



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 : 09/09/2020

Your Ref : CC4/ASM20008349/Apa3 (SKB7746U)

To : AXA INSURANCE SINGAPORE PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SFD89C & SKB7746U ON 09/07/2020 AT JUNCTION OF PANDAN GARDENS AND SIDE ROAD OF PANDAN GARDENS.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.208165 @ S\$1,712.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$960.00 (4 Days x S\$240)
- 3) LTA Search @ S\$29.00
- 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



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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 : 208165

Date : 09-September-2020

Vehicle Number : **SFD 89C**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 1,600.00
		BEFORE GST 1,600.00
		7% GST 112.00
		TOTAL \$ 1,712.00

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: TAY TIEN CHENG
CAR/ LORRY/CYCLE: REG NO: SFD 89C POLICY NO:
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SFD 89C 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 09 day of 07 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:

11/08/2020 - PP 1

Vehicle In - 11/08/2020

Vehicle Out - 14/08/2020

LOV - 4 days x \$240

= \$ 960



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-20-081006
Date of Request: 13/07/2020

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: SFD89C
Date of Accident: 09/07/2020
Place of Accident: PANDAN GARDEN
Involving Vehicle No: SKB7746U

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-20-081008
Date of Request: 13/07/2020

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: 09/07/2020
Vehicle No: SFD89C
Place of Accident: AT JUNC OF PANDAN GARDENS & SIDE RD OF P.CRESENT
Involving Vehicle No: SKB7746U

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$\$)	QTY	AMOUNT (\$\$)
SKB7746U	AT JUNC OF PANDAN GARDENS & SIDE RD OF P.CRESENT	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

LETTER OF AUTHORITY

Name : TAY TIEN CHENG
Address : BLK 138C YUAN CHING ROAD
#22-135 S(613138)
Contact No : _____
TO: AXA INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SFD 89C AND SKB7746U ON 09/07/2020
AT/ ALONG JUNCTION OF RANDAN GARDENS AND SIDE ROAD OF RANDAN GARDENS.

I/We, TAY TIEN CHENG, am/are the registered owner of
motor car no. SFD 89C

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

Provided always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect my further claim for general and special damages for my personal injuries sustained in the same accident.

AUTHORIZATION TO ACT

I, TAY TIEN CHENG ("the third party claimant")
of BLK 138C YUAN CHING ROAD #22-135 S(613138) (address),
owner of SFD 89C (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. SFD 89C that was damaged pursuant to the
accident which occurred on 09/07/2020 (date) along JUNCTION OF
PANDAN GARDENS AND SIDE ROAD OF PANDAN GARDENS. (location)
involving Vehicle No/s SKB 7746 U
("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 aforesaid.

ACCIDENT STATEMENT

Date Of Report 11/07/2020 14:08
 Date Of Accident 09/07/2020 18:00
 Exact Location Of Accident AT JUNC OF PANDAN GARDENS & SIDE RD OF P.CRESENT
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFD89C
 Insured/Policyholder
 Name Of Registered Owner TAY TIEN CHENG
 NRIC No SXXXX794I
 Email Address TREADNEEDLE@YAHOO.COM.SG
 Mobile Phone No (LOCAL) +65-82549889
 Alternative Phone No OTHERS-82549889

Vehicle Particulars

Manufacturer HONDA
 Model STREAM 1.8X 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 THIRD PARTY FIRE AND/OR THEFT
 Fleet Policy NO
 Policy Number 5110828320
 Cover Note Number

Driver

Name of Driver TAY TIEN CHENG
 NRIC No SXXXX794I
 Date Of Birth 27/09/1967
 Occupation OUTDOOR
 Date Of Driving Pass 13/04/1993
 Driving Experience 27 YEARS AND 2 MONTHS
 Gender MALE
 Mobile Number +65-82549889
 Fax Number
 Contact Number OTHERS-82549889
 Email Address TREADNEEDLE@YAHOO.COM.SG

Address	BLK 138C #22-135 YUAN CHING ROAD
Postcode	613138
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : GRAB PASSENGER
	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	SKB7746U
Vehicle Make/Model/Colour	HYUNDAI / ELANTRA 1.6 AT ABS D/AB 2WD 4DR
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 do not tamper with the details of the accident to avoid being held liable.
2. This form must be completed by the Policyholder and/or the authorised Driver.
3. Information provided must be truthful and accurate as possible. Any wilful misrepresentation of 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 accident 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 insurer to the RIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of the report will for a fee be made available upon request to interested parties.
7. By the lodgment of this report and insured, you hereby consent to the reporting of the accident to the RIA Records Management Centre and the report being made available to the RIA.
8. Consent under the Personal Data Protection Act (PDPA):

I understand and acknowledge and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may, and are permitted to, disclose, 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 insured(s) who have insured vehicle(s) involved in this accident (all insured(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 purposes of:

(i) processing claims and/or for the purpose of conducting investigations and/or for the purpose of conducting investigations and/or for the purpose of conducting investigations;

(ii) for the purpose of conducting investigations;

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

(iv) administering my claims (including the making of correspondence, statements, notices, reports or disclosures, which may involve disclosure of some personal data) and/or for the purpose of conducting investigations and/or for the purpose of conducting investigations;

(v) for the purpose of conducting investigations and/or for the purpose of conducting investigations and/or for the purpose of conducting investigations;

- (b) My insurer, my workshop and the GIA may, and are permitted to, disclose, 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 insured(s) who have insured vehicle(s) involved in this accident (all insured(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 purposes of:

(i) processing claims and/or for the purpose of conducting investigations and/or for the purpose of conducting investigations;

(ii) for the purpose of conducting investigations;

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

(iv) administering my claims (including the making of correspondence, statements, notices, reports or disclosures, which may involve disclosure of some personal data) and/or for the purpose of conducting investigations and/or for the purpose of conducting investigations;

(v) for the purpose of conducting investigations and/or for the purpose of conducting investigations;



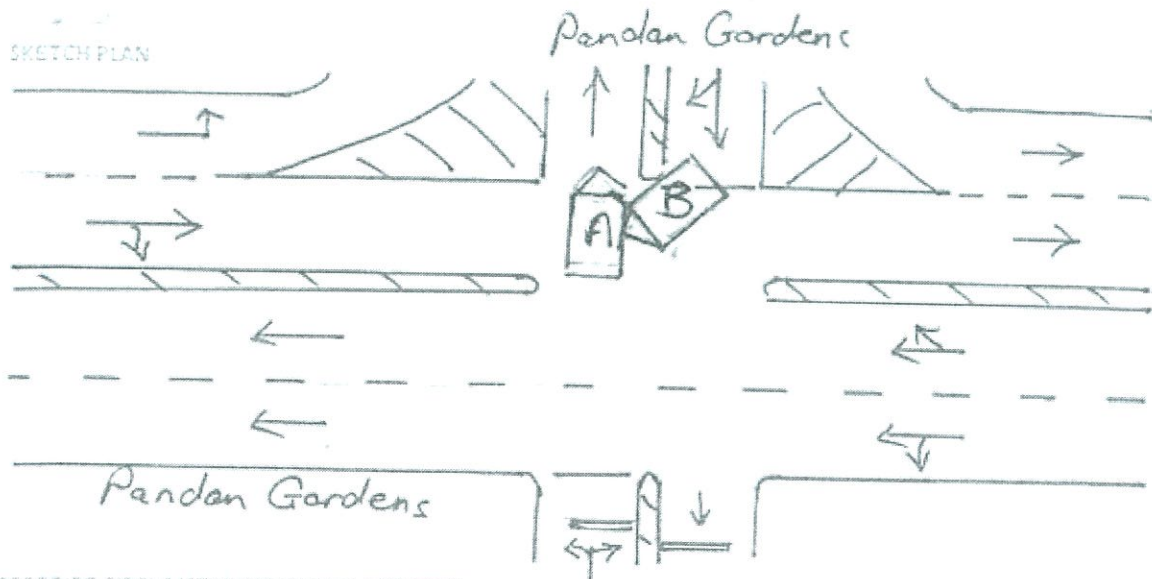
Insured's Signature
Name: _____

Insured's Signature
Name: _____
Address: _____
Tel: _____

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

Reporting Centre Personnel's Signature
Name: _____
NRIC No: _____

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09/07/2020 at about 1800 hrs at Junction of Pandan Gardens and side road of Pandan Gardens, I was entering into the side road of Pandan Gardens from the main road of Pandan Gardens and suddenly a Vehicle (B) from the side road making a Right turn into the main road without giving way to my oncoming traffic and hence collided onto my Left Front Portion of my Vehicle (A) causing damages to my vehicle, I have one passenger inside my vehicle and can be my witness.

(A) SFD 89 C
(B) SKB 7746 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 hereby declare that the information provided is true and correct to the best of my knowledge.

[Signature]

Accident Holder's Signature
Date & Time

[Signature]
Witness's Signature
Date & Time

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67482305
Email: vackb@vicom.com.sg

Signature of the Insurer's Representative
Name
Designation

WITNESS STATEMENT

STATEMENT OF A WITNESS TO AN ACCIDENT

NAME: Grimina Leo

PASSEPORT NO: S - 687B

ADDRESS: 405 Pandan Gardens

#13-30

TELEPHONE NO: 96524208

E-MAIL ADDRESS: gimna@yahoo.com

BRIEF FACTS: A motor accident has taken place on 09/07/2020 at about 1800hr

along/at junction/location of Pandan Garden and side road of Pandan Gardens

between vehicle SFD89C and vehicle SKB7746U. I am an eye-witness/
passenger in the taxi and I wish to recount its happening as follows:-

I was the passenger of SFD89C (vehicle A) through Grab.
On 09/07/2020 at about 1800hrs at Junction of Pandan
Gardens and the side road of Pandan Gardens we were
about to enter into the side road of Pandan Gardens from
the main road of Pandan Gardens and suddenly a vehicle (B)
from the side road making a right turn into the main road
without giving way to us and hence collided onto the
left front portion of vehicle (A) causing damages to the
vehicle

I affirmed the above statement true and correct.

Grimina Leo
Name: Grimina Leo

Date: 11th Jul 2020