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

: PC8370Z

To

: AXA INSURANCE PTE LTD

Attn

: Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SKB6666Z & PC8370Z ON 18/08/2021 AT SLIP ROAD FROM JALAN BUKIT MERAH TOWARDS HENDERSON ROAD.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.218167 @ S\$11,128.00 (Inclusive Of 7% GST)
- 2) Loss of Rental @ \$\$1,980.00 (11 Days x \$\$180)
- 3) LTA Search @ \$\$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:

Bill No: 218167

AXA INSURANCE PTE LTD

Date: 03-November-2021

8 SHENTON WAY #27-01 AXA TOWER SINGAPORE 068811

Vehicle Number: SKB 6666Z

ATTN: MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 10,400.00
	BEFORE GST	(2.5)
	7% GST	
	TOTAL	\$ 11,128.00

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



Invoice

SKB6666Z

TAY POH HOCK

Invoice No : GPLIN0002427

Invoice Date :30/8/2021

Due Date :30/8/2021

VHA No :2720 Referral ID :M035

Description:

Amount

Rental for

11

Day/s @

\$180

per Day \$

1,980.00

Vehicle No

SMF8901L

Vehicle Description

Toyota Camry 2.0 A

Rental Period

19/08/2021

to 30/08/2021

Total Amount Payable : \$ 1,980.00

GOOD WAY RENT-A-CAR PTE LTD

8 Kaki Bukit Ave 4 #06-04 Premier@Kaki Bukit Singapore 415875 Tel: 6315 8479 H/P: 9833 0807

VHA No: 2720

Hirer's Vehicle No:

Invoice No: GPLIN 3427

UEN: 201505120D

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULARS	Vehicle No: SMF 8901 Replace Veh No: SKB6666Z
Name: (as in I/C) TAY POH Hock	Mileage Out: 40 270 Mileage Out:
NRIC / FIN No: 51619961 C	
Address (Res): BLK 677 CHOA CHU KANG	Make & Model: Auto / Manual
CRECENT # 02 -658 5 (680 677)	Out: Date 19 8 2/ Time: 10 am
Name & Address of Employer:	HIRE / PERIOD EXPIRY Time:
Occupation:Driving Exp:	NON-WAIVER EXCESS=\$ 3000
Singapore Driving Licence No:	CHARGES
Issue Date: 6/10/08 Date of Birth: 6/2/63	Daily @\$ 80 per day 1980 -
Tel: (O)HP:	Weekly @\$ per week
ADDITIONAL DRIVER'S PARTICULARS	Monthly @\$ per month
Name: (as in I/C)	Hours @\$ per hour
NRIC / FIN No:	Extension @\$
Address (Res):	
and to the Charleson of the Albertain Charleson of the South Charles	Delivery/Collection Service
Occupation: Driving Exp:	SUB-TOTAL \$
Singapore Driving Licence No:	
Issue Date: Date of Birth:	PETROL LEVEL
Tel: (O)(R):H/P:	Out E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F
VEHICLE CHECK LIST	In E 1/8 4 3/8 1/2 5/8 3/4 7/8 F
	Fuel Sub-class and analogous M (2) 1996-1996
SCRATCHES	Traffic / Parking Fines
SCHATCH CONTRACTOR OF THE SCHATCH CONTRACTOR	
	TOTAL CHARGES \$
ACCIDENTS ACCIDENTS	to state and a resident service of the resident and attended to
A A C A C A A C A C A A C A C A A C A C A A C A C A A C A	
A SIGHT FRONT TOP LEFT	Hirer's Signature
nes response proces of the promotion of the second of the	This is signature
MISSING / FAULTY ACCESSORIES / PARTS	the sea to care it and them were through and but the course of
REMARKS:	Search of the se
	Additional Driver's Signature

I have read and agree to the terms and condition on both sides of the agreement. If I have presented a charge/credit card for payment. I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given GOOD WAY RENT-A-CAR PTE LTD in connection with this agreement is true.

*IMPORTANT

- 1. VEHICLE IS STRICTLY PROHIBITED FOR "HIRE FOR REWARDS" USAGE SUCH AS UBER / GRABCAR / GRABSHARE ETC.
- 2. ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- 3. ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- 4. THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE,
- 5. IN CASE OF ACCIDENT. THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- 6. VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY GOOD WAY RENT-A-CAR PTE LTD.

RETURN OF VEHICLE. THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO GOOD WAY RENT-A-CAR PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	TO STATE OF THE ST
30/8	15.15	41709	S SPARIONICA III. Physican Line of the TRUENED ON	PRESIDENT AND	SIGNATURE OF HIRER/DRIVER

> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

19 Aug 2021 / 10:27:49

Receipt Date/Time: 19 Aug 2021 / 10:27:49

Tax Invoice/Receipt

Receipt No.: ITNET-00000-210819-000866

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 - PC8370Z As at 18 Aug 2021/14:45:00 Insurance Co: AXA INSURANCE PTE LTD Insurance Enquiry - PC8370Z Enquiry Fee 20210819102628342611		7.00	0.49	7.49
20210819102028342011	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	Direct Debit: el	NETS Dehit	
	20210819102634284		et 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 : TAY POH MOCK Address : BLK 677 CHEA CHUKANG CRESCENT #02-658 S(681677) Contact No :
10: AXA INSURANCE PTELTP
Dear Sirs,
ACCIDENT INVOLVING SEB 6666Z AND PC 8370Z ON 18/08/2021 AT/ALONG SLIP ROAD PROM JALAN BT. MERAN TOWARDS HENDERSON ROAD
AT/ALONG SLIP ROAD FROM JALAN BT. MERAL TOWARDS HENDERSON ROAD
I/We,, am/are the registered owner of motor car noSCB_6666Z
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, THY POH HOCK ("the third party
	claimant")
	of BLK 677 CHEA CHU KANG CRESCENT #02-658 5(680677) (address),
	owner of Stb 6662 (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. SCB6666Z that was damaged pursuant to the
	accident which occurred on (MSYN) (date) along SUPROAD FROM
	FALTIN BT. MERAH TOWARDS HENDERSON READ. (location)
	involving Vehicle No/s PC 8370 Z
	("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) AND (year)
1	Signed by "the third party claimant" Signed by "the workshop"



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 witholding 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 19/08/2021 14:29 (SGT) Date of Accident 18/08/2021 14:45 (SGT) **Exact Location of Accident** Singapore AT SLIP ROAD FROM JALAN BUKIT MERAH TOWARDS Additional Location Information HENDERSON ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Auto

1991

Vehicle Registration Number SKB6666Z

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAY POH HOCK NRIC No SXXXX961C **Email Address** LOONGCHERN@GMAIL.COM Mobile Phone No (Phone) +65-83286666 Alternative Phone No +65-83286666

VEHICLE PARTICULARS

Manufacturer Mercedes Model E200 Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to vour vehicle? No - Claiming third party Vehicle Category Private car

CC

INSURANCE COMPANY

Transmission

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy No Policy Number D20MTPV01013111 Cover Note Number

DRIVER

Name of Driver TAY POH HOCK



NRIC No SXXXX961C Date Of Birth 06/02/1963 Occupation Indoor Date Of Driving Pass 10/11/1982 Driving experience 38 YEARS AND 9 MONTHS Gender Male Mobile Number (Phone) +65-83286666 Alt. Phone Number +65-83286666 **Email Address** LOONGCHERN@GMAIL.COM 677 CHOA CHUA KANG CRESENT #02-658 Address Address complement Postcode 680677 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) 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? 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 REFER TO POLICE REPORT. REPORT NO. T/20210819/7005 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 PC8370Z
Vehicle Manufacturer Vehicle Model Vehicle Variant -



Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	- 1
Contact Number	-8
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 Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	Male (Phone) +65-83286666 677 CHOA CHU KANG CRESCENT #02-658 - 680677 58 BACK & NECK PAIN SKB6666Z
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SKETCH PLAN

IMPORTANT NOTICE

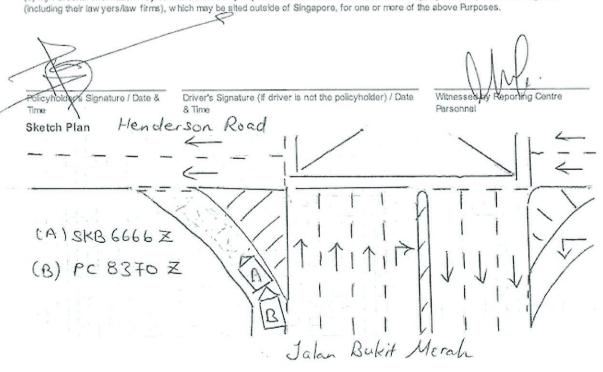
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts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

l 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 backages); 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



scribe Circumstances of t	ne Accident	
	Refer to Police Report	
	Report No: ~	
	7/20210819/7005	
	112021081177003	
	1-4	
1		
eclaration		
	*	
Ve declare the foregoing particu	ars are true in every respect.	
\		
Coor		~ 1
15		
- //		/ ///~
plicyholder's Signature / Date &	Driver's Signature (# driver is not the policyholder) / Date	Witnessed by Reporting Centre
	2 Times	Personnel





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20210819/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/08/2021 10:14		Vide Report No.:	Station Diary No.:		
Informar	nt's Particu	ilars			
Name of Informant: TAY POH HOCK			Address: 677 CHOA CHU KANG CRESCENT #02-658 SINGAPORE 680677		
ID Type / NRIC NO	/ ID No.:) / S161996	31C	Contact No.: Home/Office:	Mobile: 83286666	
Nationality: SINGAPORE CITIZEN			Email: LOONGCHERN@GMAIL.COM		
Sex: Male	Age: 58	Date of Birth: 06/02/1963	Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name:		
Occupati Self emp			Driving Licence Informati Class: 3	ion: Date of Expiry: 10/11/1982	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/08/2021 14:45	Type of Location SLIP ROAD
Location: SLIP ROAD F	FROM JALAN BT M	ERAH TOWARDS HENI	DERSON ROAD	
181		Dood Surface:		Pood Speed Limit:
4.2.4.400000000		Road Surface: Dry		Road Speed Limit:
Weather: Clear Traffic Flow: One Way				Road Speed Limit: Traffic Volume: Moderate

Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC8370Z	Bus/Coach/Mi nibus	37-33-33-33				0
SKB6666Z	Car	MERCEDES BENZ	E200 AVG (R18 LED)	Black		0

Details of Vehicle Insurance





Police Station Of Origin: Traffic Police

2 of 3 Report No. T/20210819/7005

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKB6666Z	TENET SOMPO INSURANCE PTE.	D20MTPV0101311	24/09/2020	08/11/2021

Details of Perso	n Involved				
Any Pedestrian Ir	nvolved: No				
No. of Pedestrian		Use of Pe	sing: NA		
Driver					
Name	TAY POH HOCK			ID No.	S1619961C
Related Vehicle	SKB6666Z (Car)			Contact No.	83286666
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 10/11/1982
Date	18/08/2021		Date 18/08/20		8/2021
No. of Days gran	ted Medical Leave	03	Degree o	f Sligh	nt

Brief Details.

ON 18/08/2021 AT ABOUT 1445 HRS AT SLIP ROAD FROM JALAN BT MERAH TOWARDS HENDERSON ROAD, I WAS TRAVELLING ON THE ABOVE MENTIONED SLIP ROAD AND WHEN MY FRONT VEHICLE SLOW DOWN AND STOP HENCE I FOLLOW SUIT. MOMENT LATER, I FELT A GREAT IMPACT FROM THE REAR AND WHEN I ALIGHTED, I REALISED THAT IT WAS VEHICLE (B) WHO HIT ONTO MY REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 3 DAYS MC FOR MY INJURY @ BLISS MEDICAL CLINIC MC DAYS: 18-8-2021 TO 20-8-2021

- (A) SKB6666Z
- (B) PC8370Z



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



3 of 3 Report No. T/20210819/7005

CONTINUATION OF REPORT

Sketch Plan					
Informant is	not	able	to	provide	sketch

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.			
Date/Time: 19/08/2021 10:14			
Classification Of Case:			