



## 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 : 04/08/2021

Your Ref : **SH8847D**

To : **AXA INSURANCE PTE LTD**

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SJL8807E & SH8847D ON 03/07/2021 AT  
ALONG DRIVEWAY FROM THE BASEMENT CAR PARK OF PARC ROSEWOOD  
CONDO, BLK 91 ROSEWOOD DRIVE SINGAPORE 737793.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.218117 @ S\$4,708.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,800.00 (9 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,



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Sharon Chia

HP: 8121 1373

E-mail: mg3solution@gmail.com



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

# PROFORMA BILL

Bill To:

**AXA INSURANCE PTE LTD**

8 SHENTON WAY

#27-01 AXA TOWER

SINGAPORE 068811

Bill No : 218117

Date : 04-August-2021

Vehicle Number : **SJL 8807E**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 4,400.00
BEFORE GST		4,400.00
7% GST		308.00
<b>TOTAL</b>		<b>\$ 4,708.00</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: ALPHA RENTAL PTE LTD  
CAR/ LORRY/CYCLE: REG NO: SJL 8807E POLICY NO: .....  
ACCIDENT CLAIM NO: .....

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle  
Registered No. SJL 8807E .....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 03 day of 07 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: .....

05/07/2021 - PRI  
11/07/2021 - Sunday

Vehicle In - 05/07/2021  
Vehicle Out - 13/07/2021  
LON - 9 days x \$200  
= \$1,800

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 05 Jul 2021 / 13:51:52

Receipt Date/Time : 05 Jul 2021 / 13:51:51

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-210705-002119

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 - SH8847D As at 03 Jul 2021/19:30:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SH8847D Enquiry Fee 20210705135057575671	7.00	0.49	7.49
<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				
	20210705135113233	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 : ALPHA RENTAL PTE LTD

Address : 331 SEMBAWANG CLOSE,  
#09-357, S(750331)

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

TO: AXA INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SJL8807E AND SH8847D ON 03/07/2021  
AT/ ALONG DRIVEWAY FROM THE BASEMENT CAR PARK OF PARC  
ROSEWOOD CONDO. BLK91 ROSEWOOD DRIVE S(73.7793)

I/We, ALPHA RENTAL PTE LTD, am/are the registered owner of  
motor car no. SJL 8807E

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

## AUTHORIZATION TO ACT

I, ALPHA RENTAL PTE LTD ("the third party claimant")  
of 331 SEMBAWANG CLOSE #09-357 S(750331) (address),  
owner of SJL 8807E (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. SJL 8807E that was damaged pursuant to the  
accident which occurred on 03/07/2021 (date) along DRIVEWAY FROM THE  
BASEMENT CAR PARK OF PARC ROSEWOOD CONDO, BLK 91 ROSEWOOD DRIVE S(737793) (location)  
involving Vehicle No/s SH 8847D  
("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 \_\_\_\_\_ day of \_\_\_\_\_ (month) \_\_\_\_\_ (year)



Signed by "the third party claimant"



Signed by "the workshop"

## 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	05/07/2021 18:14 (SGT)
Date of Accident	03/07/2021 19:30 (SGT)
Exact Location of Accident	91 Rosewood Dr, Singapore
Additional Location Information	DRIVEWAY FROM THE BASEMENT CAR PARK OF PARC ROSEWOOD DRIVE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL8807E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ALPHA RENTAL PTE LTD
Company Reg No	2XXXXX190D
Email Address	fanerica65@gmail.com
Mobile Phone No	(Phone) +65-82632164
Alternative Phone No	(Home) +65-82632164

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1600

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5118681454-000025
Cover Note Number	-

### DRIVER

Name of Driver	DU XIANDONG
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Passport No/FIN	GXXXX861R
Date Of Birth	25/01/1982
Occupation	Outdoor
Date Of Driving Pass	10/01/2019
Driving experience	2 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82632164
Alt. Phone Number	-
Email Address	fanerica65@gmail.com
Address	BLK 91 ROSEWOOD DRIVE
Address complement	-
Postcode	737793
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 on 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	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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

#### PLEASE REFER TO ATTCHMENT SKETCH PLAN

#### 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	SH8847D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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) .....	-

## Describe Circumstances of the Accident

On 03/07/2021 at about 1930 hrs at along driveway from the Basement Car Park of Parc Rosewood Condo, Blk 91 Rosewood Drive S(737793). I was travelling out from the Basement Car Park of the above mentioned premises and suddenly a Vehicle (B) on my Right turn out from the dropoff point without stopping and without giving way to my on coming vehicle and hence collided onto my Right Portion of my Vehicle (A) causing damages to my vehicle.

(A) SJL 8807 E

(B) SH 8847 D



*[Handwritten signature]*

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

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*Du Xian Dong*

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



Witnessed by Reporting Centre Personnel

