



## 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 : 10/06/2020

Your Ref : SHA8365U

To : **MS FIRST CAPITAL INSURANCE LTD**

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SLJ5339X & SHA8365U ON 04/04/2020 AT  
ALONG TOA PAYOH CENTRAL TOWARDS LOR 2 TOA PAYOH BESIDE  
ENTRANCE TO HDB HUB CAR PARK.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.208130 @ S\$4,601.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$2,160.00 (9 Days x S\$240)
- 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:

**MS FIRST CAPITAL INSURANCE LIMITED**

36 ROBINSON ROAD

#16-01 CITY HOUSE

SINGAPORE 068877

Bill No : 208130

Date : 10-June-2020

Vehicle Number : **SLJ 5339X**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 4,300.00
BEFORE GST		4,300.00
7% GST		301.00
TOTAL		\$ 4,601.00

**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  
Co. Reg. No. : 201427944N

MOTOR CLAIM DISCHARGE

INSURED: 3J LEASING  
CAR/ LORRY/CYCLE: REG NO: SLJ5339X POLICY NO:   
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle  
Registered No. SLJ 5339X 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 04 day of 04 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:

06/04/2020 - PRI  
10/04/2020 - PM - Good Friday  
12/04/2020 - Sunday

vehicle In - 06/04/2020  
vehicle Out - 14/04/2020  
LOU - 9 days x \$240  
= \$2,160

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 04 Apr 2020 / 12:58:22

Receipt Date/Time : 04 Apr 2020 / 12:58:21

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-200404-001132

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 - SHA8365U As at 04 Apr 2020/12:00:00 Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED			
1	Insurance Enquiry - SHA8365U Enquiry Fee 20200404125714432906	7.00	0.49	7.49
	<b>Sub-Total</b>	7.00	0.49	7.49
	<b>Total Before Rounding</b>	7.00	0.49	7.49
	<b>Rounding Difference</b>			0.04
	<b>Total Amount Payable</b>			7.45
	<b>Paid By</b>			
	462845XXXXXX3808 eNETS Credit Card			7.45
	<b>Total</b>			7.45
	<b>Cash Change</b>			0.00
	<b>Tendered Amount</b>			7.45
	<b>Excess Refundable Amount</b>			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 : 3J LEASING

Address : 43 JALAN TARI SERIMP1  
JALAN KAYU ESTATE S(799127)

Contact No : \_\_\_\_\_

TO: MS FIRST CAPITAL INSURANCE LIMITED

Dear Sirs,

ACCIDENT INVOLVING SLJ 5339X AND SHA 8365U ON 04/04/2020  
AT/ ALONG TOA PAYOH CENTRAL TOWARDS LOR 2 TOA PAYOH BESIDE  
ENTRANCE TO MDB HUB CARPARK.

I/We, 3J LEASING, am/are the registered owner of  
motor car no. SLJ 5339X

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 as resaid.

### ACCIDENT STATEMENT

Date Of Report	06/04/2020 12:12
Date Of Accident	04/04/2020 12:00
Exact Location Of Accident	TOA PAYOH CENTRAL BESIDE ENTRANCE HDB HUB CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ5339X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	3J LEASING
Co Reg No	5XXXX595E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8X A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MI001788-R02
Cover Note Number	

### Driver

Name of Driver	TAN WENGUANG, WENDELL (CHEN WENQUANG, WENDELL)
NRIC No	SXXXX127E
Date Of Birth	21/11/1981
Occupation	OUTDOOR
Date Of Driving Pass	21/10/2003
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88185885
Fax Number	
Contact Number	OFFICE-88185885
Email Address	NOEMAIL

Address	BLK 209 TOA PAYOH NORTH #10-1277
Postcode	310209
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	5
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	NAME: : - 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 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	SHA8365U
Vehicle Make/Model/Colour	
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 TAN WENGUANG, WENDELL (CHEN WENQUANG, WENDELL)  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? SLJ5339X  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please read out correctly the contents of this document to the relevant persons.
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 willful misstatement or omission of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this report by the insurance policyholder or policy owner is for information only and is on the part 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 to the Monetary Authority of Singapore (MAS), the General Insurance Association of Singapore (GIA), for archiving and that copies of this report will also be made available upon application by interested parties.
7. By the placement of this report to the insurers, you hereby consent to the insurers' right to use report of the information and facts of the report for any major available purposes.

#### 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) any, arising, handling and/or dealing with my claim to gain the settlement of my claim and/or necessary without the need of the court;

(ii) investigating the accident and/or my claim;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) handling and/or dealing with (including the issuing of) correspondence, statements, invoices, reports or notices to me, which should involve disclosure of certain personal data about me to bring about delivery of the same as well as on the handling, cover of envelopes/emails/packages; and/or

(v) complying with legal obligations, including, but not limited to, any handling and/or dealing with my claim and/or the Purpose(s).

(b) I understand that 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/or 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) any, arising, handling and/or dealing with my claim to gain the settlement of my claim and/or necessary without the need of the court;

(ii) investigating the accident and/or my claim;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) handling and/or dealing with (including the issuing of) correspondence, statements, invoices, reports or notices to me, which should involve disclosure of certain personal data about me to bring about delivery of the same as well as on the handling, cover of envelopes/emails/packages; and/or

(v) complying with requirements under any regulations, laws or court orders.



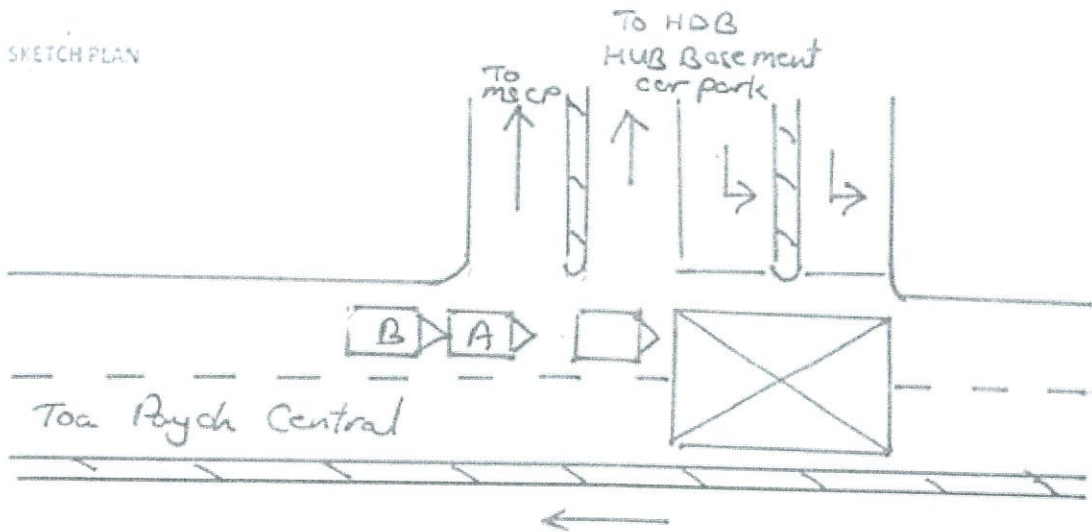
Policyholder's Signature  
Date & Time

Driver's Signature  
If covered by the policyholder  
Date & Time

Reporting General Insurance Company's Signature  
Date & Time

# Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/04/2020 at about 1200 hrs at along Toa Payoh Central towards lor 2 Toa Payoh beside entrance to HDB Hub Car Park. I was travelling on the extreme left lane along Toa Payoh Central and when my front vehicle slow down and stop before the yellow box hence I follow suit. Moment later, 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) SLJ 5339 X  
(B) SHA 8365 U

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 that the above information is true and correct.

Insured's Signature  
(Date & Time)

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

Reporting Centre Person's Signature  
Name  
NRIC/IN/NO