



## 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 : **SKU977R**

To : **INDIA INTERNATIONAL INSURANCE PTE LTD**

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SMQ4118A & SKU977R ON 10/02/2021 AT  
ALONG PIE TOWARDS CHANGI BEFORE TAMPINES AVENUE 2 EXIT 3B.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No. **218074 @ S\$14,231.00 (Inclusive Of 7% GST)**
- 2) Loss of Use @ **S\$4,400.00 (22 Days x S\$200)**
- 3) LTA Search @ **S\$7.45**
- 4) Towing Fee @ **S\$50.00**
- 5) Authorisation to Act
- 6) 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](mailto: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: KHAIRUL NIZAR BIN ISHAK  
CAR/ LORRY/CYCLE: REG NO: SMQ4118A POLICY NO: .....  
ACCIDENT CLAIM NO: .....

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle  
Registered No. SMQ 4118A .....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 10 day of 02 2021 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: .....

10/02/2021 - Tow In  
11/02/2021 - OFF - CNY EVE  
12/02/2021 - PH - CNY  
13/02/2021 - PH - CNY  
14/02/2021 - Sunday  
15/02/2021 - PH  
21/02/2021 - Sunday  
28/02/2021 - Sunday

Vehicle In - 10/02/2021  
Vehicle Out - 03/03/2021  
LOU - 22 days x \$200  
= \$ 4,400



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

Print Date/Time : 11 Feb 2021 / 13:04:03

Receipt Date/Time : 11 Feb 2021 / 13:04:03

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-210211-001115

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 - SKU977R

As at 10 Feb 2021/17:33:00

Insurance Co: INDIA INT'L INS PTE LTD

1 Insurance Enquiry - SKU977R  
Enquiry Fee  
20210211130312493718

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

20210211130323163 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



CASH SALE/WORK ORDER No: PB 2940

Date: 10/02/21

寶號 M.G.  
Messrs: SMO 4118A  
車號 車型 Model No: Harder  
Vehicle No: 230  
由 230 H Tampines 2-1 21  
From: 23 Hader Bukit  
到 To:  
其他  
Remark:  
時間 18:30-19:30  
Time: 18:30-19:30 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 misdeemeanour to your vehicle whilst being towed.

經手人 收貨人  
Authorised by: Seng/4213 Received by:

- ☒ Accident/Breakdown
- ☐ Multi/Basement
- ☐ 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)

LETTER OF AUTHORITY

Name : KHAIRUL NIZAR BIN ISHAK  
Address : BLK 230H TAMPINES STREET 21  
#02-685 SINGAPORE 522230  
Contact No : \_\_\_\_\_  
TO: (INDIA INT'L INS PTE LTD)

Dear Sirs,

ACCIDENT INVOLVING SMQ 4118A AND SKN 977R ON 10/02/2021  
AT/ ALONG PIE TOWARDS CHANGI BEFORE TAMPINES AVE 2 EXIT 3B.

I/We, KHAIRUL NIZAR BIN ISHAK, am/are the registered owner of  
motor car no. SMQ 4118A

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	11/02/2021 17:39 (SGT)
Date of Accident	10/02/2021 17:33 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI BEFORE TAMPINES AVE 02 EXIT 3B
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ4118A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KHAIRUL NIZAR BIN ISHAK
NRIC No	SXXXX780C
Email Address	khairul_nizar@outlook.sg
Mobile Phone No	(Phone) +65-97245085
Alternative Phone No	+65-97245085

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	HYUNDAI / AD AVANTE 1.6 GLS (A)
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 hire

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	S120V07378
Cover Note Number	-

### DRIVER

Name of Driver	KHAIRUL NIZAR BIN ISHAK
NRIC No	SXXXX780C
Date Of Birth	13/08/1991
Occupation	Indoor





Date Of Driving Pass	01/12/2016
Driving experience	4 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97245085
Alt. Phone Number	+65-97245085
Email Address	khairul_nizar@outlook.sg
Address	BLK 230H TAMPINES STREET 21 #02-685
Address complement	-
Postcode	522230
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	FATIN NADIRAH BINTE MAHAT
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

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	SKU977R
Vehicle Manufacturer	Hyundai
Vehicle Model	HYUNDAI / VELOSTER FS 1.6 T-GDI GLS DCT 2WD SR
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	GBJ6356H
Vehicle Manufacturer	Nissan
Vehicle Model	NISSAN / NV350 PANEL VAN 2.5 5MT 5DR
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

## 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 willful 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 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.
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/are 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.

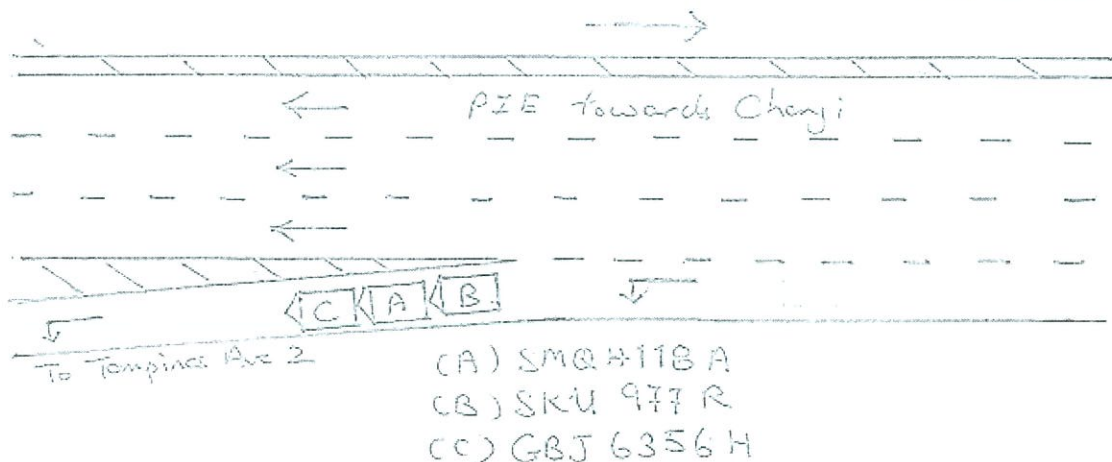
Policyholder's Signature / Date & Time

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

IDAC KAKI BUKIT (VAC)  
25 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67482305  
Email: vacb@vicom.com.sg  
Witnessed by Reporting Centre Personnel

Sketch Plan

11 FEB 2021



## Describe Circumstances of the Accident

On 10/02/2021 at about 1733 hrs at along PIE towards Changi before Tampines Ave 2 Exit 3B. I was travelling on the extreme left lane and when my front vehicle slow down and stop hence I follow suit and came to a complete halt. 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 (C). 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 3 vehicles involved in this chain collision. I have one passenger inside my vehicle.

(A) SMQ 4118 A

(B) SKU 977 R

(C) GBJ 6356 H



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

(We declare the foregoing particulars are true in every respect)

Policyholder's Signature / Date & Time

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

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

Witnessed by Reporting Centre Personnel

11 FEB 2021