



## 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 : CC4/ASM21008178/Aps3 (SLQ9141K)  
To : AXA INSURANCE PTE LTD  
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SMG2306P & SLQ9141K ON 02/08/2021  
AT ALONG SERVICES ROAD OF BLK 547 SERANGOON NORTH AVENUE 3.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No. **218162 @ S\$973.70 (Inclusive Of 7% GST)**
- 2) Loss of Use @ **S\$800.00 (4 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



## MG SOLUTION PTE LTD

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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 : 218162

Date : 03-November-2021

Vehicle Number : **SMG 2306P**

ATTN : MOTOR CLAIMS DEPARTMENT

| QTY          | CLAIM   | AMOUNT           |
|--------------|---|------------------|
| 1            | To carried out accident repair as per surveyor's recommendation<br>(Part By Part) | \$ 910.00        |
| BEFORE GST   |   | 910.00           |
| 7% GST       |   | 63.70            |
| <b>TOTAL</b> |   | <b>\$ 973.70</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: ..... HUANG WEILIANH .....  
CAR/ LORRY/CYCLE: REG NO: ..... SMG 2306P ..... POLICY NO: .....  
ACCIDENT CLAIM NO: .....

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle  
Registered No. .... SMG 2306P ..... 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 ..... 02 ..... day of ..... 08 ..... 20..... 21 ..... 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: .....

03/08/2021 - PRI

vehicle In - 03/08/2021  
vehicle Out - 06/08/2021  
20h - 4 days x \$ 200  
= \$ 800

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 03 Aug 2021 / 13:35:16

Receipt Date/Time : 03 Aug 2021 / 13:35:16

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-210803-001902

Previous Receipt No. :

| S/N | Item Description/<br>Business Transaction Reference<br>No. | Amount<br>Before<br>GST (S\$) | GST<br>Amount<br>(S\$) | Amount<br>After GST<br>(S\$) |
|-----|--|-------------------------------|------------------------|------------------------------|
|-----|--|-------------------------------|------------------------|------------------------------|

Result of Insurance Enquiry - SLQ9141K

As at 02 Aug 2021/19:44:00

Insurance Co: AXA INSURANCE PTE LTD

|   |   |      |      |      |
|---|---|------|------|------|
| 1 | Insurance Enquiry - SLQ9141K<br>Enquiry Fee<br>20210803133432884727 | 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

|                   |   |      |
|-------------------|---|------|
| 20210803133440188 | Direct Debit: eNETS Debit<br>(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 : HUANG WEILIANG  
Address : BLK 621 ANG MO KIO AVE 9  
#09-60 S(560621)  
Contact No : \_\_\_\_\_

TO: AXA INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SMG 2306P AND SLQ9141K ON 02/08/2021  
AT/ALONG SERVICE ROAD OF BLK 547 SERANGOON NORTH AVE 3.

I/We, HUANG WEILIANG, am/are the registered owner of  
motor car no. SMG 2306P


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, HUANG WEI LIANG ("the third party claimant")  
of BLK 621 ANG MO KIO AVE 9 #09-60 S(560621) (address),  
owner of SMG 2306P (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. SMG 2306P that was damaged pursuant to the  
accident which occurred on 02/08/2021 (date) along SERVICE ROAD  
OF BLK 547 SERANGOON NORTH AVE 3 (location)  
involving Vehicle No/s SLQ9141K  
("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              | 03/08/2021 17:06 (SGT)                           |
| Date of Accident                | 02/08/2021 19:44 (SGT)                           |
| Exact Location of Accident      | 547 Serangoon Rd, Singapore 218169               |
| Additional Location Information | SERVICE ROAD OF BLK 547 SERANGOON NORTH AVENUE 3 |
| Country/State of Loss           | Singapore  |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMG2306P             |
| INSURED/POLICYHOLDER        |                      |
| Is company?                 | No                   |
| Name Of Registered Owner    | HUANG WEILIANG       |
| NRIC No                     | SXXXX123J            |
| Email Address               | IMWEILIANG@GMAIL.COM |
| Mobile Phone No             | (Phone) +65-82828003 |
| Alternative Phone No        | +65-90115602         |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Honda                     |
| Model  | Fit                       |
| Variant  | -                         |
| Exact purpose for which vehicle was being used at time of accident           | Private hire              |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category   | Private hire              |
| Transmission   | Auto                      |
| CC   | 1500                      |

### INSURANCE COMPANY

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage          | ThirdParty                             |
| Fleet Policy              | No                                     |
| Policy Number             | 5119974056                             |
| Cover Note Number         | -                                      |

### DRIVER

|                |                |
|----------------|----------------|
| Name of Driver | HUANG WEILIANG |
| NRIC No        | SXXXX123J      |



|  |                                    |
|--|------------------------------------|
| Date Of Birth .....  | 03/03/1986                         |
| Occupation .....   | Outdoor                            |
| Date Of Driving Pass .....   | 24/10/2007                         |
| Driving experience .....   | 13 YEARS AND 10 MONTHS             |
| Gender .....   | Male                               |
| Mobile Number .....  | (Phone) +65-82828003               |
| Alt. Phone Number .....  | +65-90115602                       |
| Email Address .....  | IMWEILIANG@GMAIL.COM               |
| Address .....  | BLK 621 ANG MO KIO AVENUE 9 #09-60 |
| Address complement .....   | -                                  |
| Postcode .....   | 560621                             |
| 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 .....   | Collided into Parked Vehicle |
| 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 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 ..... | SLQ9141K     |
| Vehicle Manufacturer .....        | -            |
| Vehicle Model .....               | -            |
| Vehicle Variant .....             | -            |
| Vehicle Colour .....              | -            |
| Vehicle Category .....            | NA / Unknown |
| 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**

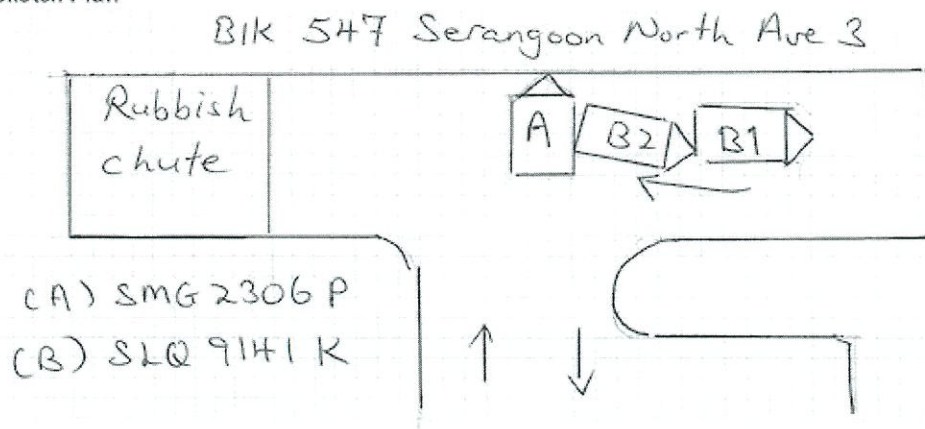
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

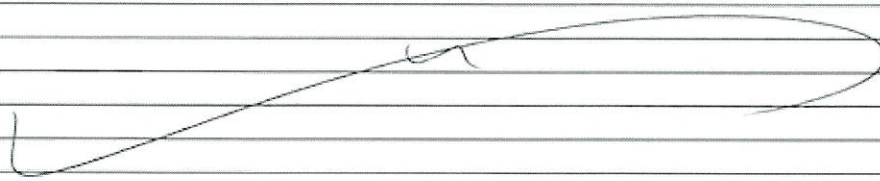


## Describe Circumstances of the Accident

On 02/08/2021 at about 1944 hrs at along Service Road of Blk 547 Serangoon North Ave 3. My Vehicle came to a stop at the above mentioned Service Road while alighting my passenger, suddenly a Vehicle (B) on my Right made a quick reversing without proper lookout hence collided onto my Right Rear Portion of my Vehicle (A) causing damages to my vehicle.

(A) SMG 2306 P

(B) SLQ 9141 K



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