



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 : 24/02/2020

Your Ref : CC6/AIG19020644/Ahb3 (SMJ6032L)

To : AIG ASIA PACIFIC INSURANCE PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SJY4681H & SMJ6032L ON 18/11/2019 AT
ALONG UPPER SERANGOON ROAD TOWARDS BRADDELL ROAD AFTER
WOODLEIGH LANE.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.208038 @ S\$5,778.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,750.00 (7 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:

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY

#07-12 AIG BUILDING

SINGAPORE 079120

Bill No : 208038

Date : 24-February-2020

Vehicle Number : SJY 4681H

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 5,400.00
BEFORE GST		5,400.00
7% GST		378.00
TOTAL		\$ 5,778.00

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: KOK SEW CHIN
CAR/ LORRY/CYCLE: REG NO: SJY 4681H POLICY NO:
ACCIDENT CLAIM NO:

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

Registered No. SJY 4681Hfrom 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 18 day of 11 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: [Signature]

Co's Stamp: NRIC No:

20/11/2019 - PRI
24/11/2019 - Sunday

Vehicle In - 20/11/2019
Vehicle Out - 26/11/2019
LOU - 7 days x \$250
= \$1,750



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

Print Date/Time : 19 Nov 2019 / 12:27:02

Receipt Date/Time : 19 Nov 2019 / 12:27:02

Tax Invoice/Receipt

Receipt No. : ITNET-00000-191119-001319

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SMJ6032L

As at 18 Nov 2019/18:30:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1 Insurance Enquiry - SMJ6032L
Enquiry Fee
20191119122616597351

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

20191119122624126 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 : KOK SIEW CHING
Address : BLK 169 WOODLANDS STREET 11
#06-83 SINGAPORE 730169
Contact No : _____

TO: AIG ASIA PACIFIC INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SJY 4681H AND SMJ 6032L ON 18/11/2019
AT/ ALONG UPPER SERANGOON ROAD TOWARDS BRADDELL ROAD
AFTER WUDLEIGH LANE

I/We, KOK SIEW CHING, am/are the registered owner of
motor car no. SJY 4681H

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



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, KOK SIEW CHING ("the third party claimant")
of BLK 169 WOODLANDS STREET 11 #06-83 S (730/69) (address),
owner of SJY 4681H (vehicle no.) hereby authorize
M/S 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. SJY 4681H that was damaged pursuant to the accident which occurred on 18/11/19 (date) along UPPER SERANGOON ROAD TOWARDS BRADDELL ROAD (location) involving vehicle no/s SMJ 6032L AFTER WOODLEIGH LANE ("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)

x

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 afraid.

ACCIDENT STATEMENT

Date Of Report	19/11/2019 15:00
Date Of Accident	18/11/2019 18:30
Exact Location Of Accident	UPP SERANGOON RD AFTER WOODLEIGH LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY4681H
Insured/Policyholder	
Name Of Registered Owner	KOK SIEW CHING
NRIC No	S1621636D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96727154
Alternative Phone No	OFFICE-96727154

Vehicle Particulars

Manufacturer	VOLVO
Model	S80 2.5T AT ABS D/AB 2WD 4DR TC

Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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Are you claiming under your own insurance policy for repair to your vehicle?	NO
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0015911-MVA-R002
Cover Note Number	

Driver

Name of Driver	FOO CHENG
NRIC No	S1245071J
Date Of Birth	26/03/1957
Occupation	INDOOR
Date Of Driving Pass	13/04/1977
Driving Experience	42 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92953232
Fax Number	
Contact Number	OFFICE-92953232
Email Address	NOEMAIL

Address	BLK 169 WOODLANDS STREET 11 #06-83
Postcode	730169
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	
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: : KOK SIEW CHING 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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ6032L
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)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report immediately the date of the accident to your insurer.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be truthful and accurate as possible. Any willful misrepresentation or omission of information may allow insurance companies to re-evaluate policy liability.
4. The issued and acceptance of this Form by insurance companies shall not constitute liability on the part of any 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 Monetary Authority of Singapore (MAS) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the payment of this report to the insurers, you hereby, jointly and severally, and on behalf of yourself and your report being made available to the insurers.
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) investigating, handling and/or dealing with my claim, including processing my claim for a full or partial reimbursement of my loss(es) and/or damage(s);

(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, inquiries, reports or not to me), which could involve a disclosure of certain personal data about me to bring to out liability of the same as where, in the event of a claim, I have provided my personal data (including my name, address, contact details, etc.); and/or

(v) any other purpose(s) as may be required by the Insurers, including but not limited to, for the purpose of settling my claim.

I understand that my personal data/personal information may be disclosed to 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) investigating, handling and/or dealing with my claim, including processing my claim for a full or partial reimbursement of my loss(es) and/or damage(s);

(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, inquiries, reports or not to me), which could involve a disclosure of certain personal data about me to bring to out liability of the same as where, in the event of a claim, I have provided my personal data (including my name, address, contact details, etc.); and/or

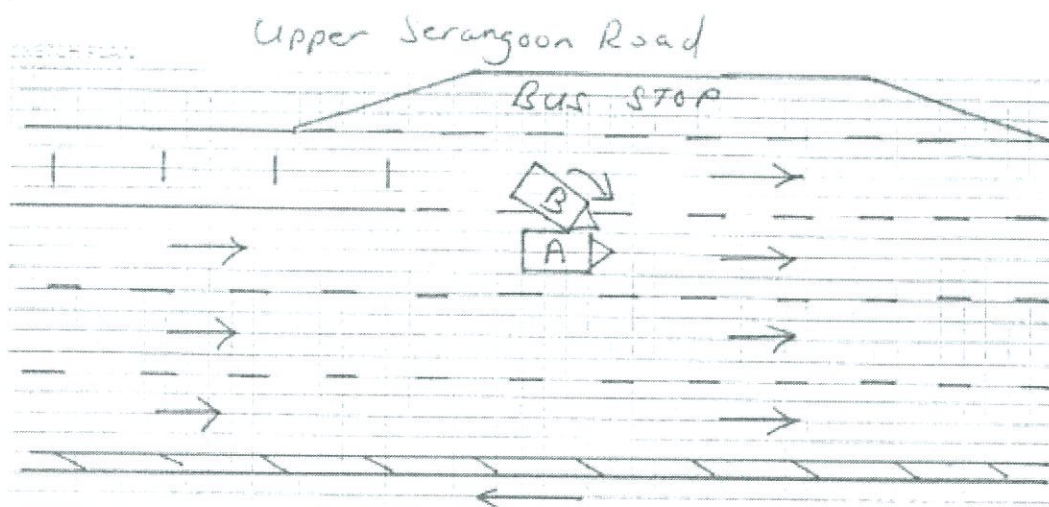
(v) any other purpose(s) as may be required by the Insurers, including but not limited to, for the purpose of settling my claim.

Insured Person's
Signature

Insured Person's
Signature
Date & Time

Witness's Signature
Name
Date & Time

Accident Sketch Plan



REPORT OF CIRCUMSTANCES OF THE ACCIDENT

On 18/11/2019 at about 1830 hrs at along Upper Serangoon Road towards Braddell Road after Woodleigh Lane. I was travelling on the lane 3 along Upper Serangoon Road and suddenly a Vehicle (B) on my left veered into my lane without checking his blindspot and without proper lookout hence collided onto my left front Portion of my Vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle.

(A) SJY 4681 H
(B) SMJ 6032 L

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 facts, correct to the best of my/our knowledge.

Policyholder's Signature
Date & Time

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

Witness Signature
Name
Date & Time