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

: 15/05/2019

Your Ref

: SME6517G

To

: AIG ASIA PACIFIC INSURANCE PTE LTD

Attn

: Motor Claims Department

Dear Sir/Mdm.

RE: ACCIDENT INVOLVING VEHICLE SLU4708M & SME6517G ON 07/03/2019 AT ALONG TPE TOWARDS PIE AFTER PASIR RIS DRIVE 8 EXIT.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.198156 @ \$\$5,671.00 (Inclusive Of 7% GST)
- 2) Loss of Rental @ \$\$910.00 (7 Days x \$\$130)
- 3) LTA Search @ \$\$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: Bill No : 198156

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY

#07-12 AIG BUILDING

Date: 15-May-2019

SINGAPORE 079120 Vehicle Number : SLU 4708M

ATTN: MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 5,300.00
	BEFORE GST	
	7% GST	371.00

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



Invoice

SLU4708M

CHU SIEW JUN

BLK 758 YISHUN ST 72

#09-452

S(760758)

Invoice No : WPLIN0002911

Invoice Date : 15/3/2019

Due Date : 15/3/2019

VHA No :3322

Referral ID : M035

Description:

Amount

Rental for

7

Day/s @

 \hat{a}

\$130

per Day \$

910.00

Vehicle No

SLC4699A

Vehicle Description

Mazda 3 1.5A

Rental Period

07/03/2019

to 14/03/2019

Total Amount Payable : \$

910.00

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: 3322
Invoice No: WPLIN 2911

Hirer's Vehicle No :

VEHICLE RENTAL AGREEMENT

UEN: 201505115E

	70-1			
HIRER'S PARTICULARS	Vehicle No: SLC4699 A Replace Veh No:			
Name: (as in I/C) CHU SIEW JUN NRIC / FIN No: 5 8216837J	Mileage Out: Mileage Out:			
Address (Res): BIK 758 YISHUN ST 72	Make & Model: Auto / Manual			
#109-422 s(760758)	MA20A3			
Name & Address of Employer:	Out: Date 67/03/2019 Time: 18,16			
Name & Address of Employer.	HIRE / PERIOD EXPIRY Time:			
Occupation:Driving Exp:	NON-WAIVER EXCESS=\$ 2000 2			
Singapore Driving Licence No:	CHARGES			
Issue Date: Date of Birth: 3115782	Daily 7 @\$ 130 per day 910 -			
Tel: (O)(R)HP:	Weekly @\$ per week			
ADDITIONAL DRIVER'S PARTICULARS	Monthly @\$ per month			
Name: (as in I/C)NRIC / FIN No:	Hours @\$ per hour			
Address (Res):	Extension @\$			
	Delivery/Collection Service			
Occupation: Driving Exp:	SUB-TOTAL \$			
Singapore Driving Licence No:	SOB-TOTAL \$			
Issue Date: Date of Birth:	PETROL LEVEL			
Tel: (O)(R):H/P:	Out E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F			
VEHICLE CHECK LIST	In E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F			
ES	Fuel			
SCRATCHES SCRATCHES SCRATCHES	Traffic / Parking Fines			
S - S C B B - D B	TOTAL CHARGES \$			
- ACCIDENTS				
Z ← RIGHT FRONT TOP LEFT	Hirer's Signature			
MISSING / FAULTY ACCESSORIES / PARTS				
REMARKS:				
	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

- 1. VEHICLE IS STRICTLY PROHIBITED FOR "HIRE FOR REWARDS" USAGE SUCH AS UBER / GRABCAR / GRABSHARE ETC.
- 2. ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- 3. ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- 4. 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.
- 5. 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.

6. 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	Carl Carl	-
14/3/19	1805hg	51171			SIGNATURE OF H	IRER/DRIVER

> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

07 Mar 2019 / 17:26:52

Receipt Date/Time: 07 Mar 2019 / 17:26:52

Tax Invoice/Receipt

Receipt No.: ITNET-00000-190307-002992

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 - SME6517G			00 m	
As at 07 Mar 2019/08:45:00				
Insurance Co: AIG ASIA PACIFIC INSURAN	NCE PTE. LTD.			
1 Insurance Enquiry - SME6517G				
Enquiry Fee 20190307172519353862		7.00	0.49	7.49
201000111201000002	Sub-Total	7.00	0.49	7.49
	N-00 67 - 44/025 - 30 - 000 - 00			(3.50,05)
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	1 ald by	Direct Debit: eNE	TC Dobit	
	20190307172532743	(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 : CHU SIEW JUN
Address : BLK 758 YISHUN STREE772
#09-452 SINGAPORE 760718
Contact No :
TO: ALG ASIA PACIFIC INSURANCE PTE LTD
Dear Sirs,
ACCIDENT INVOLVING SLW 4708M AND SME 6517G ON 07/03/2019
AT/ALONG_TPE TOWARDS PIE AFTER PASIR RIS DRIVE & EXIT.
I/We,, am/are the registered owner of motor car no, 1/08 M
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



Signed by "the third party dialmant"

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 (AIG Asia Pacific - EXPRESS THIRD PARTY CLAIM)

i. CHU SIEW JUN ("the third party cisimant") of BLK 758 YISHUN STREET 72 #09-412 S (760768) (address),
where or <u>SLU 4708M</u> (vehicle no.) hereby authorize M 6 SOZUTION PTE UTD
("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. SLV 470 fm that was damaged pursuant to the accident which occurred on 0703 [2019 (date) along TPE TOWARDS PIE APTER PASIR PLS PRIVE & EXIT (location) involving vehicle no/s SME 6517G ("the accident").
I further authorize the workshop to settle the above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment furtherto 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/ovmer/insurers of the other vehicle/s is concerned.
Date thisday of(month) 20 (year)
· Waster

Signed by "the workshop"

STEED CONTRACTOR



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.

RELEASE VOUCHER (AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

Wefi,	TR.C.
"Werl,	(the Workshop") hereby confirm that we/!
("cama	reyor of AIG Asia Pacific Insurance Pte. Ltd.
SS(repair costs), SS for vehicle no.	of surveyor") With respect to the amount claimed for
for vehicle no that was damage on (date) along	(loss of userrental) SS (search fees)
on(date) alongvehicle no/s	a pursuant to the accident which occurred
vehicle no/s	(iocation) involving
This is pursuant to the inspection conducted on	(date) at "the workshop".
We/I confirm that we/I are/am authorized by the owner	
We/I confirm that we/I are/am authorized by the owner of vehicle no to make the claim as so authority to settle the matter on his/her height a manner	("third party claimant")
authority to settle the matter on his/her behalf in a manner authority given by "the third party objects"	that we'll do not be the full
authority given by "the third party claimant".	that wen deem to We/I enclose herein the letter of
We/I further confirm that we/I will indemnify AIG Asia Paci	fic Insurance Dio 14d for all 1
of the even	t that "that this is a second
o in the claim against the tormer for an	Vioce and ever-
and the can	1age to
of the accident.	(variole no.) as a result
We/I confirm that the agreement reached above is in full a claimant" pursuant to the accident and that their and the	and final settlement of any claim of the stand new
. The distribution of the contract of the same same	when the entire the without product and send are
admission of liability basis.	
This agreement is subject to the application of Singapor jurisdication over any dispute arising out of the page.	re law and the Singapore Courts have exclusive
jurisdication over any dispute arising out of the same.	a i a a a a a a a a a a a a a a a a a a
Dated thisday of	(month) 20(year)
	UTION PLA
	(3(NB)=
	7 A A A A A A A A A A A A A A A A A A A
Signed by AIO operated a	6014 TC X
Signed by AIG appointed surveyor	Chopped & 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 witholding 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

Control A April And Area to the control of the area and a second	ACCIDENT STATEMENT
Date Of Report	08/03/2019 14:35
Date Of Accident	07/03/2019 08:45
Exact Location Of Accident	TPE TOWARDS PIE (AFTER PASIR RIS DRIVE 8 EXIT)
Country/State of Loss	SINGAPORE

	DETAILS OF OWN VEHICL	
Vehicle Registration Number	SLU4708M	
Insured/Policyholder		

Name Of Registered Owner CHU SIEW JUN (ZHOU XIUJUN) NRIC No

S8216837J Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-91189281 Alternative Phone No OFFICE-91189281

Vehicle Particulars Manufacturer HONDA

Model CIVIC 1.6 VTIS AT

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?

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 A 80453390 QMX (COMP)

Cover Note Number

Driver

Name of Driver CHU SIEW JUN (ZHOU XIUJUN)

NRIC No S8216837J Date Of Birth 31/05/1982 Occupation **INDOOR** Date Of Driving Pass 18/03/2004

Driving Experience 14 YEARS AND 11 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91189281

Fax Number

Contact Number OFFICE-91189281

EMail Address NOEMAIL Address

BLK 758 YISHUN STREET 72 #09-452

Postcode

760758

OWNER

Was driver an employee of the Insured's Company NO

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?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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 ATTACHED

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

SME6517G

Vehicle Make/Model/Colour

CITROEN GC4 PICASSO 1.2 PURETECH 130 EAT6

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)

SKETCH PLAN

MPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the occident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrapresentation or withoglding of material
 facts may allow insurance companies to <u>repudiate policy flability</u>.
- 4. The issue and acceptance of this form by incurance companies is not an admission of policy liability on the cart of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 5. 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 evailable aforesaid.
- S. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

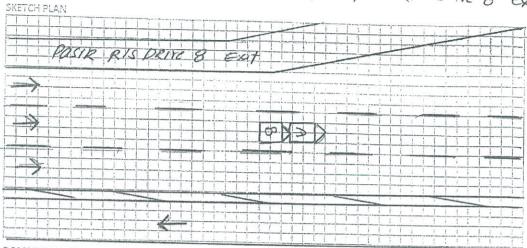
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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 of:
 - (i) processing, handling and for dealing with my deline including the setSement 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 edministering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (a) all insurer(s) who have incured vehicle(s) involved in this accident and the insurers' lawyerr/law firms, may/are permitted to different of a collection of proposes my Personal information for one or more of the above Perposes; and
- (1) my Personal Information may tree be disclosed by any of the Insurers and/or GIA to their third party service providers or egents (including their lawyeary law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (a) my Percental prior matter, will also be collected and used to combile claims history for the purpose of fraud detection, investigation and management in present and all future calms.
- (a) the information so collected under (d) above they be chared / Cladoced:
 - (i) to all insurers end/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.

Folicyholder's Signatura Date & Time:

- 8 MAR 2019

Oriver's Signature (If driver is not the policyholder) Date & Time: IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Emails veckb@singner.com.sq
Name:
NRIC/FIN No.1

TPE towards PIE after pasir Ris Drive 8 exit.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07/03/2019 at about 0845hrs at along TPE
towards PIE after Pasir Ris Drive 8 Exit. I was travelling
on the centre cane and the traffic was heavy.
when my front venicle slow down and stop, I tollow
Suit. Suddenly, I neard a loud bang from behind
and when I alignt, I realised it was vehicle (B)
who hit onto my rear portion of my vehicle (17)
Causing danages to my venicle.
(h) SL44708M
(B) SME 6517G
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 chack your policy for more information

DECLARATION

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

Policyho'der's Signature Dota & Time:

- 8 MAR 2019

Driver's Signature (If driver's not the policyholder) Date & Time: IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Fel: 67416697 Fax: 67492305