



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 : 19/02/2020
Your Ref : **SJP5974D**
To : **LONPAC INSURANCE BHD**
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SLV1508M & SJP5974D ON 02/11/2019 AT
ALONG HAIG ROAD BESIDE UNIT NO. 103 THE SERENNO.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.208033 @ S\$3,424.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$960.00 (4 Days x S\$240)
- 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 Chia

HP: 9188 6931

E-mail: mg3solution@gmail.com



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(GST Reg. No. 20-1427944-N)

PROFORMA BILL

Bill To:

LONPAC INSURANCE BHD

N0.100 BEACH ROAD

#19-00 SHAW TOWER

SINGAPORE 189702

Bill No : 208033

Date : 19-February-2020

Vehicle Number : **SLV 1508M**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 3,200.00
BEFORE GST		3,200.00
7% GST		224.00
TOTAL		\$ 3,424.00

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: WEE CHENG CHUAN THOMAS
CAR/ LORRY/CYCLE: REG NO: SLV 1508m POLICY NO:
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SLV 1508mfrom 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 2 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 - PR1

Vehicle In - 20/11/2019

Vehicle Out - 23/11/2019

Lor - 4 days x \$ 240

= \$ 960



**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-19-182272

Date of Request: 05/11/2019

Your Ref No: WALK IN HONG

MG SOLUTION - KAKI BUKIT
23 KAKI BUKIT AVENUE 4, #04-01
SINGAPORE 415933

Dear Sir/Madam,

Your Vehicle No: SLV1508M

Date of Accident: 02/11/2019

Place of Accident: HAIG

Involving Vehicle No: SJP5974D

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



RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
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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-19-182273

Date of Request: 05/11/2019

Your Ref No: WALK IN HONG

MG SOLUTION - KAKI BUKIT
23 KAKI BUKIT AVENUE 4, #04-01
SINGAPORE 415933

Dear Sir/Madam,

Date of Accident: 02/11/2019

Vehicle No: SLV1508M

Place of Accident: HAIG RD BESIDE UNIT 103 THE SERENNO

Involving Vehicle No: SJP5974D

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\$)
SJP5974D	HAIG RD BESIDE UNIT 103 THE SERENNO	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 ☒ Cash ☐ Cheque

LETTER OF AUTHORITY

Name : WEE CHENG CHUAN THOMAS

Address : 25 COWDRAY AVENUE
SINGAPORE 558026

Contact No : _____

TO: LONPAC INSURANCE BHD

Dear Sirs,

ACCIDENT INVOLVING SLV 1508M AND SJP59740 ON 2/11/2019
AT/ ALONG HAIG RD BESIDE UNIT 103 THE SERENVO

I/We, WEE CHENG CHUAN THOMAS, am/are the registered owner of
motor car no. SLV 1508M

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 afterwards.

ACCIDENT STATEMENT

Date Of Report	04/11/2019 15:28
Date Of Accident	02/11/2019 11:00
Exact Location Of Accident	HAIG RD BESIDE UNIT 103 THE SERENNO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV1508M
Insured/Policyholder	
Name Of Registered Owner	WEE CHENG CHUAN THOMAS
NRIC No	S6803542B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91018311
Alternative Phone No	OFFICE-91018311

Vehicle Particulars

Manufacturer	TOYOTA
Model	CHR
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 HIRE

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV2018-00000585
Cover Note Number	

Driver

Name of Driver	WEE CHENG CHUAN THOMAS
NRIC No	S6803542B
Date Of Birth	14/01/1968
Occupation	OUTDOOR
Date Of Driving Pass	25/09/1985
Driving Experience	34 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91018311
Fax Number	
Contact Number	OFFICE-91018311
Email Address	NOEMAIL

Address	25 COWDRAY AVE
Postcode	558026
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	SIDE SWIPE
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)	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 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	SJP5974D
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

Accident Sketch Plan

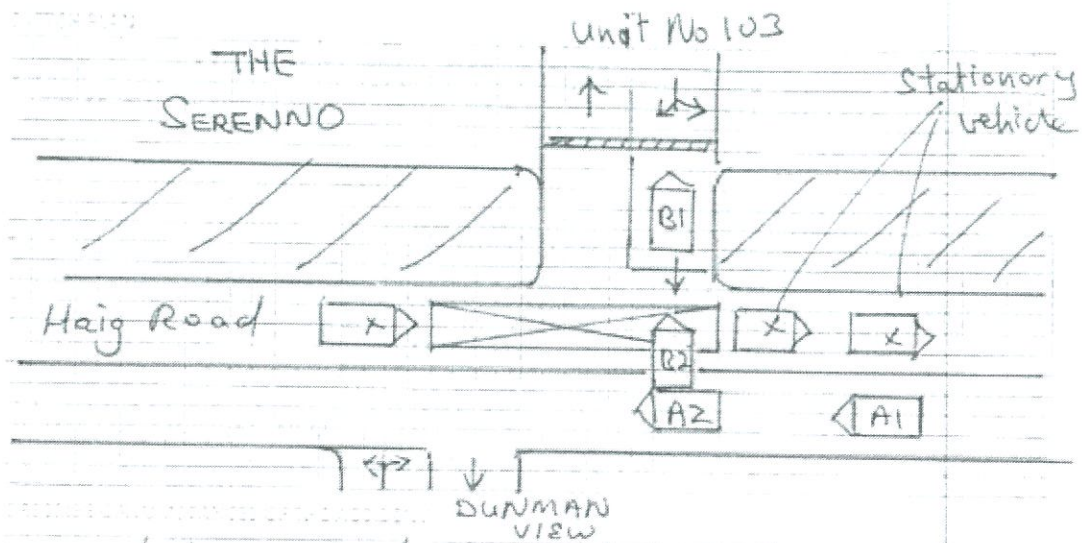
IMPORTANT NOTICE

- a) This form is to be completed by the driver(s) of the vehicle(s) involved in the accident.
- b) This form must be completed by the driver(s) of the vehicle(s) involved in the accident.
- c) This form is to be completed by the driver(s) of the vehicle(s) involved in the accident.
- d) This form is to be completed by the driver(s) of the vehicle(s) involved in the accident.
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- m) This form is to be completed by the driver(s) of the vehicle(s) involved in the accident.
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- p) This form is to be completed by the driver(s) of the vehicle(s) involved in the accident.
- q) This form is to be completed by the driver(s) of the vehicle(s) involved in the accident.
- r) This form is to be completed by the driver(s) of the vehicle(s) involved in the accident.
- s) This form is to be completed by the driver(s) of the vehicle(s) involved in the accident.
- t) This form is to be completed by the driver(s) of the vehicle(s) involved in the accident.
- u) This form is to be completed by the driver(s) of the vehicle(s) involved in the accident.
- v) This form is to be completed by the driver(s) of the vehicle(s) involved in the accident.
- w) This form is to be completed by the driver(s) of the vehicle(s) involved in the accident.
- x) This form is to be completed by the driver(s) of the vehicle(s) involved in the accident.
- y) This form is to be completed by the driver(s) of the vehicle(s) involved in the accident.
- z) This form is to be completed by the driver(s) of the vehicle(s) involved in the accident.

[Signature]

[Signature]

Accident Sketch Plan



On 02/11/2019 at about 1100 hrs at along Haig Road beside unit no. 103 (THE SERENNO). I was travelling along Haig Road towards Geylang Road and when coming towards the above mentioned unit no. 103, suddenly a vehicle (B) reversing out from the exit without proper lookout hence collided onto my Right Front Portion of my Vehicle (A) causing damages to my vehicle.

(A) SLV 1508 M
(B) STP 5974 D

We warrant that your version of the facts, as stated above, is true and correct. We warrant that we have conducted a thorough investigation and that the facts stated above are true and correct. Please check your policy for more information.

DECLARATION

[Signature]

[Signature]

Date: 02/11/2019

Officer Name: [Name]

Officer Name: [Name]