



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 : 16/09/2020

Your Ref : SMH8480Z

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SMS2109D & SMH8480Z ON 27/07/2020
AT SLIP ROAD FROM BUONA VISTA FLYOVER TOWARDS AYE (CITY).**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.208168 @ S\$11,770.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$3,000.00 (12 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 Chua

HP: 9188 6931

E-mail: mg3solution@gmail.com

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: SYED EESZADH BIN SYED YAHYA ALSAGOFF
CAR/ LORRY/CYCLE: REG NO: SMS 21090 POLICY NO:
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SMS 21090from 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 27 day of 07 2020 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:

28/07/2020 - PRI
31/07/2020 - PH
(Haji Raja Haji)
02/08/2020 - Sunday

vehicle in - 28/07/2020
vehicle out - 02/08/2020
LOU - 12 days x \$ 250
= \$ 3,000

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 28 Jul 2020 / 09:41:58

Receipt Date/Time : 28 Jul 2020 / 09:41:57

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200728-000541

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 - SMH8480Z As at 27 Jul 2020/16:14:00 Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD			
1	Insurance Enquiry - SMH8480Z Enquiry Fee 20200728094104644902	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			
	20200728094112259	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.

LETTER OF AUTHORITY

Name : SYED EESZADH BIN SYED YAHYA ALSAGOFF

Address : BLK 51 CHAI CHEE STREET
#102-312 SINGAPORE 460051

Contact No : _____

TO:

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SMS 21090 AND SMH 84802 ON 27/7/20
AT/ ALONG SUP ROAD FROM BUONA VISTA FLYOVER TOWARDS ATE CITY

I/We, SYED EESZADH BIN SYED YAHYA ALSAGOFF, am/are the registered owner of
motor car no. SMS 21090

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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	28/07/2020 11:55
Date Of Accident	27/07/2020 16:15
Exact Location Of Accident	SLIP ROAD FROM BUONA VISTA FLYOVER TO AYE (CITY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS2109D
Insured/Policyholder	
Name Of Registered Owner	SYED EESZADH BIN SYED YAHYA ALSAGOFF
NRIC No	SXXXX051G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96543466
Alternative Phone No	OFFICE-96543466

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY 2.4 EXV-S CVT SR

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	5116281830 CLASSIC
Cover Note Number	

Driver

Name of Driver	SOFIAH HUSSEN ALHAMID
NRIC No	SXXXX511Z
Date Of Birth	18/04/1980
Occupation	INDOOR
Date Of Driving Pass	24/08/2017
Driving Experience	2 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96543466
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 51 CHAI CHEE STREET #02-312
Postcode	460051
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
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: : FAUZIAH 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 TO SKETCH PLAN ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH8480Z
Vehicle Make/Model/Colour	HONDA /FREED HYBRID 1.5G AUTO
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKM5497T
Vehicle Make/Model/Colour HYUNDAI ELANTRA
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBE2938G
Vehicle Make/Model/Colour RENAULT/KANGOO II EXPRESS 1.5L DCI 90 BHP MT 6DR
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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 SOFIAH HUSSEN ALHAMID
Approximate Age
Injuries Sustain BACK & NECK PAIN
Injured person in which vehicle? SMS2109D
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address BLK 51 CHAI CHEE STREET #02-312
Postcode 460051

DETAILS OF INJURED PERSON 2

Name FAUZIAH (PASSENGER)
Approximate Age
Injuries Sustain BACK & NECK PAIN
Injured person in which vehicle? SMS2109D
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

IMPORTANT NOTICE

Any false reporting may be referred to the Police for investigation.

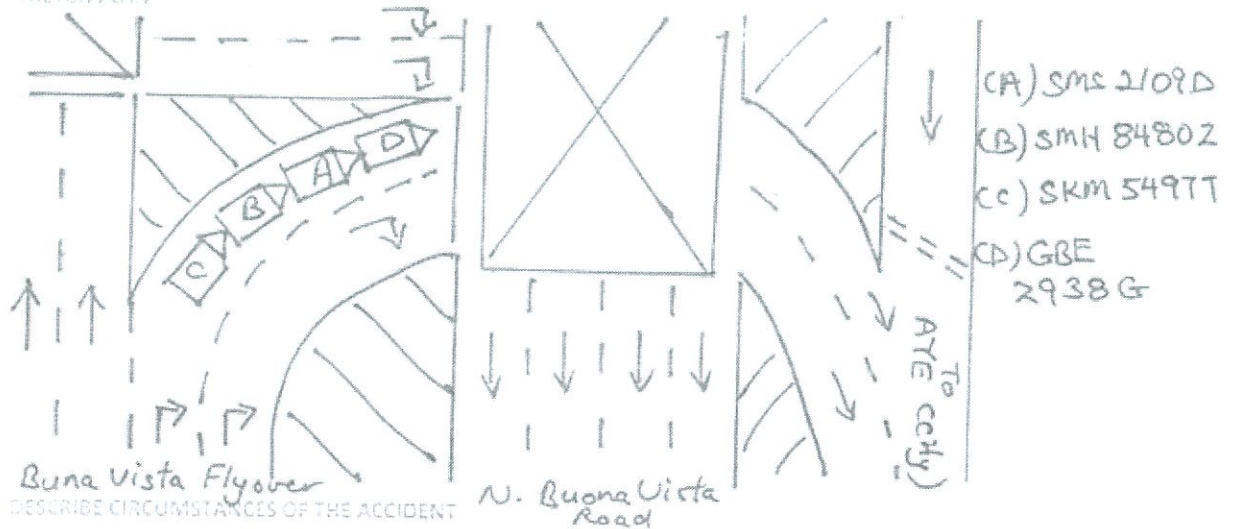
I understand, acknowledge, agree and consent that

23 JUL 2020

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

Sketch Plan #2

SKETCH PLAN



on 27/07/2020 at about 1614 hrs at Slip Road from
Buona Vista Flyover towards AYE (city). I was travelling
on the extreme left lane and when my front vehicle (D) slow
down and stop before the 'RED traffic' light hence I follow
suit and come to a complete stop. Suddenly I felt a great
impact from the Rear and the impact forced my Vehicle (A)
forward to hit onto the Rear Portion of Vehicle (D). 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.
It was a chain collision of total 4 vehicles involved.
I have one passenger inside my vehicle.

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 the foregoing facts to be true and correct.

Policyholder's Signature
Date & Time:

Insurer's Signature
(If Insurer's not present, sign below)
Date & Time:

28 JUL 2020

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