



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 : **GX1172X**

To : **CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD**

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SLV5541P & GX1172X ON 12/03/2019 AT
ALONG SERANGOON ROAD TOWARDS YISHUN AVENUE 7 BESIDE KHATIB
CAMP.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No. **198160 @ S\$4,708.00 (Inclusive Of 7% GST)**
- 2) Loss of Use @ **S\$1,400.00 (7 Days x S\$200)**
- 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

Sharon Chia

HP: 9188 6931

E-mail: mg3solution@gmail.com



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Tel: 6243 1373 Fax: 6243 1376

(GST Reg. No. 20-1427944-N)

PROFORMA BILL

Bill To:

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

NO. 3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

SINGAPORE 079909

Bill No : 198160

Date : 15-May-2019

Vehicle Number : **SLV 5541P**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 4,400.00
BEFORE GST		4,400.00
7% GST		308.00
TOTAL		\$ 4,708.00

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: Yan weiming
CAR/ LORRY/CYCLE: REG NO: SLV 5541P POLICY NO: -
ACCIDENT CLAIM NO: -

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SLV 5541P 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: 

Co's Stamp: NRIC No:

13/03/2019 - PR1
17/03/2019 - Sunday

Vehicle In - 13/03/2019
Vehicle Out - 19/03/2019
Low - 7 days x \$200
= \$1,400

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Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 12 Mar 2019 / 15:28:46

Receipt Date/Time : 12 Mar 2019 / 15:28:46

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190312-002465

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 - GX1172X				
As at 11 Mar 2019/09:00:00				
Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - GX1172X Enquiry Fee 20190312152758178619	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				
	20190312152803522	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.

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Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
GX1172X	11 Mar 2019 / 09:00:00	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Print OK Save as PDF

LETTER OF AUTHORITY

Name : YAN WEIMING

Address : BLK 830 WINDLAND S STREET 83
#07-33 S (730830)

Contact No : _____

TO:

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SLV 5541P AND GX 1172X ON 11/03/2019
AT/ ALONG SEMBAWANG ROAD TOWARDS YISHUN AVE 7 BESIDE
KHATIB CAMP

I/We, Yan weiming, am/are the registered owner of
motor car no. SLV 5541P

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	13/03/2019 14:46
Date Of Accident	12/03/2019 09:00
Exact Location Of Accident	SEMBAWANG RD TWDS YISHUN AVE 7 BESIDE KHATIB CAMP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV5541P
Insured/Policyholder	
Name Of Registered Owner	YAN WEIMING
NRIC No	S8604866C
Email Address	IAGENX@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91010918
Alternative Phone No	OTHERS-91010918

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	PRIVATE CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MU012918
Cover Note Number	

Driver

Name of Driver	YAN WEIMING
NRIC No	S8604866C
Date Of Birth	22/02/1986
Occupation	INDOOR
Date Of Driving Pass	06/11/2008
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91010918
Fax Number	
Contact Number	OTHERS-91010918
Email Address	IAGENX@GMAIL.COM

Address	BLK 830 WOODLANDS STREET 83 #07-33
Postcode	730830
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	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: : JENNY 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

PLS REFER TO THE ATTACHED STATEMENT.

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	GX1172X
Vehicle Make/Model/Colour	
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)

DETAILS OF INJURED PERSON 1

Name	YAN WEIMING
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SLV5541P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

STEPHAN

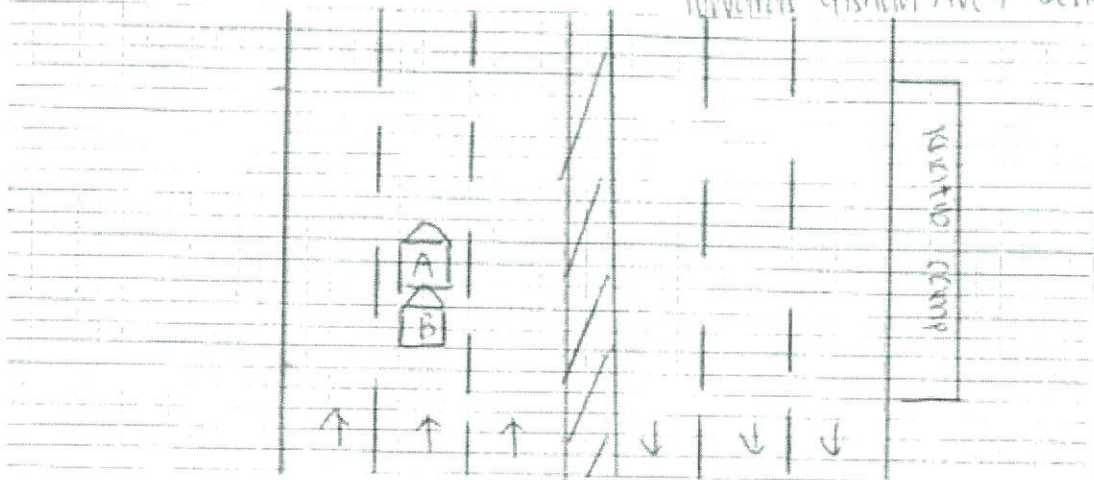
(c) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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:

- (f) investigating and/or dealing with my claims including the collection of the claim, charges, necessary investigation and relating to the claim;
- (g) investigating the addendum and/or my claims;
- (h) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (i) administering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about recovery of the same as well as on the determination of any appeal at a court); and/or
- (j) supplying of certain data with claims, charges, processing and/or charges, charges and/or claims to the relevant authorities.

[illegible][illegible]

Individual Statement

SKETCH PLAN



DESCRIPTION OF THE ACCIDENT

On 12/03/2019 at about 0900 hrs at along Sembanwang Road towards Yishun Avenue + beside Khatib Camp I was travelling on the centre lane and traffic was heavy. My front vehicle slow down and stop, hence I follow suit.

Suddenly, I heard a loud bang from behind and when I alighted, I realised it was vehicle (B) who hit onto my rear portion of my vehicle (A) causing damages to my

van. I have 1 passenger onboard.

(A) SLV5541F

(B) 9X11122X

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

(We declare the foregoing contents to be true and correct.)


Policyholder's Signature
Date 12/3/19

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

 12/3/19
Witness's Signature
Name
NRIC No.