



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 : 22/04/2019
Your Ref : GW889Z
To : CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SFR1133C & GW889Z ON 18/01/2019 AT CAR PARK AT LOR 1 GEYLANG BUS TERMINAL.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.198126 @ S\$2,996.00 (Inclusive Of 7% GST)
- 2) Loss of Rental @ S\$780.00 (6 Days x S\$130)
- 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



WIN WIN RENT-A-CAR PTE LTD

Invoice

SFR1133C
TANG KOON LOKE
72 PUNGGOL WALK
#05-48
S(828786)

Invoice No : WPLIN0002739
Invoice Date : 31/1/2019
Due Date : 31/1/2019
VHA No : 3175
Referral ID : M035

| Description : | Amount |
|---------------------------------------|--------|
| Rental for 6 Day/s @ \$130 per Day \$ | 780.00 |

Vehicle No : SLC4644H

Vehicle Description : Mazda 3 1.5A

Rental Period : 19/01/2019 to 25/01/2019

Total Amount Payable : \$ 780.00

TU = 1126568790

WIN WIN RENT-A-CAR PTE LTD

8 Kaki Bukit Ave 4 #06-04 Premier@Kaki Bukit Singapore 415875
Tel: 6315 8479 H/P: 9833 0807

VHA No: **3175**

Invoice No: **WPLIN2739**

Hirer's Vehicle No: _____

UEN: 201505115E

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULARS

Name: (as in I/C) TANG KOON LOKE

NRIC / FIN No: S 2610517 Z

Address (Res): 72 PUNGGOL WALK #05-48
S (828786)

Name & Address of Employer: _____

Occupation: _____ Driving Exp: _____

Singapore Driving Licence No: _____

Issue Date: _____ Date of Birth: 26/1/66

Tel: (O) _____ (R) _____ HP: _____

ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C) _____

NRIC / FIN No: _____

Address (Res): _____

Occupation: _____ Driving Exp: _____

Singapore Driving Licence No: _____

Issue Date: _____ Date of Birth: _____

Tel: (O) _____ (R) _____ H/P: _____

Vehicle No: SLC464AH Replace Veh No: SFR1133C

Mileage Out: 47581 Mileage Out: _____

Make & Model: MAZDA 3 Auto / Manual

Out : Date 19/01/2019 Time: 12:55pm

HIRE / PERIOD EXPIRY _____ Time: _____

NON-WAIVER EXCESS=\$ 2000/k.

| CHARGES | | | |
|-----------------------------|---------------------------------|--------------|----------|
| Daily | <u>6</u> @\$ <u>130</u> per day | <u>\$780</u> | <u>-</u> |
| Weekly | @\$ _____ per week | | |
| Monthly | @\$ _____ per month | | |
| Hours | @\$ _____ per hour | | |
| Extension | @\$ _____ | | |
| Delivery/Collection Service | | | |
| SUB-TOTAL \$ | | | |

VEHICLE CHECK LIST

INDICATE: D - DENTS
A - ACCIDENTS S - SCRATCHES

RIGHT

FRONT

TOP

LEFT

REAR

MISSING / FAULTY ACCESSORIES / PARTS

REMARKS : _____

| PETROL LEVEL | | | | | | | | | |
|-------------------------|---|-----|-----|------------|-----|-----|-----|-----|---|
| Out | E | 1/8 | 1/4 | <u>3/8</u> | 1/2 | 5/8 | 3/4 | 7/8 | F |
| In | E | 1/8 | 1/4 | 3/8 | 1/2 | 5/8 | 3/4 | 7/8 | F |
| Fuel | | | | | | | | | |
| Traffic / Parking Fines | | | | | | | | | |
| TOTAL CHARGES \$ | | | | | | | | | |

Hirer's Signature:

Additional Driver's Signature: _____

I have read and agree to the terms and condition on both sides of the agreement. If I have presented a charge/credit card for payment. I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given WIN WIN RENT-A-CAR PTE LTD in connection with this agreement is true.

- *IMPORTANT**
- VEHICLE IS STRICTLY PROHIBITED FOR "HIRE FOR REWARDS" USAGE SUCH AS UBER / GRABCAR / GRABSHARE ETC.
 - ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORIZED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
 - ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
 - THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY. INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
 - IN CASE OF ACCIDENT. THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES. A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
 - VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY WIN WIN RENT-A-CAR PTE LTD.

RETURN OF VEHICLE. THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO WIN WIN RENT-A-CAR PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

| DATE IN | TIME IN | MILEAGE | CHECKED BY | REMARKS |
|-----------------|----------------|---------|------------|---------|
| <u>25/01/19</u> | <u>11:55AM</u> | | | |

SIGNATURE OF HIRER/DRIVER:

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 19 Jan 2019 / 12:34:11

Receipt Date/Time : 19 Jan 2019 / 12:34:10

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190119-000809

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 - GW889Z As at 18 Jan 2019/18:15:00 Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD | | | | |
| 1 | Insurance Enquiry - GW889Z Enquiry Fee 20190119123321078300 | 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 | | | | |
| | 20190119123333602 | 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 : TANG KOON LOKE

Address : 72 PUNGGU WALK #05-48
S(828786)

Contact No : _____

TO: CHINA TAIPING Insurance (Singapore) Pte Ltd

Dear Sirs,

ACCIDENT INVOLVING SFR 1133C AND GW889Z ON 18/01/19
AT/ALONG CARPARK AT LOR 1 GEYLANG BUS TERMINAL

I/We, Tang Koon Loke, am/are the registered owner of
motor car no. SFR1133C

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 | 19/01/2019 11:31 |
| Date Of Accident | 18/01/2019 18:15 |
| Exact Location Of Accident | CARPARK AT LOR 1 GEYLANG BUS TERMINAL |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|--------------------------|
| Vehicle Registration Number | SFR1133C |
| Insured/Policyholder | |
| Name Of Registered Owner | TANG KOON LOKE |
| NRIC No | S2610517Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97667269 |
| Alternative Phone No | OFFICE-97667269 |
| Vehicle Particulars | |
| Manufacturer | BMW |
| Model | 318I LED NAV SHAD. LIGHT |
| 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 | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | D 29076545 QMY (COMP) |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TANG KOON LOKE |
| NRIC No | S2610517Z |
| Date Of Birth | 26/01/1966 |
| Occupation | INDOOR |
| Date Of Driving Pass | 24/12/1993 |
| Driving Experience | 25 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97667269 |
| Fax Number | |
| Contact Number | OFFICE-97667269 |
| Email Address | NOEMAIL |

| | |
|---|------------------------|
| Address | 72 PUNGGOL WALK #05-48 |
| Postcode | 828786 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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) | 0 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BEDOK POLICE DIVISIONAL HQ (G DIVISION) |
| Police Station Address | ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2440000 - FAX NO: 64443009 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

Attachment(s)

| | |
|---|------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | WITH OWNER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | GW889Z |
| Vehicle Make/Model/Colour | TOYOTA DYNA 150 D |
| 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

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. 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) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

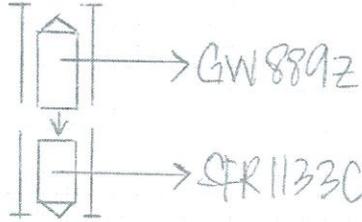

19 JAN 2019

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


19 JAN 2019

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@singapore.com.sg
Name:
NRIC/FIN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to
Police Report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

19 JAN 2019

Driver's Signature

(If driver is not the policyholder)
Date & Time: 19 JAN 2019

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



G/20190119/7009

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190119/7009

| Subjects Involved | | | |
|---------------------------|--|--------------|-----------|
| Victim | | | |
| Person Name | TANG KOON LOKE | | |
| ID Type | NRIC NO | ID No | S2610517Z |
| Gender | Male | Age | 52 |
| Race | Chinese | Language | English |
| Occupation | Management executive | Address Type | |
| Address | 72 PUNGGOL WALK #05-48 SINGAPORE 828786 | Mobile No | 97667269 |
| Is Informant A Victim? | Yes | | |
| Person Name | TANG KOON LOKE (Informant) | | |

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 19/01/2019 10:30 |
| Officer In-Charge Of Case: | Classification Of Case: |
| Authentication Stamp | |