LONPAC INSURANCE BHD

CLAIM NO : 18/19/19/VC05/021755
DATE : 19 JULY 2019

DISCHARGE VOUCHER

I/We, HASHIM ZULKIFLI SIDEK SIRAJ confirmed acceptance from **M/s LONPAC INSURANCE BHD** and/or the owner XB 9052X the sum of Singapore Dollars SIX THOUSAND SEVENTY EIGHT AND FORTY FIVE ONLY. **($6,078.45)** in full and final satisfaction, liquidation and discharge of all property losses competent to me/us upon the said M/s **LONPAC INSURANCE BHD** in respect of all property losses sustained by me/us whether now or hereafter to become manifest, arising either directly or indirectly from an accident involving, SLT 3014T on 03/05/2019 along/at U/CHANGI LINK B4 JUNCTION OF U/CHANGI ROAD EAST.

I /We hereby agree to indemnify and keep indemnify (**2K INTERNATIONAL PTE LTD /LONPAC INSURANCE BHD)** against all claims and any claims whatsoever made by any person/persons on our behalf in respect of the said accident.

I/We further authorize you to pay the above settlement sum directly to **M/s MG SOLUTION PTE LTD**

I/We hereby acknowledge that this payment is made on a without admission of liability basis and without prejudice to all related claims and in respect of our insured's recovery action.

Provided always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect my further claim for general and special damages for my personal injuries sustained in the same accident.

.....
Signature of vehicle owner/Date

HASHIM ZULKIFLI SIDEK SIRAJ
.....
Name of vehicle owner/Date

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)

TAX INVOICE

Bill To:
LONPAC INSURANCE BHD
NO.100 BEACH ROAD
#19-00 SHAW TOWER
SINGAPORE 189702

ATTN : MOTOR CLAIMS DEPARTMENT

INVOICE No : TI 199229

PB No : 198187

Date : 02-September-2019

Vehicle Number : SLT 3014T

QTY	DESCRIPTION	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	$ 5,300.00
	BEFORE GST	5,300.00
	7% GST	371.00
	TOTAL	**$ 5,671.00**

Cheque should be made payable to **MG Solution Pte Ltd**

MG SOLUTION PTE LTD MG

Co's stamp & Authorised Signature

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 : **XB9052X**

To : **LONPAC INSURANCE BHD**

Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SLT3014T & XB9052X ON 03/05/2019 AT ALONG UPPER CHANGI LINK BEFORE JUNCTION OF UPPER CHANGI ROAD EAST.

We refer to the above matter.

Attached copies of the following for your kind perusal:

1) Proforma Bill No.**198187 @ S$5,671.00 (Inclusive Of 7% GST)**

2) Loss of Use @ **S$1,200.00 (5 Days x S$240)**

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

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:

LONPAC INSURANCE BHD
NO.100 BEACH ROAD
#19-00 SHAW TOWER
SINGAPORE 189702

Bill No : 198187

Date : 07-June-2019

Vehicle Number : ***SLT 3014T***

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	$ 5,300.00
	BEFORE GST	5,300.00
	7% GST	371.00
	TOTAL	**$ 5,671.00**

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: HASHIM ZULKIFLI SIDEK SIRAT

CAR/ LORRY/CYCLE: REG NO: SLT 3014T POLICY NO: –

ACCIDENT CLAIM NO: –

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

Registered No. SLT 3014T

Messrs MG SOLUTION PTE LTD from the repairers,

And that all repairs necessary as a result of an accident in which the said vehicle was Involved on or about the 03 day of 05 20 19 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: .....

06/05/2019 PR1

Vehicle In - 06/05/2019
Vehicle Out - 10/05/2019
LOU - 5 days x $70
= $1,350

> Back to OneMotoring

Land Transport Authority

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

Print Date/Time : 03 May 2019 / 16:12:21
Receipt Date/Time : 03 May 2019 / 16:12:21

Tax Invoice/Receipt

Receipt No. : ITNET-00000-190503-002359
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 - XB9052X As at 03 May 2019/14:00:00 Insurance Co: LONPAC INSURANCE BHD				
1	Insurance Enquiry - XB9052X Enquiry Fee 20190503161132670876		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		
20190503161140990	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 : HASHIM ZULKIFLI SIDEK SIRAJ.

Address : BLK 164 SIMEI ROAD #06-406
SINGAPORE 520164

Contact No : _____

TO: LONPAC INSURANCE BHD

Dear Sirs,

ACCIDENT INVOLVING SLT 3014T AND XB 9052X ON 3/5/19

AT/ ALONG UPPER CHANGI LINK BEFORE JUNCTION OF UPPER CHANGI ROAD EAST

I/We, HASHIM ZULKIFLI SIDEK SIRAJ, am/are the registered owner of motor car no. SLT 3014T

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 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	06/05/2019 11:11
Date Of Accident	03/05/2019 14:00
Exact Location Of Accident	U/CHANGI LINK B4 JUNCTION OF U/CHANGI ROAD EAST
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLT3014T
Insured/Policyholder	
Name Of Registered Owner	HASHIM ZULKIFLI SIDEK SIRAJ
NRIC No	S1469205C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91762977
Alternative Phone No	OFFICE-60000000
Vehicle Particulars	
Manufacturer	TOYOTA
Model	C-HR HYBRID-1.8 S CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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 CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA408119/1
Cover Note Number	
Driver	
Name of Driver	HASHIM ZULKIFLI SIDEK SIRAJ
NRIC No	S1469205C
Date Of Birth	26/05/1961
Occupation	INDOOR
Date Of Driving Pass	03/01/1979
Driving Experience	40 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91762977
Fax Number	
Contact Number	OFFICE-60000000
EMail Address	NOEMAIL

Address	BLK 164 SIMEI ROAD #06-406
Postcode	520164
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	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)	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

Report please refer to sketch plan

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	XB9052X
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)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

[illegible]

[illegible] insurer(s) 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:

[illegible]

[illegible] out and/or dealing with my instructions or responding to any enquiries by me;

administering my claims including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data [illegible]

[illegible]

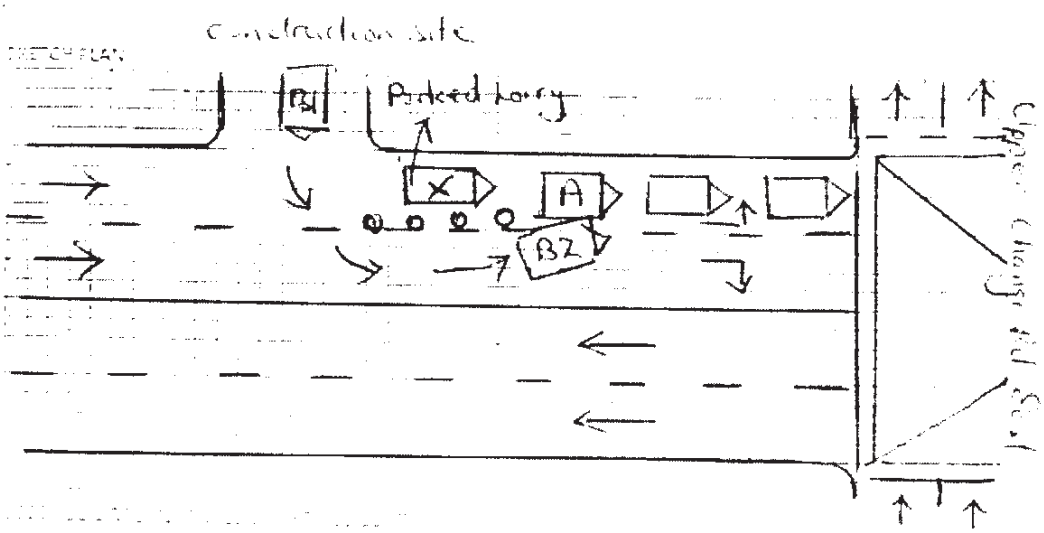
Date & Time

Date & Time

Name

96

Sketch Plan #2



On 02/05/2014 at about 11:00 hrs I was along Upper Changi Link before junction of Upper Changi Road East. I was travelling on the extreme left lane and came to a stop behind four vehicles before the above mentioned junction for the 'RED' traffic light. While waiting Suddenly a vehicle (B) exited out from the construction site exit and veered into my lane without checking his blindspot and without cautions hence collided into my whole Right Portion of my vehicle (A) causing damages to my vehicle.

(A) SLT 3014 T
(B) XB 9052 X

Note: Please note that your insurer may have 14 days time frame for you to submit an Car Damage Claim. Delayed notification or incomplete info may ...

DECLARATION

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