



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, 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 : 198158

Date : 15-May-2019

Vehicle Number : *SLJ 5375R*

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 12,000.00
		BEFORE GST 12,000.00
		7% GST 840.00
		TOTAL \$ 12,840.00

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: 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 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: [Signature]

Co's Stamp: NRIC No:

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

(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
	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			
	20190312111327680 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 : 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 HOUGANG 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 SERANGOON ROAD TOWARDS HOUGANG 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 _____ day of _____ (month) 20____ (year)

Tan Fook Soon



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
Insured/Policyholder	
Name Of Registered Owner	TAN FOOK SOON
NRIC No	S1563297F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91078831
Alternative Phone No	OFFICE-91078831

Vehicle Particulars

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 report correctly the extent of the accident to assist in the claim process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to void their 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. Lawful reports 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 then copies of this report will for a fee be made available upon application by interested parties.
7. By the lodging 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 to a third party.

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) 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 as set out as disclosed herein to 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 manage my claims for the purpose of fraud detection, investigation or management in respect of any future claims;
- (e) the Information so collected under (c) above may be shared/disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing 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

Policyholder's Signature
 Date & Time:

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

Reporting Centre/Insurer's Signature
 Name:
 NRIC/PIN No.:

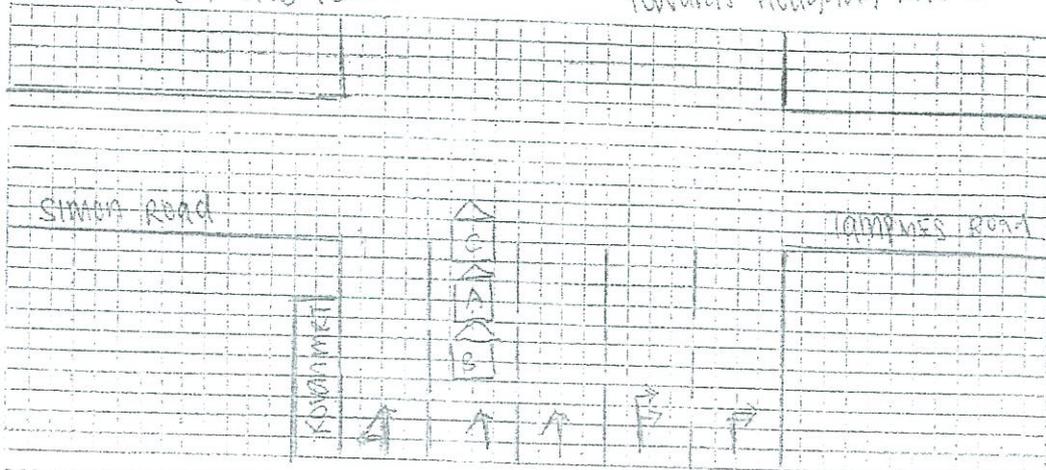
(A) SLJ5375R

(B) SKH1792T

(C) SHO9857U

Upper Serangoon Road
towards HUNGIANG AVE S

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/03/2019 at about 2045 hours at along upper
 Serangoon Road towards HUNGIANG AVE S beside KOVAN MRT.
 I was travelling 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 alerted, 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 3 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 in every respect.

Policyholder's Signature
 Date of Issue


 Date of Issue
 12 MAR 2019

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: veckb@singnet.com.sg

Accounting Officer's Signature
 Name
 Date of Issue