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

: 24/07/2019

Your Ref

: GBH8962E

To

: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Attn

: Motor Claims Department

Dear Sir/Mdm.

RE: ACCIDENT INVOLVING VEHICLE SMH1356X & GBH8962E ON 11/06/2019 AT ALONG YISHUN AVENUE 8 BEFORE JUNCTION OF YISHUN STREET 44.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.198237 @ S\$2,675.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,000.00 (4 Days x S\$250)
- 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 Chia

HP: 9188 6931

E-mail: mg3solution@gmail.com



51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

Our Ref: CC6/CTI19010718/Aka3

03 JANUARY 2020

JL TRANSPORT & RENOVATIONS

BLK 104A EDGEFIELD PLAINS #04-39 SINGAPORE 821104 Attn: The Management

Dear Sir/Madam,

ACCIDENT INVOLVING GBH 8962E AND SMH 1356X ON 11/06/2019

We refer to the above accident where we are acting for China Taiping Insurance (Singapore) Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please call us if you have further queries.

Yours faithfully,

Khanchna

Case Handler DID: 6841 2360 FAX: 6741 4108

EMAIL: khanchna@lkkauto.com

c.c. China Taiping Insurance (Singapore) Pte Ltd (Motor Claims Dept)

LETTER OF AUTHORITY

Name : Reetha Richa	urd
	uring West St. 42
#05-61 s(t	
Contact No :	
TO: iHina Taiping insuran	ice (singapone) Pte Ltd
Dear Sirs,	101 20125 11011 2019
ACCIDENT INVOLVING	356 X AND GBH 8962E ON 11/06/2019
AT/ALONG YIShum Ave &	before Junction of Yishun Street 49
1/1/46, Reetha Richa	, am/are the registered owner of
motor car noSMH 1356 X	
Please note that I have assigned a	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 rel	lease all compensation monies pertaining to the above-mentione TELTD and forward your settlement cheque to M/S MG SOLUTIO
	to collect the said compensation monies.
Thank you	
, many yes	Λ
.0 0	
Valley	
Signature of Claimant	Witness By
36 Hacard of Glammaria	Williess by

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.

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN3069001800 Claim No : SNM19D202794

Claimant : REETHA RICHARD

Amount : \$\$3,000.00

Singapore Dollars THREE THOUSAND Only

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : SMH 1356X Insured Vehicle No. : GBH 8962E

Date of Loss

: 11/06/2019

Place of Accident : YISHUN STREET 44

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name Driver Name

: JL TRANSPORT & RENOVATIONS : JAGANATHAN S/O SATHASIVAM

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

(1) Global Sum S\$ 3,000.00 ______ . S\$

REETHA RICHARD Claimant Name:

NRIC NO: 89227737B

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. 20-1427944-N)

TAX INVOICE

Bill To:

INVOICE No: TI 209126

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

NO. 3 ANSON ROAD

PB No: 198237

#16-00 SPRINGLEAF TOWER

ATTN: MOTOR CLAIMS DEPARTMENT

Date: 28-April-2020

SINGAPORE 079909

Vehicle Number : SMH 1356X

QTY	DESCRIPTION	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 2,500.00
	BEFORE GST	2,500.00
	7% GST	175.00
	TOTAL	\$ 2,675.00

Cheque should be made payable to MG Solution Pte Ltd

Co's stamp & Authorised Signature

Land Transport Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time :

12 Jun 2019 / 13:02:07

Receipt Date/Time :

12 Jun 2019 / 13:02:06

Tax Invoice/Receipt

Receipt No.: ITNET-00000-190612-001546

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 - GBH8962E As at 11 Jun 2019/22:25:00 Insurance Co: CHINA TAIPING INSURANCE (1 Insurance Enquiry - GBH8962E Enquiry Fee	SINGAPORE) PTE LTD	331 (34)	(34)	(34)
20190612130118112718		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			
	20190612130125584	Direct Debit: eN (Internet Ba	ETS Debit nking)	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.

Singapore POST		Singapore Post Limited (Reg. No. 199201623M) 10 Euros Road B yol. 30 Singapore Post C Singapore Post C	Singapore Post Umited Rieg, No. 19920 (622M) 10 Eunos Road & Aye, 30 Singapore Post Centre Singapore 406600	Far. 862.514 To chec deferry status or to raise an entuinty To your registeria anticleis, please visit www.aingpost.com
POSTING R	POSTING RECEIPT FOR REGISTERED ARTICLE(S)	STERED AR	IICLE(3)	
NOTES: a) Separate forms are to be used for Insured and Non-Insured Registered Article. b) Please provide all information required and produce this receipt for all enquiries. c) *Please provide all information required and produce this receipt for all enquiries. c) *Please provide all information required and produce this receipt for all required or delivery by air is requested if relevant ** is left blank, all ** please incitionate applicable, it shall be assumed no Advice of Receipt IAR) it required or delivery to the addressee(s). d) Please incitionate the return address on the intentional to the second in the return in event of non-delivery to the addressee(s).	egistered Article. eigt for all enquiries. e of Receipt (AR) is requir rompt return in event of no e sequence stated below.	ed or delivery by a n-delivery to the a	ddressee(s).	d if relevant * is left blank.
1. Name & Address of Addressee	NI TAK PLAN	By*:()AIR	NOS ()	For Official Use Only (Item numbers are printed in order of posting at counte
1	Insurance*:() Y S\$		N()	
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	Contents:			RC12012041656
Sender's Agreement Lave read, understood and agreed to the terms and conditions of posting overleal. I accept the maximum initiative awable for Registered Mail Service and certify that all information provided by the	g overleaf. I accept the ormation provided by me	111	*	
is true and the item(s) does not contain any hazardous or prohibited item(s).		Name & Signature	prature	Date
9116				02/50

Faz: 6842 S114
To check delivery status or to raise an enquity
on your registered articletist, please visit
even airigoset.com Singapore Post Umited (Rag. No. 195201623M) 10 Eunox Road 8 705-30 Singapore Post Ca Singapore 409600 いた Singapore

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 Separate forms are to be used for insured and Non-insured Registered Article.
 Please provide all information required and produce this receipt for all enquiries.
 Please provide all information required and produce this receipt for all enquired.
 Please provide as explicable in a hall be assumed to Achica of Receipt (AR) in required or delivery by air in requested if relevant * is left blank.
 Please post blanks and address on the internity to easing prompt return in event of non-delivery to the addressme(s).
 Please post Mentia at the post office counter according to the sequence stated below. NOTES:

A OY - 39 STILLS 32 Transport & Renovations 1. Name & Address of Address

Cinggoof @ 21104

For Official Use Only (Item numbers are pri SUR N . N) SUR (AR":()Y ()N BY":()AR () AIR (AR":()Y ()N By":(Insurance": ()YSS Insurance*:()YSS Contents: (46H 8962E) Contents:

Sender's Agreement

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Time: 11:46:01 Amount (S\$) GST@7% 0.33 0.33 0.33 Ref. No: PSL01/1672/226/0040 Postage Label LOCAL 2 X 2.54 5.08 5.08 5.08 GST COLLECTED BY SINGPOST \$5.08 Description SUB TOTAL MOP: CASH

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