



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 : 15/04/2020

Your Ref : EC92J

To : **AIG ASIA PACIFIC INSURANCE PTE LTD**

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SLQ9697Z & EC92J ON 03/10/2019 AT
OPEN CAR PARK OF BLK 402 HOUGANG STREET 21.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.208092 @ S\$8,025.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,250.00 (5 Days x S\$250)
- 3) LTA Search @ S\$29.00
- 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:

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY
#07-12 AIG BUILDING
SINGAPORE 079120

Bill No : 208092

Date : 15-April-2020

Vehicle Number : **SLQ 9697Z**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 7,500.00
BEFORE GST		7,500.00
7% GST		525.00
TOTAL		\$ 8,025.00

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: ASE CONSULTANTS
CAR/ LORRY/CYCLE: REG NO: SLQ 9697Z POLICY NO:
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SLQ 9697Zfrom 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 10 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:

ASE CONSULTANTS
BLOCK 208 HOUGANG STREET 21
#04-219, SINGAPORE 530208
TEL: 6281 3515 FAX: 6281 3516
UEN S2998761M

Co's Stamp: NRIC No:

04/10/2019 - PRI
06/10/2019 - Sunday

vehicle in - 04/10/2019
vehicle out - 08/10/2019
Loan - 5 days x \$250
= \$1,250



RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-19-191084

Date of Request: 20/11/2019

Your Ref No: WALK IN HONG

MG SOLUTION PTE LTD
23 KAKI BUKIT AVENUE 4 #02-03B, VICOM INSPECTION CENTRE
SINGAPORE 415933

Dear Sir/Madam,

Your Vehicle No: SLQ9697Z

Date of Accident: 03/10/2019

Place of Accident: 402 HOUGANG ST 21

Involving Vehicle No: EC92J

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



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GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-19-191086

Date of Request: 20/11/2019

Your Ref No: WALK IN HONG

MG SOLUTION PTE LTD
23 KAKI BUKIT AVENUE 4 #02-03B, VICOM INSPECTION CENTRE
SINGAPORE 415933

Dear Sir/Madam,

Date of Accident: 03/10/2019

Vehicle No: SLQ9697Z

Place of Accident: OPEN CARPARK OF BLK 402 HOUGANG ST 21

Involving Vehicle No: EC92J

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
EC92J	OPEN CARPARK OF BLK 402 HOUGANG ST 21	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[] GIRO [X] Cash [] Cheque

LETTER OF AUTHORITY

Name : A S E CONSULTANTS

Address : BLK 208 HOUGANG STREET 21
#04-219 S(530208)

Contact No : _____

TO: ALH ASIA PACIFIC INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SLQ 9697Z AND EC 92J ON 03/10/2019
AT/ALONG OPEN CARPARK OF BLK 402 HOUGANG STREET 21

I/We, A S E CONSULTANTS, am/are the registered owner of
motor car no. SLQ 9697Z

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

ASE CONSULTANTS
BLOCK 208 HOUGANG STREET 21
#04-219, SINGAPORE 530208
TEL: 6281 3515 FAX: 6281 3516
UEN S2998761M

Signature of Claimant

Witness By



AUTHORIZATION TO ACT
(AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

I, A S E CONSULTANTS ("the third party claimant")
of BLK 208 HOUGANG STREET 21 #04-219 S(530208) (address),
owner of SLQ 9697Z (vehicle no.) hereby authorizes
MG SOLUTION PTE LTD
("the workshop") to act for me with respect to my claim for repair costs and/or
rental and/or loss of use ("claim") for my vehicle no. SLQ 9697Z that was
damaged pursuant to the accident which occurred on 03/10/2019 (date) along
OPEN CARPARK OF BLK 402 HOUGANG STREET 21 (location)
involving vehicle no/s EC 92J ("the accident").

I further authorize the workshop to settle the above mentioned claim in a
manner that they deem fit and the workshop is further authorized to receive
payment further to settlement of my claim with payment cheque/s being made in
favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my
behalf is on a without prejudice and without admission of liability basis insofar
as the driver/owner/insurers of the other vehicle/s is concerned.

Date this _____ day of _____ (month) 20 _____ (year)

ASE CONSULTANTS
BLOCK 208 HOUGANG STREET 21
#04-219, SINGAPORE 530208
TEL: 6221 3515 FAX: 6281 3516
DEN S1998761M

Signed by "the third party claimant"



Signed by "the workshop"



RELEASE VOUCHER
(AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

"We/I, _____ ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte. Ltd. _____ ("name of surveyor") with respect to the amount claimed for S\$ _____ (repair costs), S\$ _____ (loss of use/rental) S\$ _____ (search fees) for vehicle no. _____ that was damaged pursuant to the accident which occurred on _____ (date) along _____ (location) involving vehicle no/s _____.

This is pursuant to the inspection conducted on _____ (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner _____ ("third party claimant") of vehicle no. _____ to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte. Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to _____ (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

Dated this _____ day of _____ (month) 20____ (year)

Signed by AIG appointed surveyor

Chopped & Signed by "the workshop"



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 as aforesaid.

ACCIDENT STATEMENT

Date Of Report	04/10/2019 10:33
Date Of Accident	03/10/2019 12:10
Exact Location Of Accident	OPEN CARPARK OF BLK 402 HOUGANG ST 21
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ9697Z
Insured/Policyholder	
Name Of Registered Owner	A S E CONSULTANTS
Co Reg No	53998761M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S350L
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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	8-VX020378-MVA
Cover Note Number	

Driver

Name of Driver	TEO THIAN POH
NRIC No	S0652813I
Date Of Birth	06/10/1950
Occupation	INDOOR
Date Of Driving Pass	28/05/1971
Driving Experience	48 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97919292
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	29 LEONIE HILL #09-02
Postcode	239228
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SOLE-PROPRIETOR
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191003/7014

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 Witness 1

Name	MR LEE LIN TUCK
Phone Number	83320566
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EC92J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

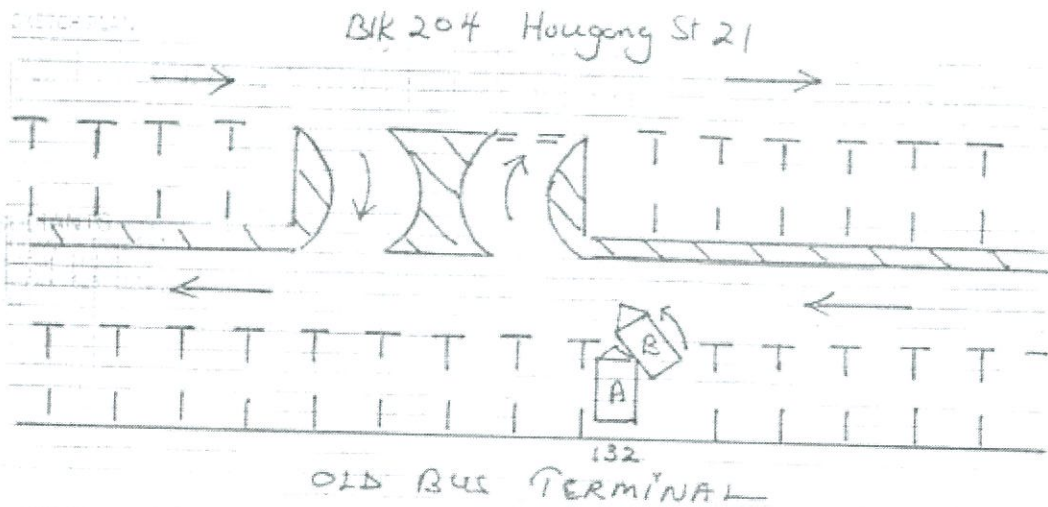
No. Of Passenger (Including Driver)

RECAP

(f) My insurer, my workshop and the General Insurance Association of Singapore ("GIAS") have agreed to collect, store, 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 purposes of:

04/10/19

Accident Sketch Plan



(A) SLQ 9697 Z
(B) EC 92 J

Refer to Police Report

Report No:-

T/20191003/7014

ARREST CONTROL UNIT
POLICE ADMINISTRATION STREET 21
SINGAPORE 159501

[Signature]

[Signature] 04/10/19

Individual Statement



**SINGAPORE
POLICE FORCE**



T201910037614

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

2 of 3

Report No. T201910037614

CONTINUATION OF REPORT

Driver			
Name	TEO THIAN POH		ID No. S06528131
Related Vehicle	SLQ9697Z (Car)		Contact No. 97919292
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 03/10/2019 at about 1210HRS at open car park of block 204 Hougang St 21. My Vehicle SLQ9697Z was stationary parked at the above mentioned car park lot No. 132 at about 1100HRS and everything was intact. At about 1330HRS when i return back to my vehicle, i saw a note at my windscreen stated that he witnessed a Vehicle EC92J had collided onto my Right Front Portion of my Vehicle causing damages to my vehicle and he had taken picture of the said vehicle. I did call him and he mentioned that he can be my witness and had forward the picture to me. I lodge this report for 'hit and run' case and also for insurance claim. Witness HP: 93320566. Witness Name: Mr Lee Lin Tuck