



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 : **SMR3780M**

To : **AXA INSURANCE SINGAPORE PTE LTD**

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SLE3414B & SMR3780M ON 03/04/2021
AT SLIP ROAD FROM ANG MO KIO AVENUE 5 TOWARDS CTE (CITY).**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.218079 @ S\$6,420.00 (Inclusive Of 7% GST)
- 2) Loss of Rental @ S\$750.00 (5 Days x S\$150)
- 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:

AXA INSURANCE PTE LTD

8 SHENTON WAY

#27-01 AXA TOWER

SINGAPORE 068811

Bill No : 218079

Date : 10-June-2021

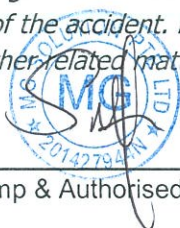
Vehicle Number : **SLE 3414B**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 6,000.00
BEFORE GST		6,000.00
7% GST		420.00
TOTAL		\$ 6,420.00

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



WIN WIN RENT-A-CAR PTE LTD

Invoice

SLE3414B
LOE WAI MUN

Invoice No : WPLIN0005129
Invoice Date : 15/4/2021
Due Date : 15/4/2021
VHA No : 4206
Referral ID : M035

Description :	Amount
Rental for 5 Day/s @ \$150 per Day \$	750.00

Vehicle No : SMC1799C

Vehicle Description : Toyota Sienta 1.5X CVT Hybrid

Rental Period : 05/04/2021 to 10/04/2021

Total Amount Payable : \$ 750.00

WIN WIN RENT-A-CAR PTE LTD

8 Kaki Bukit Ave 4 #06-04 Premier@Kaki Bukit Singapore 415875
Tel: 6315 8479 H/P: 9833 0807

VHA No: 4206

Invoice No :

Hirer's Vehicle No : SLT 34143

UEN: 201505115E

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULARS

Name: (as in I/C) LOE WAI MUN

NRIC / FIN No: S1453497J

Address (Res): BLK 130 EDGE DALE PLAINS
#08-16 S(820130)

Name & Address of Employer:

Occupation: Driving Exp:

Singapore Driving Licence No:

Issue Date: 8/9/03 Date of Birth: 4/7/60

Tel: (O) (R) HP:

ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C)

NRIC / FIN No:

Address (Res):

Occupation: Driving Exp:

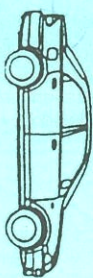
Singapore Driving Licence No:

Issue Date: Date of Birth:

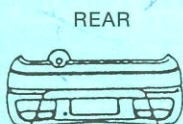
Tel: (O) (R): H/P:

VEHICLE CHECK LIST

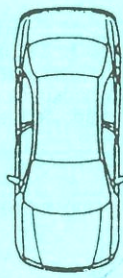
INDICATE:
D - DENTS
S - SCRATCHES
A - ACCIDENTS



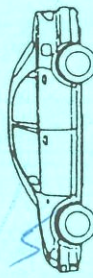
RIGHT



FRONT



TOP



LEFT

MISSING / FAULTY ACCESSORIES / PARTS

REMARKS:

Vehicle No: SMC 17996 Replace Veh No:

Mileage Out: 81472 Mileage Out:

Make & Model: TOYOTA SIENTA HYBRID 1.5X Auto / Manual

Out : Date 05/4/21 Time: 1030

HIRE / PERIOD EXPIRY Time:

NON-WAIVER EXCESS=\$ 2000% (SECTION I)
2000% (SECTION II)

CHARGES

Daily 5 @\$ 150 per day \$750 -

Weekly @\$ per week

Monthly @\$ per month

Hours @\$ per hour

Extension @\$

Delivery/Collection Service

SUB-TOTAL \$

PETROL LEVEL

Out E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F

In E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F

Fuel

Traffic / Parking Fines

TOTAL CHARGES \$

Hirer's Signature

Additional Driver's Signature

I have read and agree to the terms and condition on both sides of the agreement. If I have presented a charge/credit card for payment. I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given WIN WIN RENT-A-CAR PTE LTD in connection with this agreement is true.

*IMPORTANT

1. VEHICLE IS STRICTLY PROHIBITED FOR "HIRE FOR REWARDS" USAGE SUCH AS UBER / GRABCAR / GRABSHARE ETC.
2. ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORIZED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
3. ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
4. THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY. INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
5. IN CASE OF ACCIDENT. THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES. A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
6. VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY WIN WIN RENT-A-CAR PTE LTD.

RETURN OF VEHICLE. THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN " SIGNATURE OF HIRER / DRIVER " FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO WIN WIN RENT-A-CAR PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	SIGNATURE OF HIRER/DRIVER
10/4	10:00				

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 05 Apr 2021 / 10:05:25

Receipt Date/Time : 05 Apr 2021 / 10:05:25

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210405-000651

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 - SMR3780M				
As at 03 Apr 2021/16:25:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SMR3780M Enquiry Fee 20210405100352044151	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				
20210405100410191		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 : LOE WAI MUN

Address : 130 EDGE DALE PLAINS
#08-16 S(820130)

Contact No : _____

TO: AXA INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SLE 3414B AND SMR 3780M ON 03/04/2021
AT/ALONG SLIP ROAD FROM ANG MO KIO AVE 5 TOWARDS CTE (CITY).

I/We, LOE WAI MUN, am/are the registered owner of
motor car no. SLE 3414B

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

Provided always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect my further claim for general and special damages for my personal injuries sustained in the same accident.

AUTHORIZATION TO ACT

I, LOE WAI MAN ("the third party claimant")
of 130 EDGE DALE PLAINS #08-16 S(820130) (address),
owner of SLE3414B (vehicle no.) hereby authorize
MG SOLUTION PTE LTD
("The workshop") to act for me with respect to my claim for
repair costs and/or rental and/or loss of use ("claim") for my
Vehicle No. SLE3414B that was damaged pursuant to the
accident which occurred on 03/04/2021 (date) along SLIP ROAD
FROM ANG MO KIO AVE 5 TOWARDS CTE (CITY) (location)
involving Vehicle No/s SMR 3784 M
("The accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this _____ day of _____ (month) 20____ (year)





Signed by "the third party claimant"



Signed by "the workshop"

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	05/04/2021 19:15 (SGT)
Date of Accident	03/04/2021 16:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	At Slip Road from Ang Mo Kio Avenue 5 towards CTE (City)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE3414B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LOE WAI MUN
Company Reg No	5XXXXX020C
Email Address	wmloe1@gmail.com
Mobile Phone No	(Phone) +65-98244185
Alternative Phone No	+65-98244185

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5087893833-04
Cover Note Number	-

DRIVER

Name of Driver	LOE WAI MUN
NRIC No	SXXXX497J

Date Of Birth	07/07/1960
Occupation	Outdoor
Date Of Driving Pass	30/11/1981
Driving experience	39 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98244185
Alt. Phone Number	-
Email Address	wmloe1@gmail.com
Address	Blk 130 Edgefield Plains #08-16
Address complement	-
Postcode	820130
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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 - Head to Rear
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Unknown Passenger
Gender	Male

PASSENGER 2

Name	Unknown Passenger
Gender	Male

PASSENGER 3

Name	Unknown Passenger
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 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	SMR3780M
Vehicle Manufacturer	-
Vehicle Model	-
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)	-

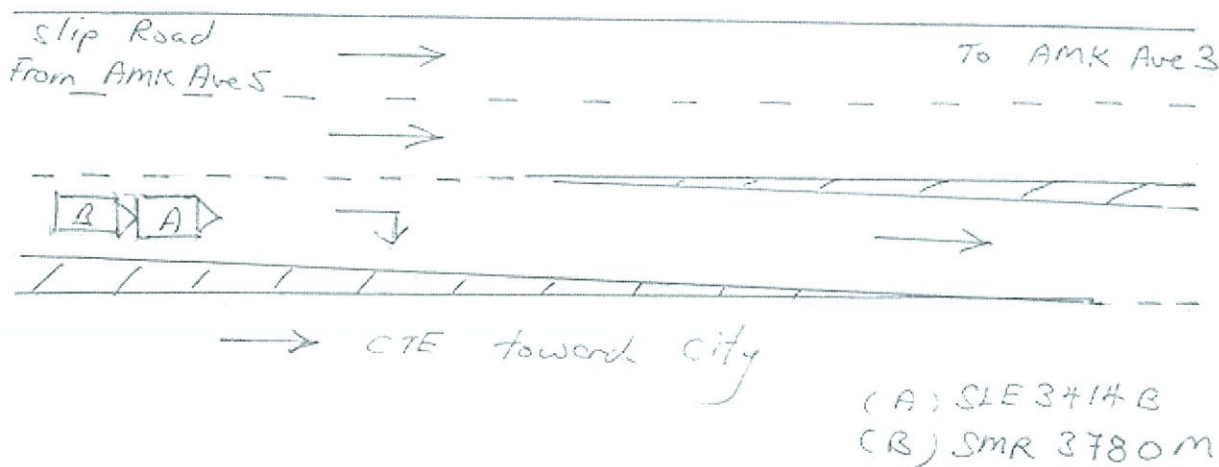
SKETCH PLAN

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 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/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.

		IDAC KAKI BUKIT (VICOM LTD) 23 KAKI BUKIT AVENUE 4S(415933)
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 02/04/2021 at about 1625 hrs at slip road from Ang Mo Kio Ave 5 towards CTE (city). I was travelling on the extreme Right Lane along the above mentioned road and when my front vehicle slow down and stop hence I follow suit. Suddenly I felt a great impact from the Rear and 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. I have 3 passengers inside my vehicle.

(A) SLE 3414 B


(B) SMR 3780 M

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

IDAC KAKI BUKIT (VICOM LTD)
23 KAKI BUKIT AVENUE 4S(415933)
Witnessed by Reporting Centre Personnel