



## 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 : 10/02/2021

Your Ref : SLJ6913G

To : **AUTO & GENERAL INSURANCE (SINGAPORE) PTE LTD**

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SMD4856X & SLJ6913G ON 13/12/2020 AT  
ALONG BEDOK NORTH AVENUE 3 TRAFFIC JUNCTION.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.218034 @ S\$7,169.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$2,600.00 (13 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

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: Tan Keng Gum  
CAR/LORRY/CYCLE: REG NO: SND 4856x POLICY NO: -  
ACCIDENT CLAIM NO: -

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle  
Registered No. SND 4856x 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 13 day of 12 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: .....

14/12/2020 - PRI  
20/12/2020 - Sunday  
25/12/2020 - Public Holiday

vehicle In - 14/12/2020  
vehicle Out - 26/12/2020  
Low - 13 days x \$200  
= \$2,600.

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 14 Dec 2020 / 14:49:08

Receipt Date/Time : 14 Dec 2020 / 14:49:07

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-201214-002653

Previous Receipt No. :

| S/N | Item Description/<br>Business Transaction Reference<br>No.  | Amount<br>Before<br>GST (S\$)                   | GST<br>Amount<br>(S\$) | Amount<br>After GST<br>(S\$) |
|-----|---|---|------------------------|------------------------------|
|     | Result of Insurance Enquiry - SLJ6913G<br>As at 13 Dec 2020/13:30:00<br>Insurance Co: AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED |   |                        |                              |
| 1   | Insurance Enquiry - SLJ6913G<br>Enquiry Fee<br>20201214144758489672   | 7.00  | 0.49                   | 7.49                         |
|     | <b>Sub-Total</b>  | 7.00  | 0.49                   | 7.49                         |
|     | <b>Total Before Rounding</b>  | 7.00  | 0.49                   | 7.49                         |
|     | <b>Rounding Difference</b>  |   |                        | 0.04                         |
|     | <b>Total Amount Payable</b>   |   |                        | 7.45                         |
|     | <b>Paid By</b>  |   |                        |                              |
|     | 20201214144817141   | Direct Debit: eNETS Debit<br>(Internet Banking) |                        | 7.45                         |
|     | <b>Total</b>  |   |                        | 7.45                         |
|     | <b>Cash Change</b>  |   |                        | 0.00                         |
|     | <b>Tendered Amount</b>  |   |                        | 7.45                         |
|     | <b>Excess Refundable Amount</b>   |   |                        | 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.



LETTER OF AUTHORITY

Name : Tan Keng Guan

Address : Blk 293 Tampines Street 22  
#05-484 S(520293)

Contact No : \_\_\_\_\_

TO: Auto & General Insurance (Singapore) Pte. Limited

Dear Sirs,

ACCIDENT INVOLVING SMD 4856X AND SLJ 6913G ON 13/12/2020  
AT/ ALONG Bedok North Ave 3 Traffic Junction.

I/We, Tan Keng Guan, am/are the registered owner of  
motor car no. SMD 4856X

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              | 14/12/2020 10:56 (SGT)                   |
| Date of Accident                | 13/12/2020 13:30 (SGT)                   |
| Exact Location of Accident      | 130 Bedok North Ave 3, Singapore         |
| Additional Location Information | ALONG BEDOK NORTH AVE 3 TRAFFIC JUNCTION |
| Country/State of Loss           | Singapore                                |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SMD4856X |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                         |
|--------------------------|-------------------------|
| Is company?              | No                      |
| Name Of Registered Owner | TAN KENG GUAN           |
| NRIC No                  | SXXXX162F               |
| Email Address            | SIDESIGN_T@YAHOO.COM.SG |
| Mobile Phone No          | (Phone) +65-97849448    |
| Alternative Phone No     | (Home) +65-97849448     |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Nissan                    |
| Model  | Sylphy                    |
| Variant  | -                         |
| Exact purpose for which vehicle was being used at time of accident           | Private use               |
| 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 | Axa           |
| Type of Coverage          | Comprehensive |
| Fleet Policy              | No            |
| Policy Number             | GA481907      |
| Cover Note Number         | -             |

#### DRIVER

|                |               |
|----------------|---------------|
| Name of Driver | TAN KENG GUAN |
| NRIC No        | SXXXX162F     |
| Date Of Birth  | 07/10/1953    |
| Occupation     | Indoor        |



|  |                                    |
|--|------------------------------------|
| Date Of Driving Pass   | 30/05/1979                         |
| Driving experience   | 41 YEARS AND 7 MONTHS              |
| Gender   | Male                               |
| Mobile Number  | (Phone) +65-97849448               |
| Alt. Phone Number  | (Home) +65-97849448                |
| Email Address  | SIDESIGN_T@YAHOO.COM.SG            |
| Address  | BLK 293 TAMPINES STREET 22 #05-484 |
| Address complement   | -                                  |
| Postcode   | 520293                             |
| Is the driver the policyholder?                              | Yes                                |
| If No, Relationship of the Driver with the Insured           | -                                  |
| 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 | Clear           |
| Road Surface       | Dry             |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident?   | No  |
| Number of vehicles involved in the accident   | 3   |
| 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)   | 4   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No  |

#### PASSENGER 1

|        |              |
|--------|--------------|
| Name   | TAN CHEE NEE |
| Gender | Female       |

#### PASSENGER 2

|        |            |
|--------|------------|
| Name   | GRANDCHILD |
| Gender | Male       |

#### PASSENGER 3

|        |            |
|--------|------------|
| Name   | GRANDCHILD |
| Gender | Male       |

#### DETAILS OF POLICE ACTION

|   |    |
|---|----|
| Was the accident reported to the police?  | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom?                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHMENT

#### 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             | SLJ6913G             |
| Vehicle Manufacturer                    | Nissan               |
| Vehicle Model                           | -                    |
| Vehicle Variant                         | -                    |
| Vehicle Colour                          | -                    |
| Vehicle Category                        | Private car          |
| Name of Driver                          | TAN FRED LIN         |
| NRIC No                                 | SXXXX258E            |
| Contact Number                          | (Phone) +65-91052088 |
| 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             | SLF4520R      |
| Vehicle Manufacturer                    | Honda         |
| Vehicle Model                           | -             |
| Vehicle Variant                         | -             |
| Vehicle Colour                          | -             |
| Vehicle Category                        | Private car   |
| Name of Driver                          | ONG WEE KEONG |
| 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

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

REFER TO SKETCH (A).

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary at the traffic junction while waiting for the traffic light to turn green. Suddenly I felt an impact from the rear which caused my vehicle to move forward and hit the vehicle in front of me.

*[Signature]*

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

|                                     |                               |
|-------------------------------------|-------------------------------|
| <input type="checkbox"/>            | Reporting Only                |
| <input type="checkbox"/>            | Claim OD                      |
| <input type="checkbox"/>            | Claim TP                      |
| <input checked="" type="checkbox"/> | Claim OD/TP at other workshop |

DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

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

*[Signature]*

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

