



## 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 : 20/03/2019

Your Ref : SLX7361T

To : AIG ASIA PACIFIC INSURANCE PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SLW49Y & SLX7361T ON 22/12/2018 AT  
ALONG HAI SING ROAD BEFORE JUNCTION OF LOR LOW KOON.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.198068 @ S\$1,605.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,000.00 (5 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

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: CHAN WAI BOON  
CAR/LORRY/CYCLE: REG NO: SLW49Y POLICY NO:  
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle  
Registered No. SLW49Y 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 12 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: Amy

Co's Stamp: NRIC No:

24/12/2018 - PK1  
25/12/2018 - PH  
(Christmas Day)

Vehicle In - 24/12/2018  
Vehicle Out - 28/12/2018  
LOU - 5 days x \$200  
= \$1,000

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 24 Dec 2018 / 15:05:45

Receipt Date/Time : 24 Dec 2018 / 15:05:44

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-181224-001990

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 - SLX7361T As at 22 Dec 2018/15:00:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.			
1	Insurance Enquiry - SLX7361T Enquiry Fee 20181224150458940056	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			
	20181224150504937 Direct Debit: eNETS Debit (Internet Banking)			7.45
	<b>Total</b>			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 : CHIANG WAI BOON

Address : BLK 199A PUNGGOL FIELD  
#14-405 SINGAPORE 821199

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

TO: AIG ASIA PACIFIC INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SLW 49Y AND SLX 7361T ON 22/12/2018  
AT/ALONG HAI SINGH ROAD BEFORE JUNCTION OF LOR LOW KODN.

I/We, CHIANG WAI BOON, am/are the registered owner of  
motor car no. SLW49Y

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, CHIANG WAI BOON ("the third party claimant")  
of BLK 199A PUNGGOL FIELD #14-405 S(82199) (address),  
owner of SLW49Y (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. SLW49Y that was  
damaged pursuant to the accident which occurred on 22/12/2018 (date) along  
HAI SING ROAD BEFORE JUNCTION OF LOR LOW KOON (location)  
involving vehicle no/s SLX736IT ("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)

Ami

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	24/12/2018 15:16
Date Of Accident	22/12/2018 15:00
Exact Location Of Accident	HAI SING RD B4 JUNC OF LOR LOW KOON
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW49Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIANG WAI BOON(ZHANG WEIWEN)
NRIC No	S8844693C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81266776
Alternative Phone No	OTHERS-81266776

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO K3
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800003790
Cover Note Number	

### Driver

Name of Driver	CHIANG CHUN HONG(ZHANG JUNXIONG)
NRIC No	S8340864B
Date Of Birth	18/12/1983
Occupation	INDOOR
Date Of Driving Pass	11/06/2010
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86668567
Fax Number	
Contact Number	OTHERS-86668567
Email Address	NOEMAIL



Address	BLK 199A PUNGGOL FIELD #14-405
Postcode	821199
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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 (including own vehicle) 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)	3
Passenger 1	NAME: : LEOW AH NEO GENDER: : FEMALE
Passenger 2	NAME: : CHIANG ZHI QI SHEVAUN 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SLX7361T
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)

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. This form must be completed correctly in order to form an accurate sketch plan.
2. This form must be completed by the Policyholder and/or the Authorised Driver.
3. All information provided must be truthful and accurate as possible. Any willful misrepresentation or giving of material facts may allow the insurer to repudiate policy liability.
4. The words of acceptance of this form by the insurance companies do not constitute an admission of liability, injury or the extent of any loss or damage.
5. This document may be referred to the Police for investigation.
6. This report will be forwarded to the relevant of the G.A. Personal Information Centre established by the General Insurance Association of Singapore (GIAS) for the purpose of sharing information and data of this report with its members. Moreover, it could be disclosed to other relevant parties.

By the signature of the policyholder or authorised driver, I hereby confirm that the information provided is true and correct, and I agree to the use of my personal data for the above purposes.

7. I 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 ("GIAS") may be 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 claim including the settlement of my claim; and/or

(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 or regarding to any of the Insurers as well as the Motor Vehicle Accident Investigation Board (MVAIB) and/or

(v) other purposes for which I have given my consent in writing to the Insurers, the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority.

- (b) I understand that the Insurers, the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority may be permitted to collect, use, disclose and/or process my personal data/personal information for the purpose(s) of:

(i) processing, handling and/or dealing with my claim including the settlement of my claim; and/or

(ii) investigating the accident and/or my claims; and/or

- (c) I understand that the Insurers, the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority may be permitted to collect, use, disclose and/or process my personal data/personal information for the purpose(s) of:

(i) processing, handling and/or dealing with my claim including the settlement of my claim; and/or

(ii) investigating the accident and/or my claims; and/or

Signature of Policyholder or Authorised Driver

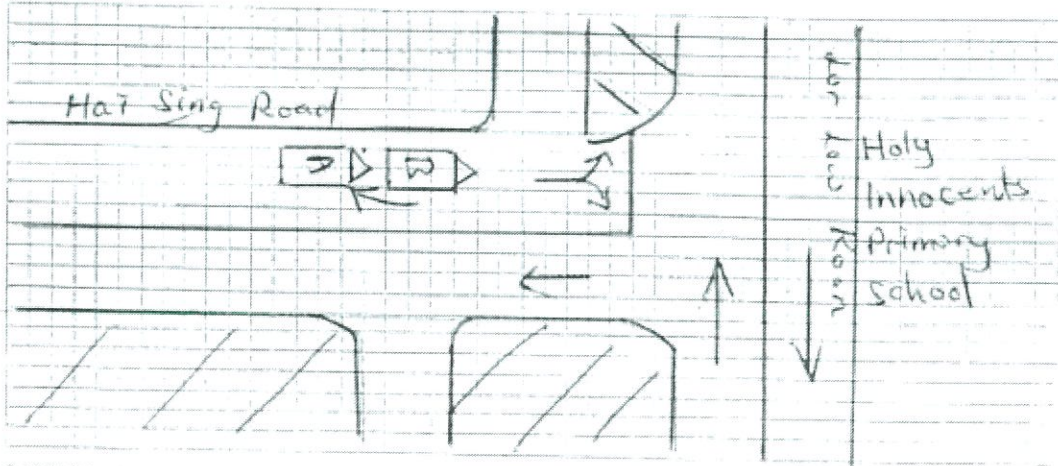
Signature of Insurer  
Name of Insurer  
Address of Insurer

Signature of Insurer  
Name of Insurer  
Address of Insurer



# Individual Statement

## SKETCH PLAN



## Detailed Circumstances of the Accident

On 22/12/2018 at about 1500 hrs at along Hai Sing Road before Junction of Lor Low Koon. I was travelling on the above mentioned road behind Vehicle (B) and when vehicle (B) slow down and stop hence I follow suit. Suddenly Vehicle (B) made a reversing without proper lookout and without cautious hence collided onto my Front Portion of my vehicle (A) causing damages to my vehicle. I wish to state that when vehicle (B) making the reversing, I did horned for his attention but was in vain.

(A) SLW 49Y (B) SLX 7361 T

Note: Please note that your insurer may have 14 days time frame for you to submit a Claim Damage Claim under your own comprehensive policy. Please check your policy for more information.

## DECLARATION

I/We declare that the information given is true and correct.

Signature of Driver (A) *Choy* Signature of Driver (B) *Shum* 22/12/18

Printed Name of Driver (A) *Choy* Printed Name of Driver (B) *Shum*