



## 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 : SHC7723R  
To : AXA INSURANCE PTE LTD  
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SJN613P & SHC7723R ON 12/08/2021 AT  
ALONG DRIVEWAY OF FUHUA SECONDARY SCHOOL AT NO.5 JURONG  
WEST STREET 41.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.218164 @ S\$3,049.50 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,200.00 (4 Days x S\$300)
- 3) LTA Search @ S\$29.00
- 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 : 218164

Date : 03-November-2021

Vehicle Number : **SJN 613P**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 2,850.00
BEFORE GST		2,850.00
7% GST		199.50
<b>TOTAL</b>		<b>\$ 3,049.50</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: JACOBS DOUWE EGBERTS RTL SCC SG PTE LTD  
CAR/ LORRY/CYCLE: REG NO: SJN 613P POLICY NO: .....  
ACCIDENT CLAIM NO: .....

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle  
Registered No. SJN 613P .....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 12 day of 08 2021 have been completed to my / our satisfaction, and that

I / we have no further claim on the above company in Respect thereof.



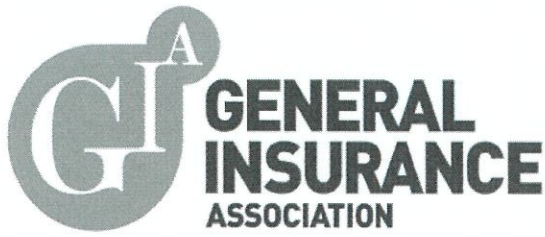
Date: ..... Signature: .....

Co's Stamp: ..... NRIC No: .....

17/08/2021 - PRI  
24/08/2021 - Survey

Vehicle In - 24/08/2021  
Vehicle Out - 27/08/2021

LOH - 4 days x \$ 300  
= \$ 1,200



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

## TAX INVOICE

Date of Request: 13/08/2021

Your Ref No: **SJN613P**

MG Solution Pte Ltd

Dear Sir/Madam,

Date of Accident: 12/08/2021 00:00 (SGT)

Vehicle No: SJN613P

Place of Accident: 35 Jurong West Street 41, S 649406

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
<b>SHC7723R</b>	35 Jurong West Street 41, S 649406	(29.00 )	1	(27.10 )
GST Amount				(1.90 )
Total Amount Due (GST Inclusive)				(29.00 )

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.



LETTER OF AUTHORITY

Name : JACOBS DOUWE EGBERTS  
RTL SCC SG PTE LTD  
Address : 30 TUAS LINK 2  
JDE BUILDING S(638568)  
Contact No : \_\_\_\_\_

TO: AXA INSURANCE SINGAPORE PTE LTD

Dear Sirs,

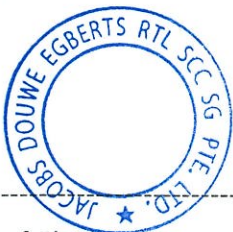
ACCIDENT INVOLVING SJN 613P AND SHC 7723R ON 12/08/2021  
AT/ALONG DRIVEWAY OF FUHUA SECONDARY SCHOOL AT NO. 5 JURONG  
WEST STREET 41.

I/We, JACOBS DOUWE EGBERTS RTL SCC SG PTE LTD, am/are the registered owner of  
motor car no. SJN 613P

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, JACOBS DOUWE EGBERTS  
RTL SCC SG PTE LTD ("the third party  
claimant")  
of 30 TUAN LINK 2 JDE BUILDING S(638568) (address),  
owner of SJN 613P (vehicle no.) hereby authorize  
MG SOLUTION PTE LTD

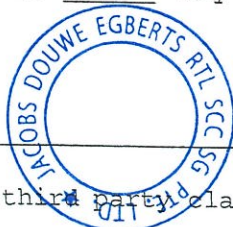
("The workshop") to act for me with respect to my claim for  
repair costs and/or rental and/or loss of use ("claim") for my  
Vehicle No. SJN 613P that was damaged pursuant to the  
accident which occurred on 12/08/2021 (date) along DRIVEWAY OF  
FUJUA SECONDARY SCHOOL AT NO.5 JURONG WEST ST. 41 (location)  
involving Vehicle No/s SHC 7723R  
("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	13/08/2021 13:29 (SGT)
Date of Accident	12/08/2021 08:10 (SGT)
Exact Location of Accident	5 Jurong West Street 41, Singapore 649410
Additional Location Information	PREMISES OF FUHUA SECONDARY SCHOOL
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN613P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	JACOBS DOUWE EGBERTS RTL SCC SG PTE.LTD.
Company Reg No	2XXXXX994H
Email Address	FANERICA65@GMAIL.COM
Mobile Phone No	(Phone) +65-90074285
Alternative Phone No	+65-96902951

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	3456

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5115118605-01-000005
Cover Note Number	-

### DRIVER

Name of Driver	YAP CHEE SENG
NRIC No	SXXXX885E



Date Of Birth .....	01/02/1965
Occupation .....	Outdoor
Date Of Driving Pass .....	12/11/1983
Driving experience .....	37 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90074285
Alt. Phone Number .....	-
Email Address .....	FANERICA65@GMAIL.COM
Address .....	BLK 694 JURONG WEST CENTRAL 1 #06-17
Address complement .....	-
Postcode .....	640694
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 Property
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	LIM WEI LING
Gender .....	Female

#### 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 .....	SHC7723R
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' law yers/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 yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

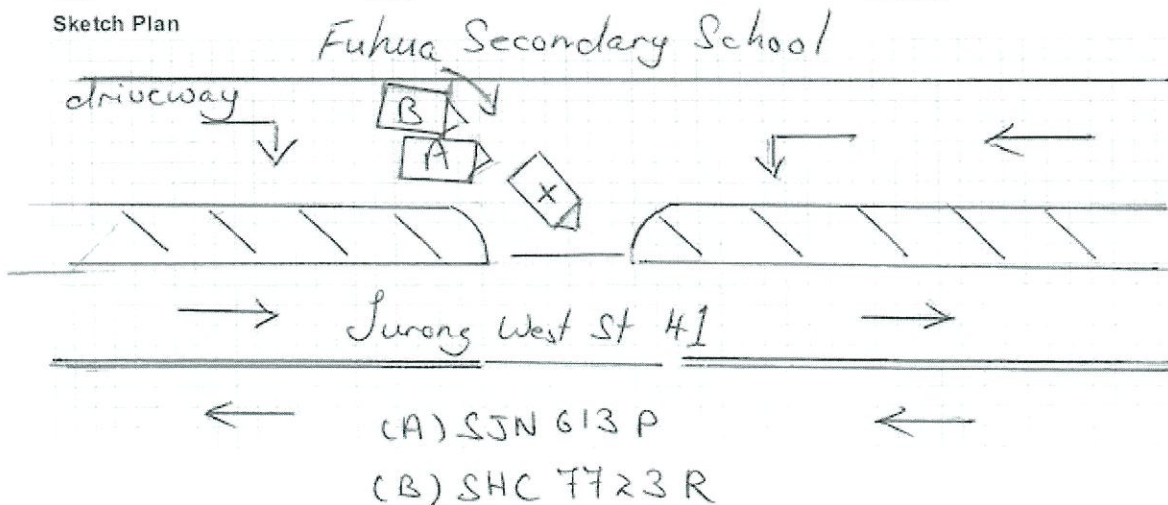


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

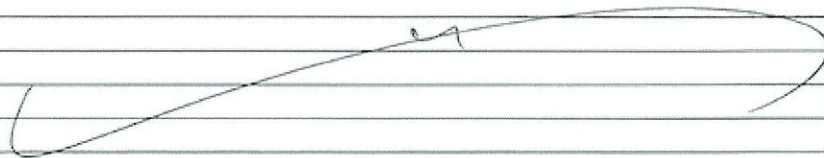


## Describe Circumstances of the Accident

On 12/08/2021 at about 0810 hrs at along driveway of Fuhua Secondary School at No 5 Jurong West St 41. I was driving along the above mentioned driveway towards the School Exit Gate behind a vehicle and when by passing a stationary Vehicle (B) who had alighted his passenger suddenly veered to his Right without proper lookout and hence collided onto my whole left Portion of my Vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle

(A) SJN 613 P

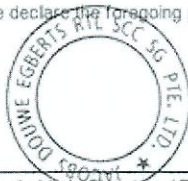
(B) SHC 7723 R



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

*Dag*

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

Witnessed by Reporting Centre Personnel