



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 : **SJR2128P**
To : **AXA INSURANCE PTE LTD**
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SME6426K & SJR2128P ON 22/07/2021 AT
SLIP ROAD OF TOA PAYOH LORONG 2 TOWARDS PIE (CHANGI).**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.218156 @ S\$6,313.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,600.00 (8 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



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. 20-1427944-N)

PROFORMA BILL

Bill To:

AXA INSURANCE PTE LTD

8 SHENTON WAY

#27-01 AXA TOWER

SINGAPORE 068811

Bill No : 218156

Date : 03-November-2021

Vehicle Number : **SME 6426K**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 5,900.00
BEFORE GST		5,900.00
7% GST		413.00
TOTAL		\$ 6,313.00

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
GST Reg. No. : 201427944N

MOTOR CLAIM DISCHARGE

INSURED: MUHAMMAD SHAHIDIN BIN MUHAMMAD SHARIF
CAR/ LORRY/CYCLE: REG NO: SME 6426K POLICY NO:
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SME 6426Kfrom 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 22 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:

24/07/2021 - PRI
25/07/2021 - PRI

Vehicle In - 24/07/2021
Vehicle Out - 31/07/2021
Lau - 8 days x \$ 200
= \$ 1,600

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 23 Jul 2021 / 17:33:57

Receipt Date/Time : 23 Jul 2021 / 17:33:52

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210723-003530

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 - SJR2128P As at 22 Jul 2021/18:10:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SJR2128P Enquiry Fee 20210723173251449991	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				
	20210723173306146	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.

LETTER OF AUTHORITY

Name : MUHAMMAD SHAHIDIN BIN MUHAMMAD SHARIF

Address : BLK 440A FERNVALE LINK
#08-175 S(791440)

Contact No : _____

TO: AXA INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SME 6426K AND SJR 2128P ON 22/07/2021
AT/ALONG SLIP ROAD OF TOA PAYOH LORONG 2 TOWARDS PIE (CHANGI)

I/We, MUHAMMAD SHAHIDIN BIN MUHAMMAD SHARIF, am/are the registered owner of
motor car no. SME 6426K

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

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, MUHAMMAD SHAHIDIN BIN MUHAMMAD SHARIF ("the third party claimant")

of BLK 440A FERNVALE LINK #08-173 S(791440) (address),

owner of SME 6426 K (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. SME 6426 K that was damaged pursuant to the

accident which occurred on 22/6/2021 (date) along SLIP ROAD OF TOA PAYOH LORONG 2 TOWARDS PIE (CHANGI) (location)


involving Vehicle No/s SJR 2128 P

("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) 20 _____ (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	24/07/2021 11:57 (SGT)
Date of Accident	22/07/2021 18:10 (SGT)
Exact Location of Accident	Lor 2 Toa Payoh, Singapore
Additional Location Information	ALONG SLIP ROAD OF TOA PAYOH LORONG 2 TOWARDS PIE (CHANGI)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME6426K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMAD SHAHIDIN BIN MUHAMMAD SHARIF
NRIC No	SXXXX747E
Email Address	SHAHIANA83@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-90088345
Alternative Phone No	+65-91075884

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	VA1/GA551383
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD SHAHIDIN BIN MUHAMMAD SHARIF
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NRIC No	SXXXX747E
Date Of Birth	13/12/1983
Occupation	Indoor
Date Of Driving Pass	16/01/2008
Driving experience	13 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90088345
Alt. Phone Number	+65-91075884
Email Address	SHAHIANA83@YAHOO.COM.SG
Address	BLK 440A FERNVALE LINK #08-175
Address complement	-
Postcode	791440
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	HARIANA BINTE MOHAMAD AKIF
Gender	Female

PASSENGER 2

Name	SHAURA HADIFAH BINTE MUHAMMAD SHAHIDIN
Gender	Female

PASSENGER 3

Name	SHAQEEL HARITH BIN MUHAMMAD SHAHIDIN
Gender	Male

PASSENGER 4

Name	SHARAH HADIRAH BINTE MUHAMMAD SHAHIDIN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT.
REPORT NO. T/20210723/7032

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	SJR2128P
Vehicle Manufacturer	-
Vehicle Model	-
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	MUHAMMAD SHAHIDIN BIN MUHAMMAD SHARIF
Address	BLK 440A FERNVALE LINK #08-175
Address Complement	-
Post Code	791440
Approximate Age Years Old	38
Injuries Sustained	BACK & NECK PAIN
Injured person in which vehicle?	SME6426K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	HARIANA BINTE MOHAMAD AKIP
Address	BLK 440A FERNVALE LINK #08-175
Address Complement	-
Post Code	791440
Approximate Age Years Old	38
Injuries Sustained	BACK & NECK PAIN
Injured person in which vehicle?	SME6426K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	SHAURA HADIFAH BINTE MUHAMMAD SHAHIDIN
Address	BLK 440A FERNVALE LINK #08-175
Address Complement	-
Post Code	791440
Approximate Age Years Old	10
Injuries Sustained	BACK & NECK PAIN
Injured person in which vehicle?	SME6426K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	SHARAH HADIRAH BINTE MUHAMMAD SHAHIDIN
Address	BLK 440A FERNVALE LINK #08-175
Address Complement	-
Post Code	791440
Approximate Age Years Old	5
Injuries Sustained	BACK & NECK PAIN
Injured person in which vehicle?	SME6426K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 5

Name of injured person	SHAQEEL HARITH BIN MUHAMMAD SHAHIDIN
Address	BLK 440A FERNVALE LINK #08-175
Address Complement	-
Post Code	791440
Approximate Age Years Old	8
Injuries Sustained	BACK & NECK PAIN
Injured person in which vehicle?	SME6426K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

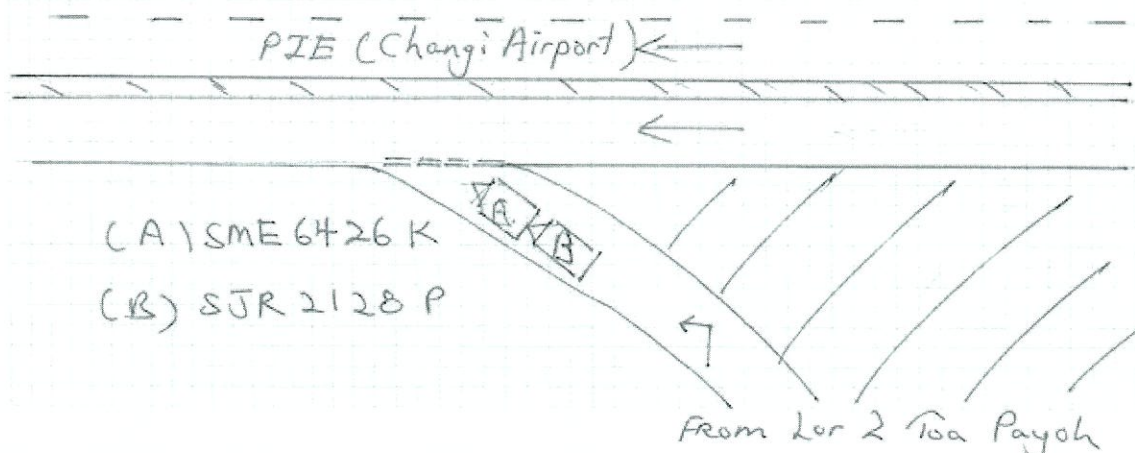
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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



Describe Circumstances of the Accident

Refer to Police Report

Report No:-

T	20210723	7032
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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.

22

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20210723/7032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210723/7032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2021 17:41		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD SHAHIDIN BIN MUHAMMAD SHARIF			Address: 440A FERNVALE LINK #08-175 SINGAPORE 791440		
ID Type / ID No.: NRIC NO / S8338747E			Contact No.: Home/Office: Mobile: 90088345		
Nationality: SINGAPORE CITIZEN			Email: shahiana83@yahoo.com.sg		
Sex: Male	Age: 37	Date of Birth: 13/12/1983	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/07/2021 18:10	Type of Location: Straight Road
Location: LORONG 2 TOA PAYOH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJR2128P	Car					0
SME6426K	Car	TOYOTA	SIENTA ELEGANCE (AUTO)	Brown		4

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20210723/7032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210723/7032

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SME6426K	AXA INSURANCE SINGAPORE PTE LTD	GA551383	10/10/2020	09/10/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD SHAHIDIN BIN MUHAMMAD SHARIF	ID No.	S8338747E
Related Vehicle	SME6426K (Car)	Contact No.	90088345
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	23/07/2021	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious
Passenger			
Name	HARIANA BINTE MOHAMAD AKIP	ID No.	S8324842D
Related Vehicle	SME6426K (Car)	Contact No.	91075884
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	23/07/2021	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious
Passenger			
Name	SHAURA HADIFAH BINTE MUHAMMAD SHAHIDIN	ID No.	T1128597F
Related Vehicle	SME6426K (Car)	Contact No.	91075884
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious



**SINGAPORE
POLICE FORCE**



T/20210723/7032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210723/7032

CONTINUATION OF REPORT

Passenger			
Name	SHARAH HADIRAH BINTE MUHAMMAD SHAHIDIN		ID No. T1605331C
Related Vehicle	SME6426K (Car)		Contact No. 91075884
Hospital/Clinic	CARE MEDICAL CLINIC		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	23/07/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	SHAQEEL HARITH BIN MUHAMMAD SHAHIDIN		ID No. T1327041J
Related Vehicle	SME6426K (Car)		Contact No. 91075884
Hospital/Clinic	CARE MEDICAL CLINIC		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	23/07/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON 22/07/2021 AT ABOUT 1810 HOURS AT ALONG SLIP ROAD OF TOA PAYOH LORONG 2 TOWARDS PIE (CHANGI). I WERE TRAVELLING AT THE ABOVE MENTIONED SLIP ROAD AND CAME TO A COMPLETE STOP WHILE WAITING FOR THE CLEARANCE OF THE MAIN TRAFFIC. SUDDENLY, I FELT AN IMPACT FROM THE REAR AND WHEN I ALIGHT, I REALISE IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 4 PASSENGERS INSIDE MY VEHICLE.

AFTER THE ACCIDENT, WE WENT TO CONSULT THE DOCTOR. MY WIFE AND I RECEIVED 5 DAYS MC EACH. MY KIDS ARE AWARDED 3 DAYS MC RESPECTIVELY.

(A) SME6426K

(B) SJR2128P



SINGAPORE
POLICE FORCE



T/20210723/7032

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210723/7032

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
23/07/2021 17:41

Classification Of Case: