



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 : YM6129J
To : ERGO INSURANCE PTE LTD
Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SME5542P & YM6129J ON 24/04/2019 AT ALONG YISHUN AVENUE 1 TOWARDS SELETAR WEST LINK (LAMP POST NO.261).

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.198195 @ S\$7,329.50 (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\$50.00
- 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:

ERGO INSURANCE PTE LTD

5 TEMASEK BOULEVARD,
#04-01 SUNTEC TOWER FIVE,
SINGAPORE 038985

Bill No : 198195

Date : 07-June-2019

Vehicle Number : **SME 5542P**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 6,850.00
BEFORE GST		6,850.00
7% GST		479.50
TOTAL		\$ 7,329.50

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: SUPREME LEASING & LIMOUSINE PTE LTD
CAR/ LORRY/CYCLE: REG NO: SME 5542P POLICY NO:
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SME 5542P 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 24 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:

24/04/2019 - Tow In
25/04/2019 - PRI
28/04/2019 - Sunday
01/05/2019 - PH: Labour Day

vehicle In - 24/04/2019
vehicle Out - 04/05/2019
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 : 25 Apr 2019 / 10:31:57

Receipt Date/Time : 25 Apr 2019 / 10:31:57

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190425-000752

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 - YM6129J

As at 24 Apr 2019/17:30:00

Insurance Co: ERGO INSURANCE PTE. LTD.

1	Insurance Enquiry - YM6129J Enquiry Fee 20190425103107963656	7.00	0.49	7.49
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Sub-Total	7.00	0.49	7.49
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Total Before Rounding	7.00	0.49	7.49
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Rounding Difference			0.04
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Total Amount Payable			7.45
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Paid By

20190425103113770	Direct Debit: eNETS Debit (Internet Banking)	7.45
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Total	7.45
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Cash Change	0.00
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Tendered Amount	7.45
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Excess Refundable Amount	0.00
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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.
YM6129J

Incident Date/Time
24 Apr 2019 / 17:30:00

Insurance Company Name
ERGO INSURANCE PTE. LTD.

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

~~CASH SALE/WORK ORDER~~ No: AI 7260



PEOPLE'S VEHICLE SERVICE PTE LTD

BLK 3023A, UBI ROAD 1 #01-60, SINGAPORE 408717

TEL : 6743 1987 (3 LINES) FAX : 6743 0013

Reg No: 200415052W

Date: 24/4/19

寶號

Messrs: M. G

車號

Vehicle No: SME5542P

車型

Model No: H/Freed

由

From: Bukit Batok ST21

到

To: Kaki Bukit Vicom

其他

Remark:

時間

Time: 19:45:00 AM

AMOUNT: \$50

注意: 本公司對所拖之車輛, 在進行中如有任何損失或破壞, 一概由車主自行負責。

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

經手人

Authorised by: [Signature]

收貨人

Received by:

LETTER OF AUTHORITY

Name : SUPREME LEASING & LIMOUSINE PTE LTD

Address : 61 UBI AVENUE 2 #01-03/04
-AUTOMOBILE MEGAMART S(408898)

Contact No : _____

TO: ERGO INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SME 5542P AND YM 6129J ON 24/04/2019
AT/ALONG YISHUN AVE 1 TOWARDS SELETAR WEST LINK

I/We, SUPREME LEASING & LIMOUSINE PTE LTD, am/are the registered owner of
motor car no. SME 5542P

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	25/04/2019 14:59
Date Of Accident	24/04/2019 17:30
Exact Location Of Accident	YISHUN AVE 1 TWDS SELETAR WEST LINK BESIDE LP 261
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME5542P
Insured/Policyholder	
Name Of Registered Owner	SUPREME LEASING & LIMOUSINE PTE LTD
Co Reg No	201710190R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-999999999

Vehicle Particulars

Manufacturer	HONDA
Model	FREED
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MJ001287-R01
Cover Note Number	

Driver

Name of Driver	VENGUTU GOPI S/O KUMARA SHANKER
NRIC No	S7819626B
Date Of Birth	23/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	23/10/2000
Driving Experience	18 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85002239
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address	BLK 212 BUKIT BATOK STREET 21 #02-249
Postcode	650212
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	RAINING
Road Surface	WET

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	YM6129J
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	VENGUTU GOPI S/O KUMARA SHANKER
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Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SME5542P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. I have read carefully the conditions of the contract between me and my insurer.
2. The information provided by me is true and correct to the best of my knowledge.
3. I have signed and must keep the report as accurate as possible. Any false or misleading information may result in my insurer's right to repudiate policy liability.
4. The insurance company may refer the report to the relevant authorities for investigation.
5. The report may be referred to the relevant authorities for investigation.
6. The report will be forwarded by the insurer to the relevant authorities for investigation.
7. My insurer may make the report available to the relevant authorities for investigation.
8. I consent under the Personal Data Protection Act (PDPA) to the following:
 - 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 dealing with my claim, including the assessment and payment of my claim;
 - ii) settling the accident and/or my claim;
 - iii) carrying out and/or dealing with my instructions or responding to any enquiries of me;
 - iv) administering my claims (including the making of correspondence, statements, invoices, reports or not receipts, which could involve disclosure of certain personal data about me to bring about delivery of the claims as stated on the relevant cover of any other motor policy); and/or
 - v) complying with any other legal requirements, including compliance with the relevant regulatory requirements.
 - b) My insurer may provide my personal data/personal information to the relevant authorities for investigation.
 - c) My insurer may provide my personal data/personal information to the relevant authorities for investigation.
 - d) My insurer may provide my personal data/personal information to the relevant authorities for investigation.
 - e) My insurer may provide my personal data/personal information to the relevant authorities for investigation.
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 - n) My insurer may provide my personal data/personal information to the relevant authorities for investigation.
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 - p) My insurer may provide my personal data/personal information to the relevant authorities for investigation.
 - q) My insurer may provide my personal data/personal information to the relevant authorities for investigation.
 - r) My insurer may provide my personal data/personal information to the relevant authorities for investigation.
 - s) My insurer may provide my personal data/personal information to the relevant authorities for investigation.
 - t) My insurer may provide my personal data/personal information to the relevant authorities for investigation.
 - u) My insurer may provide my personal data/personal information to the relevant authorities for investigation.
 - v) My insurer may provide my personal data/personal information to the relevant authorities for investigation.
 - w) My insurer may provide my personal data/personal information to the relevant authorities for investigation.
 - x) My insurer may provide my personal data/personal information to the relevant authorities for investigation.
 - y) My insurer may provide my personal data/personal information to the relevant authorities for investigation.
 - z) My insurer may provide my personal data/personal information to the relevant authorities for investigation.

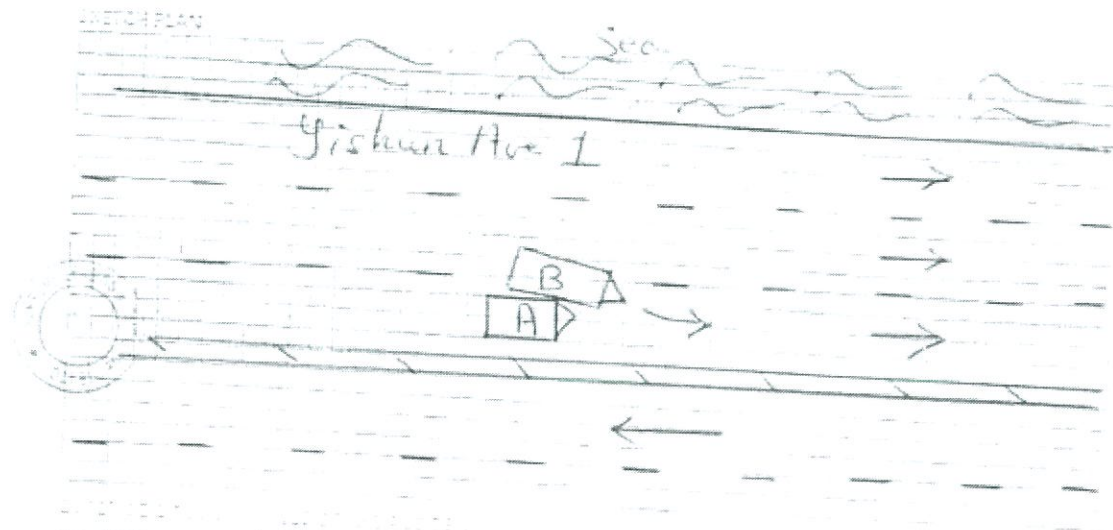


Supreme Leasing & Finance Pte Ltd
25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

[Signature]
Name of Insured
If driver, please sign and date
Date of issue

[Signature] 25/10/19
Name of Insurer
Date of issue

Individual Statement



On 24/04/2019 at about 1730 hrs at along Gishur Ave 1 towards Sefar West Link (Lamp Post No 261). I was travelling on the extreme Right Lane and suddenly a Vehicle (B) on my left veered into my lane without proper lookout and without cautions hence collided onto my whole left portion of my Vehicle (A) causing damages to my vehicle.

(A) SME 5542P
(B) YM 6129J

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 do declare the foregoing contents being true and correct.



Driver's Signature
(If driver is not the policyholder)
Date & Time

Signature of the Policyholder
Name
Address