



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 : 09/04/2020
Your Ref : **SHB4228D**
To : **MS FIRST CAPITAL INSURANCE LTD**
Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SJW3563H & SHB4228D ON 15/01/2020 AT JUNCTION OF CLIVE STREET AND DUNLOP STREET.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.208087 @ **S\$7,918.00 (Inclusive Of 7% GST)**
- 2) Loss of Use @ **S\$2,250.00 (9 Days x S\$250)**
- 3) LTA Search @ **S\$7.45**
- 4) Towing Fee @ **S\$50.00**
- 5) Authorisation to Act
- 6) 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:
MS FIRST CAPITAL INSURANCE LIMITED

36 ROBINSON ROAD
#16-01 CITY HOUSE
SINGAPORE 068877

Bill No : 208087

Date : 09-April-2020

Vehicle Number : **SJW 3563H**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 7,400.00
		BEFORE GST 7,400.00
		7% GST 518.00
		TOTAL \$ 7,918.00

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: HENRY TEO Kim Chye
CAR/ LORRY/CYCLE: REG NO: SJW 3563H POLICY NO: -
ACCIDENT CLAIM NO: -

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

Registered No. SJW 3563Hfrom 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 15 day of 01 20..... 20 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:

15/01/2020 - Tow in
16/01/2020 - Reporting
17/01/2020 - PRI
19/01/2020 - Sunday

Vehicle In - 15/01/2020
Vehicle Out - 23/01/2020
Lau - 9 days x \$250
= \$ 2,250



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

Print Date/Time : 15 Jan 2020 / 14:18:24

Receipt Date/Time : 15 Jan 2020 / 14:18:24

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200115-001992

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 - SHB4228D As at 15 Jan 2020/02:15:00 Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SHB4228D Enquiry Fee 20200115141738103833	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				
	20200115141745148	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.

CASH SALE/WORK ORDER

No:A 26894



PEOPLE'S VEHICLE SERVICE PTE LTD

BLK 3023A, UBI ROAD 1 #01-60; SINGAPORE 408717

TEL : 6743 1987 (3 LINES) FAX : 6743 0013

Reg No: 200415052W

Date, 15/1/20

寶號 Messrs: MB

車號 Vehicle No: SJW 3563M 車型 Model No: TOYOTA

由 From: Yishun IND park A Blk 3019

到 To: Kaki Bukit Vicom

其他 Remark:

時間 Time : [][] : [][] - [][] : [][] - [][] : [][] AMOUNT: \$ 50k

注意：本公司對所拖之車輛，在進行中如有任何損失或破壞，一概由車主自行負責。
NOTE: Vehicle is towed at owner's risk. The company accepts no responsibility for damages or other misdemeanour to your vehicle whilst being towed.

經手人 Authorised by: [Signature]

收貨人 Received by: [Signature]

LETTER OF AUTHORITY

Name : HENRY TEO KIM CHYE

Address : BLK 486 ADMIRALTY LINK
#21-147 S (750486)

Contact No : _____

TO: MS FIRST CAPITAL INSURANCE LIMITED

Dear Sirs,

ACCIDENT INVOLVING SJW 3563M AND SHB4228D ON 15/01/2020
AT/ALONG JUNCTION OF CLIVE STREET AND DUNLOP STREET

I/We, HENRY TEO KIM CHYE, am/are the registered owner of
motor car no. SJW 3563M

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

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	16/01/2020 15:45
Date Of Accident	15/01/2020 02:15
Exact Location Of Accident	JUNC OF CLIVE ST / DUNLOP STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW3563H
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Insured/Policyholder

Name Of Registered Owner	HENRY TEO KIM CHYE
NRIC No	SXXXX927G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96526670
Alternative Phone No	OTHERS-96526670

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 2.0 AUTO

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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103070770
Cover Note Number	

Driver

Name of Driver	HENRY TEO KIM CHYE
NRIC No	SXXXX927G
Date Of Birth	14/03/1962
Occupation	INDOOR
Date Of Driving Pass	17/04/1984
Driving Experience	35 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96526670
Fax Number	
Contact Number	OTHERS-96526670
EMail Address	NOEMAIL

Address	BLK 486 #21-147 ADMIRALTY LINK
Postcode	750486
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES CHANGKAT NPP
Police Station Address	ROAD: 109 TAMPINES STREET 11 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20200115/2068;

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

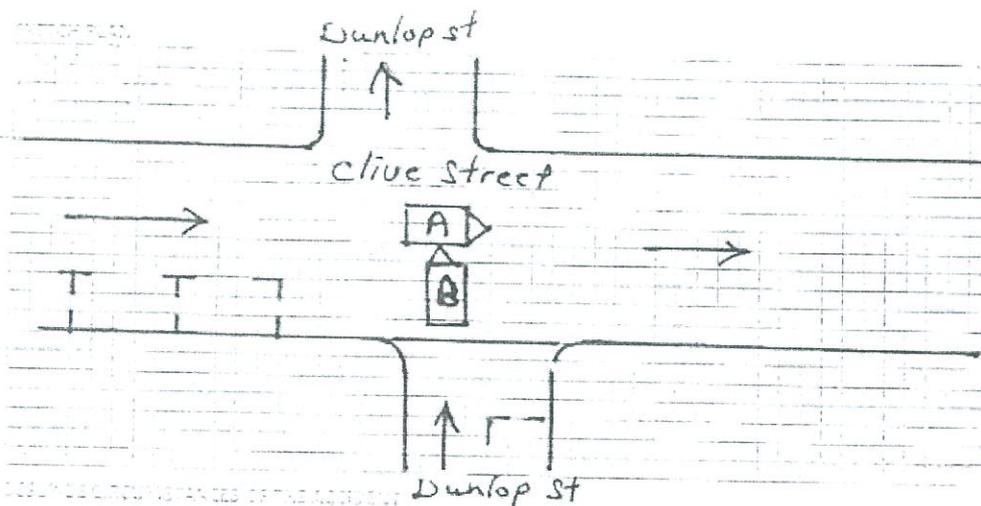
Vehicle Registration Number	SHB4228D
Vehicle Make/Model/Colour	HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	HENRY TEO KIM CHYE
Approximate Age	
Injuries Sustain	BACK AND NECK PAIN
Injured person in which vehicle?	SJW3563H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 486 #21-147 ADMIRALTY LINK
Postcode	750486

Accident Sketch Plan



Refer to Police Report

Report No:-

T/20200115/2068

[Handwritten signature]

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 is a true and correct account of the accident.

[Signature]
 Insured's Signature
 Date of This

[Signature]
 Witness's Signature
 (Please print name and address)
 Date of This

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4 #02-02
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: vackb@viam.com.sg

[Signature]
 Insurer's Signature
 Name:
 Designation:

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T20200115/2068

Police Station Of Origin
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No 1900-7819999

1 of 3
Report No: T20200115/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/01/2020 12:23	Video Report No.	Station Diary No. 14
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Informant's Particulars

Name of Informant HENRY TEO KIM CHYE		Address: APT BLK 436 ADMIRALTY LINK #21-147 SINGAPORE 750486	
ID Type / ID No. NRIC NO / S1588927G		Contact No. Home/Office	Mobile 96525670
Nationality SINGAPORE CITIZEN		Email:	
Sex Male	Age 57	Date of Birth 14/03/1962	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 15/01/2020 02:15	Type of Location: X-Junction
Location: DUNLOP STREET CLIVE STREET Junction of Clive Street and Dunlop Street			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHB4228D	TAXI					0
SJW3563H	Car	TOYOTA	WISH 2.0 AUTO	Brown		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJW3563H	NTUC Income Insurance Co-Operative Limited	5103070770	15/08/2018	17/03/2020

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T20200115/2058

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

2 of 3

Report No: T20200115/2058

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO HOCK CHIN	ID No.	S1565544E
Related Vehicle	SHB4228D (TAXI)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	HENRY TEO KIM CHYE	ID No.	S1568927G
Related Vehicle	SJW3553H (Car)	Contact No.	95526570
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	15/01/2020	Date Discharge	15/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	NIL

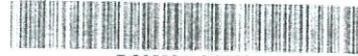
Brief Details.

On the 15/01/2020 at about 02:15hrs, I was driving my vehicle along Clive Street (one way road). As I drove past the junction of Clive Street and Dunlop Street, a taxi came from the right and hit onto my vehicle right part on. My whole right side portion of my vehicle was badly damaged due to the accident. I to inform that there was a stop sign at the junction of Dunlop Street, however the taxi did not stop to make a check before moving off.

Accident Sketch Plan



SINGAPORE POLICE FORCE



T:20200115/2008

Police Station Of Origin
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109.
Tel No: 1800-7819999

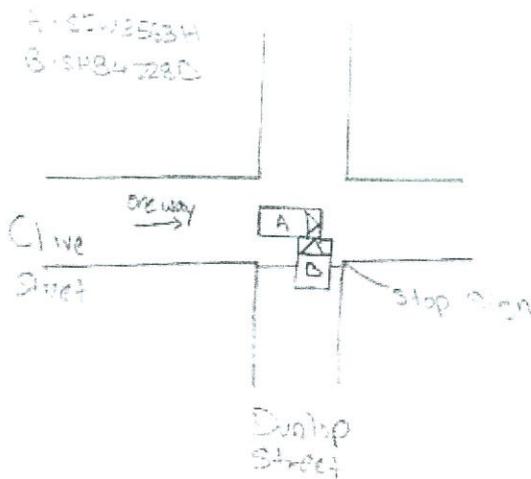
3 of 3

Report No: T20200115/2008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan



IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G/
Sgt B HASAN BIN SIDIK

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time
15/01/2020 12:23

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG S'EU LUI
Contact No: 65476451

Classification Of Case

Authorised Officer
NP166



SIGNATURE