



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 : **SBM78J**
To : **AIG ASIA PACIFIC INSURANCE PTE LTD**
Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SME7078A & SBM78J ON 15/09/2021 AT ALONG THE DRIVEWAY AT BLOCK 108 TAMPIMES STREET 11.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.218174 @ S\$3,638.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$960.00 (4 Days x S\$240)
- 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:

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY
#07-12 AIG BUILDING
SINGAPORE 079120

Bill No : 218174

Date : 10-November-2021

Vehicle Number : **SME 7078A**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 3,400.00
		BEFORE GST 3,400.00
		7% GST 238.00
		TOTAL \$ 3,638.00

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: Unigulus Credit Leasing Pte Ltd
CAR / LORRY / CYCLE: REG NO: SME 7078A POLICY NO: -
ACCIDENT CLAIM NO: -

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

Registered No. SME 7078A 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 15 day of 09 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 : _____

28/09/2021 - PRI

Vehicle In - 28/09/2021
Vehicle Out - 01/10/2021

Loan - 4 days x \$240
= \$960

> Back to OneMotoring



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

Print Date/Time : 16 Sep 2021 / 17:43:19

Receipt Date/Time : 16 Sep 2021 / 17:43:19

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210916-003307

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 - SBM78J

As at 15 Sep 2021/19:45:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1	Insurance Enquiry - SBM78J Enquiry Fee 20210916174222846053	7.00	0.49	7.49
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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

20210916174232132 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 : Uniquulus Credit Leasing Pte Ltd

Address : 8 Ubi Road 2, #02-05
Zervex S (408538)

Contact No : _____

TO: AGI Asia Pacific Insurance Pte Ltd

Dear Sirs,

ACCIDENT INVOLVING SME 7070A AND SBM 78J ON 15/09/2021
AT/ ALONG the driveway at Block 108 Tampines Street 11.

I/We, Uniquulus Credit Leasing Pte Ltd, am/are the registered owner of
motor car no. SME 7070A

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

A handwritten signature in blue ink, written over the witness line.



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.

RELEASE VOUCHER
(AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

"We/I, _____ ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte. Ltd. _____ ("name of surveyor") with respect to the amount claimed for S\$ _____ (repair costs), S\$ _____ (loss of use/rental) S\$ _____ (search fees) for vehicle no. _____ that was damaged pursuant to the accident which occurred on _____ (date) along _____ (location) involving vehicle no/s _____.

This is pursuant to the inspection conducted on _____ (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner _____ ("third party claimant") of vehicle no. _____ to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte. Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to _____ (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

Dated this _____ day of _____ (month) 20____ (year)



Signed by AIG appointed surveyor

Chopped & 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 17/09/2021 12:03 (SGT)
Date of Accident 15/09/2021 19:45 (SGT)
Exact Location of Accident 108 Tampines St. 11, Block 108, Singapore 521108
Additional Location Information DRIVEWAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SME7078A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner UNIQUULUS CREDIT LEASING PRIVATE LIMITED
Company Reg No 2XXXXX790Z
Email Address CHIALARRY19@GMAIL.COM
Mobile Phone No (Phone) +65-84142350
Alternative Phone No (Home) +65-84142350

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
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 0

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5113122861-01
Cover Note Number -

DRIVER

Name of Driver CHIA AIK MENG
NRIC No SXXXX984J

Date Of Birth	26/11/1960
Occupation	Outdoor
Date Of Driving Pass	11/02/1980
Driving experience	41 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84142350
Alt. Phone Number	-
Email Address	CHIALARRY19@GMAIL.COM
Address	APT BLK 467A FERNSVALE LINK #03-505
Address complement	-
Postcode	791467
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Major/Minor Rd
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 ATTACHED

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	SBM78J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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 CHIA AIK MENG
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SME7078A
 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 willful 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.



Chikky

MAY

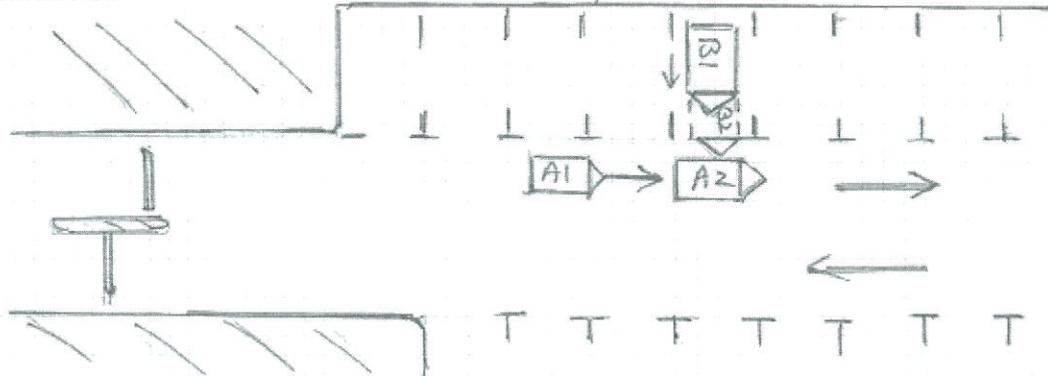
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

BIK 108 Tampines St 11



(A) SME 7078 A

(B) SBM 78 J



**SINGAPORE
POLICE FORCE**



T/20210916/7023

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

1 of 3

Report No. T/20210916/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/09/2021 18:05		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHIA AIK MENG			Address: 467A FERVALE LINK #03-505 SINGAPORE 791467		
ID Type / ID No.: NRIC NO / S1420984J			Contact No.: Home/Office: Mobile: 84142350		
Nationality: SINGAPORE CITIZEN			Email: chialarry19@gmail.com		
Sex: Male	Age: 60	Date of Birth: 26/11/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: 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: 15/09/2021 19:45	Type of Location: Car Park
Location: TAMPINES STREET 11				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SBM78J	Car					0
SME7078A	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210916/7023

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

2 of 3
Report No. T/20210916/7023

CONTINUATION OF REPORT

Driver			
Name	CHIA AIK MENG		ID No. S1420984J
Related Vehicle	SME7078A (Car)		Contact No. 84142350
Hospital/Clinic	CARE MEDICAL CLINIC		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	16/09/2021	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON 15/09/2021 AT ABOUT 1945HRS, I WAS TRAVELLING ON THE DRIVEWAY AT BLOCK 108 TAMPINES STREET 11. SUDDENLY, A VEHICLE (B) CAME OUT OF THE CARPARK LOT WITHOUT PROPER LOOKOUT AND WHEN I ALIGHTED, I REALISED THAT IT WAS VEHICLE (B) WHO HIT ONTO MY FRONT PORTION OF MY VEHICLE (A). I HAVE 5 DAYS MC FOR MY INJURY.

VEHICLE A: SME7078A
VEHICLE B: SBM78J



**SINGAPORE
POLICE FORCE**



T/20210916/7023

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

3 of 3
Report No. T/20210916/7023

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 / TPHQ / SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404

NP188

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 16/09/2021 18:05
Classification Of Case: