



## 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 : 03/11/2021

Your Ref : **SKD285T**

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

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SKV5699E & SKD285T ON 26/06/2021 AT ALONG SEMBAWANG ROAD.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No. **218152 @ S\$15,943.00 (Inclusive Of 7% GST)**
- 2) Loss of Use @ **S\$6,200.00 (31 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](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 : 218152

Date : 03-November-2021

Vehicle Number : **SKV 5699E**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 14,900.00
BEFORE GST		14,900.00
7% GST		1,043.00
<b>TOTAL</b>		<b>\$ 15,943.00</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: LEE MEI JING LAURA  
CAR/ LORRY/CYCLE: REG NO: SKV 5699E POLICY NO:  
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle  
Registered No. SKV 5699E 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 26 day of 06 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: Lauralee

Co's Stamp: NRIC No:

30/06/2021 - PRI  
04/07/2021 - Sunday  
11/07/2021 - Sunday  
18/07/2021 - Sunday  
20/07/2021 - Public Holiday  
25/07/2021 - Sunday

Vehicle In - 30/06/2021  
Vehicle Out - 30/07/2021  
Low - 31 days x \$200  
= \$6200.

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 28 Jun 2021 / 13:27:24

Receipt Date/Time : 28 Jun 2021 / 13:27:24

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-210628-001841

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 - SKD285T				
As at 26 Jun 2021/12:07:00				
Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - SKD285T			
	Enquiry Fee	7.00	0.49	7.49
	20210628132632685992			
	<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				
	20210628132641230	Direct Debit: eNETS Debit (Internet Banking)		7.45
	<b>Total</b>			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 : LEE MEI JING LAURA

Address : 66 WOODLANDS DRIVE 16  
#09-34 S (737893)

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

TO: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SKV 5699E AND SKD 285T ON 26/06/2021  
AT/ ALONG SEMBAWANG ROAD

I/We, LEE MEI JING LAURA, am/are the registered owner of  
motor car no. SKV 5699E

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

Lauralee  
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	28/06/2021 09:29 (SGT)
Date of Accident	26/06/2021 12:07 (SGT)
Exact Location of Accident	Sembawang Rd, Singapore
Additional Location Information	SEMBAWANG ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV5699E
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE MEI JING LAURA
NRIC No	SXXXX359Z
Email Address	lauraleemj@gmail.com
Mobile Phone No	(Phone) +65-96257323
Alternative Phone No	(Home) +65-96257323

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

#### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA392770/1
Cover Note Number	-

#### DRIVER

Name of Driver	GOH BENG YEOW (WU MINGYAO)
NRIC No	SXXXX852H

Date Of Birth	16/07/1979
Occupation	Indoor
Date Of Driving Pass	14/08/2002
Driving experience	18 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92999234
Alt. Phone Number	-
Email Address	bengyeow@gmail.com
Address	66 WOODLANDS DRIVE 16 #09-34
Address complement	-
Postcode	737893
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Wet

#### 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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	LEE MEI JING LAURA
Gender	Female

#### PASSENGER 2

Name	LEE KIONG LOH
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

I WAS DRIVING ALONG SEMBAWANG ROAD TOWARDS SEMBAWANG. WHEN I WAS REAREND BY THE DRIVER OF CAR B (SKD285T), WE THEN TOOK PHOTO OF THE ACCIDENT AND THE DRIVER (LIU YANGGUANG) TOLD ME TO PROCEED TO CLAIM HIS INSURANCE, AND I PROCEED TO A & E AT KTPH AS MY WIFE AND MYSELF WERE UNCOMFORTABLE AFTER THE ACCIDENT.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH OWNER
Was there any audio recorded?	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD285T
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIU YANGGUANG
NRIC No	SXXXX468I
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	GOH BENG YEOW (WU MINGYAO)
Address	66 WOODLANDS DRIVE 16 #09-34
Address Complement	-
Post Code	737893
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKV5699E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	LEE MEI JING LAURA
Address	66 WOODLANDS DRIVE 16 #09-34
Address Complement	-
Post Code	737893
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKV5699E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

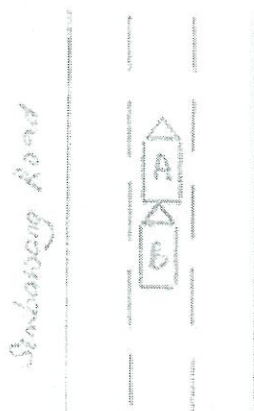
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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' 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SKV 5699 E

B - SKD 385 T

Describe Circumstances of the Accident

I WAS driving along Sembawang Road towards Sembawang. when I was rear-ended by the driver of CAR B (SKD 157), we then took photo of the accident and the driver (Lim Yang Quang) told me to proceed to claim his insurance, and I proceed to ASE at KPT1 as my wife and myself were uncomfortable after the accident.

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

Witnessed by Reporting Centre Personnel