



## 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 : 23/08/2019  
Your Ref : **FBC3296D**  
To : **FWD INSURANCE PTE LTD**  
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SKF8856H & FBC3296D ON 26/07/2019 AT  
SLIP ROAD FROM CTE (SLE) TOWARDS PIE (CHANGI).**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No. **198285 @ S\$2,675.00 (Inclusive Of 7% GST)**
- 2) Loss of Use @ **S\$800.00 (4 Days x S\$200)**
- 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



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Tel: 6243 1373 Fax: 6243 1376

(GST Reg. No. 20-1427944-N)

## PROFORMA BILL

Bill To:

**FWD INSURANCE PTE LTD**

6 TEMASEK BOULEVARD

#18-01 SUNTEC TOWER FOUR

SINGAPORE 038986

Bill No : 198285

Date : 23-August-2019

Vehicle Number : **SKF 8856H**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	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

**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: ..... WEE LYE KIM .....  
CAR/ LORRY/CYCLE: REG NO: SKF 8856H ..... POLICY NO: .....  
ACCIDENT CLAIM NO: .....

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle  
Registered No. SKF 8856H ..... 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 26 day of 07 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: .....

29/07/2019 - PRI

Vehicle In - 29/07/2019  
Vehicle Out - 01/08/2019  
Low - 4 days x \$200  
= \$800

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 27 Jul 2019 / 13:15:12

Receipt Date/Time : 27 Jul 2019 / 13:15:11

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-190727-000900

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 - FBC3296D  
As at 26 Jul 2019/15:32:00

Insurance Co: FWD SINGAPORE PTE. LTD.

1 Insurance Enquiry - FBC3296D  
Enquiry Fee  
20190727131347421802

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

20190727131402624 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.

LETTER OF AUTHORITY

Name : WEE LYE KIM  
Address : BLK 3A UPPER BOON KENG ROAD  
#15-04 SINGAPORE 38103  
Contact No : \_\_\_\_\_  
TO: FWD SINGAPORE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SKF 8856H AND FB C3296D ON 26/07/2019  
AT/ ALONG SLIP ROAD FROM CTE (SLE) TOWARDS PIE (CHANGI)

I/We, WEE LYE KIM, am/are the registered owner of  
motor car no. SKF8856H

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	29/07/2019 15:14
Date Of Accident	26/07/2019 15:30
Exact Location Of Accident	CTE (SLE) SLIP ROAD TOWARDS PIE (CHANGI)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF8856H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WEE LYE KIM
NRIC No	S0175108E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96738823
Alternative Phone No	OFFICE-96738823

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A200 FL STYLE (R17 HLG)
Exact Purpose for which vehicle was being used at time of accident	
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 80452281 QMY (COMP)
Cover Note Number	

### Driver

Name of Driver	WEE LYE KIM
NRIC No	S0175108E
Date Of Birth	21/07/1950
Occupation	INDOOR
Date Of Driving Pass	19/03/1975
Driving Experience	44 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96738823
Fax Number	
Contact Number	OFFICE-96738823
Email Address	NOEMAIL

Address	BLK 3A UPPER BOON KENG ROAD #15-604
Postcode	381003
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 - 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
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)	3
Passenger 1	NAME: : WEE ZHI WEI GENDER: : MALE
Passenger 2	NAME: : WEE HUI MIN GENDER: : FEMALE

#### 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

REFER TO SKETCH PLAN ATTACHED

#### 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	FBC3296D
Vehicle Make/Model/Colour	HONDA / PS250 A
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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7. By the lodgment 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.
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 law in administering, 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/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

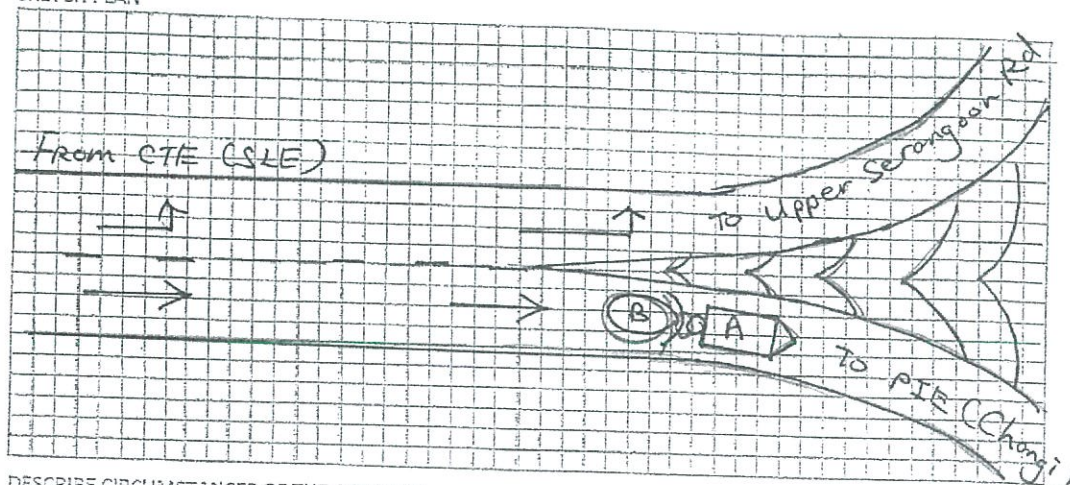
  
 Policyholder's Signature  
 Date & Time: 2/11/19

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

29 JUL 2019

**IDAC KAKI BUKIT (P) LTD.**  
 23 Kaki Bukit Ave 4  
 Singapore 415933  
 Tel: 67416697 Fax: 67492305  
 Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/07/2019 at about 1532 hrs at Slip road from CTE (SLE) towards PIE (Changi). I was travelling on the above mentioned slip road and when my front vehicle slow down and stop due to heavy traffic hence I follow suit. Suddenly I felt a great impact from the Rear and when I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my vehicle. I have 2 passengers inside my vehicle.

(A) SKF 8856 H  
(B) FBC3296D

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.

Policyholder's Signature  
Date & Time:

Witness's Signature & Date

29 JUL 2019

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

IDAC KAKI BUKET (VAC)  
23 Kaki Bukit Ave 4  
Singapore 415933

Tel: 67436697 Fax: 674492305  
Email: vackb@singnet.com.sg  
NRIC/FIN No.: