



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 : 08/06/2021

Your Ref : **SH7042R**

To : **AXA INSURANCE SINGAPORE PTE LTD**

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SKK6664G & SH7042R ON 19/01/2021 AT
ALONG HOUGANG AVENUE 3 TOWARDS HOUGANG AVENUE 2 BEFORE
BLOCK 248 CAR PARK ENTRANCE.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.218073 @ S\$5,885.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,680.00 (7 Days x S\$240)
- 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

LETTER OF AUTHORITY

Name : STRATEGIC MACHINERY & CONSTRUCTION PTE LTD

Address : 60 UBI CRESCENT
#02-12 S(408569)

Contact No : _____

TO:

AXA INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SKK 6664G AND SH 7042R ON 19/01/2021
AT/ALONG HOUGANG AVE 3 TOWARDS HOUGANG AVE 2 BEFORE
BLK 248 CAR PARK ENTRANCE.

I/We, STRATEGIC MACHINERY & CONSTRUCTION PTE LTD, am/are the registered owner of
motor car no. SKK 6664G

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



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SH 7042R (Insd veh)	Model: BMW 320i
	SKK 6664G (TP veh)	
Date of Accident/ Time:	19/01/2021	

Repair Estimate	: \$	14,702.83	
Final Repair Cost	: \$		
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	6,350.00	(global sum)
Payee Name : MG SOLUTION PTE LTD			
Is Third Party Workshop GIA Registered? [] YES [X] NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability <u>100</u> (%)	
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: <u>15</u>	
	BOLA Liability: _____ (%)	Assessed Liability (*): _____ (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			

NOTE:

1. PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
2. THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTFEASOR IN ANY MANNER WHATSOEVER.
3. AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are **not received within 7 days** of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a **full and final settlement** that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

 Signature of workshop representative / Workshop stamp Name of Representative: <u>WONG SUHUI</u> Date: <u>29/06/2021</u>	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>SHARON CHIA</u> Date: <u>29/06/2021</u>
 Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date: <u>29/06/2021</u>	



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(GST Reg. No. 20-1427944-N)

TAX INVOICE

Bill To:

AXA INSURANCE PTE LTD

8 SHENTON WAY

#27-01 AXA TOWER

SINGAPORE 068811

INVOICE No : TI 219115

PB No : 218073

Date : 29-June-2021

ATTN : MOTOR CLAIMS DEPARTMENT

Vehicle Number : SKK 6664G

QTY	DESCRIPTION	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 5,403.75
BEFORE GST		5,403.75
7% GST		378.26
TOTAL		\$ 5,782.01

Cheque should be made payable to **MG Solution Pte Ltd**

Co's stamp & Authorised Signature

> Back to OneMotoring



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

Print Date/Time : 19 Jan 2021 / 14:44:14

Receipt Date/Time : 19 Jan 2021 / 14:44:14

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210119-002294

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SH7042R As at 19 Jan 2021/13:40:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SH7042R Enquiry Fee 20210119144318889463	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				
	20210119144327108	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.



Service Requests

Messages

Claims



Re:RE: Re:RE: Re:RE: Re:RE: Re:<MANDATE IA> ACCIDENT INVOLVING SH 7042R & SKK
6664G ON 19/01/2021

Type

Question

Message

PLS PROCEED

Reply



redefining / standards

GIRO CREDIT AUTHORISATION FORM

This form must be completed and returned to AXA Insurance Pte Ltd. Payment Service fees will be credited directly into the Service Provider's designated bank account stated below. The Service Provider has to complete all fields of Section A and the completed form must be returned by post/hand to:

AXA Insurance Pte Ltd
8 Shenton Way #27-01 AXA Tower, Singapore 068811
Attn:

Section A: Service Provider Details (To be completed by the Service Provider of AXA Insurance Pte Ltd)	
Name of Service Provider (Company):	MG SOLUTION PTE LTD
Contact Person:	SHARON CHIA
Telephone:	6243 1373
Email Address:	mg3solution@gmail.com
(An auto-prompt email from the bank will be sent to this email address once this form has been processed by AXA Insurance Singapore Pte Ltd and the payment has been credited)	
Particulars of Service Provider Bank Account (Bank code and Branch code can be found at the bottom of cheque)	
Name of Bank:	OVERSEA-CHINESE-BANKING Corporation
Bank Code:	7339
Bank Branch Code:	608
Bank Account Number:	608-006425-001
Name of Account Holder:	MG SOLUTION PTE LTD

I/We hereby authorize AXA Insurance Pte Ltd to credit service payments due to me/us to the above bank account, and undertake to return to AXA Insurance Pte Ltd immediately upon demand, any sum which should not have been credited into such bank account. I/We agree that AXA Insurance Pte Ltd shall be fully absolved of any liability to pay me/us such service payments once such amounts are credited into above bank account.

This authorization shall continue in force until I/we have expressly revoked it by notice in writing to you. In the event of a change of bank account, I/we shall inform you in writing 30 days in advance before such change.



Authorised Signature & Company Stamp (as in bank records)

31/07/2019

Date