



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 : 28/07/2021

Your Ref : SHB6361M

To : AXA INSURANCE PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SMG7045J & SHB6361M ON 10/02/2021
AT ALONG GOPENG STREET TOWARDS ANSON ROAD BESIDE NO.20 ANSON
ROAD.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.218107 @ S\$2,354.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$800.00 (4 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

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, ABDUL AZIZ BIN MOHAMED GHANI ("the third party claimant")
of BLK 702 BEDOK RESERVOIR ROAD #10-3532 S(470702) (address),

owner of SMG 7045J (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. SMG 7045J that was damaged pursuant to the accident which occurred on 10/02/2021 (date) along GOPENG STREET TOWARDS ANSON ROAD BESIDE NO. 20 ANSON ROAD (location) involving Vehicle No/s SHB 6361M

("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 17 day of May (month) 20 21 (year)



Signed by "the third party claimant"



Signed by "the workshop"



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHB 6361M (Insd veh)	Model: PROTON EXORA 1.6L AT
	SMG 7045J (TP veh)	
Date of Accident/ Time:	10/02/2021	

Repair Estimate	: \$	7,171.70	
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 (Global Sum)	: \$	2,600.00	
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: _____	
	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: Mohd Suhaimi
 Date: 10/08/2021

Signature of Witness / Workshop stamp (if applicable)
 Name of Witness: SHARON CHIA
 Date: 10/08/2021

Signature of AXA's surveyor/representative:
 Name of AXA's surveyor /Representative:
 Date: 10/08/2021

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Tel: 6243 1373 Fax: 6243 1376

(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 219135

PB No : 218107

Date : 10-August-2021

ATTN : MOTOR CLAIMS DEPARTMENT

Vehicle Number : SMG 7045J

QTY	DESCRIPTION	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 2,200.00
BEFORE GST		2,200.00
7% GST		154.00
TOTAL		\$ 2,354.00

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 : 05 May 2021 / 11:35:04

Receipt Date/Time : 05 May 2021 / 11:35:04

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210505-001451

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 - SHB6361M As at 10 Feb 2021/19:45:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHB6361M Enquiry Fee 20210505113400266846	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				
	20210505113415253	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 Request Details

Claim

S1M0367Z

Reference

CC4/ASM21005863/Apa3 

Loss Date

10 February 2021

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Report Date

24 Mar 2021 1:06:50 PM

Request Date

6 August 2021

Due Date

17 May 2022

Services

Pending verification - Direct Settlement

Actions

Next Step

Finish the work

Complete Work



Vehicle Information

Incident Vehicle Registration #
SMG7045J

Make
TPVD PROTON

Model
EXORZ 1.6

Service Address

, , ,

Primary Contact/Insured

COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE, 575717, Singapore
65551188

Claim Handler

CHAN Kian Chuan
68805444
kianchuan.chan@axa.com.sg

Additional Instructions
WS : MG SOLUTION

Messages2

Invoices

History

Documents

Assessment

Metrics

Notes

New Message

TYPE




SUBJECT


Re:<TP - Mandate IA> - S1M0367Z [ACCIDENT INVOLVING SHB 6361M(OI) & SMG 7045J(TP) ON 10/02/2021]

BODY

Hi, pls proceed as per mandate. TY.



TYPE



SENT

21/7/21 9:20 AM

FROM


LKK AUTO CONSULTANTS PTE LTD (TP)

SUBJECT


<TP - Mandate IA> - S1M0367Z [ACCIDENT INVOLVING SHB 6361M(OI) & SMG 7045J(TP) ON 10/02/2021]

BODY

Liability: 100%.(BOLA 27). Surveyor is of the view...



TYPE



SENT

18/5/21 8:37 AM

FROM

ANG Richard

SUBJECT

Pls check on consistency of TP damages

BODY

Hi, pls request the surveyor to check on the consi...

