



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 : 10/11/2021
Your Ref : **SHA6585P**
To : **AXA INSURANCE PTE LTD**
Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SDY1311S & SHA6585P ON 26/08/2021 AT JUNCTION OF ANG MO KIO AVENUE 1 AND ANG MO KIO AVENUE 10.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No. **218171 @ S\$2,461.00 (Inclusive Of 7% GST)**
- 2) Loss of Use @ **S\$1,200.00 (6 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

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 : 218171

Date : 10-November-2021

Vehicle Number : **SDY 1311S**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 2,300.00
BEFORE GST		2,300.00
7% GST		161.00
TOTAL		\$ 2,461.00

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) #04-01
Vicom Inspection Centre, Singapore 415933
Tel: 6243 1373 Fax: 6243 1376
GST Reg. No. : 201427944N

MOTOR CLAIM DISCHARGE

INSURED: CHUA CHOR PIN

CAR / LORRY / CYCLE: REG NO: SDY 1311S POLICY NO: _____

ACCIDENT CLAIM NO: _____

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

Registered No. SDY 1311S 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 26 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 : _____

26/08/2021 - PR1
29/08/2021 - Sunday

vehicle In - 26/08/2021
vehicle Out - 31/08/2021
Low - 6 days x \$200
= \$1,200

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 26 Aug 2021 / 11:23:18

Receipt Date/Time : 26 Aug 2021 / 11:23:18

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210826-001400

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 - SHA6585P				
As at 26 Aug 2021/05:30:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHA6585P Enquiry Fee 20210826112208904003	7.00	0.49	7.49
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				
20210826112239298		Direct Debit: eNETS Debit (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 : CHUA CHOR PIN
Address : 26 BUKIT BATOK EAST AVE 2
#05-06 S(659920)
Contact No : _____
TO: AXA INSURANCE PTE LTD

Dear Sirs,

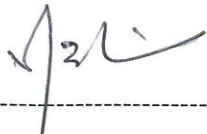
ACCIDENT INVOLVING SDY 1311 B AND SHA 6585 P ON 26/08/2021
AT/ALONG JUNCTION OF ANG MO KIO AVE 1 AND ANG MO KIO AVE 10

I/We, CHUA CHOR PIN, am/are the registered owner of
motor car no. SDY 1311 B

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, CHUA CHOR PIN ("the third party claimant")
of 26 BUKIT BATOK EAST AVE 2 #05-06 S(659920) (address),
owner of SDY 1311B (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. SDY 1311B that was damaged pursuant to the
accident which occurred on 26/08/2021 (date) along JUNCTION OF
ANG MO KIO AVE 1 AND ANG MO KIO AVE 10 (location)
involving Vehicle No/s SHA 6585 P
("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)

✓/31

Signed by "the third party claimant"

Handwritten signature



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	26/08/2021 15:45 (SGT)
Date of Accident	26/08/2021 05:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF AMK AVE 1 & AMK AVE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDY1311S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA CHOR PIN
NRIC No	SXXXX477G
Email Address	chuachorpin64@gmail.com
Mobile Phone No	(Phone) +65-84943323
Alternative Phone No	+65-84943323

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variants	MAZDA3 5-DOOR HATCHBACK 1.5L SP.6EAT
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 hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	CHUA CHOR PIN
NRIC No	SXXXX477G

Date Of Birth	13/11/1964
Occupation	Indoor
Date Of Driving Pass	28/04/1983
Driving experience	38 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84943323
Alt. Phone Number	+65-84943323
Email Address	chuachorpin64@gmail.com
Address	26 BUKIT BATOK EAST AVENUE 2 #05-06 SPORE 659920
Address complement	-
Postcode	-
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN CUSTOMER
Gender	Female

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 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	SHA6585P
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	CHUA CHOR PIN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SDY1311S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

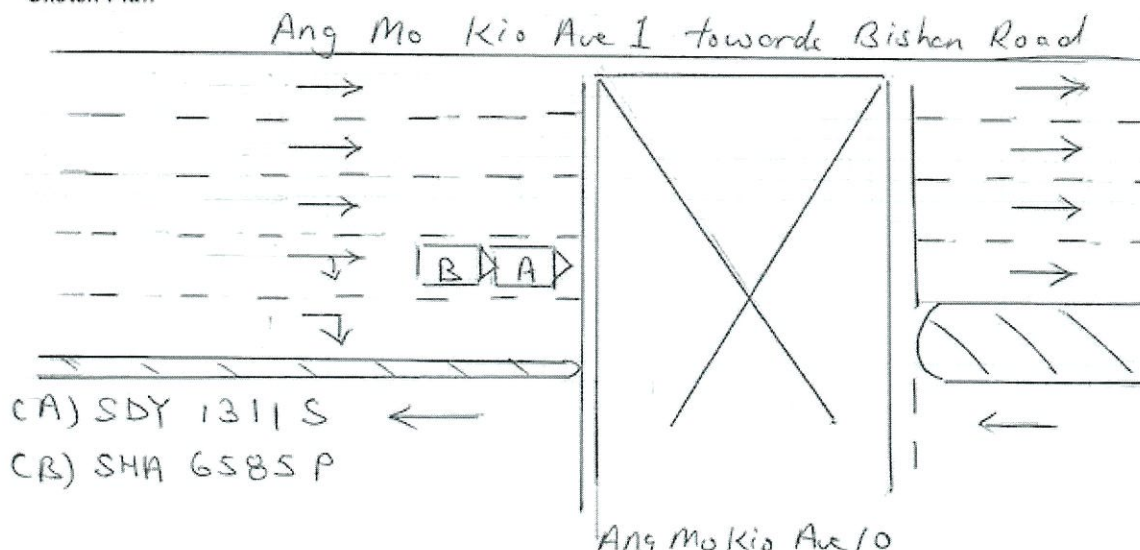
SKETCH PLAN

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' 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
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Sketch Plan

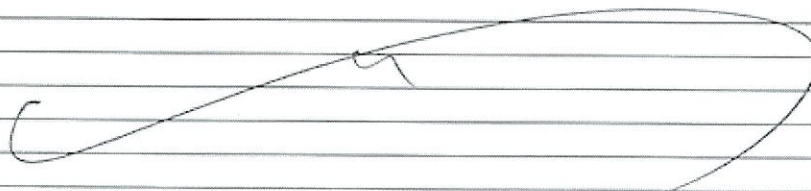


Describe Circumstances of the Accident

Refer to Police Report

Report No:-

7/20210826/7010



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/20210826/7010

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

1 of 3

Report No. T/20210826/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/08/2021 11:16		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHUA CHOR PIN			Address: 26 BUKIT BATOK EAST AVENUE 2 #05-06 SINGAPORE 659920		
ID Type / ID No.: NRIC NO / S1628477G			Contact No.: Home/Office: Mobile: 84943323		
Nationality: SINGAPORE CITIZEN			Email: CHUACHORPIN64@GMAIL.COM		
Sex: Male	Age: 56	Date of Birth: 13/11/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/08/2021 05:30	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SDY1311S	Car	MAZDA	MAZDA3 5-DOOR HATCHBACK 1.5L SP.6EAT	Black		1
SHA6585P	Car					0



**SINGAPORE
POLICE FORCE**



T/20210826/7010

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

2 of 3

Report No. T/20210826/7010

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDY1311S	AXA INSURANCE SINGAPORE PTE LTD	P2424562	02/02/2021	11/05/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA CHOR PIN	ID No.	S1628477G
Related Vehicle	SDY1311S (Car)	Contact No.	84943323
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	26/08/2021	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON 26/08/2021 AT ABOUT 0530 HOURS AT JUNCTION OF ANG MO KIO AVE 1 AND ANG MO KIO AVE 10. I WAS TRAVELLING ON THE LANE 2 OF ANG MO KIO AVE 1 TOWARDS BISHAN ROAD AND WHEN COMING TOWARDS THE ABOVE MENTIONED JUNCTION. I CAME TO A STOP BEFORE THE 'RED' TRAFFIC LIGHT.

MOMENT LATER, I FELT A GREAT IMPACT FROM THE REAR AND WHEN I ALIGHTED, I REALISED IT WAS VEHICLE (B) WHO HIT ONTO MY REAR PORTION OF MY VEHICLE(A) CAUSING DAMAGES TO MY VEHICLE. I HAVE ONE PASSENGER INSIDE MY VEHICLE. I AM USING THIS VEHICLE FOR WORK PURPOSE. I HAVE 5 DAYS FOR MY INJURY.

(A) SDY1311S

(B) SHA6585P



**SINGAPORE
POLICE FORCE**



T/20210826/7010

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

3 of 3

Report No. T/20210826/7010

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 / TP1B /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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:
26/08/2021 11:16

Classification Of Case: