



## 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 : 24/05/2019

Your Ref : **GBA8862Y**

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

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SJT2778C & GBA8862Y ON 16/01/2019 AT  
OPEN CAR PARK OF WOODLANDS 11 BUILDING, NO. 11 WOODLANDS CLOSE.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.198173 @ **S\$3,959.00 (Inclusive Of 7% GST)**
- 2) Loss of Use @ **S\$1,760.00 (8 Days x S\$220)**
- 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



## 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. 20-1427944-N)

# PROFORMA BILL

Bill To:

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

NO. 3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

SINGAPORE 079909

Bill No : 198173

Date : 24-May-2019

Vehicle Number : **SJT 2778C**

ATTN : MOTOR CLAIMS DEPARTMENT

| QTY        | CLAIM   | AMOUNT      |
|------------|---|-------------|
| 1          | To carried out accident repair as per surveyor's recommendation<br>(Lump Sum) | \$ 3,700.00 |
| BEFORE GST |   | 3,700.00    |
| 7% GST     |   | 259.00      |
| TOTAL      |   | \$ 3,959.00 |

***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: WOODLANDS 11 CAR RENTAL  
CAR/ LORRY/CYCLE: REG NO: SJT 2778C POLICY NO: .....  
ACCIDENT CLAIM NO: .....

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle  
Registered No. SJT 2778C .....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 16 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 - PR1  
20/01/2019 - Sunday

Vehicle In - 17/01/2019  
Vehicle Out - 24/01/2019

LOU - 8 days x \$ = 20  
= \$ 1,760



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

Print Date/Time : 16 Jan 2019 / 13:33:07

Receipt Date/Time : 16 Jan 2019 / 13:33:07

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-190116-001658

Previous Receipt No. :

| S/N | Item Description/<br>Business Transaction Reference<br>No. | Amount<br>Before<br>GST (S\$) | GST<br>Amount<br>(S\$) | Amount<br>After GST<br>(S\$) |
|-----|--|-------------------------------|------------------------|------------------------------|
|-----|--|-------------------------------|------------------------|------------------------------|

Result of Insurance Enquiry - GBA8862Y

As at 16 Jan 2019/11:55:00

Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

1 Insurance Enquiry - GBA8862Y  
Enquiry Fee  
20190116133202252424

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

20190116133221536 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 : WOODLANDS 11 CAR RENTAL

Address : 11 WOODLANDS CLOSE #03-24  
WOODLANDS 11 S(737853)

Contact No : \_\_\_\_\_

TO: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SJT2778C AND GBA8862Y ON 16/01/2019  
AT/ ALONG OPEN CAR PARK OF WOODLANDS 11 BUILDING, NO.11  
WOODLANDS CLOSE

I/We, WOODLANDS 11 CAR RENTAL, am/are the registered owner of  
motor car no. SJT2778C

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             | 17/01/2019 09:15                                 |
| Date Of Accident           | 16/01/2019 11:55                                 |
| Exact Location Of Accident | OPEN CARPARK @ PREMISES OF WOODLANDS 11 BUILDING |
| Country/State of Loss      | SINGAPORE  |

### DETAILS OF OWN VEHICLE

|                             |                         |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SJT2778C                |
| <b>Insured/Policyholder</b> |                         |
| Name Of Registered Owner    | WOODLANDS 11 CAR RENTAL |
| Co Reg No                   | 53227415J               |
| Email Address               | NOEMAIL                 |
| Mobile Phone No             |                         |
| Alternative Phone No        | OFFICE-99999999         |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | CHEVROLET      |
| Model  | CRUZE          |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL 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 HIRE   |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage          | THIRD PARTY FIRE AND/OR THEFT        |
| Fleet Policy              | NO                                   |
| Policy Number             | 999994501                            |
| Cover Note Number         |                                      |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | DENNIS NG KAI FENG   |
| NRIC No              | S9812197H            |
| Date Of Birth        | 31/03/1998           |
| Occupation           | INDOOR               |
| Date Of Driving Pass | 19/04/2018           |
| Driving Experience   | 0 YEAR AND 8 MONTH   |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-92392114 |
| Fax Number           |                      |
| Contact Number       |                      |
| EEmail Address       | NOEMAIL              |

|   |                                    |
|---|------------------------------------|
| Address   | BLK 624A WOODLANDS DR 52<br>#04-09 |
| Postcode  | 731624                             |
| Was driver an employee of the Insured's Company     | NO                                 |
| If No, Relationship of the Driver with the Insured  | OTHER - HIRER                      |
| Vehicle Registration Number of Driver's Own Vehicle | -                                  |
|   | -                                  |
|   | -                                  |
| Insurance Company of Driver's Own Vehicle           | -                                  |
|   | -                                  |
|   | -                                  |

#### General Information of the Accident

|                    |            |
|--------------------|------------|
| Type Of Accident   | SIDE SWIPE |
| 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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         | GBA8862Y           |
| Vehicle Make/Model/Colour           |                    |
| 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) |                    |

#### DETAILS OF INJURED PERSON 1

|      |                    |
|------|--------------------|
| Name | DENNIS NG KAI FENG |
|------|--------------------|

|   |          |
|---|----------|
| Approximate Age                                     |          |
| Injuries Sustain                                    | SLIGHT   |
| Injured person in which vehicle?                    | SJT2778C |
| Were seat belts worn?                               | YES      |
| Was this injured conveyed to hospital by ambulance? | NO       |
| Address   |          |
| Postcode  |          |



## SKECH PLAN

[illegible]

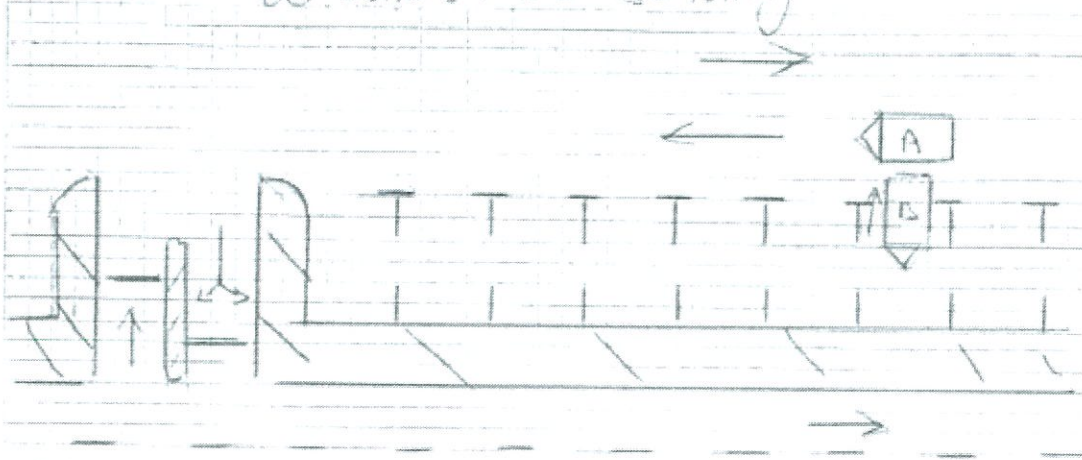
1. 1990年1月1日以前に作成されたもの

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

# Individual Statement

SKETCH PLAN

Woodlands 11 Building



On 16/01/2019 at about 11:53 hrs at Open Car Park of

Woodlands 11 Building, No 11 Woodlands Close. I was travelling on the above mentioned driveway and suddenly a vehicle (B) reversed out from the car park lot no 164 without proper lookout and without caution hence collided onto my whole left portion of my vehicle (A) causing damage to my vehicle.

(A) SJT 2778 C  
(B) GBA 8862 Y

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 declare that the above information is true and correct.



Signature of Driver  
Date & Time

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

Signature of the Person who signed the  
Name:  
Address: