



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

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 SIDER SIRAJ
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 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 03 day of 05 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:

06/05/2019-PR1

Vehicle In - 06/05/2019
Vehicle Out - 10/05/2019
Low - 5 days x \$240
= \$1,200

> Back to OneMotoring



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: LONGAC 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 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	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
EEmail 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

1. Please report correctly the details of the accident to speed up the claim process.
2. This form must be completed by the Policyholder and for the Accused Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. The 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 lodging of this report to the insurers, I do hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (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/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable laws concerning, processing, handling and/or dealing with my claims (collectively the "Purposes").
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may, the police, may, or may not, use, disclose and/or process my Personal Information for the purpose(s) of the above Purpose(s);
- (c) my Personal Information may/are be disclosed by any of the Insurers and/or GIA to track the accident(s) and/or vehicle(s) involved in this accident by any lawful means which involve the use of a report(s), or the gathering of the above Purpose(s);
- (d) my Personal Information will be collected and used for the purpose(s) of the above Purpose(s) for the purpose(s) of investigations and management, dispute and settlement, etc.
- (e) my Personal Information is collected under lawful means permitted by law.
- (f) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing the claims, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (g) for complying with requirements under any regulations, laws or court orders.

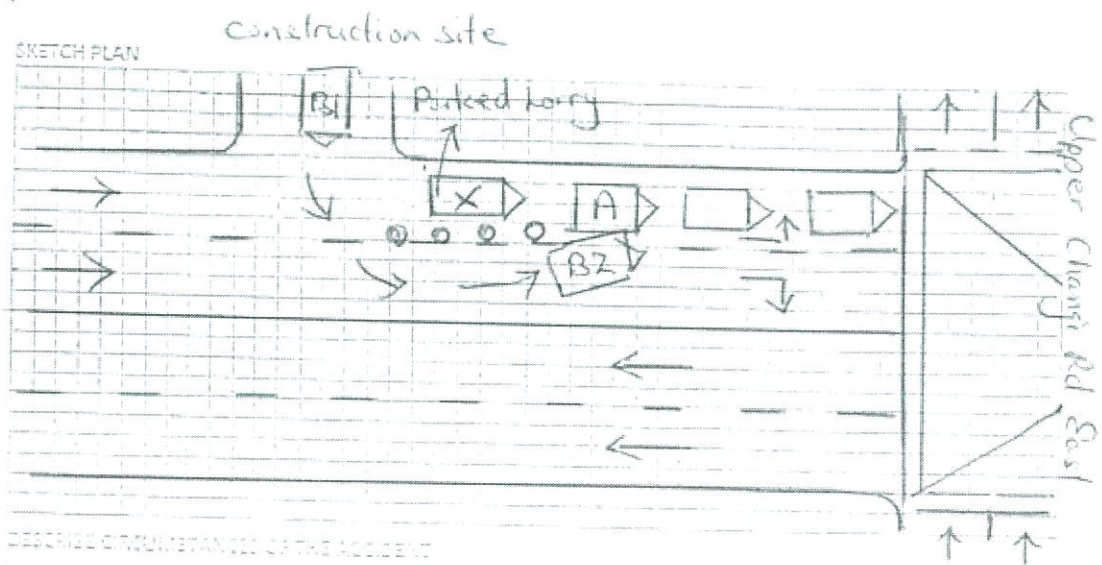
Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name
NRIC/PAN No.

5738096

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02/05/2014 at about 1100 hrs at 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 few 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 caution hence collided onto 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 Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Police Officer's Signature
Date & Time:

Driver's Signature
(For driver and not the police officer)
Date & Time:

Reporting Central Personnel's Signature
Name: Poonik
NRPID No: 57B31809C