



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 : 24/05/2019

Your Ref : YM3690Z

To : **QBE INSURANCE (INTERNATIONAL) LTD**

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE GBH9612J & YM3690Z ON 30/03/2019 AT
OPEN CAR PARK AT BLK 84 BEDOK NORTH STREET 4.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No. **198168 @ S\$3,424.00 (Inclusive Of 7% GST)**
- 2) Loss of Use @ **S\$1,000.00 (5 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,



HP: 9188 6931

E-mail: mg3solution@gmail.com



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

PROFORMA BILL

Bill To:

QBE INSURANCE (INTERNATIONAL) LTD

NO.60 ANSON ROAD

#11-01 MAPLETREE ANSON

SINGAPORE 079914

Bill No : 198168

Date : 24-May-2019

Vehicle Number : **GBH 9612J**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 3,200.00
BEFORE GST		3,200.00
7% GST		224.00
TOTAL		\$ 3,424.00

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
Vicam Inspection Centre, Singapore 415933
Tel: 6243 1373 Fax: 6243 1376
GST Reg. No. : 201427944N

MOTOR CLAIM DISCHARGE

INSURED: SIGNMAX ADVERTISING PTE LTD
CAR/ LORRY/CYCLE: REG NO: GBH 9612J POLICY NO:
ACCIDENT CLAIM NO:

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

Registered No. GBH 9612Jfrom 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 - PRI

Vehicle In - 02/04/2019
Vehicle Out - 06/04/2019

LDN - 5 days x \$200
= \$1,000

> Back to OneMotoring



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

Print Date/Time : 01 Apr 2019 / 11:55:17

Receipt Date/Time : 01 Apr 2019 / 11:55:17

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190401-001122

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 - YM3690Z				
As at 30 Mar 2019/15:00:00				
Insurance Co: QBE INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - YM3690Z Enquiry Fee 20190401115421858550	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				
	20190401115433886	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 : SIGMAX ADVERTISING PTE LTD
Address : 1 SOON LEE STREET #03-47
PIONEER CENTRE SINGAPORE 627605
Contact No : _____

TO: QBE INSURANCE INTERNATIONAL LTD

Dear Sirs,

ACCIDENT INVOLVING GBH 9612J AND Ym 36902 ON 30/3/19
AT/ ALONG Open Car Park at BKE 84 Bedok North St-4

I/We, SIGMAX ADVERTISING PTE LTD, am/are the registered owner of
motor car no. GBH 9612J

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 16:11
Date Of Accident	30/03/2019 15:00
Exact Location Of Accident	OPEN CARPARK B/84 BEDOK NORTH STREET 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9612J
Insured/Policyholder	
Name Of Registered Owner	SIGNMAX ADVERTISING PTE. LTD.
Co Reg No	200810130W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97849862

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 DX-2 1.6 AUTO

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	5105537125 COMP
Cover Note Number	

Driver

Name of Driver	LIAW AH KAW
NRIC No	S0984124E
Date Of Birth	20/02/1948
Occupation	INDOOR
Date Of Driving Pass	19/11/1965
Driving Experience	53 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97849862
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 84 BEDOK NORTH STREET 4 #01-01
Postcode	460084
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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	YM3690Z
Vehicle Make/Model/Colour	MITSUBISHI FE83PE6SRDEB
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

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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 that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment 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.
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 based 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 (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, 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: 01/04/19

Driver's Signature:

(If driver is not the policyholder)

Date & Time:

- 1 APR 2019

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vac@idac.com.sg

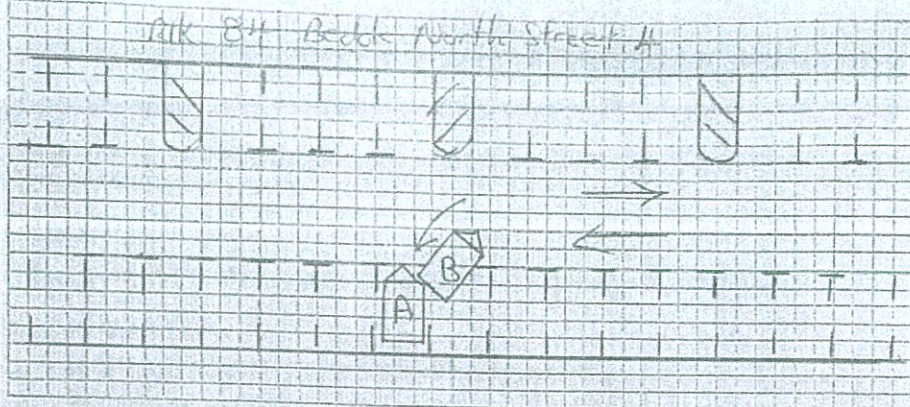
Reporting Centre Receiver's Signature:

Name:

NRIC/FIN No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/03/2019 at about 1500 hrs at Open Car Park at
Blk 84 Bedok North St 4. My vehicle was stationary
parked at the above mentioned car park lot and
everything was intact. When I returned back to my
vehicle, I saw a Vehicle (B) reversed his vehicle
without cautious and hence collided onto my Front
Right Portion of my Vehicle (A) causing damages to my
vehicle. Few of my friends also saw the whole
incident happened.

(A) GBH 9612J
(B) YM 3690 Z

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: 01/04/2019

Driver's Signature
(If driver is not the policyholder)
Date & Time: 01/04/2019

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vackb@idacnet.com.sg

Name:
NRIC/EN No.:



- 1 APR 2019