



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 : ES9120T
To : CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SJT5965J & ES9120T ON 29/07/2020 AT PASIR RIS STREET 11 (BESIDE CARPARK EXIT BLK 180).

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.208169 @ S\$7,062.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$2,200.00 (11 Days x S\$200)
- 3) LTA Search @ S\$29.00
- 4) Towing Fee @ S\$50.00
- 5) Authorisation to Act
- 6) 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:

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

NO. 3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

SINGAPORE 079909

Bill No : 208169

Date : 16-September-2020

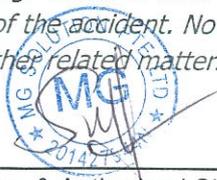
Vehicle Number : *SJT 5965J*

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 6,600.00
		BEFORE GST 6,600.00
		7% GST 462.00
		TOTAL \$ 7,062.00

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: JY CAR RENTAL LLP
CAR/ LORRY/CYCLE: REG NO: SJT 5965J POLICY NO:
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SJT 5965J 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 29 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:

29/07/2020 - Tow In
30/07/2020 - Reporting
31/07/2020 - PH
(Hari Raya Haji)
03/08/2020 - PRI

Vehicle In - 29/07/2020
Vehicle Out - 08/08/2020
Lou - 11 days x \$200
= \$ 2,200



RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-089223
Date of Request: 03/08/2020

Your Ref No: PURCHASE BY EMAIL

MG SOLUTION PTE LTD
23 KAKI BUKIT AVENUE 4 #02-03B, VICOM INSPECTION CENTRE
SINGAPORE 415933

Dear Sir/Madam,

Your Vehicle No: SJT5965J
Date of Accident: 29/07/2020
Place of Accident: PASIR RIS ST 11 C/P
Involving Vehicle No: ES9120T

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO Cash Cheque

TAX INVOICE

Our Ref No: GR-20-089224
Date of Request: 03/08/2020

Your Ref No: PURCHASE BY EMAIL

MG SOLUTION PTE LTD
23 KAKI BUKIT AVENUE 4 #02-03B, VICOM INSPECTION CENTRE
SINGAPORE 415933

Dear Sir/Madam,

Date of Accident: 29/07/2020
Vehicle No: SJT5965J
Place of Accident: PASIR RIS STREET 11 (BESIDE CARPARK EXIT BLK 180)
Involving Vehicle No: ES9120T

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
ES9120T	PASIR RIS STREET 11 (BESIDE CARPARK EXIT BLK 180)	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO Cash Cheque



JIE AUTO RECOVERY SERVICES

Blk 134 Rivervale St. 08-718 Singapore 540134.

Tel: 9069 5315

Reg No.: 53268006E

SJT 5965J

CASH SALES TOW JOB WORK ORDER

No. A 7253

Svc Date 29.7.20 Time Received _____

Member's Name Cash Time Arrived _____

M'ship / NRIC No. _____ Time Completed _____

Member's Contact No. 81188401 From B180 P-RIS 511

Car Regr. No. SJT 5965J To Synergy #06-58

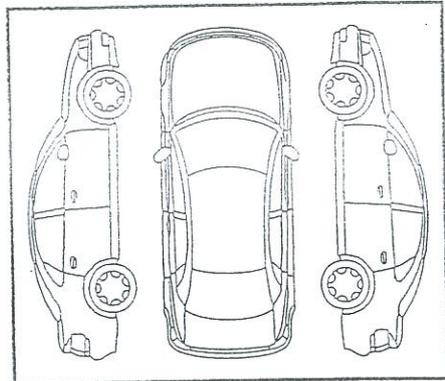
Car Make / Model ALTIS Tow Truck No. YM7079

Remarks (if any) _____ Amount \$50/=

ADDITIONAL CHARGES

- Dolly Wheels / Flat bed
- Basement / Multi-storey
- Crane up / Bogged
- Causeway / 2nd Link
- Low Bodykit
- Collection of Key
- ERP / Carpark

BODY & PAINT CONDITION RECORD



*please remove any valuables or personal belongings in the car.

Tow Driver's Name & Signature

Member's Signature

Note: Vehicle is towed at owner's risk. The company accepts no responsibility for damages or other misdemeanour to your vehicle whilst being towed.

LETTER OF AUTHORITY

Name : JY CAR RENTAL LLP

Address : 189 BODN LAY DRIVE
#07-244 S(640189)

Contact No : _____

TO: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SJT5965J AND ES9120T ON 29/07/2020
AT/ALONG PASIR RIS STREET 11 (BESIDE CARPARK EXIT BLK 180)

I/We, JY CAR RENTAL LLP, am/are the registered owner of
motor car no. SJT5965J

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

Yli



Signature of Claimant

Witness By

[Signature]

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	30/07/2020 14:32
Date Of Accident	29/07/2020 15:40
Exact Location Of Accident	PASIR RIS STREET 11 (BESIDE CARPARK EXIT BLK 180)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT5965J
Insured/Policyholder	
Name Of Registered Owner	JY CAR RENTAL LLP
Co Reg No	TXXXXX504G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87488802
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 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	5113897390 CLASSIC
Cover Note Number	
Driver	
Name of Driver	TANG KWEE KONG EDMUND
NRIC No	SXXXX548F
Date Of Birth	08/01/1997
Occupation	OUTDOOR
Date Of Driving Pass	13/12/2016
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81188401
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 230B TAMPINES STREET 24 #07-21
Postcode 525230
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 - MAJOR/MINOR RD
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 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) 3
Passenger 1 NAME: : UNKNOWN
 GENDER: : MALE
Passenger 2 NAME: : UNKNOWN
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-7819999 - FAX NO: 67832722
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT 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 ES9120T
Vehicle Make/Model/Colour TOYOTA/CAMRY 2.0 AUTO ABS AIRBAG
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LIU LIBAO

NRIC/Passport Number GXXXX549L
Contact Number 84536434
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TANG KWEE KONG EDMUND
Approximate Age 23
Injuries Sustain BACK & NECK PAIN
Injured person in which vehicle? SJT5965J
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address BLK 230B TAMPINES STREET 24 #07-21
Postcode 525230

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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. The 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 lodgment 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 in 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 only;
 - (c) my Personal Information may/are permitted to be shared by the Insurers and/or GIA with any third parties who may have an entitlement, being their lawyers/law firms, to my Personal Information if a report of the accident is made to the relevant insurer(s);
 - (d) my Personal Information will also be collected and processed by the Insurers, the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority for the purposes stated in (a) above;
- and I agree to provide the Insurers and/or GIA with my consent to the following:
- (a) for all insurers and/or any of their lawyers/law firms, in respect of investigating, settling or managing my claims;
 - (b) for regulators, law enforcement and government agencies as reasonably required for the purposes stated; and
 - (c) for complying with requirements under any regulations, laws or court orders.

Handwritten signature



Handwritten signature

Policyholder's Signature
Date & Time

Insurer's Signature
Date & Time

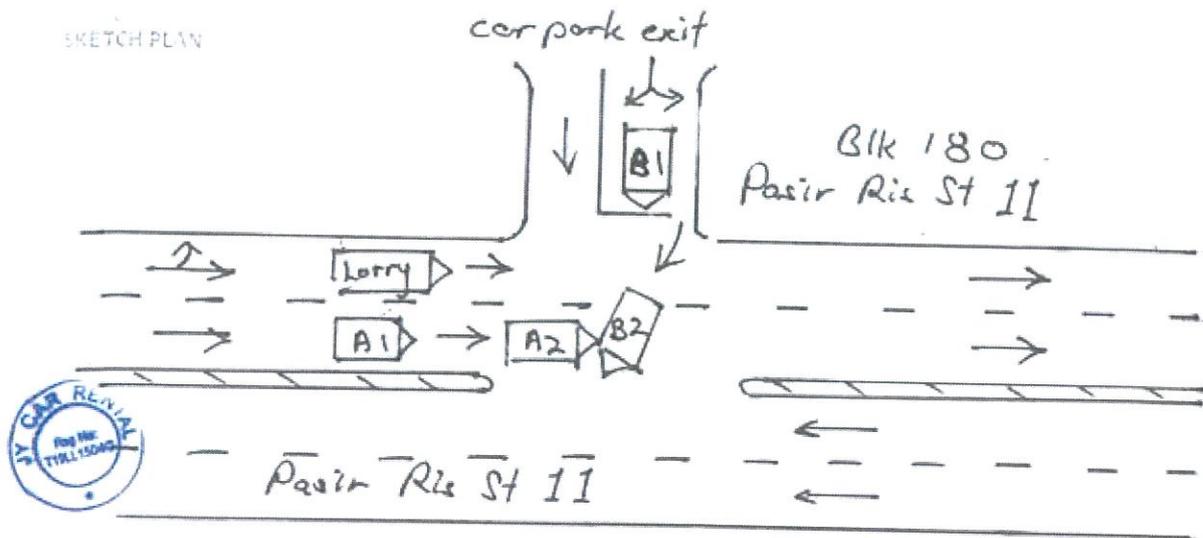
30 JUL 2020

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

Records Centre Personnel's Signature
Name
NIC No.

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) SJT 5965 J

(B) ES 9120 T

Refer to Police Report

Report No: -

T/2020 0729/2144

[Handwritten signature]

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 the foregoing facts to be true and correct.

[Signature]
 Policyholder's Signature
 Date & Time



[Signature]
 Driver's Signature
 of driver at the point of accident
 Date & Time

30 JUL 2020

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

Witness
 Name
 Signature

Individual Statement



**SINGAPORE
POLICE FORCE**



T00200729/0144

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-201
SINGAPORE 521109
Tel No: 1800-7819999

Report No: T 202007290144

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/07/2020 21:32	Wide Report No.:	Station Diary No. 18
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Informant's Particulars

Name of Informant: TANG KWEE KONG EDMUND		Address: APT BLK 230B TAMPINES STREET 24 #07-21 SINGAPORE 525230	
ID Type / ID No. : NRIC NO / S9700548F		Contact No. : Home/Office: Mobile: 81188401	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 23	Date of Birth: 08/01/1997	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Student		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/07/2020 15:40	Type of Location: Straight Road
Location: Along Road 1 PASIR RIS STREET 11				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
ES9120T	Car				Slightly Damaged	0
SJT5965J	Car				Seriously Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

Individual Statement



**SINGAPORE
POLICE FORCE**



T20200729/2144

Police Station Of Origin
Changkat NPP
109 Tampines Street 11 #01-251
SINGAPORE 521109
Tel No: 1800-7819999

2 of 3

Report No: T20200729/2144

CONTINUATION OF REPORT

Driver			
Name	TANG KWEE KONG EDMUND	ID No.	S9700548F
Related Vehicle	NIL	Contact No.	81188491
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and place while I was traveling along Pasir Ris St 11 in my vehicle SJT5965J, suddenly a vehicle ES9120T came out of carpark Blk 180-187 Pasir Ris St 11 without checking his blind spot and waiting for main lane to clear he drove out of the carpark and cross over the opposite lane, resulting my front bumper vehicle (SJT5965J) to hit onto his driver side door.

I was attended by a traffic police however the Traffic Police did not gave me the incident number.

The driver of ES9120T, eventually come down and wrote a letter admitting his mistake and exchanged particulars. his HP no. 6453 6424, Name: Liu Libao, Fin no. G2260549L.

When went to Surging Child Family Practice and Surgery as I have a lower spine pain, toe cramp and was given 4 days of MC.

There was 2 passengers in my vehicle, and they are willing to be my witnesses.

My body is rental vehicle, and I am adding this report for insurance purpose.

Individual Statement



SINGAPORE
POLICE FORCE



T/20200729/2144

Police Station Of Origin:
Changlat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No. 1800-7819999

3 of 3

Report No. T/20200729/2144

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

(IMPORTANT): Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference

Signature Of Officer Recording The Report G / Sgt 1 CHEW JUN JIE JAYSON	Signature Of Informant 
Signature Of Interpreter Not applicable	Date/Time: 29/07/2020 21:32
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt CHONG GUAN FATT Contact No., 65476083	Classification Of Case:
Authentication Stamp  AUTHORITY	