



## 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 : 20/03/2019  
Your Ref : **GZ4702L**  
To : **ERGO INSURANCE PTE LTD**  
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SJV428R & GZ4702L ON 14/12/2018 AT  
ALONG BENDEMEER ROAD BESIDE BLK 44.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.198067 @ **S\$6,955.00 (Inclusive Of 7% GST)**
- 2) Loss of Use @ **S\$4,440.00 (74 Days x S\$60)**
- 3) LTA Search @ **S\$7.45**
- 4) Towing Fee @ **S\$50.00**
- 5) Authorisation to Act
- 6) 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

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: ..... DJ Holdings Pte Ltd .....  
CAR/ LORRY/CYCLE: REG NO: ..... SJV 428R ..... POLICY NO: ..... - .....  
ACCIDENT CLAIM NO: ..... - .....

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle

Registered No. .... SJV 428R ..... 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 ..... 14 ..... day of ..... 12 ..... 2018 ..... 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: .....



14/12/2018 - Tow In  
16/01/2019 - PR1  
20/01/2019 - Sunday

vehicle In - 14/12/2018  
vehicle Out - 26/01/2019  
Lau - 74 days x \$60  
= \$4,440

> Back to OneMotoring



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

Print Date/Time : 14 Dec 2018 / 14:58:54

Receipt Date/Time : 14 Dec 2018 / 14:58:54

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-181214-002081

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 - GZ4702L				
As at 14 Dec 2018/13:40:00				
Insurance Co: ERGO INSURANCE PTE. LTD.				
1	Insurance Enquiry - GZ4702L Enquiry Fee 20181214145807880950	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
Paid By				
	20181214145814781	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.



Reg No: 52977287 J

CASH SALE/WORK ORDER

迅速拖車服務

SPEEDWAY RECOVERY SERVICE

Singapore Post Centre Post Office P.O. Box 201 Singapore 914007

Tel: 6841 0080

No: D 19161

Date: 14/12/18

- ☐ Jump Start  
☐ Tyre Replacement  
☐ Accident/Breakdown  
☐ Multi/Basement  
☐ With Load/Cargo Box  
☐ King Dolly  
☐ Transport Charge  
☐ Low Body Kit  
☐ Door Opening Service  
☐ Crane Up/Winch Out  
☐ Collect Doc/Key  
☐ Repo Payment  
☐ Trips

Name/Company CHART (M&S)

Vehicle No. SVV 428 R Model H/FY

SENSENER ROAD

To KAL 87 AVE 4

Remarks \_\_\_\_\_

Time:  :  :  -  :  :

Amount \$502

NOTE: Vehicle is towed at owner's risk. The Company accepts no responsibility for damages or other misdeemeanour to your vehicle whilst being towed.

24 HRS TOWING SERVICE  
6841 0080

www.speedwayrecovery.com  
Email: speedwaytowing@gmail.com

[Signature]  
Tow Truck

Received By \_\_\_\_\_

LETTER OF AUTHORITY

Name : DJ HOLDING (S) PTE. LTD.

Address : 10 GENTING ROAD

#02-00 SINGAPORE 349473

Contact No : \_\_\_\_\_

TO: ERGO Insurance Pte Ltd

Dear Sirs,

ACCIDENT INVOLVING STV 428R AND GZ 4702L ON 14/12/2014  
AT/ ALONG BENDEMEER ROAD BESIDE BLK 44

I/We, DJ Holdings Pte Ltd, am/are the registered owner of  
motor car no. STV 428R

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	16/01/2019 09:52
Date Of Accident	14/12/2018 13:40
Exact Location Of Accident	BENDEMEER ROAD (BESIDE BLK 44)
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV428R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DJ HOLDINGS (S) PTE. LTD.
Co Reg No	201607312W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83392257

#### Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G A

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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107050890 CLASSIC
Cover Note Number	

#### Driver

Name of Driver	YAU MUN ONN, DESMOND (QIU WEN'AN, DESMOND)
NRIC No	S8105003A
Date Of Birth	20/01/1981
Occupation	INDOOR
Date Of Driving Pass	28/10/2010
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83392257
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 511 WEST COAST DRIVE #09-339
Postcode	120511
Was driver an employee of the Insured's Company	YES
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 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)	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	GZ4702L
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

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copying 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:

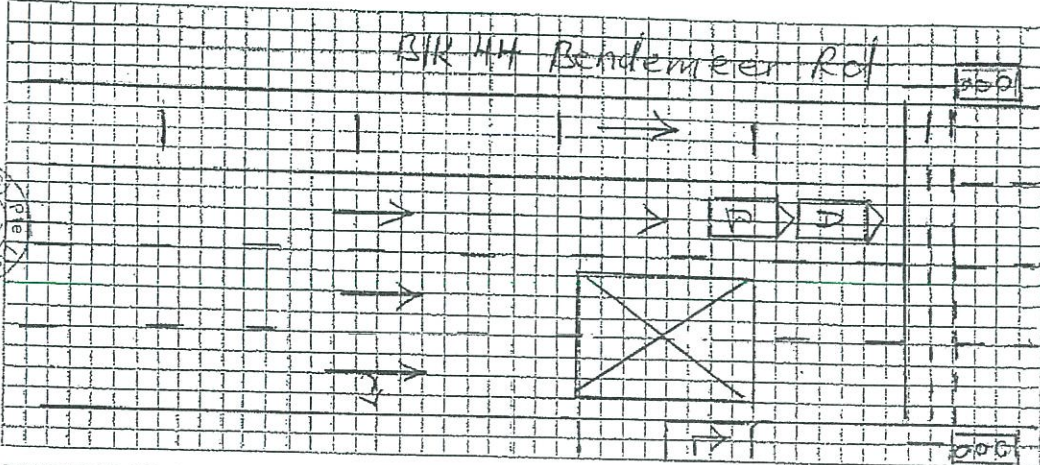
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

16 JAN 2019

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/12/2018 at about 1340 hrs at along Bendemeer Road beside BLK 44. I was travelling on the Lane 3 and came to a stop before the RED traffic light. Suddenly I heard a loud bang from behind and when I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my vehicle.

(A) SJV H28 R

(B) GZ H70Z L

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 & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 16 JAN 2019

LDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Reporting Centre Personnel's Signature  
Email: vacb@singnet.com.sg

Name:  
NRIC/FIN No.:

CLIPPING Sheet, Clipping: 12