



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 : 09/03/2020

Your Ref : CC6/AIG19019162/Ahb3 (SJX2848M)

To : AIG ASIA PACIFIC INSURANCE PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SGD9312L & SJX2848M ON 28/10/2019 AT
OPEN CAR PARK OF BLK 622 ANG MO KIO AVENUE 9.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.208053 @ S\$5,992.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$750.00 (3 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



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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 : 208053

Date : 09-March-2020

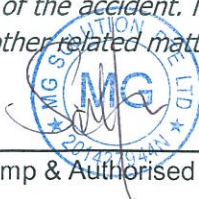
Vehicle Number : SGD 9312L

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 5,600.00
BEFORE GST		5,600.00
7% GST		392.00
TOTAL		\$ 5,992.00

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: JONATHAN LONG JUNWEI
CAR/ LORRY/CYCLE: REG NO: SGD 9312L POLICY NO:
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SGD 9312L 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 28 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:

29/10/2019 - PRI

Vehicle In - 29/10/2019

Vehicle Out - 31/10/2019

LOW - 3 days x \$ 250
= \$ 750

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

Print Date/Time : 29 Oct 2019 / 11:24:14

Receipt Date/Time : 29 Oct 2019 / 11:24:13

Tax Invoice/Receipt

Receipt No. : ITNET-00000-191029-001004

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 - SJX2848M As at 28 Oct 2019/12:20:00 Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.			
1	Insurance Enquiry - SJX2848M Enquiry Fee 20191029112323199882	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			
	20191029112337183 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 : JONATHAN LONG JUNWEI

Address : BLK 622 ANG MO KIO AVE 9

#02-22 S (560622)

Contact No : _____

TO:

ALG ASIA PACIFIC INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SGD 9312L AND SJX 2848M ON 28/10/2019
AT/ ALONG OPEN CAR PARK OF BLK 622 ANG MO KIO AVE 9

I/We, JONATHAN LONG JUNWEI, am/are the registered owner of
motor car no. SGD 9312L

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

X 

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.

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 reputate 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 aforsaid.

ACCIDENT STATEMENT

Date Of Report	29/10/2019 14:45
Date Of Accident	28/10/2019 12:20
Exact Location Of Accident	D/WAY AT OPEN C/PARK OF BLK 622 AMK AVE 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD9312L
Insured/Policyholder	
Name Of Registered Owner	JONATHAN LONG JUNWEI
NRIC No	S9108625E
Email Address	JONATHANLONGGG91@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81218821
Alternative Phone No	OFFICE-60000000

Vehicle Particulars

Manufacturer	BMW
Model	420I COUPE-2.0 AT D/AB HID SR NAV M SPORT (A)
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA363803/1
Cover Note Number	

Driver

Name of Driver	JONATHAN LONG JUNWEI
NRIC No	S9108625E
Date Of Birth	13/03/1991
Occupation	INDOOR
Date Of Driving Pass	07/05/2010
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81218821
Fax Number	
Contact Number	OFFICE-60000000
Email Address	JONATHANLONGGG91@GMAIL.COM

Address	BLK 622 ANG MO KIO AVE 9 #02-22
Postcode	560622
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	-
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	1
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

Report Please refer to sketch Plan

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	GET FROM WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX2848M
Vehicle Make/Model/Colour	AUDI A3
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	JONATHAN LONG JUNWEI
Approximate Age	28
Injuries Sustain	BACK & NECK PAIN
Injured person in which vehicle?	SGD9312L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

1. I agree to report correctly the facts of the accident and to state the names of all persons involved.

2. This form must be completed by the Policyholder and for the Authorised Insurer.

3. Information provided must be truthful and accurate as possible. Any willful misrepresentation in this form, if material, may allow insurance companies to rescind policy liability.

4. The date and signature of a policyholder, together with other documents in effect at the time, form part of the insurance contract.

5. Any false statements may be referred to the Police for investigation.

The report will be forwarded by the members of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for their use and that copies of this report will be made available upon application by interested parties.

6. The signatories of this report are the insurers, law firms, solicitors, the driving officer, the report of the centre and to sign on the report being made available to the police.

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) receiving, handling and/or dealing with my claim, including the settlement of the claims under emergency, investigation and 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 making 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) dealing with any dispute over my claim, either pre or post-claim, including and/or dealing with any claims for negligence or damages;

(b) My insurer, my workshop and the GIA may/are permitted to collect, use, disclose and/or process my Personal Information and my Personal Information may be disclosed to any of the Insurers and/or GIA to enable them to administer my claims;

(c) Personal Information may be disclosed by any of the Insurers and/or GIA to other insurance companies, government agencies, government authorities, law firms, law enforcement agencies of Singapore, law enforcement agencies overseas, law enforcement agencies of other countries and law enforcement agencies of other states for the purpose of investigating, prosecuting, settling or managing my claims;

(d) My insurer, my workshop and the GIA may/are permitted to disclose my Personal Information to any of the Insurers and/or GIA to enable them to administer my claims;

(e) My insurer, my workshop and the GIA may/are permitted to disclose my Personal Information to any of the Insurers and/or GIA to enable them to administer my claims;

(f) My insurer, my workshop and the GIA may/are permitted to disclose my Personal Information to any of the Insurers and/or GIA to enable them to administer my claims;

(g) My insurer, my workshop and the GIA may/are permitted to disclose my Personal Information to any of the Insurers and/or GIA to enable them to administer my claims;

(h) My insurer, my workshop and the GIA may/are permitted to disclose my Personal Information to any of the Insurers and/or GIA to enable them to administer my claims;

(i) My insurer, my workshop and the GIA may/are permitted to disclose my Personal Information to any of the Insurers and/or GIA to enable them to administer my claims;

(j) My insurer, my workshop and the GIA may/are permitted to disclose my Personal Information to any of the Insurers and/or GIA to enable them to administer my claims;

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(p) My insurer, my workshop and the GIA may/are permitted to disclose my Personal Information to any of the Insurers and/or GIA to enable them to administer my claims;

(q) My insurer, my workshop and the GIA may/are permitted to disclose my Personal Information to any of the Insurers and/or GIA to enable them to administer my claims;

(r) My insurer, my workshop and the GIA may/are permitted to disclose my Personal Information to any of the Insurers and/or GIA to enable them to administer my claims;

(s) My insurer, my workshop and the GIA may/are permitted to disclose my Personal Information to any of the Insurers and/or GIA to enable them to administer my claims;

(t) My insurer, my workshop and the GIA may/are permitted to disclose my Personal Information to any of the Insurers and/or GIA to enable them to administer my claims;

(u) My insurer, my workshop and the GIA may/are permitted to disclose my Personal Information to any of the Insurers and/or GIA to enable them to administer my claims;

(v) My insurer, my workshop and the GIA may/are permitted to disclose my Personal Information to any of the Insurers and/or GIA to enable them to administer my claims;

(w) My insurer, my workshop and the GIA may/are permitted to disclose my Personal Information to any of the Insurers and/or GIA to enable them to administer my claims;

(x) My insurer, my workshop and the GIA may/are permitted to disclose my Personal Information to any of the Insurers and/or GIA to enable them to administer my claims;

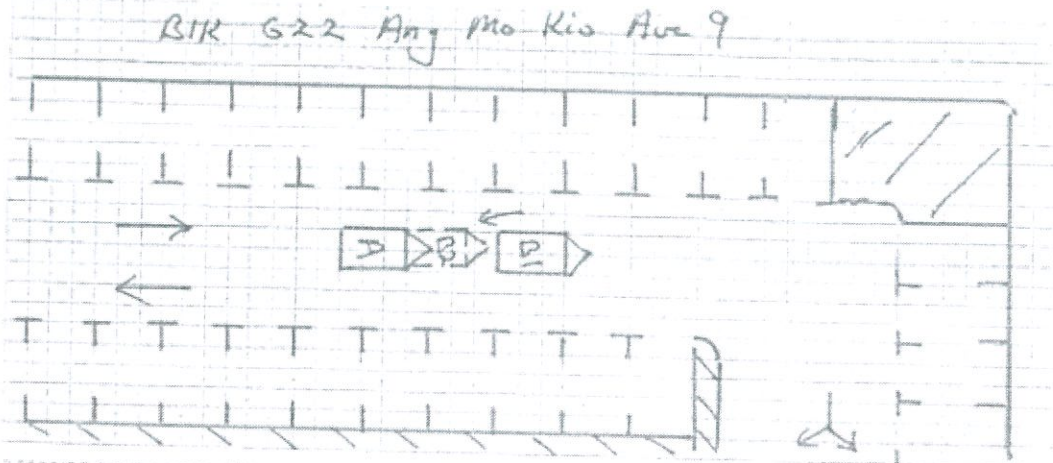
(y) My insurer, my workshop and the GIA may/are permitted to disclose my Personal Information to any of the Insurers and/or GIA to enable them to administer my claims;

(z) My insurer, my workshop and the GIA may/are permitted to disclose my Personal Information to any of the Insurers and/or GIA to enable them to administer my claims;

RECEIVED
JAN 10 1968

Sketch Plan #2

SKETCH PLAN



DETAILED CIRCUMSTANCES OF THE ACCIDENT

On 28/10/2019 at about 1220 hrs at Open Car Park of BLK G22 Ang Mo Kio Ave 9. I was travelling on the above mentioned driveway and came to a stop behind Vehicle (B). Suddenly Vehicle (B) made a quick reversing while trying to park at the right side car park lot without hazard light or without any signal light hence collided onto my Front Portion of my Vehicle (A) causing damages to my vehicle.

CA) SGD 9312 L
(B) SJX 2848 M

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

(We declare the foregoing particulars are true in every respect.)

Subholder's Signature
Date & Time

Driver's Signature
(If driver and the head insured)
Date & Time

Reporting Officer's Signature
Name
NR1234567
571318090