



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 INTERNATIONAL 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 @ **S\$7.45**
- 4) Towing Fee @ **S\$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

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: -

I/ We confirm that I/ we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SJS6698D 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 13 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: J. Jaldine

Co's Stamp: NRIC No:

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

13/04/2019 - Tow/In
15/04/2019 - PRI
16/04/2019 - PRI
17/04/2019 - PRI
19/04/2019 - PH - Good Friday
21/04/2019 - Sunday
Vehicle In - 13/04/2019
Vehicle Out - 23/04/2019
Low - 11 days x \$200
= \$2,200

> 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 (SINGAPORE) PTE LTD				
1	Insurance Enquiry - XD4249T Enquiry Fee 20190413123942707496	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				
	20190413123947890	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
XD4249T	13 Apr 2019 / 10:10:00	MSIG INSURANCE (SINGAPORE) PTE LTD

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



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: M 11737

Date: 13/4/19

Name/Company

CEL

Vehicle No.

SJ366980

Model

Sylphy

From

Holland Rd

To

KB Ave 4 MG

Remarks

Time:

00:00 - 00:00

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

Amount

\$ 60

DON

Tow Truck

24 HRS TOWING SERVICE
6841 0080

www.speedwayrecovery.com

Email: speedwaytowing@gmail.com

Received By

- ☐ 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

LETTER OF AUTHORITY

Name : SSGT & Services
Address : Blk 59 Lengkok Bahru
road #07-569 S(150059)
Contact No : _____

TO: India International Insurance Pte Ltd

Dear Sirs,

ACCIDENT INVOLVING SJS6698D AND XD4249T ON 13/04/19
AT/ ALONG Caltex Holland Exit, No. 297 Holland Exit.

I/We, SSGT & Services, am/are the registered owner of
motor car no. SJS6698D

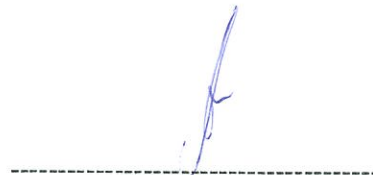
Please note that I have assigned all compensations monies due to me/us in the above said accident to **M/S MG SOLUTION PTE LTD.**

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

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 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	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?	NO
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

Address	BLK 609 CLEMENTI WEST STREET 1 #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

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

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)	

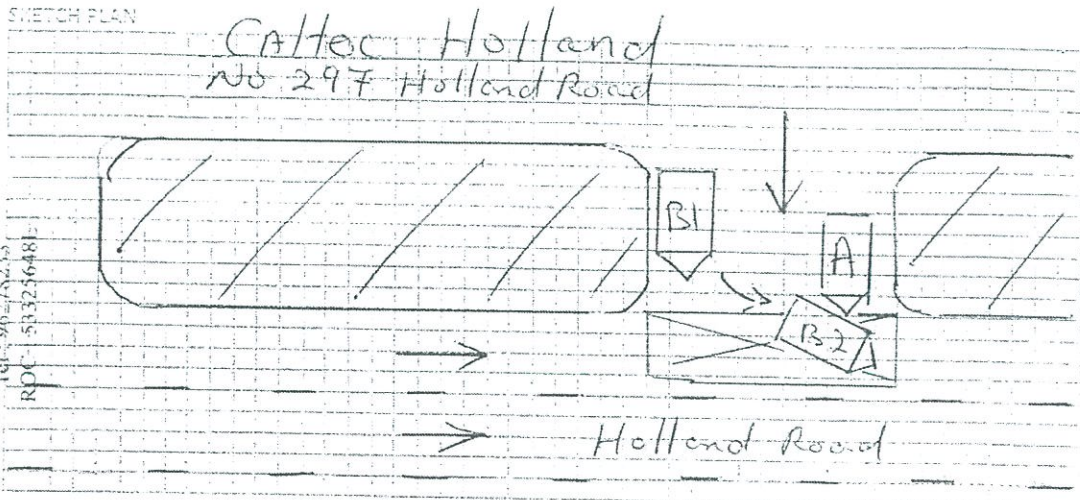
DETAILS OF INJURED PERSON 1

Name	GERALDINE TAY SIEW LING
------	-------------------------

Approximate Age	
Injuries Sustain	BACK & NECK PAIN
Injured person in which vehicle?	SJS6698D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/04/2019 at about 1010 hrs at Caltex Holland Exit, No 297 Holland Road. My Vehicle was exiting out from the above mentioned premises after topping up my Petrol and come to a stop before the main road along Holland Road while giving way to the main traffic. Suddenly a stationary vehicle (B) which was parked at my Right making a left turn into the main road without checking his blindspot and without proper lookout hence collided onto my Right Front Portion of my Vehicle (A) causing damages to my vehicle. I wish to state that during the incident my vehicle was still in stationary

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

SSGT & SERVICES

Blk 59 Lengkok Bahru Road

#07-569, Singapore 150059

Tel: 96278233

ROC: 53325648L

[Signature]

Driver's Signature
(If driver is not the policyholder)
Date: 13/04/2019

Reporting Centre Person's Signature
Name:
13/04/2019

SKETCH PLAN

IMPORTANT NOTICE

- [illegible]

SSGT & SERVICES

Blk 59 Lengkok Bahru Road

407-569, Singapore 150059

Tel. 96278233

ROC : 53325648L

* * *

[illegible]

Deborah

of driver is on the pole, below:
State & Time:

Name: _____
 RABBIT No.: _____