

23 Kaki Bukit Ave 4, AAS Kaki Bukit Centre #02-03 Singapore 415933 Tel: 6243 1373 Fax: 6243 1376 (GST Reg. No. 201427944N)

Date : 24/07/2019

Your Ref : CC6/III19009642/Aga3 (SHD3125M)

To : INDIA INTERNATIONL INSURANCE PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SGP100C & SHD3125M ON 29/05/2019 AT JUNCTION OF IRRAWADDY ROAD AND THOMSON ROAD.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.198245 @ S\$5,243.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,750.00 (7 Days x S\$250)
- 3) LTA Search @ \$\$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 Chia

HP: 9188 6931

E-mail: mg3solution@gmail.com



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: 198245

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711 Date: 24-July-2019

Vehicle Number: SGP 100C

ATTN: MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT		
1	To carried out accident repair as per surveyor's recommendation	\$ 4,900.00		
	(Lump Sum)			
		}		
		100000		
	BEFORE GST	4,900.00		
	7% GST			
	TOTAL	\$ 5,243.00		

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

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:	400	Suat	Neu,	Glizabeth	
CAR/LORA	Y/CY ¢ LE	E: REG NO	o: Sh	P100C	POLICY NO:
ACCIDENT (CLAIM N	10:	-		
		1/W	e confir	m that I / w/e ha	ave taken delivery of Car / Lorry / Motor Cycle
Registered	No	••••	S6	P100C	from the repairers,
Messrs	••••••	•••••	M6	solution P	re ud
					ident in which the said vehicle was Involved on or
about the	29	day of	02	20	nave been completed to my / our satisfaction, and that
I / we have	no furtl	ner claim	on the	above compan	y in Respect thereof.
					CQ > - 11
Date:		***************************************		Signature:	Cipaba Sol
					•
Co's Stamp:				NRIC No:S	000 1713/B
		ىلىم.	المداء	9 - 06!	21264 29/06/2019
		24/0	· [20]	9 - Sunda.	Vehicle 14- 29/05/2019 Vehicle Oct. 24/06/2019 Lou- 4/04/57
		02/0	6/101	SAMO	Vehicle Dut. 19 1061
					1 ou - 7 days x A + > "
					# 1,757

> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time: 29 May 2019 / 12:21:52

Receipt Date/Time: 29 May 2019 / 12:21:52

Tax Invoice/Receipt

Receipt No.: ITNET-00000-190529-001258

Previous Receipt No.:

r revious receipt ivo				
S/N Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHD3125M As at 29 May 2019/08:40:00 Insurance Co: INDIA INT'L INS PTE LTD Insurance Enquiry - SHD3125M				
Enquiry Fee 20190529122105110016		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			
	20190529122108657	Direct Debit: eNE (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.

LETTER OF AUTHORITY

Name :	: Yeo suat Neo, Elizabeth	
Address :	: 100 Artnur Road	
	5 (439831)	
Contact No :	·	
TO:	INDIA INTERNATION	NATE INS PIE LTD
Dear Sirs,		
	DLVING SAPIUOC AND SY	
AT/ ALONG	JUNCTION OF IRRAWADDY ROA	D AND THOMSON ROAD
1/We, <u>460</u>	Suat Neo, Elizabeth	, am/are the registered owner of
motor car no	SAPIUO C	
	t I have assigned all compensations monies LUTION PTE LTD.	due to me/us in the above said accident
accident to M/S	uthorize you to release all compensation mo MG SOLUTION PTE LTD and forward your se I had authorized to collect the said compen	ettlement cheque to M/S MG SOLUTION
Thank you		
Cl	izebill Sel	<i></i>
Signature of Clai	unant	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 <u>truthful and accurate</u> 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	29/05/2019 15:48
Date Of Accident	29/05/2019 08:40
Exact Location Of Accident	JUNC OF IRRAWADDY RD & THOMSON RD
Country/State of Loss	SINGAPORE

Vehicle Registration Number SGP100C

Insured/Policyholder

Name Of Registered Owner YEO SUAT NEO ELIZABETH

NRIC No S0001713B Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-97500028
Alternative Phone No OTHERS-97500028

Vehicle Particulars

Manufacturer MERCEDES-BENZ

Model E200

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 AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 2100458896-03

Cover Note Number

Driver

Name of Driver DOMINIC SOH WEI WEN

 NRIC No
 \$7721674Z

 Date Of Birth
 02/08/1977

 Occupation
 INDOOR

 Date Of Driving Pass
 22/11/2000

Driving Experience 18 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97500444

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 43 JALAN TIGA Address

#04-20

390043 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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

YES Was any body injured in the Accident?

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)

Passenger 1

2

: HENRY

GENDER:

NAME:

: MALE

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 SHD3125M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Tie: Off deconger (moraumy 2 mor)		
	DETAILS OF INJURED PERSON 1	
Name	DOMINIC SOH WEI WEN	
Approximate Age		
Injuries Sustain	BACK & NECK	
Injured person in which vehicle?	SGP100C	
Were seat belts worn?	YES	
Was this injured conveyed to hospital by ambulance?	NO	
Address		
Postcode		

Accident Sketch Plan

0.57045.4**%**

MIRCHARD NO NUMBER

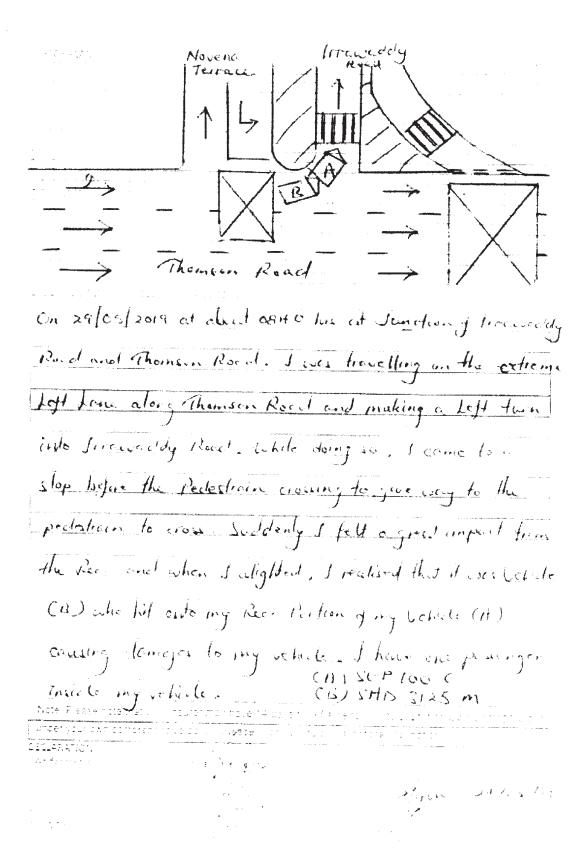
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INDIA INTERNATIONAL INSURANCE PTE LTD

Office (65) 63476100 Email insure@in.com/sg Fax (65) 63244174 Website www.ni.com/sg

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MCT19050812 Claimant Ref: SGP 100C 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.

We/I,			at we/I have reached an agreement
	ed Surveyor of India International Insurance Pte Ltd		
of Surveyor) with	respect to the amount claimed for S\$ 5.810.00 (see 1.00 fee), vehicle no. SGP 100C that wa		,
on 29/05/2019		- ·	olving vehicle no. SHD 3125M (insured
vehicle). This is p	ursuant to the inspection conducted on30/05/2019(d		-
We/I confirm tha	at we/I are/am authorized by the ownerYE	O SUAT NEO ELIZABET	гн ("the third party
	nicle no. SGP 100C to make the claim as set out in the	· ·	•
the matter on hi party claimant".	is/her behalf in a manner that we/I deem fit. We/I en	close herein the l	etter of authority given by "the third
party claimant.			
We/I further con	firm that we/I will indemnify India International Insurar	nce Pte Ltd for all	damages, loss and/or expense that
	e already incurred in the event that "the third party		
	ainst the former for any loss and expenses suffered		of repairs and/or rental and/or loss
of use pursuant	to the damage to <u>SGP 100C</u> (vehicle no.) as a result	t of the accident.	
Mall confirm the	It the agreement received above is in full and final	actions at all	places of Hills in the second second
	at the agreement reached above is in full and final accident and that further this settlement is reached or		
basis,	are the second of the second of the second of	ra miliout projudi	oc and without admission of habitity
This agreement i	s subject to the application of Singapore law and the	Singapore Courts	have exclusive jurisdiction over any
dispute arising ou	it of the same.		
Mall authorise	and a small state of the state	COLUTION DEFICE	
vverraumonze;	you to pay the total amount of S\$ 5,810.00 to MG	SOLUTION PIE LIL	TO THE PROPERTY OF THE STREET AND A STREET AS A STREET
Dated this	. day of20		
CLAIMANT:	(2 (roct))	WITNESS:	
Signature:		Signature:	LWP
	Signed by "the workshop" (with chop)	ū	Signed by appointed Surveyor
Name:	mb solution ptt LTP	Name:	LKK AUTO CONSULTANTS PTE LTD
IRIC:	>01427944N	NRIC:	199607198R
Address:	23 KAKI BUKIT AVE 4 MAS KAKI	Address:	51 UBI AVE 1. PAYA UBI INDUSTRIAL PA
	BULLIT CENTRE \$02-03 S(415)33)		
	A CONTROL OF THE CONT		#02-25 SINGAPORE 408933
Nationality:	MALAYSIA	Nationality:	
Occupation:	ADMIN	Occupation:	



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:

INVOICE No: TI 199263

INDIA INTERNATIONAL INSURANCE PTE LTD

PB No: 198245

64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711

Date: 25-September-2019

ATTN: MOTOR CLAIMS DEPARTMENT

Vehicle Number: SGP 100C

To carried out accident repair as per surveyor's recommendation	\$	
(Lump Sum)	•	4,900.00
BEFORE GST 7% GST TOTAL	\$	4,900.00 343.00 5,243.00

Cheque should be made payable to MG Solution Pte Ltd

Co's stamp & Authorised Signature