



## 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 : 17/06/2021

Your Ref : SLB4117T

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SMF4133M & SLB4117T ON 10/04/2021 AT  
OPEN CAR PARK OF BLK 610 YISHUN STREET 61.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No. **218089 @ S\$5,350.00 (Inclusive Of 7% GST)**
- 2) Loss of Rental @ **S\$450.00 (3 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,



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Sharon Chia

HP: 8121 1373

E-mail: mg3solution@gmail.com

Co's stamp & Authorised Signature

## Invoice

SMF4133M  
LO WEE YEN

Invoice No : WPLIN0005131  
Invoice Date : 16/4/2021  
Due Date : 16/4/2021  
VHA No : 5765  
Referral ID : M035

Description :	Amount
Rental for 3 Day/s @ \$150 per Day \$	450.00

Vehicle No : SMC1799C

Vehicle Description : Toyota Sienta 1.5X CVT Hybrid

Rental Period : 12/04/2021 to 15/04/2021

Total Amount Payable : \$ 450.00



# 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: 5765

Invoice No: WPLIN5131

Hirer's Vehicle No: Snf 4133m

UEN: 201505115E

## VEHICLE RENTAL AGREEMENT

### HIRER'S PARTICULARS

Name: (as in I/C) LO WEE YEN

NRIC / FIN No: S7026792F

Address (Res): BLK 609 YISHUN ST 61  
#04-237 S(760609)

Name & Address of Employer:

Occupation: Driving Exp:

Singapore Driving Licence No:

Issue Date: 16/12/02 Date of Birth: 6/8/70

Tel: (O) (R) HP:

### ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C)

NRIC / FIN No:

Address (Res):

Occupation: Driving Exp:

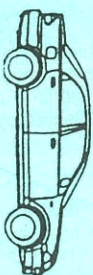
Singapore Driving Licence No:

Issue Date: Date of Birth:

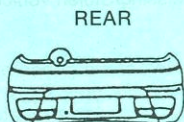
Tel: (O) (R): H/P:

### VEHICLE CHECK LIST

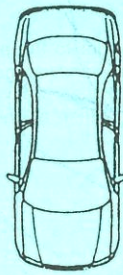
INDICATE:  
D - DENTS  
S - SCRATCHES  
A - ACCIDENTS



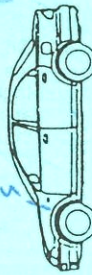
RIGHT



FRONT



TOP



LEFT

### MISSING / FAULTY ACCESSORIES / PARTS

REMARKS:

Vehicle No: SMC1799C Replace Veh No:

Mileage Out: 82762 Mileage Out:

Make & Model: TOYOTA SIENNA Auto / Manual

Out : Date 12/4/21 Time: 1:30pm

HIRE / PERIOD EXPIRY Time:

NON-WAIVER EXCESS=\$ 2000/-

### CHARGES

Daily 3 @\$ 150 per day \$450 -

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, AUTHORISED, 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
15/4	15:55				



> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 12 Apr 2021 / 13:13:22

Receipt Date/Time : 12 Apr 2021 / 13:13:22

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-210412-001899

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 - SLB4117T

As at 10 Apr 2021/16:30:00

Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

1 Insurance Enquiry - SLB4117T

Enquiry Fee

20210412131232297758

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

20210412131243261

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 : Lo Wee Yen  
Address : Blk 609 Yishun Street 61  
#04-237 S(760609)  
Contact No : \_\_\_\_\_

TO:

China Taiping Insurance (Singapore) Pte Ltd

Dear Sirs,

ACCIDENT INVOLVING SME 4133M AND SLB 4117T ON 10/04/2021  
AT/ALONG Open Car Park of Blk 610 Yishun St. 61.

I/We, Lo Wee Yen, am/are the registered owner of  
motor car no. SME 4133M

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	12/04/2021 15:56 (SGT)
Date of Accident	10/04/2021 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AT OPEN CARPARK OF BLK 610 YISHUN ST 61
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF4133M
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LO WEE YEN
NRIC No	SXXXX792F
Email Address	loweeyen@yahoo.com.com.sg
Mobile Phone No	(Phone) +65-96690099
Alternative Phone No	+65-96690099

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	MERCEDES BENZ / CLA180 AMG LINE AUTO
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	1989

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5105375107-02
Cover Note Number	-

#### DRIVER

Name of Driver	LO WEE YEN
NRIC No	SXXXX792F

Date Of Birth	06/08/1970
Occupation	Indoor
Date Of Driving Pass	17/12/1997
Driving experience	23 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96690099
Alt. Phone Number	+65-96690099
Email Address	loweeyen@yahoo.com.com.sg
Address	BLK 609 #04-237 YISHUN STREET 61
Address complement	-
Postcode	760609
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	Collided into Parked Vehicle
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)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### 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	SLB4117T
Vehicle Manufacturer	Mitsubishi
Vehicle Model	MITSUBISHI / ASX 2.0 CVT ABS D/AIRBAG 2WD
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. The 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. 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.
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.

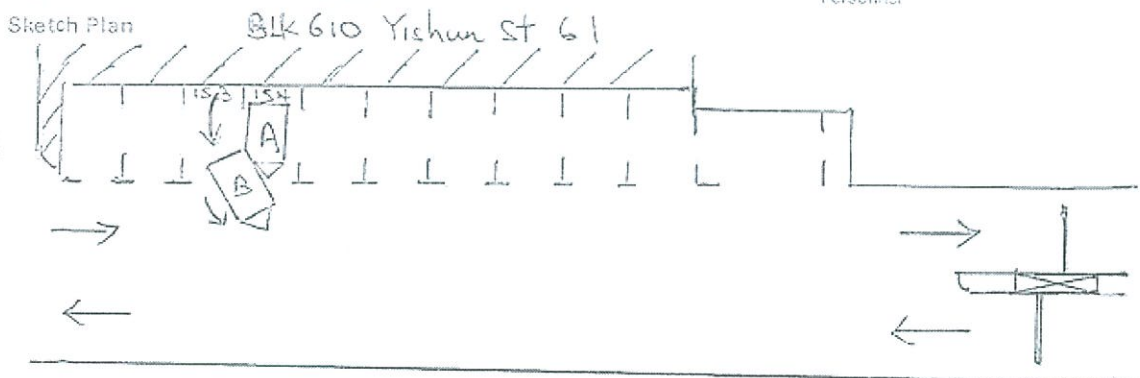
IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vacbk@vicom.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) SMF 4133 M  
(B) SLB 4117 T

Describe Circumstances of the Accident

On 10/04/2021 at about 1630 hrs at Open Car Park of Blk 610 Yishun St 61. My vehicle was stationary parked at the above mentioned car park lot no. 154 and suddenly a Vehicle (B) on my Right of lot no 153 exited out to the left without proper judgment and hence collided onto my Right Front Portion of my Vehicle (A) causing damages to my vehicle.

(A) SMF 4133 M  
(B) SLB 4117 T



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