



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 : 05/02/2021
Your Ref : SLF3914U
To : LONPAC INSURANCE BHD
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SMP1890C & SLF3914U ON 04/12/2020 AT
ALONG CTE TOWARDS SLE AFTER AMK AVENUE 5 EXIT.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.218024 @ S\$40,446.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$6,000.00 (30 Days x S\$200)
- 3) LTA Search @ S\$7.45
- 3) Towing Fee @ S\$50.00
- 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:

LONPAC INSURANCE BHD

NO.100 BEACH ROAD

#19-00 SHAW TOWER

SINGAPORE 189702

Bill No : 218024

Date : 05-February-2021

Vehicle Number : **SMP 1890C**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 37,800.00
BEFORE GST		37,800.00
7% GST		2,646.00
TOTAL		\$ 40,446.00

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: PRIME CAR LIMO PTE LTD
CAR/LORRY/CYCLE: REG NO: SMP1890C POLICY NO:
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SMP1890C 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 04 day of 12 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:



04/12/2020 - Tow In
07/12/2020 - Reporting
08/12/2020 - PRI
13/12/2020 - Sunday
20/12/2020 - Sunday
25/12/2020 - Public Holiday
27/12/2020 - Sunday
01/01/2021 - Public Holiday

Vehicle In - 04/12/2020
Vehicle Out - 02/01/2021
LOW : 30 days x \$200
= \$ 6,000

> Back to OneMotoring



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

Print Date/Time : 07 Dec 2020 / 15:47:59

Receipt Date/Time : 07 Dec 2020 / 15:47:59

Tax Invoice/Receipt

Receipt No. : ITNET-00000-201207-002792

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 - SLF3914U

As at 04 Dec 2020/23:30:00

Insurance Co: LONPAC INSURANCE BHD

1 Insurance Enquiry - SLF3914U

Enquiry Fee

20201207154653387097

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

Total Amount Payable

7.45

Paid By

20201207154705277

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.



PEOPLE'S VEHICLE SERVICE PTE LTD

BLK 3023A, UBI ROAD 1 #01-60, SINGAPORE 408717

TEL : 6743 1987 (3 LINES) FAX : 6743 0013

Email: peoplevehicle@gmail.com

Reg No: 200415052W



Date: 4/12/20

CASH SALE/WORK ORDER No: PB 2526

實號

Messrs:

車號

Vehicle No:

由

From:

到

To:

其他

Remark:

時間

Time:

☒ Accident/Breakdown

☐ Multi/Baseament

☐ Jump Start

☐ Changing of Battery

☐ Tyre Replacement/ Patching

☐ Crane Up/Winch Out

☐ With Load/Cargo Box

☐ Flat Bed

☐ King Dolly to lift up

☐ Low Body Kit

☐ Repo

☐ Door Opening Service

☐ Collect Document/Key

☐ Jurong Island/Cargo Complex

☐ Woodlands/Tuas Checkpoint

☐ Cancellation Charge (Reach Location)

☐ Cancellation Charge (After 15 minutes)

SGP 1890 G

車型

Model No:

CTE

KAKI BOKH

23:30-17:00:05 AMOUNT: \$ 50/-

注意：本公司對所拖之車輛，在進行中如有任何損失或破壞，一概由車主自行負責。
NOTE: Vehicle is towed at owner's risk. The company accepts no responsibility for damages or other misdeemeanor to your vehicle whilst being towed.

經手人 SMy/cst3 收貨人

Authorised by: Received by:

LETTER OF AUTHORITY

Name : PRIME CAR LIMO PTE LTD

Address : 61 UBI AVE 2 #01-03
AUTOMOBILE MEGAMART S(408898)

Contact No : _____

TO: LONPAC INSURANCE BHD

Dear Sirs,

ACCIDENT INVOLVING SMP 1890C AND SLF 3914U ON 04/12/2020
AT/ALONG CTE TOWARDS SLE AFTER AMK AVE 5 EXIT.

I/We, PRIME CAR LIMO PTE LTD, am/are the registered owner of
motor car no. SMP 1890C

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 Submission	07/12/2020 18:57 (SGT)
Date of Accident	04/12/2020 23:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TWRDS SLE AFTER AMK AVE 05 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP1890C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PRIME CAR LIMO PTE LTD
Company Reg No	2XXXXX883W
Email Address	chiaalan74@gmail.com
Mobile Phone No	(Phone) +65-67479400
Alternative Phone No	+65-67479400

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	TOYOTA / PRIUS ALPHA 1.8S CVT
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	5119549919
Cover Note Number	-

DRIVER

Name of Driver	ZHUANG GUOQING
NRIC No	SXXXX170E
Date Of Birth	13/08/1983
Occupation	Outdoor

Date Of Driving Pass	14/02/2007
Driving experience	13 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93890117
Alt. Phone Number	-
Email Address	chiaalan74@gmail.com
Address	BLK 26B JALAN MEMBINA #18-206
Address complement	-
Postcode	165026
Is the driver the policyholder?	No
If No , Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL **INFORMATION** OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	AFTER RAIN
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GRAB PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
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	SLF3914U
Vehicle Manufacturer	Kia
Vehicle Model	KIA / FORTE K3 1.6A
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLJ198T
Vehicle Manufacturer	Mercedes
Vehicle Model	MERCEDES BENZ / A200 FL STYLE (R17 HLG)
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SH7480J
Vehicle Manufacturer	Hyundai
Vehicle Model	HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SMC5010T
Vehicle Manufacturer	Mercedes
Vehicle Model	MERCEDES BENZ / C180K
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

From Amik Ave 5

CTE towards SLE

C B A D E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) SMP 1890C
(B) SLF 3914U
(C) SLJ 198 T
(D) SH 7480 J
(E) SMC 5010 T

Refer to Police Report

Report No: -

T/2020/207/7032

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 information provided is true and correct.

Signature (For Vehicle Owner/Policyholder)

Date & Time

Signature (For Reporting Centre Personnel)

Name

Reporting Centre

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

07 DEC 2020



**SINGAPORE
POLICE FORCE**



T2C2012077032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3
Report No. T 202012077032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2020 14:58		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: ZHUANG GUOQING		Address: 26B JALAN MEMBINA #18-206 SINGAPORE 165026	
ID Type / ID No.: NRIC NO / S8324170E		Contact No.: Home/Office: Mobile: 93990117	
Nationality: SINGAPORE CITIZEN		Email: guo_qing83@hotmail.com	
Sex: Male	Age: 37	Date of Birth: 13/08/1983	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: private hirer		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/12/2020 23:30	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SH7480J	Car					0
SLF3914U	Car					0
SLJ198T	Car					0
SMC5010T	Car					0



**SINGAPORE
POLICE FORCE**



T202012077032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

2 of 3

Report No. T 202012077032

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SMP1890C	Car					1

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZHUANG GUOQING		ID No. S8324170E
Related Vehicle	SMP1890C (Car)		Contact No. 93890117
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	51		Degree of Serious

Brief Details.

ON 04/12/2020 AT ABOUT 2330HRS AT ALONG CTE TOWARDS SLE AFTER AMK AVE 5 EXIT, I WAS TRAVELLING ON THE LANE 2 AND WHEN MY FRONT VEHICLE SLOW DOWN AND STOP HENCE I FOLLOW SUIT AND CAME 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.
TOTAL 5 VEHICLES INVOLVED IN THIS CHAIN COLLISION, I HAVE 1 FEMALE PASSENGER INSIDE MY VEHICLE.

- (A) SMP1680C
- (B) SLF3914U
- (C) SLJ198T
- (D) SH7480J
- (E) SMC5010T

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408866
Tel No: 65470000



T202012077032

3 of 3

Report No. T202012077032

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/12/2020 14:58
Officer In Charge Of Case: TP / TPHQ / SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404 Authentication Stamp NP168	Classification Of Case:



SINGAPORE POLICE FORCE

(Revised)



T/20201222/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20201222/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/12/2020 15:16		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: ZHUANG GUOQING		Address: 26B JALAN MEMBINA #18-206 SINGAPORE 165026		
ID Type / ID No.: NRIC NO / S8324170E		Contact No.: Home/Office: Mobile: 93890117		
Nationality: SINGAPORE CITIZEN		Email: guo_qing83@hotmail.com		
Sex: Male	Age: 37	Date of Birth: 13/08/1983	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: private hirer		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/12/2020 23:30	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SH7480J	Car					0
SLF3914U	Car					0
SLJ198T	Car					0
SMC5010T	Car					0



**SINGAPORE
POLICE FORCE**



T/20201222/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20201222/7017

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No. of
SMP1890C	Car					1

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZHUANG GUOQING	ID No.	S8324170E
Related Vehicle	SMP1890C (Car)	Contact No.	93890117
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	51	Degree of	Serious

Brief Details.

To refer to police report no: T/20201207/7032

I wish to amend the following from

(A) SMP1680C to (A) SMP1890C



**SINGAPORE
POLICE FORCE**



T/20201222/7017

3 of 3

Report No. T/20201222/7017

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
22/12/2020 15:16

Classification Of Case: