



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 : **ER8183Z**

To : **AIG ASIA PACIFIC INSURANCE PTE LTD**

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SKC9072L & ER8183Z ON 28/07/2021 AT
OPEN CAR PARK OF BLK 304 UBI AVENUE 1, CAR PARK LOT NO.62.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No. **218159 @ S\$1,284.00 (Inclusive Of 7% GST)**
- 2) Loss of Use @ **S\$1,000.00 (5 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

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Tel: 6243 1373 Fax: 6243 1376

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

PROFORMA BILL

Bill To:

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY

#07-12 AIG BUILDING

SINGAPORE 079120

Bill No : 218159

Date : 03-November-2021

Vehicle Number : SKC 9072L

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 1,200.00
BEFORE GST		1,200.00
7% GST		84.00
TOTAL		\$ 1,284.00

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
Co. Reg. No. : 201427944N

MOTOR CLAIM DISCHARGE

INSURED: PHUA BOON HWA
CAR/ LORRY/CYCLE: REG NO: SKC 9072L POLICY NO:
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SKC 9072L 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 28 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:

30/07/2021 - PRI
01/08/2021 - Sunday

Vehicle In - 30/07/2021
Vehicle Out - 03/08/2021
LOU - 5 days x \$200
= \$1,000

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 29 Jul 2021 / 11:03:52

Receipt Date/Time : 29 Jul 2021 / 11:03:52

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210729-000873

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - ER8183Z

As at 28 Jul 2021/15:15:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1	Insurance Enquiry - ER8183Z Enquiry Fee 20210729110251889078	7.00	0.49	7.49
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Sub-Total	7.00	0.49	7.49
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Total Before Rounding	7.00	0.49	7.49
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Rounding Difference			0.04
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Total Amount Payable			7.45
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Paid By

20210729110306252	Direct Debit: eNETS Debit (Internet Banking)	7.45
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Total	7.45
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Cash Change	0.00
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Tendered Amount	7.45
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Excess Refundable Amount	0.00
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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 : PHUA BODN HWA

Address : BLK 28B DOVER CRESCENT
#16-41 S(137028)

Contact No : _____

TO: ALG ASIA PACIFIC INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SKC9072L AND ER8183Z ON 28/07/2021
AT/ALONG OPEN CAR PARK OF BLK 304 UBI AVE 1, CAR PARK LOT NO. 62.

I/We, PHUA BODN HWA, am/are the registered owner of
motor car no. SKC 9072L

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
(AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)



I, PHUA BOON HWA ("the third party claimant")
of BLK 28 B DOVER CRESCENT #16-41 S(132028) (address),
owner of SKC 9072L (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. SKC 9072L that was
damaged pursuant to the accident which occurred on 28/07/2021 (date) along
OPEN CAR PARK OF BLK 304 UBI AVE 1, CAR PARK LOT NO. 62 (location)
involving vehicle no/s ER 8183Z ("the accident").

I further authorize the workshop to settle the 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.

Date this _____ day of _____ (month) 20 _____ (year)


Signed by "the third party claimant"



Signed by "the workshop"



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

"We/I, _____ ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte. Ltd. _____ ("name of surveyor") with respect to the amount claimed for S\$ _____ (repair costs), S\$ _____ (loss of use/rental) S\$ _____ (search fees) for vehicle no. _____ that was damaged pursuant to the accident which occurred on _____ (date) along _____ (location) involving vehicle no/s _____.

This is pursuant to the inspection conducted on _____ (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner _____ ("third party claimant") of vehicle no. _____ to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte. Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to _____ (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

Dated this _____ day of _____ (month) 20____ (year)

Signed by AIG appointed surveyor

Chopped & 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	29/07/2021 14:22 (SGT)
Date of Accident	28/07/2021 15:15 (SGT)
Exact Location of Accident	304 Ubi Ave 1, Block 304, Singapore 400304
Additional Location Information	OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC9072L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PHUA BOON HWA
NRIC No	SXXXX276I
Email Address	JAMESPHUABH@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97657171
Alternative Phone No	+65-97657171

VEHICLE PARTICULARS

Manufacturer	Chevrolet
Model	Cruze
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	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00065112100
Cover Note Number	-

DRIVER

Name of Driver	CHUA YONG SIANG
NRIC No	SXXXX313Z

Date Of Birth	17/06/1980
Occupation	Indoor
Date Of Driving Pass	05/05/2021
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81390158
Alt. Phone Number	-
Email Address	JAMESPHUABH@YAHOO.COM.SG
Address	BLK 351 UBI AVENUE 1 #06-955
Address complement	-
Postcode	400351
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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

REFER TO STATEMENT

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	ER8183Z
Vehicle Manufacturer	-
Vehicle Model	-
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)	-

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.
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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.
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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 firms/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

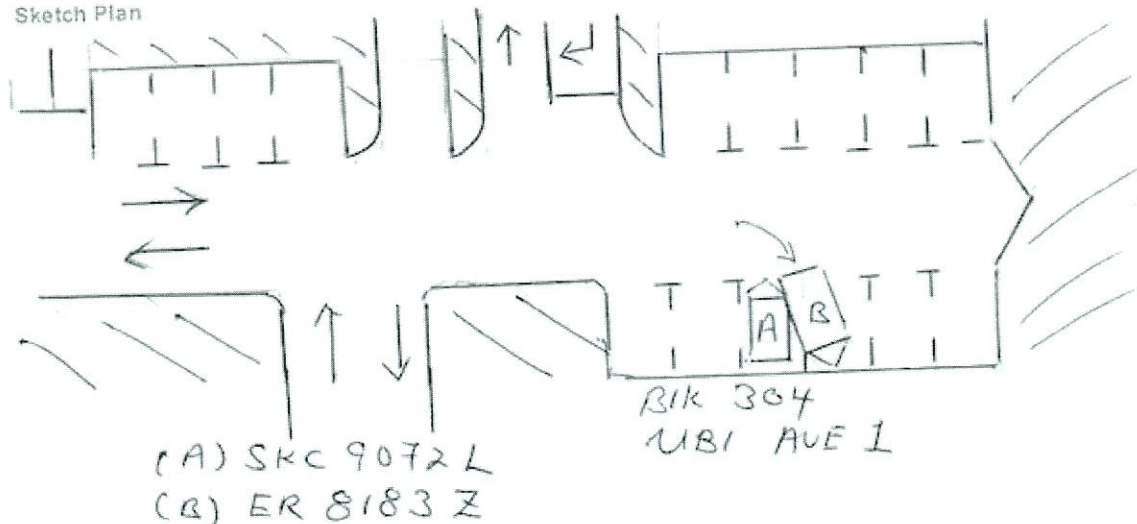
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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 firms/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 firms/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

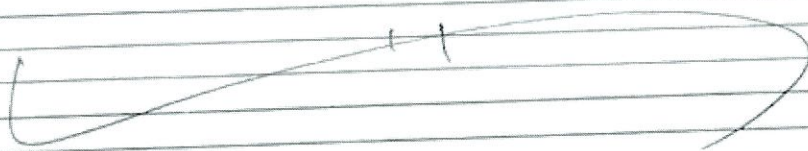


Describe Circumstances of the Accident

On 28/07/2021 at about 1515 hrs at Open Car Park of Blk 304 Ubi Ave 1, car park Lot No. 62. My vehicle was stationary parked at the above mentioned car park lot no 62 and a vehicle (B) entering into the car park lot on my Right with head in and without proper judgement hence collided onto my Right Front Portion of my Vehicle (A) causing damages to my vehicle.

(A) SKC 9072 L

(B) ER 8183 Z



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

Witnessed by Reporting Centre Personnel