



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 : 07/06/2019
Your Ref : SKB937G
To : FWD INSURANCE PTE LTD
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE GY1121M & SKB937G ON 05/04/2019 AT
ALONG SIGLAP ROAD TOWARDS NEW UPPER CHANGI ROAD BEFORE
JUNCTION OF EAST COAST ROAD.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.198194 @ S\$5,885.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$2,000.00 (8 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

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: YI CING MINI SUPER MARKET
CAR/ LORRY/CYCLE: REG NO: GY1121M POLICY NO:
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. GY1121M 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 05 day of 04 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:

易清小型市場
YI CING MINI SUPER MARKET
632 YISHUN ST 61 #01-10
SINGAPORE 760632

09/04/2019 - PR1
14/04/2019 - Sunday

Vehicle In - 09/04/2019
Vehicle Out - 16/04/2019
Lau - 8 days x \$250
= \$2,000

[> Back to OneMotoring](#)

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

Print Date/Time : 08 Apr 2019 / 14:08:05

Receipt Date/Time : 08 Apr 2019 / 14:08:05

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190408-001903

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 - SKB937G As at 05 Apr 2019/16:45:00 Insurance Co: FWD SINGAPORE PTE. LTD.			
1	Insurance Enquiry - SKB937G Enquiry Fee 20190408140718418217	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			
	20190408140724956 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.

[> Back to OneMotoring](#)**Vehicle Insurance Particulars Result**

Vehicle No.	Incident Date/Time	Insurance Company Name
SKB937G	05 Apr 2019 / 16:45:00	FWD SINGAPORE PTE. LTD.

[Print](#)[OK](#)[Save as PDF](#)

LETTER OF AUTHORITY

Name : YI CING MINI SUPER MARKET

Address : 632 YISHUN STREET 61
#01-10 SINGAPORE 760632

Contact No : _____

TO: FWD SINGAPORE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING GY1121M AND SKB 937G ON 05/04/2019
AT/ALONG SIGLAP ROAD TOWARDS NEW UPPER CHANGI ROAD
BEFORE JUNCTION OF EAST COAST ROAD

I/We, YI CING MINI SUPER MARKET, am/are the registered owner of
motor car no. GY1121M

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

易清小型市場
YI CING MINI SUPER MARKET
632 YISHUN ST 61 #01-10
SINGAPORE 760632

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	08/04/2019 17:06
Date Of Accident	05/04/2019 16:45
Exact Location Of Accident	SIGLAP ROAD BEFORE JUNCTION OF EAST COAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY1121M
Insured/Policyholder	
Name Of Registered Owner	M/S YI CING MIN-SUPER MARKET
Co Reg No	UEN 39231400B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97618978
Alternative Phone No	OFFICE-97618978

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 2.5 M
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN3000301912
Cover Note Number	

Driver

Name of Driver	TEO AH KOW
NRIC No	S0054384E
Date Of Birth	22/10/1953
Occupation	INDOOR
Date Of Driving Pass	01/09/1976
Driving Experience	42 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97618978
Fax Number	
Contact Number	OTHERS-97618978
EEmail Address	NOEMAIL

Address	43 EASTWOOD ROAD
Postcode	486613
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?	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)	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

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	SKB937G
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)	

DETAILS OF INJURED PERSON 1

Name	TEO AH KOW
------	------------

Approximate Age	
Injuries Sustain	BACK AND NECK
Injured person in which vehicle?	GY1121M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. To be used only for the purpose of recording the accident.
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 omission of material facts may allow insurers to repudiate policy liability.
4. This report will be submitted to the relevant insurance companies and the relevant police for investigation and may be used as evidence in court.

Any false reporting may be referred to the Police for investigation.

5. 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 the report will be made available upon application to interested parties.
6. By the completion of this form, the Policyholder/Authorized Driver acknowledges that the information provided is true and that the report being made available is correct.
7. Consent under the Personal Data Protection Act (PDPA)

I understand and I agree, as I am in consent that:

- (a) 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:

- (i) assessing, handling and/or dealing with my claims and/or legal proceedings;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with the instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, notices, receipts or notices to me which could involve disclosure of certain personal data about me which could be disclosed to the relevant authority for its internal use but not for other purposes).

My personal data/personal information may be collected, used, disclosed and/or processed for the purpose(s) of:

- (i) assessing, handling and/or dealing with my claims and/or legal proceedings;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with the instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, notices, receipts or notices to me which could involve disclosure of certain personal data about me which could be disclosed to the relevant authority for its internal use but not for other purposes).

My personal data/personal information may be collected, used, disclosed and/or processed for the purpose(s) of:

- (i) assessing, handling and/or dealing with my claims and/or legal proceedings;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with the instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, notices, receipts or notices to me which could involve disclosure of certain personal data about me which could be disclosed to the relevant authority for its internal use but not for other purposes).

My personal data/personal information may be collected, used, disclosed and/or processed for the purpose(s) of:

- (i) assessing, handling and/or dealing with my claims and/or legal proceedings;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with the instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, notices, receipts or notices to me which could involve disclosure of certain personal data about me which could be disclosed to the relevant authority for its internal use but not for other purposes).

My personal data/personal information may be collected, used, disclosed and/or processed for the purpose(s) of:

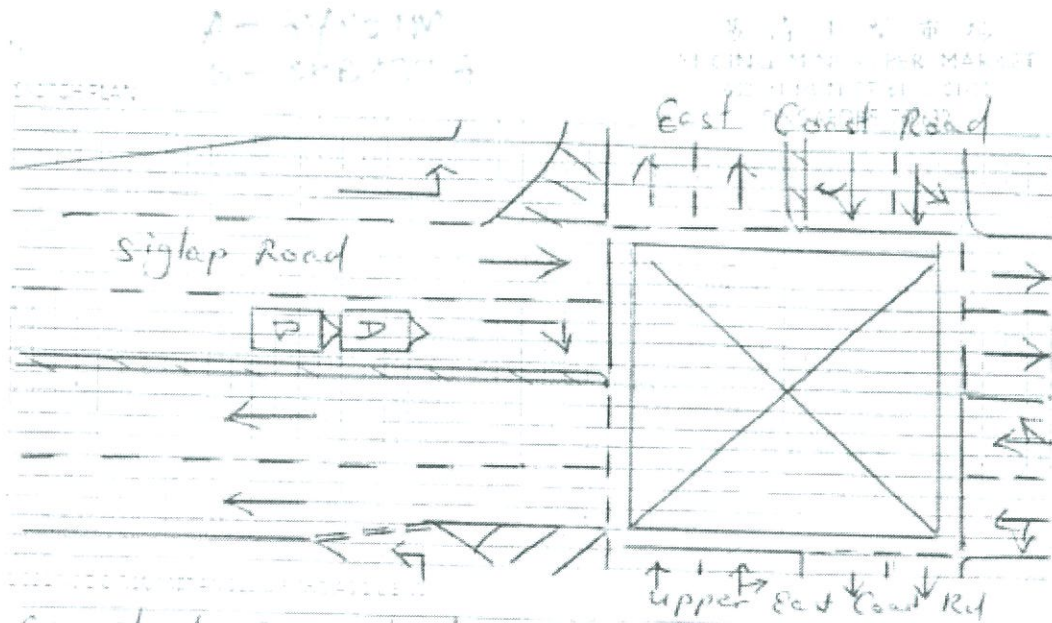
- (i) assessing, handling and/or dealing with my claims and/or legal proceedings;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with the instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, notices, receipts or notices to me which could involve disclosure of certain personal data about me which could be disclosed to the relevant authority for its internal use but not for other purposes).

Signature of Policyholder/Authorized Driver
Date

Signature of Insurer
Date

8/4/2019
Signature of Insurer
Date

Sketch Plan #2



On 03/04/2019 at about 1645 hrs at along Siglap Road towards New Upper Changi Rd before junction of East Coast Road. I was travelling on the extreme Right Lane along Siglap road and came to a stop behind few vehicles before the Junction of East Coast Road. Suddenly I heard a loud bang and felt a great impact from the Rear, 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) GY1121M
(B) SKB 937G

Note: Please note that your insurer may have 14 days to make frame for you to submit an Car Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION:

我/我們謹此聲明/We hereby declare:

YI CING MINI SUPER MARKET

432 YI HUN ST #1 - #01-10

Yi Cing Mini Super Market
432 YI HUN ST #1 - #01-10

Signature of
Person in Charge
Date: 8/4/2019

8/4/2019