



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 : 08/02/2021
Your Ref : CC6/III21000083/Apa3 (GX8128D)
To : INDIA INTERNATIONAL INSURANCE PTE LTD
Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SML490B & GX8128D ON 24/12/2020 AT JUNCTION OF CENTRAL BOULEVARD AND MARINA GARDEN DRIVE.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.218029 @ S\$16,799.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,500.00 (6 Days x S\$250)
- 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:

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET

#05-02 IOB BUILDING

SINGAPORE 049711

Bill No : 218029

Date : 08-February-2021

Vehicle Number : **SML 490B**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 15,700.00
BEFORE GST		15,700.00
7% GST		1,099.00
TOTAL		\$ 16,799.00

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: Wu dan wei David
CAR/ LORRY/CYCLE: REG NO: SML 490B POLICY NO: -
ACCIDENT CLAIM NO: -

I / ~~We~~ confirm that I / ~~we~~ have taken delivery of Car / ~~Lorry~~ / Motor Cycle
Registered No. SML 490B 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 24 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: 02/01/2021 Signature: X 

Co's Stamp: NRIC No:

28/12/2020 - PR1
01/01/2021 - Public Holiday

Vehicle In - 28/12/2020
Vehicle Out - 02/01/2021
Low - 6 days x \$250
= \$1,500



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

Print Date/Time : 26 Dec 2020 / 10:20:02

Receipt Date/Time : 26 Dec 2020 / 10:20:02

Tax Invoice/Receipt

Receipt No. : ITNET-00000-201226-000462

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - GX8128D As at 24 Dec 2020/18:50:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - GX8128D Enquiry Fee 20201226101915291869	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	20201226101925283	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.

LETTER OF AUTHORITY

Name : Wu Dah Wei, David

Address : 94 Neram Road
Singapore 807789

Contact No : _____

TO: India International Insurance Pte Ltd

Dear Sirs,

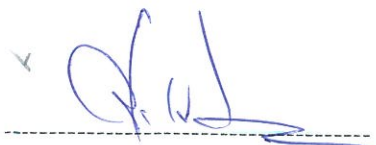
ACCIDENT INVOLVING SML490B AND GX 8128D ON 24/12/2020
AT/ ALONG Junction of Central Boulevard and Marina Garden Drive.

I/We, Wu Dah Wei, David, am/are the registered owner of
motor car no. SML490B

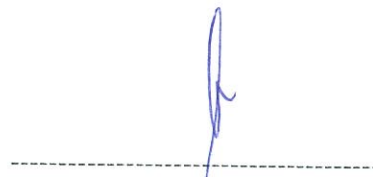
Please note that I have assigned all compensations monies due to me/us in the above said accident
to **M/S MG SOLUTION PTE LTD.**

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	28/12/2020 11:58 (SGT)
Date of Accident	24/12/2020 18:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Junction of Central Boulevard & Marina Garden Drive
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML490B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Wu Dah Wei David
NRIC No	SXXXX699G
Email Address	ionon25@yahoo.com
Mobile Phone No	(Phone) +65-96153431
Alternative Phone No	(Home) +65-96153431

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A7
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	GA553951/1
Cover Note Number	nil

DRIVER

Name of Driver	Wu Zhihao Christopher
NRIC No	SXXXX319Z
Date Of Birth	27/03/1988
Occupation	Indoor

Date of Driving Pass	11/08/2008
Driving experience	12 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97616301
Alt. Phone Number	-
Email Address	ionon25@yahoo.com
Address	94 Neram Road
Address complement	-
Postcode	807789
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Collision - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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	April Ding
Gender	Female

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

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	GX8128D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

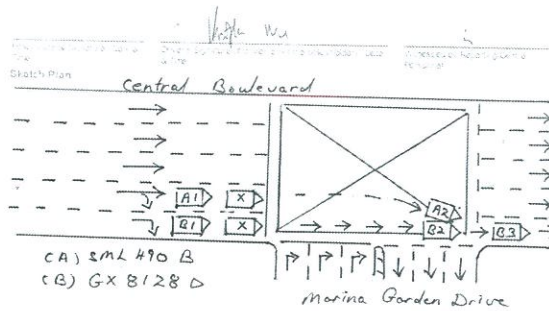
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

SKETCH PLAN

IMPORTANT NOTICE

1. This report is property of the insurer. It is not to be copied or used for any other purpose.
2. This report is completed by the Police Officer and the Approved Driver.
3. Information provided must be as truthful and accurate as possible. Any false or incorrect information will result in the report being voided and the driver being liable for any costs incurred.
4. The driver is responsible for the correctness of the information provided in the report.
5. Any false reporting may be referred to the Police for investigation.
6. The report is a legal document and the insurer of the Approved Driver is responsible for its accuracy. The insurer will not be liable for any costs incurred if the report is found to be false or incorrect.
7. The driver is responsible for the correctness of the information provided in the report.
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20. The driver is responsible for the correctness of the information provided in the report.



Describe Circumstances of the Accident

On 24/12/2020 at about 1850 hrs at Junction of Central Boulevard and Marina Garden Drive, I was travelling on the 2nd lane from the Right along Central Boulevard and come to a stop behind a vehicle before the 'RED' traffic light at the above mentioned junction. When the traffic light turns 'GREEN' and with my Right signal light 'ON' I drove forward intention to make my Right turn into the ~~extreme left~~ Marina Garden Drive. While doing so, a Vehicle (B) from my Right going straight at a 'Right Turn Only' lane without proper lookout and hence collided onto my Right Front Portion of my Vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle.

(A) SML 490 B
(B) GX 8128 D

Declaration

I hereby declare the foregoing facts with due care & every respect

Policyholder's Signature, Name & Date

Driver's Signature If driver is not the policyholder, Date & Time

Witnessed by Reporting Officer / Personnel