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

: 10/05/2019

Your Ref

: XD4249T

To

: INDIA INTERNATIONL INSURANCE PTE LTD

Attn

: Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SJS6698D & XD4249T ON 13/04/2019 AT CALREX HOLLAND EXIT, NO. 297 HOLLAND ROAD.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.198149 @ S\$2,996.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$2,200.00 (11 Days x S\$200)
- 3) LTA Search @ \$\$7.45
- 4) Towing Fee @ **\$\$60.00**
- 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

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. 20-1427944-N)

PROFORMA BILL

Bill To: Bill No : 198149

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET Date: 10-May-2019

#05-02 IOB BUILDING

SINGAPORE 049711 Vehicle Number: SJS 6698D

ATTN: MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
QTY 1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 2,800.00
	BEFORE GST 7% GST	2,800.00 196.00
	TOTAL	\$ 2,996.00

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: SSGT & Services
CAR/ LORRY/CYCLE: REG NO: SJS6698D POLICY NO:
ACCIDENT CLAIM NO:
1/ We confirm that 1 / we have taken delivery of Car / Lorry / Motor Cycle
Registered Nofrom the repairers,
Messrs
And that all repairs necessary as a result of an accident in which the said vehicle was involved on or
about the
I / we have no further claim on the above company in Respect thereof.
Date: Signature: Tradil
Co's Stamp: NRIC No:
SSGT & SERVICES Blk 59 Lengkok Bahru Road #07-569, Singapore 150059 Tel: 96278233 ROC: 53325648L 13/04/2019 - Towl

> Back to OneMotoring

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

13 Apr 2019 / 12:40:20

Receipt Date/Time: 13 Apr 2019 / 12:40:20

Tax Invoice/Receipt

Receipt No.: ITNET-00000-190413-000836

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 - XD4249T As at 13 Apr 2019/10:10:00 Insurance Co: MSIG INSURANCE (SINGAP	PORE) PTE LTE)		(-4)	(=+)
1 Insurance Enquiry - XD4249T Ênquiry Fee 20190413123942707496			7.00	0.49	7.49
	Sub-Total		7.00	0.49	7.49
	Total Before R	ounding	7.00	0.49	7.49
	Rounding Diffe	erence			0.04
	Total Amount I	Payable			7.45
	Paid By				
	20190)413123947890	Direct Debit: eNE (Internet Banking		7.45
	Total				7.45
	Cash Change				0.00
	Tendered Amou	int			7.45
	Excess Refunda	able 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

XD4249T 13 Apr 2019 / 10:10:00 MSIG INSURANCE (SINGAPORE) PTE LTD

Print OK Save as PDF

Reg No. 52977287 I
×

CASH SALE/WORK ORDER

eg No: 52977287 J e/Company_ le No. 84 8 66 C	近 海 梅 車 服 務 EEDWAY RECOVERY SERVIC prore Post Centre Post Office P.O. Box 201 Singapore 914007 Tel: 6841 0080
From To Remarks Time: Time: NoTE: Vehicle is towed at owner's risk. The Com	suod.

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

Tow Truck

Received By

LETTER OF AUTHORITY

Name :	SSGT & Services	
Address	BIK 59 IENGKOK BAHRY	
	ROAD #07-569 S(150050	7)
Contact No :		
TO: India	international insurance P	te Ltd
Dear Sirs, ACCIDENT INVO	olving <u>SJS6698D</u> and XI	042497 ON 13/04/19
AT/ ALONG	Caltex Holland Exit; No. 297	Holland Exit.
//We,	GT & Services SJS6698D	, am/are the registered owner of
Please note that to M/S MG SOL	I have assigned all compensations monies	s due to me/us in the above said accident
I/We, hereby au accident to M/S	thorize you to release all compensation m MG SOLUTION PTE LTD and forward yours had authorized to collect the said compe	settlement cheque to M/S MG SOLUTION
Thank you		
× Jundin		
Signature of Clai	mant	Witness By

SSGT & SERVICES

Blk 59 Lengkok Bahru Road #07-569,Singapore 150059

Tel: 96278233 ROC: 53325648L

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 witholding 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	15/04/2019 16:49
Date Of Accident	13/04/2019 10:10
Exact Location Of Accident	CALTEX HOLLAND EXIT, NO. 297 HOLLAND ROAD
Country/State of Loss	SINGAPORE

	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJS6698D	
Insured/Policyholder		

Name Of Registered Owner SSGT & SERVICES

Co Reg No 53325648L **Email Address NOEMAIL**

Mobile Phone No

Alternative Phone No OFFICE-82288659

Vehicle Particulars

Manufacturer NISSAN

Model SYLPHY-1.5 4AT ABS D/AB 2WD 4DR (A)

Exact Purpose for which vehicle was being used at

time of accident

WORK PURPOSE

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5076704978-02

Cover Note Number

Driver

Name of Driver GERALDINE TAY SIEW LING

NRIC No S7048196J Date Of Birth 17/06/1970 Occupation OUTDOOR Date Of Driving Pass 20/02/2009

Driving Experience 10 YEARS AND 1 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-82288659

Fax Number

Contact Number

EMail Address GERALD7006@GMAIL.COM

BLK 609 CLEMENTI WEST STREET 1 Address

#02-99

Postcode 120609

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 SIDE SWIPE

Weather Conditions CLEAR Road Surface DRY

Other Information

ambulance?

involved in the accident

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

Was any other material or property damaged?

NO YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

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 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 XD4249T

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

GERALDINE TAY SIEW LING

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BACK & NECK PAIN

SJS6698D

YES

NO

CAHOCIHOHAN No 297 Holland Road	
25.6.7. & SURVICES Dilk 59 Lengkos Bahru Road #07-569. Singapore 150059 RPC-5132.56448:- RPC-5132.56448:- COMMANDER OF COMMANDER O	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
On 13/04/2019 at about 1010 his at Cattex Holland	
Exit, No 297 Holland Road. My Vehicle was exiting	
cut from the above mentioned premises ofter topping Up	
my Petrol and come to a stop before the main road	
Balang Holland Road while giving way to the main	
traffic. Suddenly a stationary Vehicle (13) which was	
parked at my Right making a Left turn into the	
main road without checking his blindspot and without	-
presper lookeast hence collided cuits mp Right Frant Portion of my Vehicle (A) causing domages to my vehicle. I wish to state that oluring the incident my vehicle was still in stational Note Please note that your deurer may have 14 days the frame for your own comprehensive policy. Please check your policy for more information.	ως, ,
SSGT & SERVICES PROTECTION OF THE PROPERTY AND THE PROPER	

Blk 59 Lengkok Bahru Road #07-569, Singapore 150059 Tel: 96278233 ROC: 53325648L

Dr. Dr. Signature
(If driver is not the policy foliate)
Pata Allimos

Reporting Centre Personnells L'ignostre Name: GRECTIN Nois

Sketch Plan Pg. 2

SKETCH PLAN

MPORTANT NOTICE

- In the case reporting $p_{\overline{q}}$ is a majority of the addition, tensors also the BBS δ impacts.
- This Form must be completed by the Policy Tolder and lot the Automobil Direct
- Information with designation to the property and personate as possible. Any wifus in preparations are not only of mentions. facts may a low insurance companies to <u>repudiate option</u> liability.
- 4. The causiand interfance of this found of the virus companies is not the sound on all policy, iso direction underly answer to the
- L. Any false reaction men be referred to the Bolice for impedication.
- The report will be forwarded by the quarter of the GIA Poor of Management Control of the Significations of the state. Association of Engagere (GIA) for shortong and that and as of this coport will for a feeture mane and this election by arterited parties.
- To Dynner augmenn für studen som einstatt, jad hande hilf frige ät beschliche stöckt innere dem Some eine stell
- . Concart budde the Parsonal Cona Protestor (1973, 1973)
 - and less term is printed assign, agree and, and any engage
 - (ii) My insurer, my workshop and the Conerof Insuration at Association at Lingapore (16 (Aff) may fire 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)
 - n langung long ng high gamulan dasi ng Lota menghodi ng Liling the remi uniong ni banta Lotal at post garan. with the section of t
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 - ್ನ ನಿರ್ವಹಿಸಿದ ಬಗುವುದಿನಲ್ಲಿ ಮುಖ್ಯವರ ಅನುವಾದ ಸಹನಚಿಕ್ಕವೆಗಳು ಚಲಿಸಿಕೆ ಮಹುದ್ದರಿಕುವುದಿ ಸಂಪತ್ರಕ ಸತ್ತ ಕರ್ಮಕ್ಕೆ ಸಂಘಟನೆಗಾಗ againtara, il weeth, air, makt and government agentics appearance, y required for the purposes stated, or
 - 1) for rooms will gwith requirements under any regulations, laws or sount orders.

SSGT & SERVICES

3lk 59 Lengkok Bahru Road 707-569 Singapore 150059 Tel. 96278233

ROC: 533256481. which should be grature Date 27 me:

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of this risher and pale, holder Date & Time:

Paramone Compressed and Compress of Name: NRIC/FIN No.: