



## 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 : **SDY7830X**  
To : **LONPAC INSURANCE BHD**  
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE GBG6172L & SDY7830X ON 28/12/2018 AT  
SLIP ROAD FROM PIE (TUAS) TOWARDS UPPER JURONG ROAD.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.198069 @ S\$820.60 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,200.00 (8 Days x S\$150)
- 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,



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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: Deliver on time Singapore  
CAR/ LORRY/CYCLE: REG NO: GBG 6172L POLICY NO: -  
ACCIDENT CLAIM NO: -

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle  
Registered No. GBG 6172L 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: .....



30/12/2018 - Sunday  
01/01/2019 - PH - New Year's Day  
02/01/2019 - PRI

Vehicle In - 28/12/2018  
Vehicle Out - 04/01/2019  
LOU - 8 days x \$150  
= \$1,200

> Back to OneMotoring



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

Print Date/Time : 28 Dec 2018 / 17:55:46

Receipt Date/Time : 28 Dec 2018 / 17:55:46

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-181228-003235

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 - SDY7830X As at 28 Dec 2018/14:15:00 Insurance Co: LONPAC INSURANCE BHD				
1	Insurance Enquiry - SDY7830X Enquiry Fee 20181228175458852768	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				
	20181228175508710	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 : Deliver on Time Singapore  
Address : 1 Yishun Street 25 #06-36  
YS-One Singapore 768441  
Contact No : \_\_\_\_\_  
TO: Lompac Insurance BHD

Dear Sirs,

ACCIDENT INVOLVING GBG 6172L AND SDY 7830X ON 28/12/2018  
AT/ ALONG Slip road from PIE (Tuas) towards Upper Jurong Road.

I/We, deliver on time Singapore, am/are the registered owner of  
motor car no. GBG 6172L

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

## 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 16:27
Date Of Accident	28/12/2018 14:55
Exact Location Of Accident	SLIP RD FROM PIE(TUAS)TWDS UPPR JURONG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6172L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DELIVER ON TIME SINGAPORE
Co Reg No	53362867M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96616780
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	CANTER FEA01BR2SDEB (CBU)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	GOODS VEHICLE

### Insurance Company

Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	
Cover Note Number	

### Driver

Name of Driver	LEE JUSTIN
NRIC No	S9737858D
Date Of Birth	01/10/1997
Occupation	OUTDOOR
Date Of Driving Pass	06/03/2017
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96616780
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 607 ANG MO KIO AVE 4 #05-1287 SPORE 560607

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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) 2

Passenger 1  
NAME: : SHERWIN SEAH NAN JIE  
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 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 SDY7830X

Vehicle Make/Model/Colour TOYOTA WISH 1.8X CVT ABS D/AIRBAG 2WD 5DR

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. Please do not correctly the details of the accident to speed up and to misreport.
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 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 lodging 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.

#### 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 use in and for the purposes of:
  - (i) my Personal Information may/are used and collected by any of the Insurers and/or Association to provide services, products and/or other facilities including insurance, loans, etc., which may be used for the purposes of Singapore, for the purposes of the relevant purposes;
  - (ii) my Personal Information may/are collected and used to complete my statutory forms, make official statements, investigations and management in present and all future claims.
- (c) all information collected under (a) and (b) 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 require for the purposes stated; or
  - (ii) for complying with the requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

*[Signature]*

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

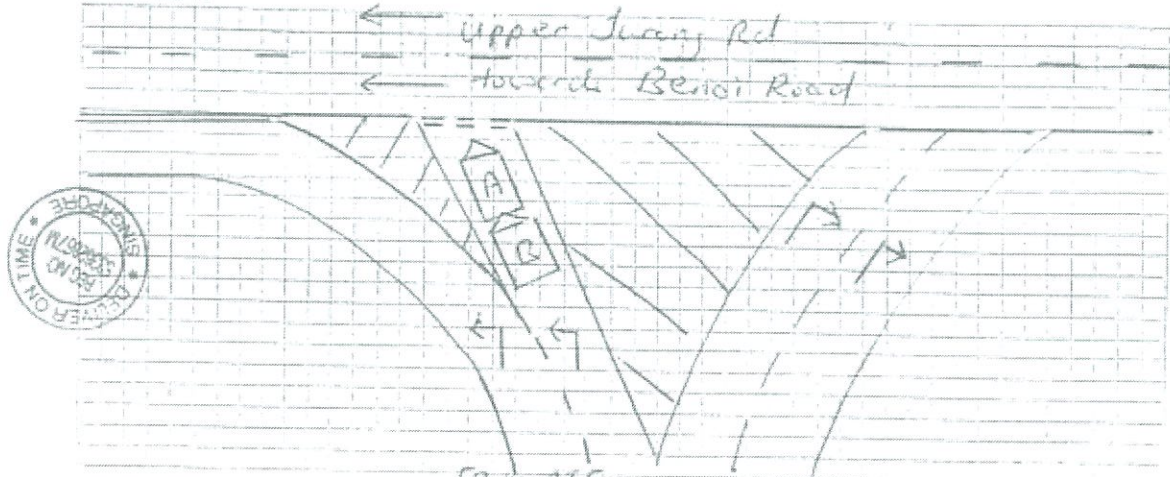
*[Signature]*

Insuring Service Provider's Signature  
Name: **Suhaimi**  
NRIC No: **S8040377A**



# Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT (Times)

On 28/12/2018 at about 1457 hrs at slip road from PIE (Tuas) towards Upper Jurong Road, I was travelling on the extreme Right Lane along the above mentioned slip road and came to a stop while giving way to the main traffic along Upper Jurong 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.

CA1 GBC 6172 L

(B) SDY 7830 X

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 that the information provided is true and correct.

By Vehicle  
Date & Time



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

Reporting Person's Signature  
Name: Suhami  
NRIC Number: S8040377A