



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 : SHC1005U

To : INDIA INTERNATIONAL INSURANCE PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SGP3774M & SHC1005U ON 26/10/2020
AT JUNCTION OF MARINE CRESCENT AND MARINE TERRACE.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.218020 @ S\$3,103.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,200.00 (4 Days x S\$300)
- 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: 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:

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET

#05-02 IOB BUILDING

SINGAPORE 049711

Bill No : 218020

Date : 03-February-2021

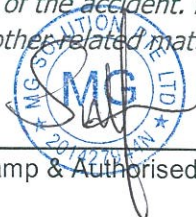
Vehicle Number : SGP 3774M

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 2,900.00
BEFORE GST		2,900.00
7% GST		203.00
TOTAL		\$ 3,103.00

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
Co. Reg. No. : 201427944N

MOTOR CLAIM DISCHARGE

INSURED: NORDIC MARITIME (S) PTE LTD
CAR/ LORRY/CYCLE: REG NO: SGP3774M POLICY NO:
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SGP3774M 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 26 day of 10 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: [Signature]

Co's Stamp: [Stamp] NRIC No:



27/10/2020-PRI

Vehicle In - 27/10/2020
Vehicle Out - 30/10/2020
LON - 4 days x \$300
= \$1,200

TAX INVOICE

Our Ref No: GR-20-130733

Date of Request: 27/10/2020

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: SGP3774M
Date of Accident: 26/10/2020
Place of Accident: MARINA TERRACE
Involving Vehicle No: SHC1005U

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-20-130734

Date of Request: 27/10/2020

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: 26/10/2020

Vehicle No: SGP3774M

Place of Accident: Junction of Marine Terrace & Marine Crescent

Involving Vehicle No: SHC1005U

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\$)
SHC1005U	Junction of Marine Terrace & Marine Crescent	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 : NORDIC MARITIME (S) PTE LTD
Address : 16 KEPPEL BAY DRIVE #04-20
CARIBBEAN AT KEPPEL BAY S(098673)
Contact No : _____
TO: INDIA INTERNATIONAL INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SGP 3774M AND SHC 1005U ON 26/10/2020
AT/ ALONG JUNCTION OF MARINE CRESCENT AND MARINE TERRACE

I/We, NORDIC MARITIME (S) PTE LTD, am/are the registered owner of
motor car no. SGP 3774M

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	26/10/2020 16:05
Date Of Accident	26/10/2020 06:45
Exact Location Of Accident	JUNCTION OF MARINE TERRACE & MARINE CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP3774M
Insured/Policyholder	
Name Of Registered Owner	NORDIC MARITIME(S) PTE LTD
Co Reg No	2XXXXX539N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88312538
Alternative Phone No	OFFICE-60000000

Vehicle Particulars

Manufacturer	TOYOTA
Model	FORTUNER-2.4 G DSL (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING USE
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA475969/1
Cover Note Number	

Driver

Name of Driver	TAN KOON ENG
NRIC No	SXXXX377D
Date Of Birth	16/09/1977
Occupation	OUTDOOR
Date Of Driving Pass	02/05/1998
Driving Experience	22 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88318538
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 608 BEDOK RESERVOIR ROAD #04-706
Postcode	4706008
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 - CROSS JUNCTION
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?	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: : KITARO TAN LONG XUAN GENDER: : MALE

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

Report Please refer to Sketch Plan

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	SHC1005U
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)	

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 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 located outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claim history for the purpose of fraud detection, investigation and management in accident and all future claims;
- (e) the information so collected under (a) 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.



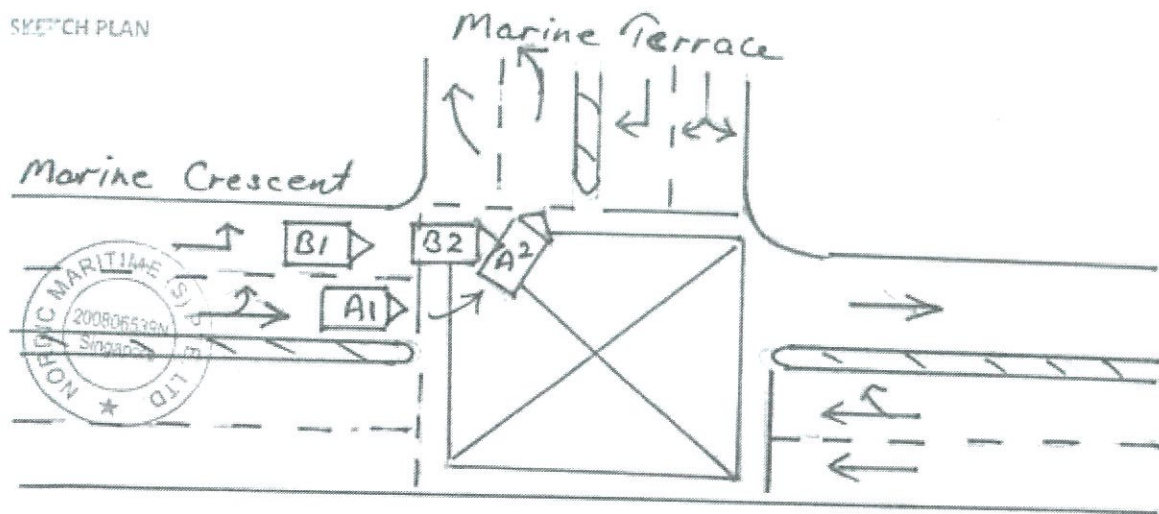
Policyholder's Signature
(Date & Time)

Driver's Signature
(if Driver is not the policyholder)
(Date & Time)

Reporting Centre Personnel's Signature
Name: ASHWIN
NRIC/PIN No. 571318095

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/10/2020 at about 0647 hrs at Junction of Marine Crescent and Marine Terrace. I was travelling on the extreme Right Lane along Marine Crescent and while making a left turns into Marine Terrace, suddenly a Vehicle (B) on my left going straight at a 'left turn' only lane without proper lookout and hence collided onto my left Portion of my Vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle.

(A) SGP 3774 M

(B) SHC 1005 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/We declare that the 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/EN No:

ROHMIC
571313096