLG5658R Enquiry Fee 20181123100603909947	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			
	20181123100610514 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.

LETTER OF AUTHORITY

Name : GOH TANG KUAN

Address : 152 CANBERRA DRIVE
#02-13 SINGAPORE 768080

Contact No : _____

TO: AIG ASIA PACIFIC INSURANCE PTE LTD

Dear Sirs,

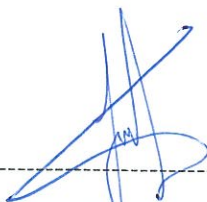
ACCIDENT INVOLVING SFQ 76X AND SLG 5658R ON 22/11/2018
AT/ ALONG SLIP ROAD FROM ORANGE GROVE ROAD TOWARDS STEVEN RD

I/~~WE~~, GOH TANG KUAN, am/are the registered owner of
motor car no. SFQ 76X


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



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, GOH TANG KUAN ("the third party claimant")
of 152 CANBERRA DRIVE #02-13 SINGAPORE 768080 (address),
owner of SPQ 76X (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. SPQ 76X that was
damaged pursuant to the accident which occurred on 22/11/2018 (date) along
SLIP ROAD FROM ORANGE GROVE ROAD TOWARDS STEVEN ROAD (location)
involving vehicle no/s SLG 5658R ("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)


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	23/11/2018 15:34
Date Of Accident	22/11/2018 22:45
Exact Location Of Accident	SLIP RD FROM ORANGE GROVE RD > STEVENS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFQ76X
Insured/Policyholder	
Name Of Registered Owner	GOH TANG KUAN (WU TINGKUAN)
NRIC No	S8402938F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82808487
Alternative Phone No	OTHERS-82808487

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF-1.4 (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	5101720008
Cover Note Number	

Driver

Name of Driver	GOH TANG KUAN (WU TINGKUAN)
NRIC No	S8402938F
Date Of Birth	08/02/1984
Occupation	INDOOR
Date Of Driving Pass	15/08/2006
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82808487
Fax Number	
Contact Number	OTHERS-82808487
EMail Address	NOEMAIL

Address	152 CANBERRA DRIVE #02-13 THE BROWNSTONE
Postcode	768080
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 - HEAD TO REAR
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)	2
Passenger 1	NAME: : LYE SHIJI TOMMY
	GENDER: : MALE

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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG5658R
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

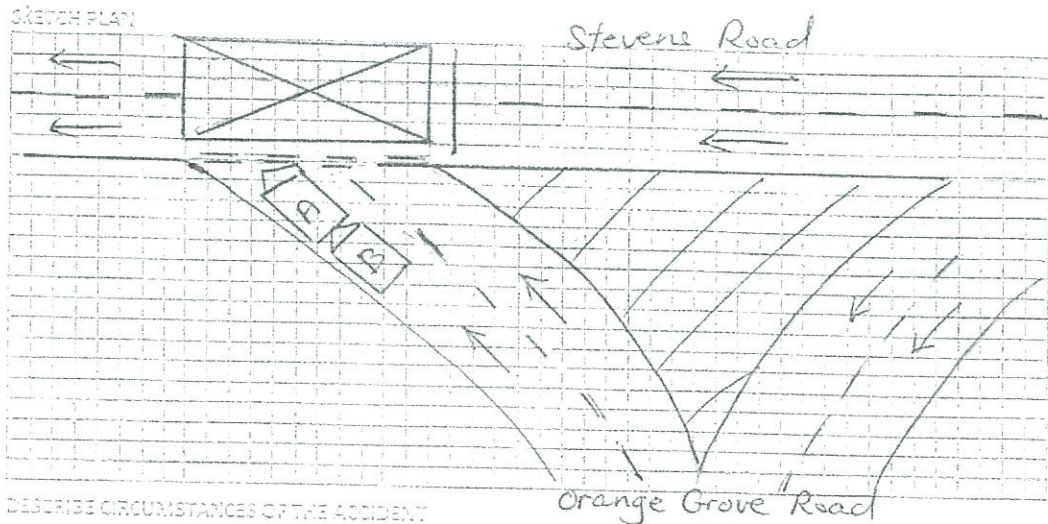
IMPORTANT NOTICE

1. Please report correctly the date, place of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorized Person.
 3. Information provided must be truthful and accurate as possible. Any unfair misrepresentation involving any of material facts may allow insurance companies to reimburse policy liability.
 4. The issue and existence of this Form do not constitute an admission of policy liability on the part of any insurance companies.
 5. Any false reporting may be referred to the Police for investigation.
 6. The report will be forwarded by the Insurer to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of the report will for a fee be made available upon application by interested parties.
 7. By the Indemnity of this report to the Insurer, you hereby consent to the archiving of this report at the centre and to supply 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 transfer my Personal Information for one or more of the above purposes; and
 - (c) my Personal Information may/are 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 used outside of Singapore, for one or more of the above purposes;
 - (d) my Personal Information will be collected and used to compile a claim history for the purpose of fraud detection, investigation and management in connection with future claims;
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulations, 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:

23 NOV 2010
IDAC KAKI BUKIT (VAC)
 23 KAKI BUKIT AVE 4
 Singapore 415933
 Tel: 67416697
 Fax: 67492305
 Email: vackb@singnet.com.sg



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/11/2018 at about 2245 hrs at slip road from Orange Grove Road towards Stevens Road, I was travelling on the extreme left lane and came to a stop at the above mentioned slip road while giving way to the main traffic along Stevens Road. 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. I have one passenger inside my vehicle.

(A) SFQ 76 X

(B) SLG 5658 R

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:

23 NOV 2018

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Singapore 415933

Reporting Centre Phone: 6746697
Name: Fax: 67492305
Email: vackb@singnet.com.sg