



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 : GBB8578M
To : EQ INSURANCE CO. LTD
Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SJE4431T & GBB8578M ON 02/01/2019 AT CAR PARK ENTRANCE OF BLK 1 WOODLANDS ROAD.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.198071 @ S\$4,815.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,400.00 (7 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



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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:

EQ INSURANCE CO. LTD

5 MAXWELL ROAD

#17-00 TOWER BLOCK MND COMPLEX

SINGAPORE 069110

Bill No : 198071

Date : 20-March-2019

Vehicle Number : **SJE 4431T**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 4,500.00
BEFORE GST		4,500.00
7% GST		315.00
TOTAL		\$ 4,815.00

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: Loh Ming Wei
CAR/ LORRY/CYCLE: REG NO: SJE 4431T POLICY NO: -
ACCIDENT CLAIM NO: -

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

Registered No. SJE 4431T 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 02 day of 01 20.....19..... 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:

04/01/2019 - PRI
06/01/2019 - Sunday

Vehicle In - 04/01/2019
Vehicle Out - 10/01/2019
Lou - 7 days x \$200
= \$1,400

> Back to OneMotoring



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

Print Date/Time : 03 Jan 2019 / 11:57:40

Receipt Date/Time : 03 Jan 2019 / 11:57:40

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190103-001716

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 - GBB8578M				
As at 02 Jan 2019/16:30:00				
Insurance Co: EQ INSURANCE COMPANY LTD				
1	Insurance Enquiry - GBB8578M Enquiry Fee 20190103115648917558	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				
	20190103115700519	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 : Loh Ming Wei
Address : 23 Miltonia Close
#04-05 Singapore 768059
Contact No : _____
TO: EQ Insurance Company Ltd

Dear Sirs,

ACCIDENT INVOLVING SJE 4431T AND GBB 8578M ON 04/01/2019
AT/ ALONG Car Park Entrance of Blk 1 Woodlands Road


I/We, Loh Ming Wei, am/are the registered owner of
motor car no. SJE 4431T

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

x 
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	03/01/2019 15:31
Date Of Accident	02/01/2019 16:30
Exact Location Of Accident	CARPARK ENTRANCE OF BLK 1 WOODLANDS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE4431T
Insured/Policyholder	
Name Of Registered Owner	LOH MING WEI
NRIC No	S6840770B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90076049
Alternative Phone No	OFFICE-90076049

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100168004 CLASSIC
Cover Note Number	

Driver

Name of Driver	LOH MING WEI
NRIC No	S6840770B
Date Of Birth	24/10/1968
Occupation	OUTDOOR
Date Of Driving Pass	29/10/1986
Driving Experience	32 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90076049
Fax Number	
Contact Number	OFFICE-90076049
Email Address	NOEMAIL

Address	23 MILTONIA CLOSE #04-05 SKIES MILTONIA
Postcode	768059
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 (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: : TAN BEE LAY
	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

REFER TO SKETCH PLAN ATTACHED

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	GBB8578M
Vehicle Make/Model/Colour	MITSUBISHI L200 SINGLE CABIN 2.5L TURBO M/T DIESEL
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.
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 process my Personal Information for one or more of the above Purposes; and
 - (c) my Personal Information may/can 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 sited outside of Singapore, for one or more of the above Purposes;
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all 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, regulators, 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: 3 JAN 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

LEAO KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

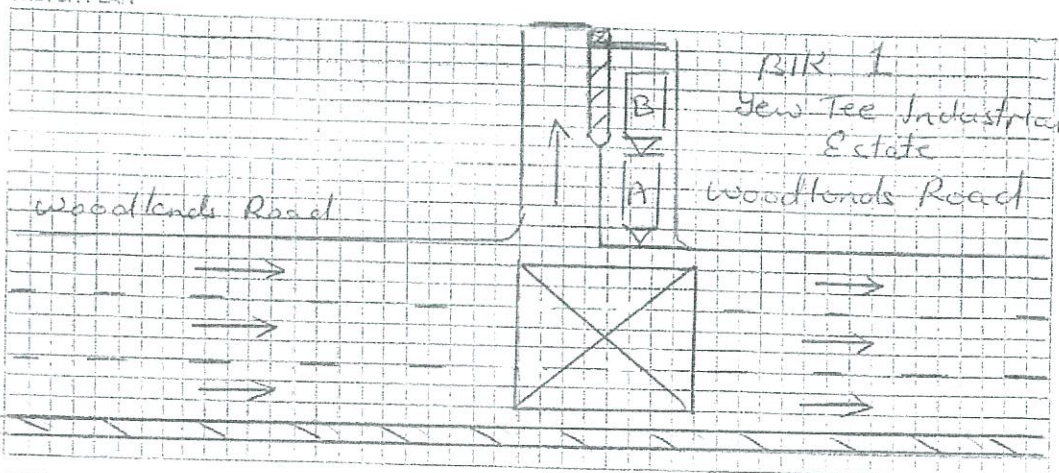
Tel: 67416697 Fax: 67492300

Resolving Centre Personnel's Signature

Name:

NRIC/PIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 02/01/2019 at about 1630 hrs at Car Park Entrance of Blk 1 Woodlands Road. I was exiting out from the above mentioned car park entrance and came to a stop while giving way to the main traffic along Woodlands 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) SJE H431 T

(B) GBB 8578 M

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]

Policyholder's Signature
Date & Time: 3 JAN 2019

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

2000 Lark Road (VAC)
23 Kallit Bukit, A-1
Singapore 311032

Reporting Person's Signature
Name: [Signature]
NRIC/Passport: