



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 : 06/05/2019

Your Ref : **SKC8913S**

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

Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SJN3565A & SKC8913S ON 30/03/2019 AT ALONG BEDOK SOUTH AVENUE 1 TOWARDS ECP BEFORE JUNCTION OF UPPER EAST COAST ROAD.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No. **198136 @ S\$2,033.00 (Inclusive Of 7% GST)**
- 2) Loss of Use @ **S\$1,200.00 (5 Days x S\$240)**
- 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

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: SUPREME LEASING & LIMOUSINE SERVICES
CAR/ LORRY/CYCLE: REG NO: SJN 3565A POLICY NO:
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SJN 3565A 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 30 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:

Co's Stamp: NRIC No:



02/04/2019-PR1

Vehicle In - 02/04/2019
Vehicle Out - 06/04/2019
Lan - 5 days x \$240
= \$1,200

> Back to OneMotoring



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

Print Date/Time : 01 Apr 2019 / 12:41:00

Receipt Date/Time : 01 Apr 2019 / 12:41:00

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190401-001327

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SKC8913S

As at 30 Mar 2019/17:35:00

Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

1 Insurance Enquiry - SKC8913S
Enquiry Fee
20190401123958999897

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

20190401124007996 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.

Print Receipt

OK

Save as PDF

LETTER OF AUTHORITY

Name : SUPREME LEASING & LIMOUSINE SERVICES

Address : 23 KAKI BUKIT AVENUE 4 #02-03
AAS KAKI BUKIT CENTRE S(415933)

Contact No : _____

TO: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SJN 3565A AND SKC 8913S ON 30/03/2019
AT/ALONG BEDOK SOUTH AVE 1 TOWARDS ECP BEFORE JUNCTION OF
UPPER EAST COAST ROAD

I/We, SUPREME LEASING & LIMOUSINE SERVICES, am/are the registered owner of
motor car no. SJN 3565A

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	01/04/2019 18:15
Date Of Accident	30/03/2019 17:35
Exact Location Of Accident	BEDOK SOUTH AVE 1 B4 UPP EAST COAST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN3565A
Insured/Policyholder	
Name Of Registered Owner	SUPREME LEASING & LIMOUSINE SERVICES
Co Reg No	53287737C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USED
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 HIRE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	18-MH001493-R02
Cover Note Number	

Driver

Name of Driver	GOH CHANG WEN(WU CHANGWEN)
NRIC No	S8335438J
Date Of Birth	16/10/1983
Occupation	OUTDOOR
Date Of Driving Pass	16/01/2003
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96188898
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 662C EDGEDALE PLAINS #08-690
Postcode	823662
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

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	SKC8913S
Vehicle Make/Model/Colour	
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)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

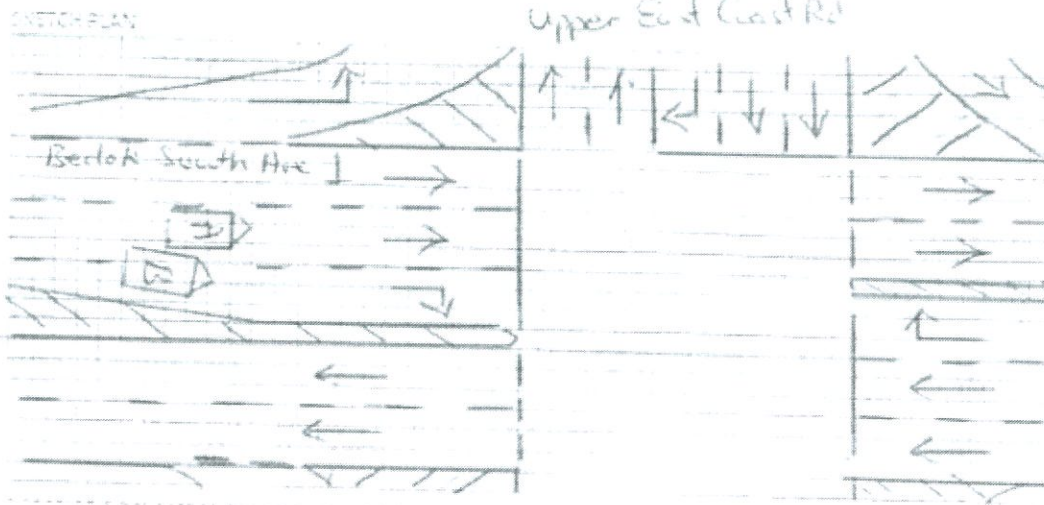
- a) Read your policy first to understand the scope of the coverage.
- b) It is your responsibility to complete the Policyholder and/or the Authorized Driver section.
- c) The sketch plan should be as truthful and accurate as possible. Any fraudulent or misleading information may result in voiding of policy and financial consequences leading to civil liability.
- d) The sketch plan completed in a form by a person involved in a road traffic accident may be used for establishing liability in a court of law.
- e) Any false statement may be referred to the Digital for Investigation.
- f) The report will be shared with the Insurers of the G.A. Periods Management Centre which is used by the General Insurance Association of Singapore (GIA) for analyzing and monitoring the trends of the road traffic accidents and for issuing road safety education.
- g) The management of the sketch plan is the responsibility of the individual who fills in the sketch plan. It is not the responsibility of the insurer.
- h) I consent under the Personal Data Protection Act (PDPA) to the following:
 - i) 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:
 - (a) settling the claim and/or dealing with my claim and/or my insurer's claim;
 - (b) settling the claim and/or dealing with my insurer's claim;
 - (c) settling the claim and/or dealing with my insurer's claim;
 - (d) settling the claim and/or dealing with my insurer's claim;
 - (e) settling the claim and/or dealing with my insurer's claim;
 - (f) settling the claim and/or dealing with my insurer's claim;
 - (g) settling the claim and/or dealing with my insurer's claim;
 - (h) settling the claim and/or dealing with my insurer's claim;
 - (i) settling the claim and/or dealing with my insurer's claim;
 - (j) settling the claim and/or dealing with my insurer's claim;
 - (k) settling the claim and/or dealing with my insurer's claim;
 - (l) settling the claim and/or dealing with my insurer's claim;
 - (m) settling the claim and/or dealing with my insurer's claim;
 - (n) settling the claim and/or dealing with my insurer's claim;
 - (o) settling the claim and/or dealing with my insurer's claim;
 - (p) settling the claim and/or dealing with my insurer's claim;
 - (q) settling the claim and/or dealing with my insurer's claim;
 - (r) settling the claim and/or dealing with my insurer's claim;
 - (s) settling the claim and/or dealing with my insurer's claim;
 - (t) settling the claim and/or dealing with my insurer's claim;
 - (u) settling the claim and/or dealing with my insurer's claim;
 - (v) settling the claim and/or dealing with my insurer's claim;
 - (w) settling the claim and/or dealing with my insurer's claim;
 - (x) settling the claim and/or dealing with my insurer's claim;
 - (y) settling the claim and/or dealing with my insurer's claim;
 - (z) settling the claim and/or dealing with my insurer's claim;

Signature of Driver
Date & Time

Signature of Driver
Date & Time

Signature of Driver
Date & Time

Individual Statement



On 20/03/2019 at about 1735 hrs at along Berlok South Ave 1 towards ECP before junction of Upper East Coast Rd. I was travelling on the Centre Lane and came to a stop behind few vehicles before the above mentioned junction traffic light. Suddenly a Vehicle (B) behind my vehicle trying to over into the Right Lane without caution and hence collided onto my Right Rear Portion of my Vehicle (A) causing damages to my vehicle. I have 2 passengers inside my vehicle.

(A) SJN 856411

(B) SKC 89123

Note: A 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 hereby declare that the above information is true and correct.

Signature and Signature
Date: / /

Signature and Signature
Date: / /

Signature and Signature
Date: / /