



## 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 : 06/12/2019

Your Ref : SMF6506H

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

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SMF4071H & SMF6506H ON 16/10/2019  
AT ALONG AYE TOWARDS CITY BESIDE ALEXANDRA ROAD EXIT 6.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.198387 @ S\$5,671.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,680.00 (7 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,



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Sharon Chia

HP: 9188 6931

E-mail: mg3solution@gmail.com



## MG SOLUTION PTE LTD

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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 : 198387

Date : 06-December-2019

Vehicle Number : **SMF 4071H**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 5,300.00
BEFORE GST		5,300.00
7% GST		371.00
<b>TOTAL</b>		<b>\$ 5,671.00</b>

***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: SUPREME LEASING & LIMOUSINE PTE LTD

CAR/ LORRY/CYCLE: REG NO: SMF 4071H POLICY NO: .....

ACCIDENT CLAIM NO: .....

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle

Registered No. SMF 4071H .....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 16 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: .....

Co's Stamp: ..... NRIC No: .....



17/10/2019 - PRI

20/10/2019 - Sunday

Vehicle In - 17/10/2019

Vehicle Out - 23/10/2019

LOn - 7days x \$240

= \$1,680



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 17 Oct 2019 / 10:38:47

Receipt Date/Time : 17 Oct 2019 / 10:38:47

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-191017-000796

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 - SMF6506H As at 16 Oct 2019/18:50:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SMF6506H Enquiry Fee 20191017103802366697	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				0.04
<b>Total Amount Payable</b>				7.45
Paid By				
	20191017103809972	Direct Debit: eNETS Debit (Internet Banking)		7.45
<b>Total</b>				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 : SUPREME LEASING & LIMOUSINE PTE LTD

Address : 61 UBI AVE 2 #01-03/04  
ANTIMOBILE MEGAMART S(408898)

Contact No : \_\_\_\_\_

TO: ALH ASIA PACIFIC INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SMF4071H AND SMF6106H ON 16/10/2019  
AT/ALONG AYE TOWARDS CITY BESIDES ALEXANDRA ROAD EXIT 6

I/We, SUPREME LEASING & LIMOUSINE PTE LTD, am/are the registered owner of  
motor car no. SMF4071H

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



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Signature of Claimant

-----  
Witness 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.

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

I, SUPREME LEASING & LIMOUSINE PTE LTD ("the third party claimant")  
of 61 UBI AVE 2 #01-03/04 AUTOMOBILE MEGAMART S(408898) (address),  
owner of SME4071H (vehicle no.) hereby authorize  
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. SME4071H that was  
damaged pursuant to the accident which occurred on 16/10/2019 (date) along  
AVE TOWARDS CITY BESIDES ALEXANDRA ROAD EXIT 6 (location)  
involving vehicle no/s SME6506H ("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)



Signed by "the third party claimant"



Signed by "the workshop"



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.

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 aforesaid.

### ACCIDENT STATEMENT

Date Of Report	17/10/2019 14:19
Date Of Accident	16/10/2019 18:50
Exact Location Of Accident	AYE TWDS CITY AFTER BUONA VISTA RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF4071H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUPREME LEASING & LIMOUSINE PTE LTD
Co Reg No	201710190R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	PRIUS ALPHA 1.8S CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE
<b>Insurance Company</b>	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MK000858-R00
Cover Note Number	
<b>Driver</b>	
Name of Driver	YEO HONG HWEE
NRIC No	S1484375B
Date Of Birth	04/07/1961
Occupation	OUTDOOR
Date Of Driving Pass	06/07/1981
Driving Experience	38 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96919642
Fax Number	
Contact Number	OFFICE-96919642
Email Address	NOEMAIL



Address	BLK 41 TANGLIN HALT ROAD #07-185
Postcode	141041
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	YES
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)	2
Passenger 1	NAME: : - 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 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	SMF6506H
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)

DETAILS OF INJURED PERSON 1

Name	YEO HONG HWEE
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SMF4071H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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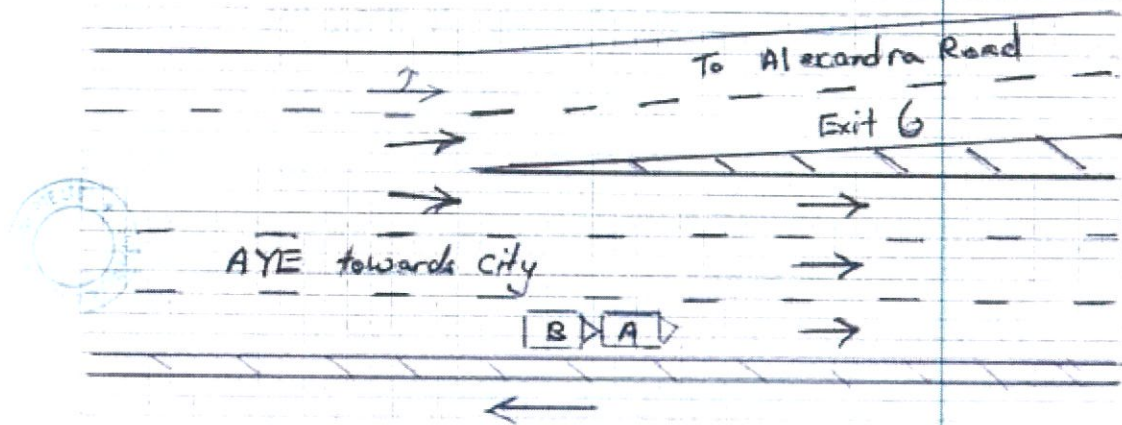
### IMPORTANT NOTICE

- [illegible]

[illegible]



# Accident Sketch Plan



On 16/10/2019 at about 1850 hrs at along AYE towards City beside Alexandra Road Exit 6. I was travelling on the extreme Right lane and when my front vehicle slow down and stopped due to heavy traffic hence I follow suit.

Suddenly I felt a great impact from behind 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 one passenger inside my vehicle.

(A) SMF 4071 H

(B) SMF 6506 H

Note: Please do not sign this report until you have been interviewed by the Police and you have been given the opportunity to provide a statement. If you do not wish to provide a statement, you should sign this report and provide a statement to the Police.



*[Signature]*