



## MG SOLUTION PTE LTD

23 Kaki Bukit Ave 4, AAS Kaki Bukit Centre #04-01 Singapore 415933

Tel: 6243 1373 Fax: 6243 1376

(GST Reg. No. 201427944N)

Date : 19/01/2022

Your Ref : **GBK2845J**

To : **CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD**

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SML2291X & GBK2845J ON 25/05/2021 AT JUNCTION OF QUEEN STREET AND BRAS BASAH ROAD.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No. **228004 @ S\$3,531.00 (Inclusive Of 7% GST)**
- 2) Loss of Use @ **S\$1,440.00 (6 Days x S\$240)**
- 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](mailto:mg3solution@gmail.com)



## MG SOLUTION PTE LTD

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(GST Reg. No. 20-1427944-N)

# PROFORMA BILL

Bill To:

**CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD**

NO. 3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

SINGAPORE 079909

Bill No : 228004

Date : 19-January-2022

Vehicle Number : **SML 2291X**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 3,300.00
BEFORE GST		3,300.00
7% GST		231.00
<b>TOTAL</b>		<b>\$ 3,531.00</b>

**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

**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: PRIME CAR LIMO PTE LTD  
CAR/ LORRY/CYCLE: REG NO: SML 2291X POLICY NO: .....  
ACCIDENT CLAIM NO: .....

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle  
Registered No. SML 2291X .....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 25 day of 05 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: .....



27/05/2021 - PRI

30/05/2021 - Sunday

Vehicle In - 27/05/2021

Vehicle Out - 01/06/2021

LOU - 6 days x \$240

= \$1,440

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 25 May 2021 / 16:41:09

Receipt Date/Time : 25 May 2021 / 16:41:06

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-210525-003074

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 - GBK2845J				
As at 25 May 2021/13:45:00				
Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - GBK2845J			
	Enquiry Fee	7.00	0.49	7.49
	20210525163958882523			
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				0.04
<b>Total Amount Payable</b>				7.45
Paid By				
	20210525164017282	Direct Debit: eNETS Debit (Internet Banking)		7.45
<b>Total</b>				7.45
<b>Cash Change</b>				0.00
<b>Tendered Amount</b>				7.45
<b>Excess Refundable Amount</b>				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 : PRIME CAR LIMO PTE LTD

Address : 61 UBI AVE 2 #01-03  
AUTOMOBILE MEGAMART S(408898)

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

TO: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SML 2291X AND GBK 2845J ON 25/05/2021  
AT/ALONG JUNCTION OF QUEEN STREET AND BRAS BASAH ROAD.

I/We, PRIME CAR LIMO PTE LTD, am/are the registered owner of  
motor car no. SML 2291X

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	25/05/2021 17:57 (SGT)
Date of Accident	25/05/2021 13:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF QUEEN STREET X BRAS BASAH ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML2291X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	PRIME CAR LIMO PTE LTD
Company Reg No	2XXXXXX883W
Email Address	alan@primecars.com.sg
Mobile Phone No	(Phone) +65-86836000
Alternative Phone No	+65-86836000

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	TOYOTA / PRIUS HYBRID 1.8S CVT
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	1800

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	5119549919
Cover Note Number	-

### DRIVER

Name of Driver	LIM KIM HUA
NRIC No	SXXXX310C

Date Of Birth	04/04/1970
Occupation	Outdoor
Date Of Driving Pass	01/08/1990
Driving experience	30 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96181403
Alt. Phone Number	-
Email Address	alan@primecars.com.sg
Address	BLK 123B RIVERVALE DRIVE #06-141
Address complement	-
Postcode	542123
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	GRAB 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 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	GBK2845J
Vehicle Manufacturer	Nissan
Vehicle Model	NISSAN / NV350 PANEL VAN 5DR 2.5 5AT
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGF3848L
Vehicle Manufacturer	Honda
Vehicle Model	HONDA / VEZEL HYBRID 1.5X AUTO
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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	LIM KIM HUA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SML2291X
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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



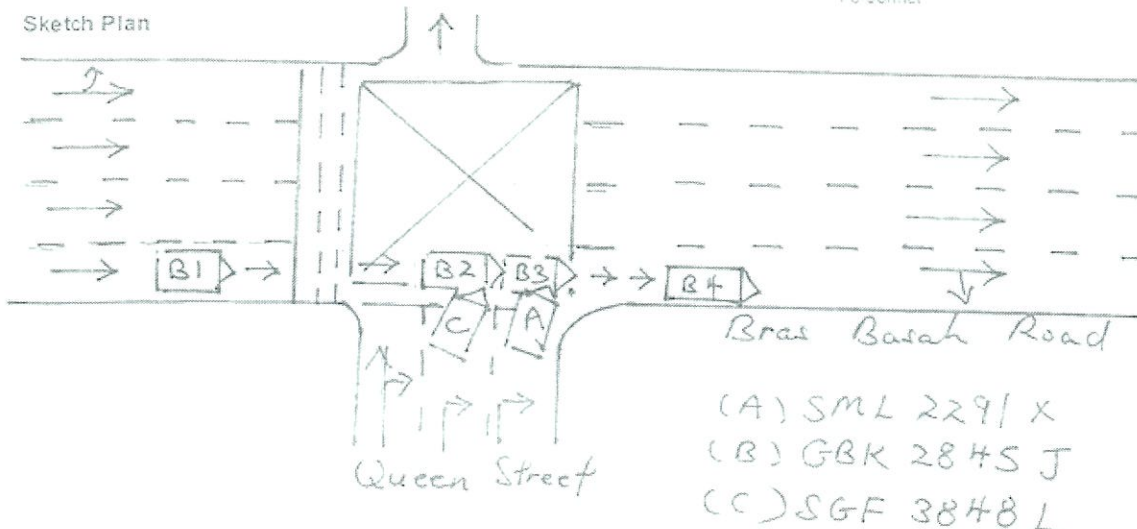
IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



## Describe Circumstances of the Accident

On 25/05/2021 at about 1345 hrs at Junction of Queen Street and Bras Basah Road. I was travelling on the extreme Right lane along Queen Street and came to a stop before the 'RED' traffic light at the above mentioned Junction and vehicle (C) was also come to a stop on my Left. When the traffic light turns 'GREEN' and both my Vehicle (A) and Vehicle (C) started to make a Right turn into Bras Basah Road. While doing so, a Vehicle (B) at the extreme Right Lane along Bras Basah Road beat the 'RED' traffic light and hence collided onto Vehicle (C) and then on my Vehicle (A) causing damages to our vehicles. I have one passenger inside my vehicle.

(A) SML 2291 X

(B) GBK 2845 J

(C) SGF 3848 L

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