



## 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 : 10/06/2021

Your Ref : GQ8913R

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SJS6204X & GQ8913R ON 28/03/2021 AT  
OPEN CAR PARK OF BLK 201 PETIR ROAD.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.218078 @ S\$6,313.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,800.00 (9 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  
GST Reg. No. : 201427944N

MOTOR CLAIM DISCHARGE

INSURED: KIONG KHENG SOON KENNETH  
CAR/ LORRY/CYCLE: REG NO: SJS 6204X POLICY NO:  
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle  
Registered No. SJS 6204X 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 28 day of 03 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:

29/03/2021 - PRI  
02/04/2021 - Public Holiday  
04/04/2021 - Sunday

Vehicle In - 29/03/2021  
Vehicle Out - 06/04/2021  
Lor - 9 days x \$200  
= \$1,800



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 29 Mar 2021 / 13:07:38

Receipt Date/Time : 29 Mar 2021 / 13:07:38

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-210329-001864

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 - GQ8913R				
As at 28 Mar 2021/16:45:00				
Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - GQ8913R Enquiry Fee 20210329130453687549	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				
20210329130611274		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 : KIONG KHENG SODN KENNETH

Address : BLK 203 PETIR ROAD  
#07-661 S(670203)

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

TO: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Dear Sirs,

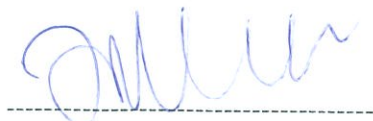
ACCIDENT INVOLVING SJS6204X AND GQ8913R ON 28/03/2021  
AT/ ALONG OPEN CARPARK OF BLK 201 PETIR ROAD

I/We, KIONG KHENG SODN KENNETH, am/are the registered owner of  
motor car no. SJS 6204X

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	29/03/2021 16:33 (SGT)
Date of Accident	28/03/2021 16:45 (SGT)
Exact Location of Accident	201 Petir Rd, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS6204X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KIONG KHENG SOON KENNETH
NRIC No	SXXXX952F
Email Address	khengsoonkiong@gmail.com
Mobile Phone No	(Phone) +65-96720331
Alternative Phone No	+65-96720331

### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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
Transmission	Auto
CC	1600

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MTPV01010308
Cover Note Number	-

### DRIVER

Name of Driver	KIONG KHENG SOON KENNETH
NRIC No	SXXXX952F

Date Of Birth	31/01/1960
Occupation	Indoor
Date Of Driving Pass	04/08/1999
Driving experience	21 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96720331
Alt. Phone Number	+65-96720331
Email Address	khengsoonkiong@gmail.com
Address	BLK 203 PETIR ROAD #07-661
Address complement	-
Postcode	670203
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	Collision - Major/Minor Rd
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	LEE LENG CHOO
Gender	Female

#### PASSENGER 2

Name	ANG SOH WAH
Gender	Female

#### PASSENGER 3

Name	NA NA
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 TO POLICE REPORT: T/20210329/7016.

#### 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	GQ8913R
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	VEHICLE B
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	KIONG KHENG SOON KENNETH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJS6204X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



**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:

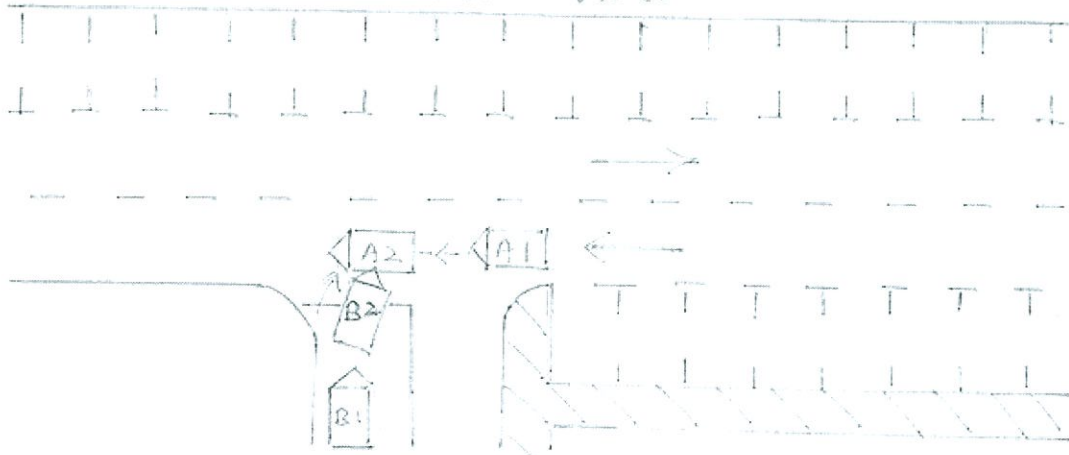
Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

I hereby authorise SME Motor Pte Ltd to send my  
 Accident report to my workshop  
 via email / fax  
 Signature AW-PR-64231376

AW-PR-64231376

### SKETCH PLAN

BIK 201 Petir Road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) 555 6204 X

(R) GQ 8913 R

Refer to Police Report

Report No. 2-

T/20210329/7016

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 the foregoing particulars are true in every respect.

Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

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

Reporting Control Personnel's Signature  
Name:  
ARIC/EIN No.:



**SINGAPORE  
POLICE FORCE**



T/20210329/7016

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

1 of 3

Report No. T/20210329/7016

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/03/2021 13:11	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: KIONG KHENG SOON KENNETH			Address: 203 PETIR ROAD #07-661 SINGAPORE 670203		
ID Type / ID No.: NRIC NO / S1406952F			Contact No.: Home/Office: Mobile: 96720331		
Nationality: SINGAPORE CITIZEN			Email: KHENGSOONKIONG@GMAIL.COM		
Sex: Male	Age: 61	Date of Birth: 31/01/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales and marketing manager			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/03/2021 16:45	Type of Location: Car Park
Location:  BLOCK 201 PETIR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GQ8913R	Lorry					0
SJS6204X	Car	KIA	CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR	White		3





SINGAPORE  
POLICE FORCE



T/20210329/7016

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

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Report No. T/20210329/7016

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJS6204X	TENET SOMPO INSURANCE PTE. LTD.	D20MTPV01010308	26/08/2020	25/08/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KIONG KHENG SOON KENNETH	ID No.	S1406952F
Related Vehicle	SJS6204X (Car)	Contact No.	96720331
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/03/2021	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On 28/03/2021 at about 1645hrs at Open carpark of block 201 Petir Road, I was travelling on the above mentioned driveway and suddenly a vehicle (B) exited out from the side road without stopping and without giving way to my vehicle hence collided onto my left front portion of my vehicle (A) causing damages to my vehicle. I have 3 passengers inside my vehicle. I have 5 days MC for my injury.

Vehicle A: SJS6204X

Vehicle B: GQ8913R





SINGAPORE  
POLICE FORCE

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



T/20210329-7016

3 of 3

Report No. T/20210329-7016

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 /  
WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP165

Signature Of Informant:

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

Date/Time:  
29/03/2021 13:11

Classification Of Case: