



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 : 03/02/2021

Your Ref : SHC1456B

To : MS FIRST CAPITAL INSURANCE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SML992U & SHC1456B ON 06/10/2020 AT
ALONG CHOA CHU KANG WAY.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.218019 @ S\$4,601.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,200.00 (6 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: 8121 1373

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:

MS FIRST CAPITAL INSURANCE LIMITED

36 ROBINSON ROAD

#16-01 CITY HOUSE

SINGAPORE 068877

Bill No : 218019

Date : 03-February-2021

Vehicle Number : **SML 992U**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 4,300.00
BEFORE GST		4,300.00
7% GST		301.00
TOTAL		\$ 4,601.00

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: LIM LI KWONG
CAR/ LORRY/CYCLE: REG NO: SML 992U POLICY NO:
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SML 992U 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 06 day of 10 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:

08/10/2020 - PRI
11/10/2020 - Sunday

Vehicle In - 08/10/2020
Vehicle Out - 13/10/2020
Lau - 6 days x \$200
= \$1,200



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

Print Date/Time : 07 Oct 2020 / 16:57:15

Receipt Date/Time : 07 Oct 2020 / 16:57:15

Tax Invoice/Receipt

Receipt No. : ITNET-00000-201007-002826

Previous Receipt No. :

**S/N Item Description/
Business Transaction Reference
No.**

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SHC1456B

As at 06 Oct 2020/19:25:00

Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED

1 Insurance Enquiry - SHC1456B
Enquiry Fee
20201007165627574953

7.00	0.49	7.49
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Sub-Total	7.00	0.49	7.49
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Total Before Rounding	7.00	0.49	7.49
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Rounding Difference			0.04
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Total Amount Payable			7.45
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Paid By

20201007165636254

Direct Debit: eNETS Debit
(Internet Banking) 7.45

Total			7.45
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Cash Change			0.00
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Tendered Amount			7.45
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Excess Refundable Amount			0.00
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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 : LIM LI KWONG

Address : BLK 489A TAMPINES STREET 45
#12-165 S(520489)

Contact No : _____

TO: MS FIRST CAPITAL INSURANCE LIMITED

Dear Sirs,

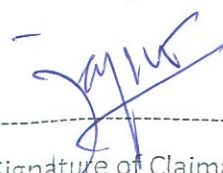
ACCIDENT INVOLVING SML 992U AND SHC 1456B ON 06/10/2020
AT/ALONG CHOA CHU KANG WAY

I/We, LIM LI KWONG, am/are the registered owner of
motor car no. SML 992U

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	07/10/2020 12:56
Date Of Accident	06/10/2020 19:25
Exact Location Of Accident	ALONG CHOA CHU KANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML992U
Insured/Policyholder	
Name Of Registered Owner	LIM LI KWONG
NRIC No	SXXXX040I
Email Address	LIMLIKWONG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92727923
Alternative Phone No	OTHERS-87542328
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	B180 EXCLUSIVE EDITION 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 HIRE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD20V04822/VPL/R00
Cover Note Number	

Driver

Name of Driver	LIM LI KWONG
NRIC No	SXXXX040I
Date Of Birth	01/05/1957
Occupation	OUTDOOR
Date Of Driving Pass	01/08/1977
Driving Experience	43 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92727923
Fax Number	
Contact Number	OTHERS-87542328
Email Address	LIMLIKWONG@HOTMAIL.COM

Address	APT BLK 489A TAMPINES STREET 45 #12-165 SINGAPORE
Postcode	520489
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 - MAJOR/MINOR RD
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?	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)	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 TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1456B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	LIM LI KWONG
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

SML992U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

APT BLK 489A TAMPINES STREET 45 #12-165
SINGAPORE

Postcode

520489

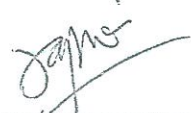
SKETCH PLAN

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 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. 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 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/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) 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:

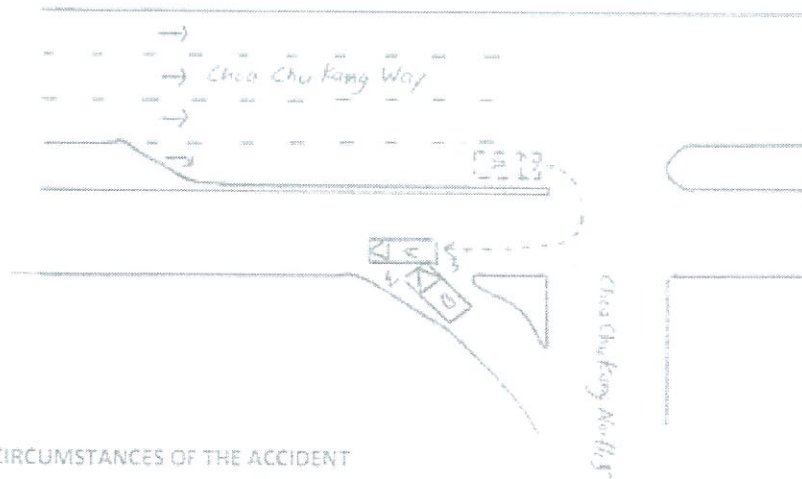
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



Veh A: SHC19920

Veh B: SHC14565

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped my car near the junction between Chea Chu Kang Way and Chea Chu Kang North S as the traffic light was red. I then started to make a U-turn when the traffic light was in my favour. After completing the U-turn and my vehicle was going straight forward, I felt an impact on the left of my car. I came down and realised that it was Veh B (SHC14565) that came out from the slip road and collided into the rear left of my vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/Fin No.: