



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 : SCP2022D

To : AXA INSURANCE SINGAPORE PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SLM1236U & SCP2022D ON 28/12/2018 AT LOR PENCHALAK BESIDE UNIT NO.45.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.198070 @ S\$1,926.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,200.00 (6 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: KOH KIM CHYE
CAR/ LORRY/CYCLE: REG NO: SLM 12364 POLICY NO: -
ACCIDENT CLAIM NO: -

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

Registered No. SLM 12364 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 28 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: 

Co's Stamp: NRIC No:

31/12/2018 - PRI
01/01/2019 - PRI - New Year's Day

Vehicle In - 31/12/2018
Vehicle Out - 05/01/2019
Lau - 6 days x \$ 200
= \$ 1,200



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

Print Date/Time : 29 Dec 2018 / 10:15:34

Receipt Date/Time : 29 Dec 2018 / 10:15:34

Tax Invoice/Receipt

Receipt No. : ITNET-00000-181229-000382

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 - SCP2022D				
As at 28 Dec 2018/09:47:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SCP2022D Enquiry Fee 20181229101443702926	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				
	20181229101459619	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 : KOH KIM CHYE

Address : 7 GAMBIK WALK
SINGAPORE 538971

Contact No : _____

TO: AXA Insurance Pte Ltd

Dear Sirs,

ACCIDENT INVOLVING SLM 1236u AND SCP 2022D ON 28/12/2018
AT/ ALONG LOR PENCHALAK BESIDE UNIT NO. 45

I/~~We~~, KOH KIM CHYE, am/are the registered owner of
motor car no. SLM 1236u

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.

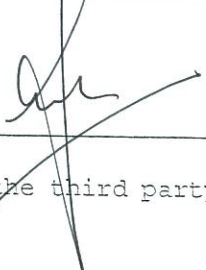
AUTHORIZATION TO ACT

I, KOH KIM CHYE ("the third party claimant")
of 7 GAMBIR WALK SINGAPORE 538971 (address),
owner of SLM 1236 U (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. SLM 1236 U that was damaged pursuant to the
accident which occurred on 28/12/2018 (date) along LOR PENCHALAK BESIDE UNIT NO. 45 (location)
involving Vehicle No/s SCP 2022 D
("The accident").

I further authorize the workshop to settle my 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.

Dated this _____ day of _____ (month) 20____ (year)


Signed by "the third party claimant"


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	31/12/2018 16:04
Date Of Accident	28/12/2018 09:50
Exact Location Of Accident	LOR PENCHALAK BESIDE UNIT NO.45
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM1236U
Insured/Policyholder	
Name Of Registered Owner	KOH KIM CHYE
NRIC No	S1244187H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96791808
Alternative Phone No	OFFICE-88888888

Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 (A)

Exact Purpose for which vehicle was being used at time of accident

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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 80454968 QMY
Cover Note Number	

Driver

Name of Driver	KOH ZHENG QIANG, SHAWN
NRIC No	S9625373G
Date Of Birth	21/07/1996
Occupation	INDOOR
Date Of Driving Pass	10/02/2015
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96209498
Fax Number	
Contact Number	
EEmail Address	SHAWNKO@ME.COM

Address 7 GAMBIR WALK
538971

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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?

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

ON 28/12/2018 AT ABOUT 0947HRS AT ALONG LOR PENCHALAK BESIDE UNIT 45. I WAS DRIVING ON THE ABOVE MENTIONED ROAD AND WHEN COMING TOWARDS THE ABOVE UNIT NO. 45, SUDDENLY A VEHICLE (B) REVERSED HIS VEHICLE PUT WITHOUT PROPER LOOKOUT AND WITHOUT CAUTIOUS HENCE COLLIDED ONTO MY RIGHT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. (A) SLM1236U (B) SCP2022D

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: PLEASE GET FROM WS

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SCP2022D

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

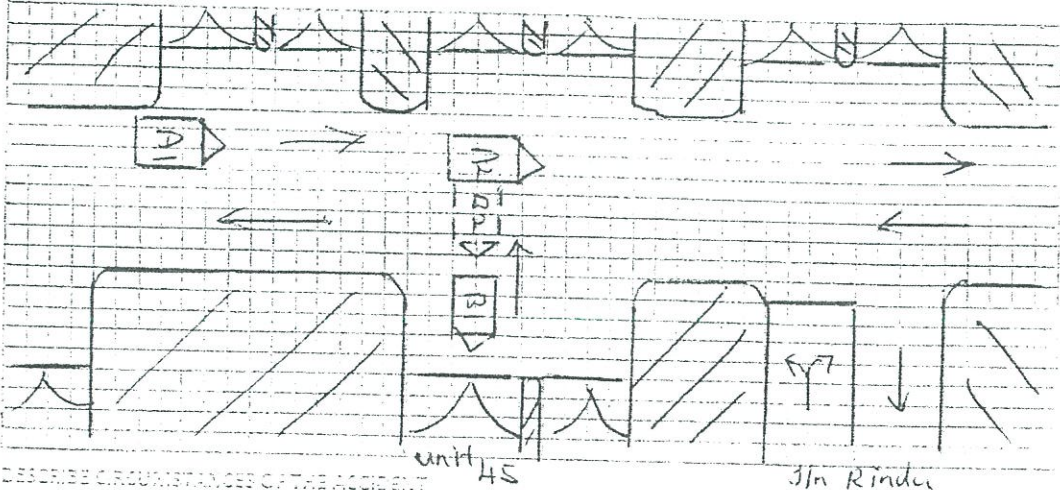
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. The report will be forwarded by the Insurers of the GIA Records Management Centre (RMC) to the General Insurance Association of Singapore (GIA) for archiving and their copies of the report will form a permanent record upon application by interested parties.
7. By the lodging of this report to the Insurers, I do hereby consent to the archiving of information on the report and to my report being made available elsewhere.
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, 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 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) transacting with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
 - (b) The Insurers who have insured with this accident and the Insurers' lawyers/law firms, may, be permitted to my insurer, process and/or administer my Personal Information for the purpose(s) of the above Purposes and
 - (c) My Personal Information may, be disclosed by any of the Insurers and/or Insurers' lawyers/law firms to any third party (such as a repairer or agent) who is involved in the repair and/or disposal of my vehicle and/or to any third party (such as a repairer or agent) who is involved in the disposal of my vehicle and/or to any third party (such as a repairer or agent) who is involved in the disposal of my vehicle and/or to any third party (such as a repairer or agent) who is involved in the disposal of my vehicle.
 - (ii) I understand that my Personal Information may be collected and used to settle my claims and/or for the purpose(s) of the above Purposes.
 - (iii) I understand that my Personal Information may be shared with:
 - (a) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, negligence, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (b) 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 Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 28/12/2018 at about 0947 hrs at along Lor Panchalak beside unit 45. I was driving on the above mentioned road and when coming towards the above unit no. 45, suddenly a Vehicle (B) reversed his vehicle out without proper lookout and without cautious hence collided onto my Right Portion of my vehicle (A) causing damages to my vehicle.

(A) SLM 1236 U

(B) SCP 2022 D

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:

Accident Control Personnel's Signature
Name:
AP 2, 2018