



## 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 : **SDD2969Z**  
To : **AXA INSURANCE PTE LTD**  
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SLU8526U & SDD2969Z ON 20/08/2021 AT  
BEFORE JUNCTION OF NICOLL HIGHWAY AND BRAS BASAH ROAD  
TOWARDS GUILLEMARD ROAD KPE (PIE/TPE).**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No. **218169 @ S\$2,407.50 (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,

  
Sharon Chia

HP: 8121 1373

E-mail: [mg3solution@gmail.com](mailto: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 : 218169

Date : 03-November-2021

Vehicle Number : **SLU 8526U**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 2,250.00
BEFORE GST		2,250.00
7% GST		157.50
<b>TOTAL</b>		<b>\$ 2,407.50</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) #04-01  
Vicom Inspection Centre, Singapore 415933  
Tel: 6243 1373 Fax: 6243 1376  
GST Reg. No. : 201427944N

**MOTOR CLAIM DISCHARGE**

INSURED: GOH SHANG RU

CAR / LORRY / CYCLE: REG NO: SLU 8526 U POLICY NO: \_\_\_\_\_

ACCIDENT CLAIM NO: \_\_\_\_\_

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle

Registered No. SLU 8526 U 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 20 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 : [Signature]

Co's Stamp : \_\_\_\_\_

NRIC No : \_\_\_\_\_

23/08/2021 - PRI

vehicle in - 23/08/2021

vehicle out - 26/08/2021

LOU - 4 days x \$ 200

= \$ 800



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

Print Date/Time : 21 Aug 2021 / 10:05:53

Receipt Date/Time : 21 Aug 2021 / 10:05:53

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-210821-000460

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 - SDD2969Z  
As at 20 Aug 2021/15:45:00  
Insurance Co: AXA INSURANCE PTE LTD

1	Insurance Enquiry - SDD2969Z Enquiry Fee 20210821100501233862	7.00	0.49	7.49
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<b>Sub-Total</b>	7.00	0.49	7.49
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<b>Total Before Rounding</b>	7.00	0.49	7.49
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<b>Rounding Difference</b>			0.04
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<b>Total Amount Payable</b>			7.45
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Paid By

20210821100514138	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 : GOH SHANG RU  
Address : BLK 21 DOVER CRESCENT  
#12-330 S(130021)  
Contact No : \_\_\_\_\_  
TO: AXA INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SLU 8526 U AND SDD 2969 Z ON 20/08/2021  
AT/ ALONG BEFORE JUNCTION OF NICOLL HIGHWAY AND BRAS BASAH ROAD  
TOWARDS GUILLEMARDE ROAD KPE(PIE/TPE)

I/We, GOH SHANG RU, am/are the registered owner of  
motor car no. SLU 8526 U

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, GOH SHANG RU ("the third party claimant")  
of BLK 21 DOVER CRESCENT #12-330 S(130021) (address),  
owner of SLU 8526 U (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. SLU 8526 U that was damaged pursuant to the accident which occurred on 20/08/2021 (date) along BEFORE JUNCTION OF MCOLL HIGHWAY AND BRAS BASAH ROAD TOWARDS GUILLEMER ROAD KPE (PIE/TPE) (location) involving Vehicle No/s SDD 2969 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) 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	23/08/2021 15:56 (SGT)
Date of Accident	20/08/2021 15:45 (SGT)
Exact Location of Accident	Bras Basah Rd, Singapore
Additional Location Information	BEFORE JUNCTION OF NICOLL HIGHWAY & BRAS BASAH ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU8526U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GOH SHANG RU
NRIC No	SXXXX983C
Email Address	bangkokids1503@gmail.com
Mobile Phone No	(Phone) +65-97900204
Alternative Phone No	+65-97900204

### VEHICLE PARTICULARS

Manufacturer	BMW
Model	216i
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	1499

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5120232792
Cover Note Number	-

### DRIVER

Name of Driver	GOH SHANG RU
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NRIC No .....	SXXXX983C
Date Of Birth .....	15/03/1975
Occupation .....	Outdoor
Date Of Driving Pass .....	02/08/2002
Driving experience .....	19 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-97900204
Alt. Phone Number .....	+65-97900204
Email Address .....	bangkokids1503@gmail.com
Address .....	BLK 21 DOVER CRESCENT #12-330
Address complement .....	-
Postcode .....	130021
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 .....	Side Swipe
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

#### 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 NO: T/20210821/7001

#### 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 .....	SDD2969Z
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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) .....	-

#### INJURED PERSONS DETAILS



##### INJURED 1

Name of injured person .....	GOH SHANG RU
Gender .....	Male
Phone No .....	(Phone) +65-97900204
Address .....	BLK 21 DOVER CRESCENT #12-330
Address Complement .....	-
Post Code .....	130021
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK & NECK PAIN
Injured person in which vehicle? .....	SLU8526U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

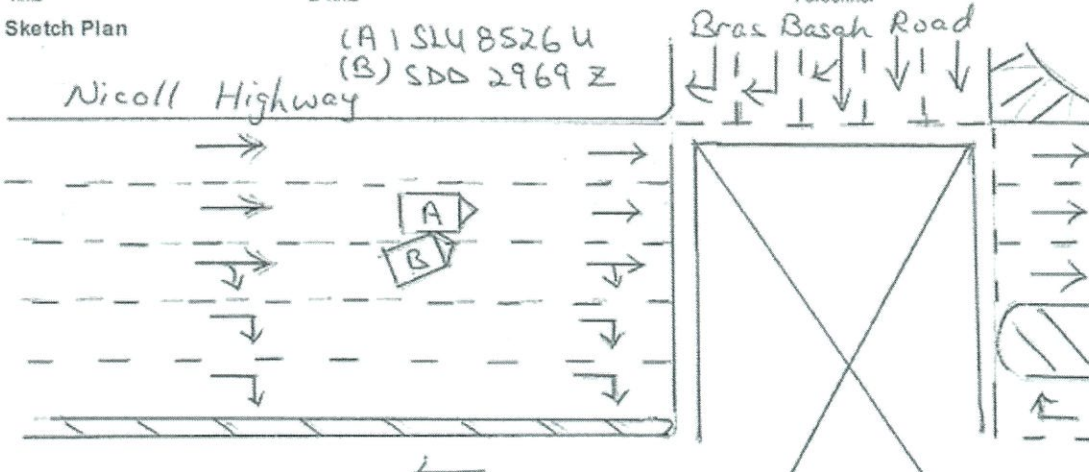
**IMPORTANT NOTICE**

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' 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
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**Sketch Plan**

(A) SLU 8526 U  
(B) SDD 2969 Z



Bras Basah Road

## Describe Circumstances of the Accident

Refer to Police Report

Report No:-

T/20210821/7001
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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.

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/20210821/7001

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

1 of 3

Report No. T/20210821/7001

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/08/2021 10:18		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: GOH SHANG RU			Address: 21 DOVER CRESCENT #12-330 SINGAPORE 130021		
ID Type / ID No.: NRIC NO / S7505983C			Contact No.: Home/Office: Mobile: 97900204		
Nationality: SINGAPORE CITIZEN			Email: BANGKOKIDS1503@GMAIL.COM		
Sex: Male	Age: 46	Date of Birth: 15/03/1975	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRER			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/08/2021 15:45	Type of Location: Straight Road
Location:  NICOLL HIGHWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SDD2969Z	Car					0
SLU8526U	Car	BMW	216I GT LED NAV	Grey		1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20210821/7001

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

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Report No. T/20210821/7001

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLU8526U	NTUC Income Insurance Co-Operative Limited	5120232792	11/12/2020	14/12/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH SHANG RU		ID No. S7505983C
Related Vehicle	SLU8526U (Car)		Contact No. 97900204
Hospital/Clinic	POW FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	21/08/2021		Date NIL
No. of Days granted Medical Leave	03	Degree of	Serious

## Brief Details.

On 20/08/2021 at about 1545 hours at before junction of Nicoll Highway and Bras Basah Road towards Guillemard Road KPE(PIE/TPE). I was travelling on the second lane from the left at the above mentioned junction and suddenly a vehicle (B) on my right lane cuts into my lane and collided into my right rear portion of my vehicle (A) causing damages to my vehicle. I wish to state that I have 1 passenger inside the vehicle. I have 3 days MC for my injury.

## Vehicles involving in this situation:

Vehicle (A): SLU8526U

Vehicle (B): SDD2969Z



**SINGAPORE  
POLICE FORCE**



T/20210821/7001

3 of 3

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

Report No. T/20210821/7001

## 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 /  
NEO ZHI YUAN  
Contact No.: 65476079

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:  
21/08/2021 10:18

Classification Of Case: