

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

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.

India Ref: MFL2019D0001307
Claimant Ref: SKV8029U

We/I, MG SOLUTION PTE LTD ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK AUTO CONSULTANTS PTE LTD (name of Surveyor) with respect to the amount claimed for S\$ 13,000.00 (global sum) (~~repair cost~~, ~~SS~~ ~~(loss of use/rental)~~, ~~SS~~ ~~(search fee)~~, vehicle no. SKV8029U that was damaged pursuant to the accident which occurred on 21/10/2019 (date) at JUNC OF SENTOSA GATEWAY/TELOK BLANGAH RD (location) involving vehicle no. PC5248P (insured vehicle). This is pursuant to the inspection conducted on 22/10/2019 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner PAY SIEN WAH (BAI XIANHUA) ("the third party claimant") of vehicle no. SKV8029U 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 India International 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 cost of repairs and/or rental and/or loss of use pursuant to the damage to SKV8029U (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims 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.

We/I authorize you to pay the total amount of S\$ 13,000.00 to MG SOLUTION PTE LTD.

Dated this 16 day of June 2020

CLAIMANT:

Signature:

Name:

NRIC:

Address:

Nationality:

Occupation:

Signed by "the workshop" (with chop)

MG SOLUTION PTE LTD

201427944N

23 KARI BUKIT-AE 4 AAS KARI
BUKIT CENTRE #02-03 S(415933)

MALAYSIA

ADMIN

WITNESS:

Signature:

Name:

NRIC:

Address:

Nationality:

Occupation:

Signed by appointed Surveyor

LKK AUTO CONSULTANTS PTE LTD

199607198R

51 UBI AVE 1, PAYA UBI INDUSTRIAL PARK

#02-25 SINGAPORE 408933



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:

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET

#05-02 IOB BUILDING

SINGAPORE 049711

INVOICE No : TI 209174

PB No : 208128

Date : 16-June-2020

ATTN : MOTOR CLAIMS DEPARTMENT

Vehicle Number : SKV 8029U

QTY	DESCRIPTION	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 11,500.00
BEFORE GST		11,500.00
7% GST		805.00
TOTAL		\$ 12,305.00

Cheque should be made payable to **MG Solution Pte Ltd**



Co's stamp & Authorised Signature

Print Received Message

This mail is associated with :

***SKV8029U (MFL2019D0001307)**
[PC5248P]

TP

PAY SIEN WAH (BAI XIANHUA)

Oct 21 2019 9:00PM

[TONG TAR TRANSPORT SERVICE PTE LTD]

MG Solution Pte Ltd

From India International Insurance Pte Ltd (HQ) (III_SG), sent on 10/06/2020 15:21 PM.
To LKK_HQ
Subject Alert - Adj Mandate Approved (\$13312.45) - SKV8029U - Claim Handler: Lalitha Krishnan

Approved:13312.45.



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 : 10/06/2020

Your Ref : CC6/III19018778/Agb3 (PC5248P)

To : INDIA INTERNATIONAL INSURANCE PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SKV8029U & PC5248P ON 21/10/2019 AT JUNCTION OF SENTOSA GATEWAY AND TELOK BLANGAH ROAD.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.208128 @ S\$12,305.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$2,500.00 (10 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



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:

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET

#05-02 IOB BUILDING

SINGAPORE 049711

Bill No : 208128

Date : 10-June-2020

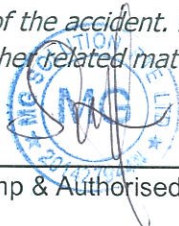
Vehicle Number : SKV 8029U

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 11,500.00
BEFORE GST		11,500.00
7% GST		805.00
TOTAL		\$ 12,305.00

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: PAY SIEN WAH
CAR/ LORRY/CYCLE: REG NO: SKV 8029U POLICY NO:
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SKV 8029U 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 21 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:

22/10/2019 - PR1
27/10/2019 - PH: Deepavali
28/10/2019 - PH: Deepavali

vehicle In - 22/10/2019
vehicle Out - 31/10/2019
LOU - 10 days x \$250
= \$2,500



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

Print Date/Time : 22 Oct 2019 / 12:45:56

Receipt Date/Time : 22 Oct 2019 / 12:45:56

Tax Invoice/Receipt

Receipt No. : ITNET-00000-191022-001610

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 - PC5248P As at 21 Oct 2019/22:10:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - PC5248P Enquiry Fee 20191022124511829907	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				
	20191022124519139	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 : PAY SIEN WAH
Address : BLK 816A KEAT HONG LINK
#09-61 S(681816)
Contact No : _____

TO: INDIA INTERNATIONAL INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SKV 8029U AND PC 5248P ON 21/10/2019
AT/ ALONG JUNCTION OF SENTOSA GATEWAY AND TELOK BLANGAH ROAD

I/We, PAY SIEN WAH, am/are the registered owner of
motor car no. SKV 8029U

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	22/10/2019 14:44
Date Of Accident	21/10/2019 22:10
Exact Location Of Accident	@JUNCTION OF SENTOSA GATEWAY/TELOK BLANGAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV8029U
Insured/Policyholder	
Name Of Registered Owner	PAY SIEN WAH(BAI XIANHUA)
NRIC No	S8011766C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88556611
Alternative Phone No	OTHERS-88556611

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD 2.5 CVT ELEGANCE S/R
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111135342
Cover Note Number	

Driver

Name of Driver	PAY SIEN WAH(BAI XIANHUA)
NRIC No	S8011766C
Date Of Birth	01/05/1980
Occupation	OUTDOOR
Date Of Driving Pass	06/08/1999
Driving Experience	20 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88556611
Fax Number	
Contact Number	OTHERS-88556611
EMail Address	NOEMAIL

Address	BLK 816A #09-61 KEAT HONG LINK KEAT HONG MIRAGE
Postcode	681816
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?	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)	1

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 BELOW STATEMENT/SKETCH PLAN ATTACHED;

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER/DRIVER (CAPTURED)
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC5248P
Vehicle Make/Model/Colour	ZHONG TONG / LCK6125HQGA AUTO
Details Of Properties	
Vehicle Category	BUS
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	PAY SIEN WAH(BAI XIANHUA)
Approximate Age	
Injuries Sustain	NECK AND PAIN
Injured person in which vehicle?	SKV8029U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 816A #09-61 KEAT HONG LINK
Postcode	681816

Accident Sketch Plan

SKETCH PLAN

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 Authorized 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 rebuffiate 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. The 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 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 used 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 (a) 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:

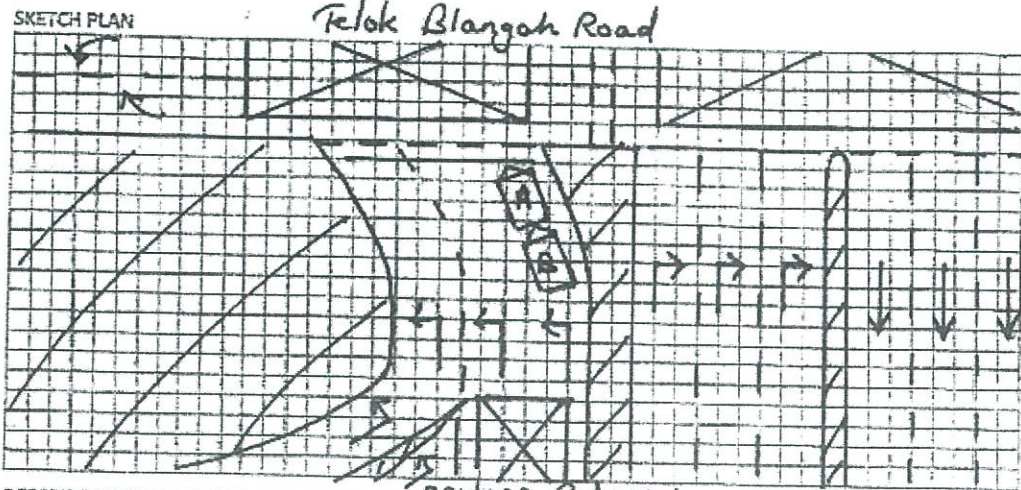
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

IDAC KAKI BUKIT (YAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415935
Tel: 67416697 Fax: 67492305
Email: yackb@vicom.com.sg

22 OCT 2013

Accident Sketch Plan



On 21/10/2019 at about 2210 hrs at Junction of Sentosa Gateway and Telok Blangah Road, I was travelling on the extreme Right Lane along Sentosa Gateway and came to a stop before the 'RED' traffic light at the above mentioned Junction. 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 suffer neck, back and chest pain and when to see doctor.

CA) SKU 80294

CB) PC 5248P

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:

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

IDAC KAKI BUKIT (YAC)
25 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67482305
Email: vackb@vacom.com.sg

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Witness's Signature:

7 2 OCT 2019