## 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

: GBF7468H

To

: AIG ASIA PACIFIC INSURANCE PTE LTD

Attn

: Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SMZ5139K & GBF7468H ON 10/06/2021 AT ALONG BALESTIER ROAD BEFORE CTE (CITY) BESIDE SINGAPORE INDIAN ASSOCIATION.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.218110 @ S\$10,379.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,920.00 (8 Days x S\$240)
- 3) LTA Search @ \$\$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: 9188 6931

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:

Bill No: 218110

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY #07-12 AIG BUILDING SINGAPORE 079120 Date: 28-July-2021

Vehicle Number: SMZ 5139K

ATTN: MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
QTY 1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 9,700.00
	BEFORE GST 7% GST TOTAL	A201

### 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 GAR LIMO PTE LTD
CAR/LORRY/CYCLE: REG NO: SMZ 5139 K POLICY NO:
ACCIDENT CLAIM NO:
I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SMZ 5139K from the repairers,
Messrs Wh 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
Date: Signature:
Co's Stamp: NRIC No: Vehicle In - 11/06/2021  11/06/2021 - PRI  13/06/2021 - Sunday  13/06/2021 - Sunday  Lou - Stays x \$ 240  - \$ 1,9 > 0

### > Back to OneMotoring

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

10 Jun 2021 / 17:02:15

Receipt Date/Time: 10 Jun 2021 / 17:02:15

## Tax Invoice/Receipt

Receipt No.: ITNET-00000-210610-002787

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 - GBF7468H				
As at 10 Jun 2021/15:50:00				
Insurance Co: AIG ASIA PACIFIC INSURAN	NCE PTE. LTD.			
1 Insurance Enquiry - GBF7468H				
Enquiry Fee		7.00	0.49	7.49
20210610170115318967				
	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			
	20210610170128234	Direct Debit: el (Intern	NETS Debit et 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	: PRIME GAR LIMO PTEULD	
Address	: 61 UBI AVE 2 ADT-03	
	AUTOMOBILE MEGAMART S(40+)	98)
Contact No	:	
TO: -A10	ASIA PACIFIC INSURANCE	PTE LTD
Dear Sirs,		
ACCIDENT IN	VOLVING SMZ 5139K AND	GBF7468H ON 10/06/2011
AT/ ALONG_	BALESTIER ROAD BEFORE CT	E (CITY) BESIDE
	SINGA	APORE INDIAN ASSOCIATION
I/We,	PRIME GAR LIMO PTELTO	, am/are the registered owner of
	SMZ 5139K	san, and the registered owner of
Please note th	nat I have assigned all compensations mon	iles due to me/us in the above said accident
accident to M/	authorize you to release all compensation /S MG SOLUTION PTE LTD and forward yo I had authorized to collect the said comp	n monies pertaining to the above-mentioned ur settlement cheque to M/S MG SOLUTION ensation monies.
Thank you		
	D. Reg. No.: 1826883W	
Signature of Cl	aimant	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 (AIG Asia Pacific – EXPRESS THIRD PART

("the third party claimant")
AMART S (408898) (address)
no.) hereby authorize
,
my claim for repair costs and/or
no. SMZ 5139K that was
red on 10/06/2021 (date) along
IDE SINCAPINE INDIANG
DE SINGAPORE INDIAN (location)  ASSOCIATION  ("the accident").
("the accident").
e above mentioned claim in a is further authorized to receive ayment cheque/s being made in
e workshop may reach on my dmission of liability basis insofar e/s is concerned.
(month) 20 (year)
gned by "the workshop"

Signed by "the workshop"



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.

# RELEASE VOUCHER (AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

We/I,		("the workshop")	horshi
have reached an agreement with	the appointed survey	or of AIG Asia Paci	Fig. Incurence Dt.
0.00	("name of s	SUIVEVOr") with respect	to the amount plains at 5
S\$(repair costs	s), S\$	(loss of use/rental) S\$	(soorch face)
for vehicle no.	that was damaged	pursuant to the ar	ccident which occurred
on(date) along			colored (notation)
vehicle no/s			(rodatori) irrotvirig
This is pursuant to the inspection cond	lucted on	(date) a	at "the workshop".
We/I confirm that we/I are/am authoric	zed by the curren		
We/I confirm that we/I are/am authorize of vehicle no to r	nake the claim as set	Out in the above	("third party claimant")
authority to settle the matter on his/he	er behalf in a manner the	out in the above para	graph and well have full
authority given by "the third party clain	nant".	at wert deem lit. vvert e	nclose herein the letter of
15.			
We/I further confirm that we/I will ind	emnify AIG Asia Pacific	Insurance Pte. Ltd for	all damages loss and/or
expense that they will or have already	/ incurred in the event the	nat "the third parfy clair	nant" after the above sold
agreement lodges a further claim aga	inst the former for any I	oss and expenses suffa	ared perfeining to
repairs and/or rental and/or loss of us	e pursuant to the damage	ge to	(vehicle no.) as a result
of the accident.			
We/I confirm that the agreement read	ched above is in full an	d final settlement of an	y claim of "the third party
claimant" pursuant to the accident and	I that further this settlem	ent is reached on a wit	hout prejudice and without
admission of liability basis.			
This agreement is subject to the a	nnlication of Signature		
This agreement is subject to the a jurisdication over any dispute arising o	ophosion of Singapore	law and the Singapo	re Courts have exclusive
- The child	at of the same.		
Dated this	day of	(month) 20(yea	er)
		QUI	NOI ON NOIS
		SA	AG E
		\Z \*	*
Signed by AIG appointed surveyor	-	Channad & Ci-	12794
		Chopped & Signed by	r the workshop"

SV0L216B0006 / VICOM LTD (VAC) - Kaki Bukit [415933] ENTRY DATE & TIME: 11/06/2021 14:34 (SGT) SUBMITTED BY: Siti Fadhlon Abdul Kader VERSION: 1 (11/06/2021 14:34 (SGT))



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 witholding of material facts may allow insurance companies to repudiate The issue and acceptance of this Form by insurance companies is not an admission of policy liability.

- 4. The issue and acceptance of this Porm 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 11/06/2021 14:34 (SGT) Date of Accident 10/06/2021 15:50 (SGT) **Exact Location of Accident** Singapore Additional Location Information

Country/State of Loss	Singapore
DETAILS OF	OWN VEHICLE
Vehicle Registration Number	SMZ5139K
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes PRIME CAR LIMO PTE LTD 2XXXXX883W alan@primecars.com.sg (Phone) +65-86836000 +65-86836000
VEHICLE PARTICULARS	
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC	Toyota TOYOTA / NOAH 1.8X HYBRID CVT - Private hire No - Claiming third party Private hire Auto 1798
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	NTUC Income Insurance Co-operative Ltd Comprehensive Yes 5119742081 drivo PREMIUM
Name of Driver	ANG BENG HUAT

SXXXX823E

NRIC No

Date Of Birth 24/10/1965 Occupation Outdoor Date Of Driving Pass 31/08/1989 Driving experience 31 YEARS AND 10 MONTHS Gender Male Mobile Number (Phone) +65-90294464 Alt. Phone Number Email Address alan@primecars.com.sq Address BLK 118 TECK WHYE LANE #09-754 Address complement Postcode 680118 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 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? 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? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GBF7468H

Toyota

Commercial vehicle

TOYOTA / HIACE 3.0 DX DIESEL TURBO AT 2WD LGV

Vehicle Manufacturer

Vehicle Model

Vehicle Variant Vehicle Colour Vehicle Category

Name of Driver	_
Contact Number	-
Address	_
Address complement	_
Postcode	-0
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	ANG BENG HUAT
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMZ5139K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
and the state of t	110

### 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 Formby insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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)

lunderstand, 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
- (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.



Policyholder's Signature / Date & Time

Sketch Plan

Uff

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

IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02 9ingapore 415933 Tel: 67416697 Fax: 67492305 Emall: vackb@vicom com.9g

Witnessed by Reporting Centre Personnel 1 1 JUN 2021

1 1

SINGAPORE INDIAN ASSOCIATION

	MACONIC MATERIAL MATE	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	····	10010d	10M		
paper transfolia	Salannesa	an-manage.	$\stackrel{\rightarrow}{-}\stackrel{\rightarrow}{\rightarrow}$	someon. social.	B)	AD Rd	
				20000000000000000000000000000000000000	gradularina and a second and a		T workship workships
			4				5139 K 7468 H

scribe Circumstances o	THE ACCIDENT
On 10/06/2	021 at about 1550 hrs at along Ralestie
Road before	CTE (CTtg) beside S'PORE Indian
Association.	I was travelling on the extreme Left
Lane and wh	en any front vehicle slow down and stop
nence J Joi	low suit. Suddenly I felt a great impo
- H 7	
YVVM TRE V	Rear and when I alighted, I realised
11 4 7	161:100
They was	Vehicle (R) who hit outs my Rear Porti
of ware that is	1. (A) C
9 7 200	le (A) causing domages to my vehicle
1 har all	
T have 3	e passenger inside my vehide. I days I me for my injury.
4 14000	and we see with which.
(A) .ca	175/39K
(4) G	BF7468 H
ote: Please note that your insi	urer may have 14 days time frame for you to submit an Own Damage Claim under yo

## Declaration

We declare the foregoing particulars are true in every respect.

(Co. Reg. No.) 201824883W

Policyholder's Signature / Date & Time

Uhr

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

Withessed by Reporting Centre Personnel

1 1 JUN 2021