



## 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 : 11/02/2019

Your Ref : SKV5774X

To : AXA INSURANCE SINGAPORE PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE GZ5461A & SKV5774X ON 21/01/2019 AT  
ALONG UPPER THOMSON ROAD TOWARDS LORNIE AFTER SIN MING AVE.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.198024 @ S\$4,280.00 (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



## 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:

**AXA INSURANCE SINGAPORE PTE LTD**

8 SHENTON WAY

#27-01 AXA TOWER

SINGAPORE 068811

Bill No : 198024

Date : 11-February-2019

Vehicle Number : GZ 5461A

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 4,000.00
BEFORE GST		4,000.00
7% GST		280.00
TOTAL		\$ 4,280.00

**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: GREAT AIRCON  
CAR/ LORRY/CYCLE: REG NO: G2 5461A POLICY NO: .....  
ACCIDENT CLAIM NO: .....

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle  
Registered No. G2 5461A .....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 21 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: .....



23/01/2019 - PRI  
27/01/2019 - Sunday

vehicle In - 23/01/2019  
vehicle Out - 30/01/2019  
Low - 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 : 21 Jan 2019 / 13:01:33

Receipt Date/Time : 21 Jan 2019 / 13:01:33

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-190121-001511

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 - SKV5774X As at 21 Jan 2019/09:50:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SKV5774X Enquiry Fee 20190121130033388422	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				
	20190121130039636	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.

SKV5774X

Incident Date/Time

21 Jan 2019 / 09:50:00

Insurance Company Name

AXA INSURANCE PTE LTD

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



LETTER OF AUTHORITY

Name : GREAT AIRCON

Address : 22 SIN MING LANE  
#06-76 MIDVIEW CITY S (573969)

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

TO: AXA INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING GZ 5461A AND SKV 5774X ON 21/1/19  
AT/ ALONG Upper Thomson Road towards Lornie Road after  
Sin Ming Ave.

I/We, GREAT AIRCON, am/are the registered owner of  
motor car no. GZ 5461A

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

Provided always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect my further claim for general and special damages for my personal injuries sustained in the same accident.

## AUTHORIZATION TO ACT

I, GREAT AIRCON ("the third party claimant")

of 22 SIN MING LANE #06-76 MIDVIEW CITY (S 1537969 (address),

owner of 925461A (vehicle no.) hereby authorize  
M/S MG SOLUTION PTE LTD

("The workshop") to act for me with respect to my claim for repair costs and/or rental and/or loss of use ("claim") for my Vehicle No. 925461A that was damaged pursuant to the

accident which occurred on 21/1/19 (date) along Upper Thomson Road towards Lorial Road after Sin Ming Ave (location)

involving Vehicle No/s SKU 5774X

("The accident").

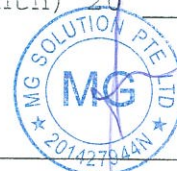
I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated ON 21 day of \_\_\_\_\_ (month) 20\_\_\_\_ (year)



Signed by "the third party claimant"



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	22/01/2019 17:49
Date Of Accident	21/01/2019 09:50
Exact Location Of Accident	UPPER THOMSON RD > LORNIE AFTER SIN MING AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ5461A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GREAT AIRCON
Co Reg No	53254290L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81187233

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	L300 HR M
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5105338784
Cover Note Number	

### Driver

Name of Driver	LEE TIAN SIANG
Passport No/FIN	G7312102M
Date Of Birth	13/10/1983
Occupation	OUTDOOR
Date Of Driving Pass	11/03/2015
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86087234
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	22 SIN MING LANE #06-76 MIDVIEW CITY
Postcode	573969
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?	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: : LEE TIAN HOCK
	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 BELOW STATEMENT/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	SKV5774X
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS CLASSIC 1.6 CVT
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 LEE TIAN SIANG  
Approximate Age  
Injuries Sustain BACK AND NECK PAIN  
Injured person in which vehicle? GZ5461A  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name LEE TIAN HOCK  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? GZ5461A  
Were seat belts worn? YES  
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 Authorized 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 lodgment 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) complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

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

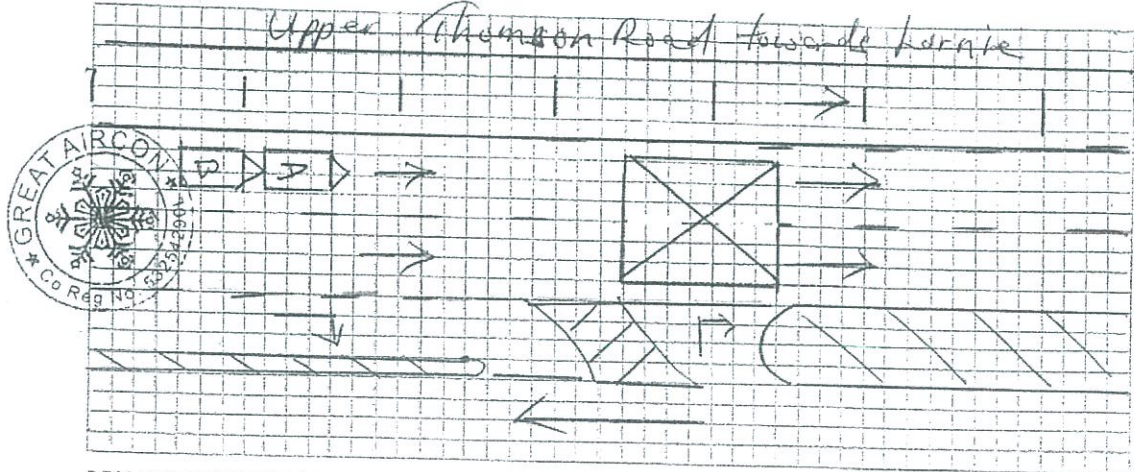
22 JAN 2018

**IDAC KAKI BUKIT(VAC)**

Reporting Centre - Insurers' Signatures  
Name: **23 KAKI BUKIT AVE 4**  
**Singapore 415933**  
NRIC/FIN No.: **Tel: 67416697**  
**Fax: 67492305**  
Email: **vackb@singnet.com.sg**



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/01/2019 at about 0950 hrs at along Upper Thomson Road, after Sin Ming Ave. I was travelling on the center lane and when my front vehicle slow down and stop due to heavy traffic hence I follow suit. Moment later, 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) GZ 5461A

(B) SKV 5774 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 foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

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

22 JAN 2019

IDAC KAKI BUKIT (VAC)  
23 KAKI BUKIT AVE 4

Reporting Centre Person's No: 415933  
Name:  
Tel: 67416697  
NRIC/FIN No.:  
Fax: 67492305  
Email: vackb@singnet.com.sg