



## 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 : 17/06/2020

Your Ref : CC4/ASM20005205/Aha3 (SKG7311P)

To : AXA INSURANCE SINGAPORE PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SKX5332C & SKG7311P ON 13/04/2020 AT  
ALONG KALLANG ROAD TOWARDS SIMS AVENUE BEFORE JUNCTION OF  
PADANG JERINGAU.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.208133 @ S\$3,959.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,600.00 (8 Days x S\$200)
- 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

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Tel: 6243 1373 Fax: 6243 1376

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

# PROFORMA BILL

Bill To:

**AXA INSURANCE PTE LTD**

8 SHENTON WAY

#27-01 AXA TOWER

SINGAPORE 068811

Bill No : 208133

Date : 17-June-2020

Vehicle Number : SKX 5332C

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 3,700.00
BEFORE GST		3,700.00
7% GST		259.00
TOTAL		\$ 3,959.00

**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

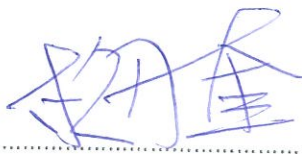
MG SOLUTION PTE LTD  
23 Kaki Bukit Ave 4 (South Wing) #02-03B  
Vicom Inspection Centre, Singapore 415933  
Tel: 6243 1373 Fax: 6243 1376  
Co. Reg. No. : 201427944N

### MOTOR CLAIM DISCHARGE

INSURED: MEI KUI  
CAR/LORRY/CYCLE: REG NO: SKU 5332C POLICY NO:  
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle  
Registered No. SKU 5332C 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 13 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:

14/04/2020 - PRI  
19/04/2020 - Sunday

Vehicle In - 14/04/2020  
Vehicle Out - 21/04/2020  
Lor - 8 days x \$200  
= \$1,600



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

Print Date/Time : 13 Apr 2020 / 15:27:36

Receipt Date/Time : 13 Apr 2020 / 15:27:36

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-200413-001972

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 - SKG7311P				
As at 13 Apr 2020/12:36:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SKG7311P Enquiry Fee 20200413152624482441	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				
	526471XXXXXX3974 eNETS Credit Card			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 : MEI KUI  
Address : BLK 761 PASIR RIS STREET 71  
#12-206 S (510761)  
Contact No : \_\_\_\_\_

TO: AXA INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SKU 5332C AND SKG 7311P ON 13/04/2020  
AT/ ALONG KALLANG ROAD TOWARDS SIMS AVE BEFORE JUNCTION OF  
PADANG JERINGAU

I/We, MEI KUI, am/are the registered owner of  
motor car no. SKU 5332C

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

  
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Signature of Claimant

  
-----  
Witness By

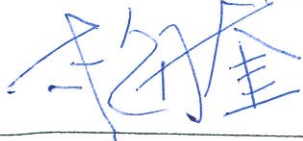
## AUTHORIZATION TO ACT


I, MEI KUI ("the third party claimant")  
of BLK 761 PASIR RIS STREET 71 #12-206 S(510761) (address),  
owner of SKU 5332C (vehicle no.) hereby authorize  
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. SKU 5332C that was damaged pursuant to the  
accident which occurred on 13/04/2020 (date) along KALLANG ROAD  
TOWARDS SIMS AVE BEFORE JUNCTION OF PARANG JERINGA (location)  
involving Vehicle No/s SKG 7311P  
("The accident").

I further authorize the workshop to settle my 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.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ (month) 20 \_\_\_\_\_ (year)

  
signed by "the third party claimant"

  
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 as required.

### ACCIDENT STATEMENT

Date Of Report	14/04/2020 09:38
Date Of Accident	13/04/2020 12:40
Exact Location Of Accident	JUNC OF KALLANG RD & PADANG JERINGAU
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX5332C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MEI KUI
NRIC No	SXXXX748E
Email Address	MEIKUI99@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92318959
Alternative Phone No	OTHERS-92318959

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X A

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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5076132767-04
Cover Note Number	DRIVO PREMIUM

### Driver

Name of Driver	MEI KUI
NRIC No	SXXXX748E
Date Of Birth	01/12/1982
Occupation	OUTDOOR
Date Of Driving Pass	27/11/2015
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92318959
Fax Number	
Contact Number	OTHERS-92318959
Email Address	MEIKUI99@GMAIL.COM



Address	BLK 761 #12-206 PASIR RIS STREET 71
Postcode	510761
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?	NO
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?	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	SKG7311P
Vehicle Make/Model/Colour	VOLKSWAGEN / SCIROCCO 1.4L AT TSI 1372Q5
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 correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
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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. The report will be forwarded by the Insurers of the GIA Road & Management Control (insured by the General Insurance Association of Singapore (GIA) for archiving. Internet copies of this report will be made available upon application by interested parties.
7. By the logging of this report to the Insurers, I/We do consent to the disclosure of this report at their sole and to copies of the report being made available if/when:
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) processing, handling and/or dealing with my claims including settlement of the claims and any necessary investigation and repairs to my vehicle;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions in responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of letter/notice, 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 external cover of the vehicle/s and packages); and/or
  - (v) comply (as applicable) with laws relating to processing, handling and/or dealing with my claims (collectively the "Purposes").
- (b) All insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and
- (c) may transfer my Personal Information to any of the Insurers and/or third party service providers or agents (including lawyers/law firms) whom my insurer(s) based outside of Singapore, for one or more of the above Purposes.
- (d) My personal information will be collected and used to complete claims history for the purpose of fraud detection, investigation and to support my present and future claims.
- (e) The information so collected under (a) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
(Date & Time)

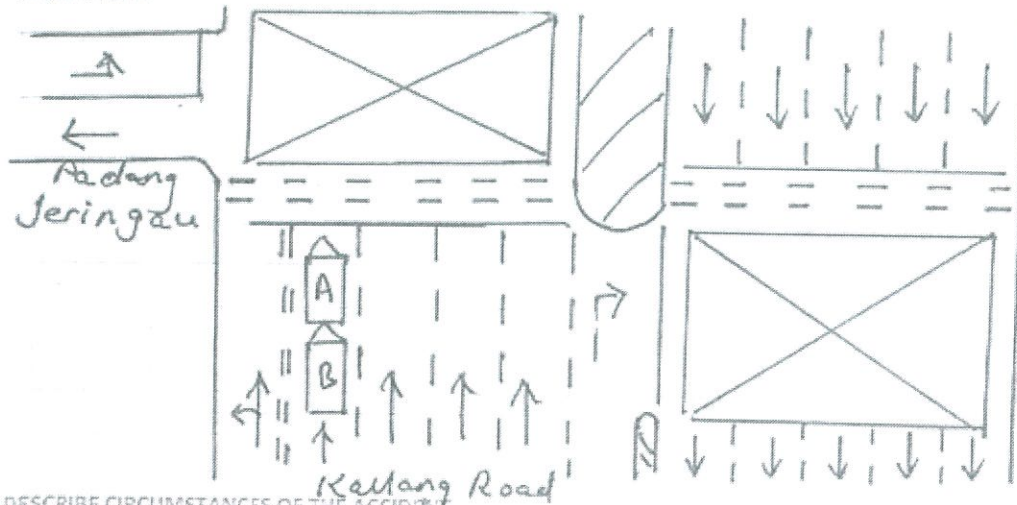
Driver's Signature  
(if driver is not the policyholder)  
(Date & Time)

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416097 Fax: 67492305  
Email: vac@idac.com.sg

Reporting Centre Personnel's signature  
Name:   
Reporting Date: 14 APR 2020

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/04/2020 at about 1236 hrs at along Kallang Road towards Sims Ave before Junction of Padang Jeringau. I was travelling on the 2nd lane from the left and when coming towards the above mentioned junction, I slow down and stop my vehicle before the 'RED' traffic light. 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 damage to my vehicle.

CA) SKX 5332 C  
CB) SKG 7311 P

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

We declare that the facts in this report are true and correct.

*[Signature]*

Policyholder's Signature  
(Date & Time)

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

*[Signature]*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/IN No.:

IDAC KAKI BUKIT (YAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415023  
Tel: 67416697 Fax: 67492305  
Email: yakb@idacnt.com.sg

14 APR 2020