



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 : 08/04/2019
Your Ref : CC4/ASM19000448/ea3 (SME3832R)
To : AXA INSURANCE SINGAPORE PTE LTD
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SJV4258M & SME3832R ON 05/01/2019 AT
SLIP ROAD FROM AYE (ECP) TOWARDS JURONG TOWN HALL ROAD.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.198097 @ S\$3,638.00 (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: Rudi Maswira Bin Talib
CAR/ LORRY/CYCLE: REG NO: SJV4258M POLICY NO: -
ACCIDENT CLAIM NO: -

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

Registered No. SJV4258M from the repairers,
Messrs Mb 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 05 day of 01 2019 have been completed to my / our satisfaction, and that
I / we have no further claim on the above company in Respect thereof.

Date: Signature: [Signature]

Co's Stamp: NRIC No:

07/01/2019 - PR1

Vehicle In - 07/01/2019
Vehicle Out - 11/01/2019
LOU - 5 days x \$200
= \$1,000

> Back to OneMotoring



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

Print Date/Time : 07 Jan 2019 / 12:07:03

Receipt Date/Time : 07 Jan 2019 / 12:07:03

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190107-001462

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 - SME3832R As at 05 Jan 2019/16:00:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SME3832R Enquiry Fee 20190107120623524061	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

20190107120628980 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.

[> Back to OneMotoring](#)**Vehicle Insurance Particulars Result**

Vehicle No.	Incident Date/Time	Insurance Company Name
SME3832R	05 Jan 2019 / 16:00:00	AXA INSURANCE PTE LTD

[Print](#)[OK](#)[Save as PDF](#)

LETTER OF AUTHORITY

Name : RUDI MASWIRA BIN TALIB

Address : BLK 20 TEBAN GARDENS ROAD
#05-99 SINGAPORE 600020

Contact No : _____

TO: AxA Insurance Pte Ltd

Dear Sirs,

ACCIDENT INVOLVING SJV4258M AND SME3832R ON 05/01/19
AT/ ALONG SLIP ROAD FROM AYE (ECP) TOWARDS JUPONH TOWN HALL ROAD

I/We, RUDI MASWIRA BIN TALIB, am/~~are~~ are the registered owner of
motor car no. SJV4258M

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 _____

AUTHORIZATION TO ACT

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	07/01/2019 16:10
Date Of Accident	05/01/2019 16:00
Exact Location Of Accident	SLIP ROAD FR AYE (ECP) TOWARDS JURONG TOWN HALL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV4258M
Insured/Policyholder	
Name Of Registered Owner	MR RUDI MASWIRA BIN TALIB
NRIC No	S8320459A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98332594
Alternative Phone No	OFFICE-88888888

Vehicle Particulars

Manufacturer	KIA
Model	RIO-1.4 L (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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MV012666-R01
Cover Note Number	

Driver

Name of Driver	SITI NORBAYAH BINTE MOHAMED SAAT
NRIC No	S8302143H
Date Of Birth	12/01/1983
Occupation	INDOOR
Date Of Driving Pass	02/05/2014
Driving Experience	4 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93625774
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK20 TEBAN GARDENS ROAD #05-99
Postcode	600020
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?	YES
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: : WIDYA PUSPAWARY 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

ON 05/01/2019 AT ABOUT 1600HRS AT SLIP ROAD FROM AYE (ECP) TOWARDS JURONG TOWN HALL ROAD. I WAS TRAVELLING ON THE EXTREME LEFT LANE ON THE ABOVE MENTIONED SLIP ROAD AND CAME TO A STOP WHILE GIVING WAY TO THE MAIN TRAFFIC ALONG JURONG TOWN HALL 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 PASSENER INSIDE MY VEHICLE. (A) SJV4258M (B) SME3832R

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	SME3832R
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)

DETAILS OF INJURED PERSON 1

Name SITI NORBAYAH BINTE MOHAMED SAAT

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJV4258M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name WIDYA PUSPAWARY

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJV4258M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN


IMPORTANT NOTICE

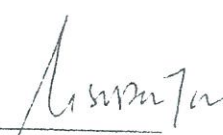
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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.
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.

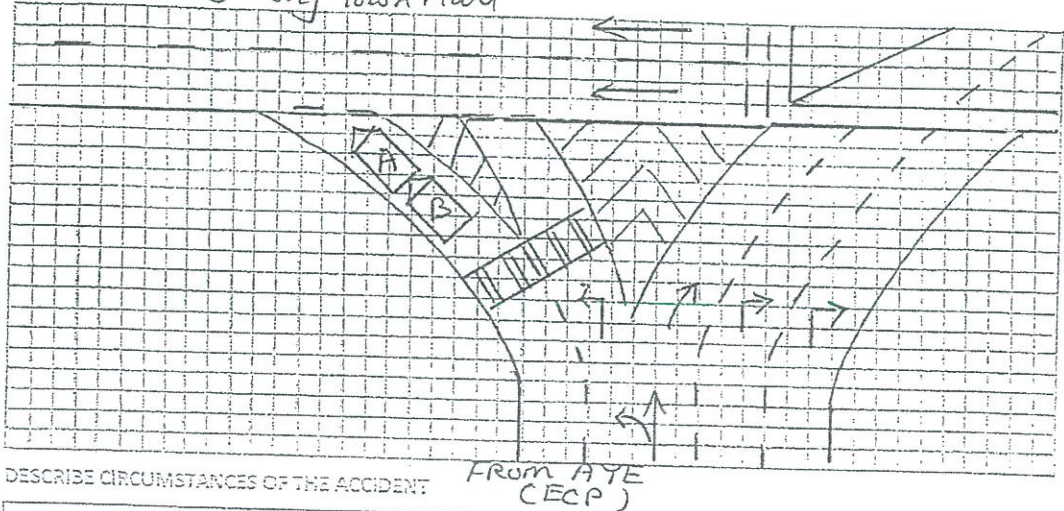
Policyholder's Signature
Date & Time:

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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Jurong Town Hall



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

From AYE
(CEP)

On 05/01/2019 at about 1600 hrs. at Slip road from AYE (CEP) towards Jurong Town Hall Road, I was travelling on the extreme left lane on the above mentioned slip road and came to a stop while giving way to the main traffic along Jurong Town Hall 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.

CA) SJV H258 M
(B) SME 3832 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:

SUV/Car Insurance Co.

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: