



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 : 17/04/2019

Your Ref : **SFP4407D**

To : **CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD**

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SKA8162C & SFP4407D ON 15/01/2019 AT
ALONG TAMPINES AVE 7 TOWARDS TAMPINES AVE 2 BESIDE BLK 372.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.198123 @ **S\$4,494.00 (Inclusive Of 7% GST)**
- 2) Loss of Use @ **S\$1,680.00 (7 Days x S\$240)**
- 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: TAN YONG JOO
CAR/ LORRY/CYCLE: REG NO: SEA8162C POLICY NO:
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SEA8162Cfrom 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 15 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: 

Co's Stamp: NRIC No:

17/01/2019 - PK1
20/01/2019 - Sunday

Vehicle In - 17/01/2019
Vehicle Out - 23/01/2019
Low - 7 days x \$240
= \$1,680



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 16 Jan 2019 / 15:37:06

Receipt Date/Time : 16 Jan 2019 / 15:37:06

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190116-002306

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 - SFP4407D				
As at 15 Jan 2019/22:15:00				
Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - SFP4407D			
	Enquiry Fee	7.00	0.49	7.49
	20190116153612693975			
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				
	20190116153624606	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 : TAN YONG JOO

Address : BLK 909 TAMPINES AVE 4
#05-246 S (520909)

Contact No : _____

TO: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SKA8162C AND SFP 44070 ON 15/01/2019
AT/ ALONG TAMPINES AVE 7 TOWARDS TAMPINES AVE 2 BESIDE
BLK 372

I/We, TAN YONG JOO, am/are the registered owner of
motor car no. SKA8162C

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	16/01/2019 17:01
Date Of Accident	15/01/2019 22:15
Exact Location Of Accident	TAMPINES AVE 7 TO TAMPINES AVE 2 BSD BLK 372
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA8162C
Insured/Policyholder	
Name Of Registered Owner	TAN YONG JOO
NRIC No	S1691638B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92244556
Alternative Phone No	OTHERS-92244556

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.8L A
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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	GA235314/1
Cover Note Number	

Driver

Name of Driver	HUANG ZHIQIN
NRIC No	S8505841Z
Date Of Birth	11/02/1985
Occupation	INDOOR
Date Of Driving Pass	02/12/2004
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92244556
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	291C BUKIT BATOK STREET 24 #17-31 SPORE 652291
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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)	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

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	SFP4407D
Vehicle Make/Model/Colour	TOYOTA ESTIMA 2.4 A
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	HUANG ZHIQIN
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

SKA8162C

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. This report must correctly and fully disclose the facts of the accident.
2. This report must be completed by the Policyholder and for the Insured Driver.
3. Information provided must be as truthful and accurate as possible. Any misreporting, knowingly or otherwise, may allow insurers to contest or repudiate policy liability.
4. The insurer's statement of the Policyholder's liability is subject to the insurer's liability in the event of a claim.
5. Any false reporting may be referred to the Police for its violation.
6. The report will be forwarded by the Insurer to the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will be made available upon application by interested parties.
7. By completing this form, you agree to the following conditions: (a) you agree to the insurer's use of the report being made available to others.

2. 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/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 dealing with my claim/claim for insurance coverage, including the investigation of the facts relating to the claim;
- (ii) investigating the accident and/or my claim;
- (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 being sent out as part of the claims as well as the external disclosure of personal data to others).

(b) My insurer and/or my workshop may/are permitted to use my Personal Information for the purpose(s) of:

(i) processing, handling and dealing with my claim/claim for insurance coverage, including the investigation of the facts relating to the claim;

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

(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 being sent out as part of the claims as well as the external disclosure of personal data to others).

(v) processing, handling and dealing with my claim/claim for insurance coverage, including the investigation of the facts relating to the claim;

(vi) investigating the accident and/or my claim;

(vii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(viii) 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 being sent out as part of the claims as well as the external disclosure of personal data to others).

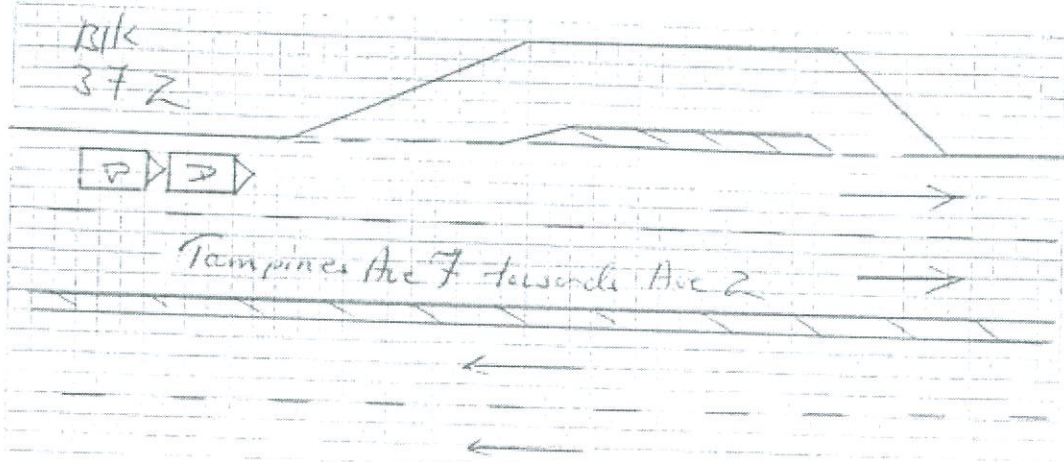
Signature of the Policyholder
Date & Time

Signature of the Insured Driver
Date & Time

Signature of the Person to whom the report is sent
Name: *Shirley*
Date & Time: *20/01/2011*

Sketch Plan #2

SKETCH PLAN



DETAILS OF THE ACCIDENT

on 15/01/2019 at about 2215 hrs at along Tampines Ave 7 towards Tampines Ave 2 beside Rik 372. I was travelling on the extreme left lane and when my front vehicle slow down and stop hence I follow suit. 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.

(A) SKH 8162C

(B) SFP 4407D

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 above information is true and correct.

Signature of the Insured
Date & Time

Signature of the Witness
Name of the Witness
Date & Time

Signature of the Reporting Officer
Name: [Signature]
Date & Time: 15/01/2019