



## 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 : SKH1792T  
To : AXA INSURANCE SINGAPORE PTE LTD  
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SLJ5375R & SKH1792T ON 11/03/2019 AT  
ALONG UPPER SERANGOON ROAD TOWARDS HOUGANG AVEUE 3 BESIDE  
KOVAN MRT.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.198158 @ S\$12,840.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$3,500.00 (14 Days x S\$250)
- 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.

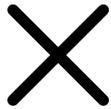
Yours faithfully,



Sharon Chia

HP: 9188 6931

E-mail: mg3solution@gmail.com



**MG SOLUTION PTE LTD**  
 23 Kaki Bukit Ave 4 (South Wing) #02-03B  
 Vicom Inspection Centre, Singapore 415933  
 Tel: 6243 1373 Fax: 6243 1376  
 GST Reg. No. : 201427944N

**MOTOR CLAIM DISCHARGE**

INSURED: ..... TAN FOOK SOON .....  
 CAR/ LORRY/CYCLE: REG NO: ..... SLJ5375R ..... POLICY NO: .....  
 ACCIDENT CLAIM NO: ..... - .....

I / ~~We~~ confirm that I / ~~we~~ have taken delivery of Car / Lorry / Motor Cycle  
 Registered No. .... SLJ5375R ..... 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 ..... 11 ..... day of ..... 03 ..... 20..... 19 ..... have been completed to my / our satisfaction, and that  
 I / we have no further claim on the above company in Respect thereof.

Date: ..... Signature: ..... [Signature] .....

Co's Stamp: ..... NRIC No: .....

<u>13/03/2019 - PR1</u>	<u>Vehicle In - 13/03/2019</u>
<u>17/03/2019 - Sunday</u>	<u>Vehicle Out - 26/03/2019</u>
<u>24/03/2019 - Sunday</u>	<u>LOW - 14 days x \$250</u>
	<u>= \$ 3,500</u>

(B)

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 12 Mar 2019 / 11:14:10

Receipt Date/Time : 12 Mar 2019 / 11:14:09

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-190312-001033

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 - SKH1792T As at 11 Mar 2019/20:45:00 Insurance Co: AXA INSURANCE PTE LTD			
1	Insurance Enquiry - SKH1792T Enquiry Fee 20190312111322218942	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
	<b>Paid By</b>			
	20190312111327680 Direct Debit: eNETS Debit (Internet Banking)			7.45
	<b>Total</b>			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 FOOK SOON  
Address : BLK 9 EUNDS CRESCENT  
#07-2691 S(400 009)  
Contact No : \_\_\_\_\_  
TO: AXA INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SLJ5375R AND SKH1792T ON 11/03/2019  
AT/ALONG UPPER SERANGOON ROAD TOWARDS HOUGAANG AVE 3  
BESIDE KOVAN MRT

I/We, TAN FOOK SOON, am/are the registered owner of  
motor car no. SLJ5375R

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, TAN FOOK SOON ("the third party claimant")

of BLK 9 EUNOS CRESCENT #07-2691 S(400009) (address),

owner of SLJ5375R (vehicle no.) hereby authorize

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. SLJ5375R that was damaged pursuant to the accident which occurred on 11/03/2019 (date) along UPPER SERANGOEN ROAD TOWARDS HONGANG AVE 3 BESIDE KOVAN MRT (location)

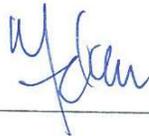
involving Vehicle No/s SKH1792T

("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 this 14 day of 03 (month) 20 19 (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	12/03/2019 15:51
Date Of Accident	11/03/2019 20:45
Exact Location Of Accident	UPPER SERANGOON ROAD TOWARDS HOUGANG AVENUE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ5375R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN FOOK SOON
NRIC No	S1563297F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91078831
Alternative Phone No	OFFICE-91078831
<b>Vehicle Particulars</b>	
Manufacturer	LEXUS
Model	LEXUS IS250 AUTO STD FL
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M496321 (COMP)
Cover Note Number	

### Driver

Name of Driver	TAN CHI SENG, ALVIN
NRIC No	S8428521H
Date Of Birth	10/09/1984
Occupation	INDOOR
Date Of Driving Pass	01/01/2007
Driving Experience	12 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90217157
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address	BLK 325A SUMANG WALK #20-975
Postcode	821325
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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: : LYDIA
	GENDER: : FEMALE

#### 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	SKH1792T
Vehicle Make/Model/Colour	VOLVO XC60 T6 R-DESIGN AT ABS D/AB HID SR 4WD
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 OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SHD9857U  
Vehicle Make/Model/Colour RENAULT LATITUDE 2.0L DCI AUTO D/AB 4DR  
Details Of Properties  
Vehicle Category TAXI  
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 TAN CHI SENG, ALVIN  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SLJ5375R  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name LYDIA (PASSENGER)  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SLJ5375R  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

SKETCH PLAN

IMPORTANT NOTICE

1. Please read carefully the terms of the conditions to report on the back of this form.
2. The Form must be completed under the Policyholder's or the Authorized Driver's
3. Information provided must be correct and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to re-evaluate policy liability.
4. The Driver's acceptance of this Form by insurance companies is not an admission of fault, liability on the part of the insurance companies.
5. You are responsible for the filling in of this Form.
6. The report will be forwarded by the insurers of the GIA Report Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will where feasible made available upon application by interested parties.
7. By the submission 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 where appropriate.
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 my 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) My insurer(s) who have insured vehicle(s) involved in this accident and their 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 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 outside of Singapore, for one or more of the above Purposes;
- (d) My Personal Information will also be collected and used to inform the claims history for the purpose of its use in the investigation and management of present and all future claims;
- (e) My Personal Information under (a) (i) - (v) may be stored / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, settling, managing, settling fraud, regulatory, 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.

**IDAC KAKI BUKIT (VAC)**  
 23 Kaki Bukit Ave 4  
 Singapore 415933  
 Tel: 67416697 Fax: 67492305  
 Email: [yackb@singnet.com.sg](mailto:yackb@singnet.com.sg)  
 Name:  
 NRIC No.:

Policyholder's Signature  
 Date & Time:

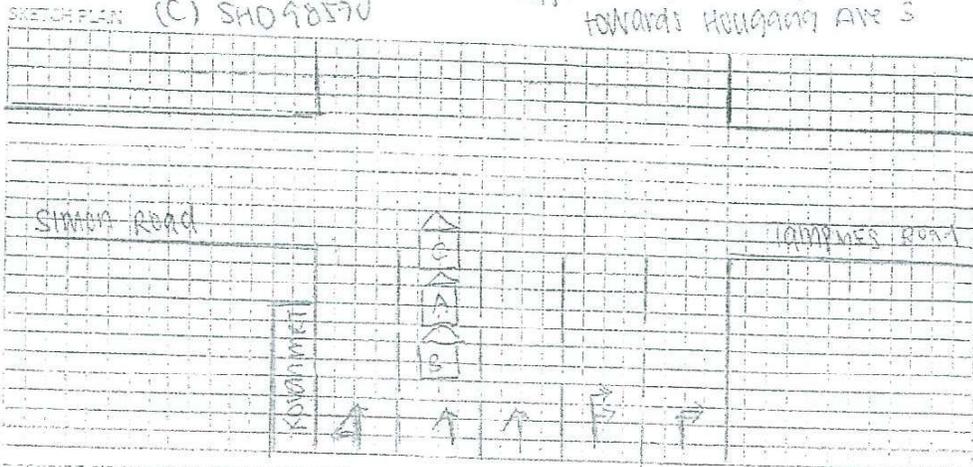
Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 12 MAR 2019

(A) SLJ5375R

(B) SKH1792T

(C) SHO9857U

Upper Serangoon Road  
TOWARDS HUNGAN AVE 3



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/03/2019 at about 2045 hours at along UPPER  
 Serangoon Road towards HUNGAN AVE 3 beside KOVAN MRT.  
 I was traveling on fourth lane and my front vehicle slow  
 down and stop due to heavy traffic hence I follow suit.  
 Suddenly, I heard a loud bang from behind and the  
 impact forced my vehicle (A) to move forward and hit onto the  
 rear portion of vehicle (C). When I alighted, I realised it was  
 vehicle (B) who hit onto my rear portion of my vehicle (A) causing  
 damage to my front & rear portion of my vehicle. It was a  
 chain reaction of total 5 vehicles involved. I have 1 passenger onboard.  
 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 the foregoing particulars are true & correct.

Signature  
 Date: 11/03/2019

Signature  
 Date: 12 MAR 2019

**IDAC KAKI BUKIT (VAC)**  
 23 Kaki Bukit Ave 4  
 Singapore 415933  
 Tel: 67416697 Fax: 67492305  
 Email: [vac@sinanet.com.sg](mailto:vac@sinanet.com.sg)

Signature  
 Name  
 Date: 11/03/2019





AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKH 1792T (Insd veh)	Model: Toyota Lexus IS250 (2500cc)
	SLJ 5375R (TP veh)	
Date of Accident/ Time:	11/03/2019	

Repair Estimate	: \$		
Final Repair Cost w/GST	: \$	12,840.00	
Loss of Use	: \$	1,200.00	12 days at \$ 100 per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$	7.45	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	14,047.45	

Payee Name : MG SOLUTION PTE LTD  
 Is Third Party Workshop GIA Registered? [ ] YES [X] NO (Kindly indicate below)

A) For Non GIA Registered Workshop: Agreed Liability 100 (%)  
 B) For GIA Registered Workshop: BOLA Applicable: Yes/ No BOLA Scenario No: \_\_\_\_  
 BOLA Liability: \_\_\_\_\_ (%) Assessed Liability (\*): \_\_\_\_\_ (%)  
 \* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.

Remarks:

NOTE:

- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTFEASOR IN ANY MANNER WHATSOEVER.
- AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are **not received within 7 days** of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a **full and final settlement** that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.



Signature of workshop representative / Workshop stamp  
 Name of Representative: WONG SUHMY  
 Date:

Signature of Witness / Workshop stamp (if applicable)  
 Name of Witness: SHARON CHIA  
 Date:



Signature of AXA's surveyor/representative:  
 Name of AXA's surveyor /Representative:  
 Date: 06/08/2020

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.



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

08 Oct 2019

**CHUA CHEW GUAT**  
223D COMPASSVALE WALK  
#08-671  
SINGAPORE 544223

Dear Sir/ Mdm

**OUR REF : CC4/ASM19004535/Apb3// S9M01GT6**  
**YOUR REF : SKH 1792T**  
**ACCIDENT INVOLVING SKH 1792T(AXA)/ SLJ 5375R/ OTHERS ALONG/AT**  
**JUNCTION OF KAKI BUKIT ROAD 4 & BEDOK RESERVOIR RD ON 23/08/2019**

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a third party claim(s) from MG SOLUTION PTE LTD acting on behalf of the owner of SLJ 5375R against your motor insurance policy.

Pursuant to the above said accident wherein you and/or your authorized driver had amongst other information given us your version of how the accident had occurred, we as the appointed agent of your insurers shall proceed to negotiate for an amicable settlement with third party claimant.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

As Insurers, they shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter. Your intent must be formally expressed to AXA and acknowledged by AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following to [chewht@lkkauto.com](mailto:chewht@lkkauto.com) within 7 days from the date of this letter if not provided at our reporting centre. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Copy of the letter of authorization
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim.

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without our prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to us immediately. You may email it to [cst@axa.com.sg](mailto:cst@axa.com.sg) or deliver it by hand to AXA Customer Care Centre.

This letter should not be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), we shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6742 3197 or [chewht@lkkauto.com](mailto:chewht@lkkauto.com). Please quote our claim reference when you contact us that we can assist you more effectively.

Yours sincerely

Chew Hsiao Tong  
Case Handler  
DID: 6742 3197  
FAX: 6741 4108  
EMAIL: [chewht@lkkauto.com](mailto:chewht@lkkauto.com)

*Cc AXA Insurance Pte Ltd  
(Motor Claims Dept)*