



## 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 : SKM8361G

To : **AUTO & GENERAL INSURANCE (SINGAPORE) PTE LTD**

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SDJ8282A & SKM8361G ON 19/04/2020 AT  
ALONG SLE TOWARDS CTE BEFORE WOODLANDS AVENUE 2 EXIT.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.208134 @ S\$5,243.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$2,000.00 (8 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:

**AUTO & GENERAL INSURANCE (SINGAPROE) PTE LTD**

NO. 190 CLEMENCEAU AVENUE

#03-01 SINGAPORE SHOPPING CENTRE

SINGAPORE 239924

Bill No : 208134

Date : 17-June-2020

Vehicle Number : **SDJ 8282A**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 4,900.00
BEFORE GST		4,900.00
7% GST		343.00
<b>TOTAL</b>		<b>\$ 5,243.00</b>

**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: MIN CHEONG PORCELAIN WARE CO. PTE LTD  
CAR/LORRY/CYCLE: REG NO: SDJ 8282A POLICY NO: \_\_\_\_\_  
ACCIDENT CLAIM NO: \_\_\_\_\_

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle  
Registered No. SDJ 8282A 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 19 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: \_\_\_\_\_



31/04/2020 - PRI  
26/04/2020 - Sunday

vehicle In - 31/04/2020  
vehicle Out - 28/04/2020  
LOU - 8 days x \$250  
= \$2,000



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

Print Date/Time : 20 Apr 2020 / 16:38:55

Receipt Date/Time : 20 Apr 2020 / 16:38:55

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-200420-002414

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 - SKM8361G

As at 19 Apr 2020/20:30:00

Insurance Co: AUTO & GENERAL INSURANCE (SINGAPORE) PTE.  
LIMITED

1 Insurance Enquiry - SKM8361G  
Enquiry Fee  
20200420163801194248

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
-----------------------------	--	--	------

Paid By

526471XXXXXX3974 eNETS Credit Card 7.45

<b>Total</b>			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 : MIN CHEONG PORCELAIN WARE CO. PTE LTD

Address : 61 & 63 TUAS VIEW LOOP  
S (637708)

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

TO: AUTO & GENERAL INSURANCE (SINGAPORE) PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SDJ 8282A AND SKM 8361G ON 19/04/2020  
AT/ ALONG SLE TOWARDS CTE BEFORE WOODLANDS AVE 2 EXIT

I/We, MIN CHEONG PORCELAIN WARE CO. PTE LTD, am/are the registered owner of  
motor car no. SDJ 8282A

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 for use.

### ACCIDENT STATEMENT

Date Of Report	20/04/2020 16:41
Date Of Accident	19/04/2020 20:30
Exact Location Of Accident	ALONG SLE TWRDS CTE BEFORE WOODLANDS AVE 2 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDJ8282A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MIN CHEONG PORCELAIN WARE CO. PTE LTD
Co Reg No	1XXXXX634E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68629052

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.5 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	5101583372-01
Cover Note Number	

### Driver

Name of Driver	TAN SENG AIK
NRIC No	SXXXX375E
Date Of Birth	25/04/1960
Occupation	OUTDOOR
Date Of Driving Pass	14/09/1994
Driving Experience	25 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82884277
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 776 PASIR RIS STREET 71 #02-412
Postcode	510776
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : BAI MEI GENDER: : FEMALE

#### 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	SKM8361G
Vehicle Make/Model/Colour	SUZUKI / SX4 1.6HB AT
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 claim 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 re-evaluate policy liability.
4. The issue or non-issuance 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 to 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 lodging 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.
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 the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (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 external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, 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) my Personal Information may/also be disclosed by any of the insurers and/or any of their third party service providers or agents (including their lawyers/law firms), which may be located outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information may also be collected and used by and fed into systems for the purposes of fraud detection, investigation and management - present and all future claims;
- (e) the information so collected under the above may be shared / reported:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing claims; 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: 67416697 Fax: 67492305  
Email: vac@idacv.com.sg

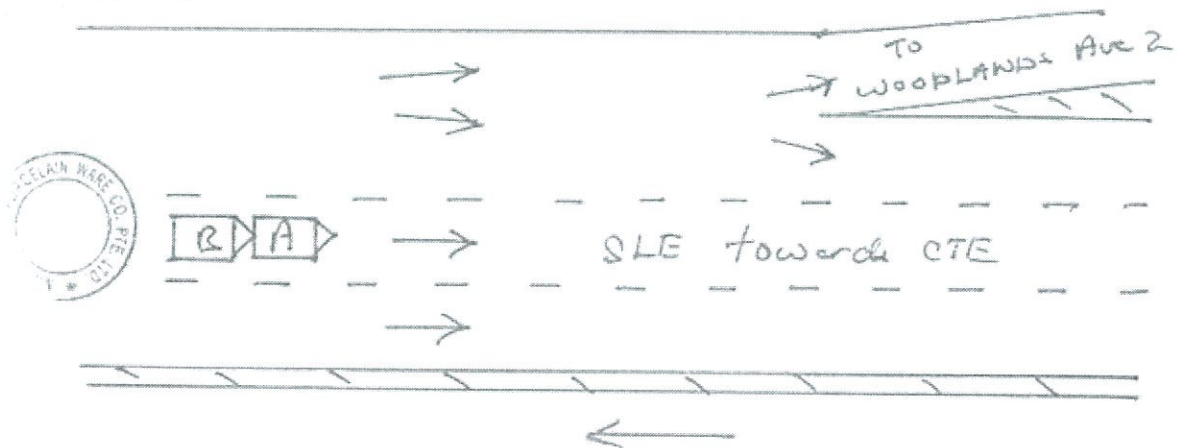
Report signed by whom? (Print Name)  
APR 9 2020

20 APR 2020



# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/04/2020 at about 2030 hrs at 2030 hrs at  
 along SLE towards CTE before Woodlands Ave 2 exit.  
 I was travelling on the centre lane and 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. I have one passenger inside my  
 vehicle.

(A) SDJ 8282 A  
 (B) SKM 8361 G

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 foregoing particulars are true in every respect.

Policyholder's Signature  
 Date & Time:

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

IDAC KAKI BURIT (VAC)

23 Kaki Bukit Ave 4 #02-02

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: wak@idac.com.sg

Reporting Centre Representative Signature

Name:

NRIC/IN No.:

20 APR 2020