

RELEASE

Claim Reference:	1202000014740
Surveyor's Reference:	CC4/FWD20004397/Aga3
TP Reference:	SMS1891J

We, **MG Solution Pte Ltd** ("Workshop") hereby agree and confirm that we are authorized by the owner ("Claimant") of motor vehicle **SMS1891J** ("Vehicle") to accept global sum of **\$7,200.00**, being the amount claimed for repair cost, loss of ~~rental~~/use, loss of income, disbursement as compensation for the loss of or damage to the Vehicle, as a result of an accident ("Accident") which occurred on **21/03/2020** (date of accident) at / along **JUNC OF WOODLANDS AVE 3 & 5** (location) involving vehicle no/s. **SLB3318L** and **SMS1891J**.

This is pursuant to the inspection conducted on **23/03/2020** (date) at the Workshop.

We confirm that this acceptance is in full and final settlement of all claims arising from the damage to the Vehicle (whether now or hereafter to become manifest), to the intent that FWD Singapore Pte. Ltd. and all other persons, in particular the driver of **SLB3318L** be absolutely and finally exonerated and discharged from all claims of every nature and kind whatsoever which have been made or which may be made in respect of this Accident.

We also declare that we are authorized by the Claimant to receive the above compensation and we have full authority to make the claim as set out above and to settle the matter on behalf of the Claimant in any manner we deem fit.

This settlement is reached on a without prejudice and without admission of liability basis. As such, this Release is not to be construed as an admission of liability on the part of FWD Singapore Pte Ltd, their policyholder and / or authorised driver and shall not be used as evidence in any claims and / or action which may be lodged by any of them.

Dated this 11 day of Aug 2020

CLAIMANT



[Signed by the "Workshop" with Co. Stamp]

For and on behalf of the "Claimant"



LUP

[FWD's appointed surveyor with Co. Stamp]

For and on behalf of FWD Singapore Pte. Ltd.

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.



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:

FWD INSURANCE PTE LTD

6 TEMASEK BOULEVARD

#18-01 SUNTEC TOWER FOUR

SINGAPORE 038986

INVOICE No : TI 209251

PB No : 208116

Date : 11-August-2020

ATTN : MOTOR CLAIMS DEPARTMENT

Vehicle Number : SMS 1891J

QTY	DESCRIPTION	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 6,200.00
BEFORE GST		6,200.00
7% GST		434.00
TOTAL		\$ 6,634.00

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



Co's stamp & Authorised Signature

Print Received Message

This mail is associated with :

***SMS1891J (1202000014740)**

[SLB3318L]

TP

CHIA PENG

Mar 21 2020 12:00AM

[Eric Tay Eng Hoe]

MG Solution Pte Ltd

From FWD Singapore Pte. Ltd. (HQ) (FWD_SG), sent on 06/08/2020 14:20 PM.
To LKK_HQ
Subject Alert - Adj Mandate Approved (S\$7241.45) - SMS1891J - Claim Handler: Lionel Tan

Approved:7241.45.



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 : 24/04/2020
Your Ref : SLB3318L
To : FWD INSURANCE PTE LTD
Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SMS1891J & SLB3318L ON 21/03/2020 AT JUNCTION OF WOODLANDS AVENUE 3 AND WOODLANDS AVENUE 5.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.208116 @ S\$6,634.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,500.00 (6 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:

FWD INSURANCE PTE LTD

6 TEMASEK BOULEVARD

#18-01 SUNTEC TOWER FOUR

SINGAPORE 038986

Bill No : 208116

Date : 24-April-2020

Vehicle Number : SMS 1891J

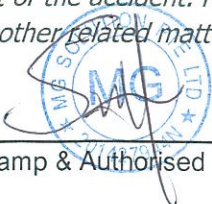
ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 6,200.00
BEFORE GST		6,200.00
7% GST		434.00
TOTAL		\$ 6,634.00

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: chia peng
CAR/ LORRY/CYCLE: REG NO: SMS 1891J POLICY NO: -
ACCIDENT CLAIM NO: -

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

Registered No. SMS 1891J 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 03 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: x 

Co's Stamp: NRIC No:

23/03/2020 - PRI

vehicle In - 23/03/2020

vehicle Out - 28/03/2020

LOV - 6 days x \$ 250

= \$ 1.500

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 21 Mar 2020 / 14:22:15

Receipt Date/Time : 21 Mar 2020 / 14:22:15

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200321-001293

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 - SLB3318L

As at 21 Mar 2020/10:30:00

Insurance Co: FWD SINGAPORE PTE. LTD.

1 Insurance Enquiry - SLB3318L

Enquiry Fee

20200321142125203072

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

xxxxxxxxxxxx3808

Credit Card: Visa
/MasterCard

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 : Chia Peng

Address : 50A Ton Tuck Road
#05-01 S (596742)

Contact No : _____

TO: FWD SINGAPORE PTE LTD

Dear Sirs,


ACCIDENT INVOLVING SMJ 1891J AND SLB 3318L ON 21/03/2020
AT/ ALONG Junction of woodlands Ave 3 and woodlands Ave 5

I/We, Chia Peng, am/are the registered owner of
motor car no. SMJ 1891J

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 after a period.

ACCIDENT STATEMENT

Date Of Report	23/03/2020 11:15
Date Of Accident	21/03/2020 10:30
Exact Location Of Accident	JUNC OF WOODLANDS AVE 03 & AVE 05
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS1891J
Insured/Policyholder	
Name Of Registered Owner	CHIA PENG
NRIC No	SXXXX478G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92423002
Alternative Phone No	OTHERS-92423002
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY HYBRID 2.5 ASCENT
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	5116112803
Cover Note Number	
Driver	
Name of Driver	CHIA PENG
NRIC No	SXXXX478G
Date Of Birth	05/03/1952
Occupation	OUTDOOR
Date Of Driving Pass	19/01/1974
Driving Experience	46 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92423002
Fax Number	
Contact Number	OTHERS-92423002
Email Address	NOEMAIL

Address	50A TOH TUCK ROAD #05-01 SIGNATURE PARK
Postcode	596742
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)	2
Passenger 1	NAME: : GRAB PASSENGER GENDER: : MALE

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 ATTACHED;

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	SLB3318L
Vehicle Make/Model/Colour	TOYOTA / PRADO 2.7TX A
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 CHIA PENG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SMS1891J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address 50A TOH TUCK ROAD #05-01 SIGNATURE PARK
Postcode 596742

DETAILS OF INJURED PERSON 2

Name MALE PASSENGER
Approximate Age
Injuries Sustain
Injured person in which vehicle? SMS1891J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the data and the accident / event in 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 willful doing of "material" facts may allow insurance companies to repudiate policy liability.
4. The truth and acceptance of the liability by insurance companies and third parties may be supported by the findings 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, the RIAA, Road Management Centre established by the Land Transport Authority of Singapore (LTA) and the relevant third parties (if any) to the relevant bodies and interested parties.
7. By the lodging of this report to the insurers, you hereby consent to the use and disclosure of the report as well as the release of the report being made available if required.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, sign and consent to:

- (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 claim; (ii) settling the matter in accordance with the terms and conditions of the insurance policy; (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 status of my claim); (v) complying with applicable laws and/or regulations, processing, handling and/or dealing with my claims in accordance with the "Purpose(s)";
- (b) All insurer(s) who have insured vehicle(s) involved in this accident and all of the Insurers' lawyers/law firms, may/are permitted to process, use, disclose and/or transfer my Personal Information for all of the purposes stated in (a) above, and
- (c) my insurer/lawyer/law firm may/are permitted to use, disclose and/or transfer my Personal Information for all of the purposes stated in (a) above, and
- (d) my insurer/lawyer/law firm may/are permitted to use, disclose and/or transfer my Personal Information for all of the purposes stated in (a) above, and
- (e) my insurer/lawyer/law firm may/are permitted to use, disclose and/or transfer my Personal Information for all of the purposes stated in (a) above, and
- (f) my insurer/lawyer/law firm may/are permitted to use, disclose and/or transfer my Personal Information for all of the purposes stated in (a) above, and
- (g) my insurer/lawyer/law firm may/are permitted to use, disclose and/or transfer my Personal Information for all of the purposes stated in (a) above, and
- (h) my insurer/lawyer/law firm may/are permitted to use, disclose and/or transfer my Personal Information for all of the purposes stated in (a) above, and
- (i) my insurer/lawyer/law firm may/are permitted to use, disclose and/or transfer my Personal Information for all of the purposes stated in (a) above, and
- (j) my insurer/lawyer/law firm may/are permitted to use, disclose and/or transfer my Personal Information for all of the purposes stated in (a) above, and
- (k) my insurer/lawyer/law firm may/are permitted to use, disclose and/or transfer my Personal Information for all of the purposes stated in (a) above, and
- (l) my insurer/lawyer/law firm may/are permitted to use, disclose and/or transfer my Personal Information for all of the purposes stated in (a) above, and
- (m) my insurer/lawyer/law firm may/are permitted to use, disclose and/or transfer my Personal Information for all of the purposes stated in (a) above, and
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- (p) my insurer/lawyer/law firm may/are permitted to use, disclose and/or transfer my Personal Information for all of the purposes stated in (a) above, and
- (q) my insurer/lawyer/law firm may/are permitted to use, disclose and/or transfer my Personal Information for all of the purposes stated in (a) above, and
- (r) my insurer/lawyer/law firm may/are permitted to use, disclose and/or transfer my Personal Information for all of the purposes stated in (a) above, and
- (s) my insurer/lawyer/law firm may/are permitted to use, disclose and/or transfer my Personal Information for all of the purposes stated in (a) above, and
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- (u) my insurer/lawyer/law firm may/are permitted to use, disclose and/or transfer my Personal Information for all of the purposes stated in (a) above, and
- (v) my insurer/lawyer/law firm may/are permitted to use, disclose and/or transfer my Personal Information for all of the purposes stated in (a) above, and
- (w) my insurer/lawyer/law firm may/are permitted to use, disclose and/or transfer my Personal Information for all of the purposes stated in (a) above, and
- (x) my insurer/lawyer/law firm may/are permitted to use, disclose and/or transfer my Personal Information for all of the purposes stated in (a) above, and
- (y) my insurer/lawyer/law firm may/are permitted to use, disclose and/or transfer my Personal Information for all of the purposes stated in (a) above, and
- (z) my insurer/lawyer/law firm may/are permitted to use, disclose and/or transfer my Personal Information for all of the purposes stated in (a) above, and

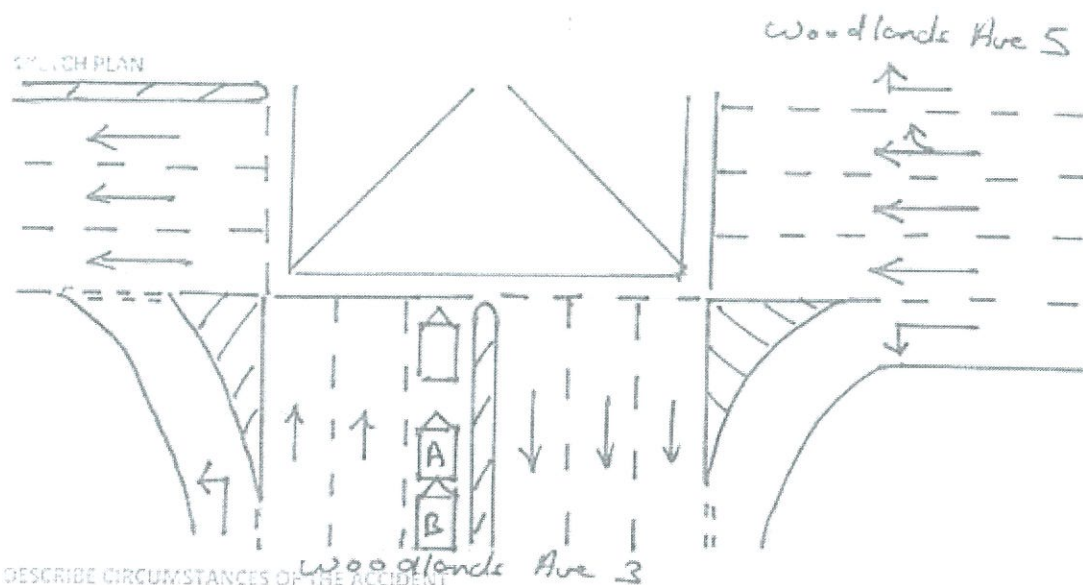
Policyholder's signature
(date & time):

Insurer's signature
(date & time)
(date & time)

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

Reporting Centre / Insurance Broker
(date & time)
(date & time)

Accident Sketch Plan



On 21/03/2020 at about 1030 hrs at Junction of Woodlands Ave 3 and Woodlands Ave 5. I was travelling on the extreme Right Lane along Woodlands Ave 3 and when coming towards the above mentioned junction, my front vehicle slow down and stop while waiting to make a Right turn into Woodlands Ave 5 hence I follow suit. 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.

(A) SMS 1891 J

(B) SLB 3318 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

(A) I declare that the above particulars are true and correct to the best of my knowledge.

[Signature]

Date & Time

Date & Time

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4 #02-02

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vac@idac.com.sg

Accident Report Form to be filled up

Date

Time

23 MAR 2020