



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 : **SJX6789Z**
To : **AXA INSURANCE PTE LTD**
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SMN7152X & SJX6789Z ON 08/10/2021 AT
BEFORE JUNCTION OF NICOLL HIGHWAY AND BRAS BASAH ROAD.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No. **218177 @ S\$2,675.00 (Inclusive Of 7% GST)**
- 2) Loss of Use @ **S\$1,000.00 (5 Days x S\$200)**
- 3) LTA Search @ **S\$36.45**
- 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 : 218177

Date : 10-November-2021

Vehicle Number : **SMN 7152X**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 2,500.00
BEFORE GST		2,500.00
7% GST		175.00
TOTAL		\$ 2,675.00

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) #02-03B
Vicom Inspection Centre, Singapore 415933
Tel: 6243 1373 Fax: 6243 1376
GST Reg. No. : 201427944N

MOTOR CLAIM DISCHARGE

INSURED: TOH YOUN JUN
CAR/ LORRY/CYCLE: REG NO: SMN 7152X POLICY NO:
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SMN 7152Xfrom 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 08 day of 10 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:

12/10/2021 - PR1

vehicle In - 12/10/2021

vehicle Out - 16/10/2021

Lou - 5 days x \$200

= \$1,000

> Back to OneMotoring



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

Print Date/Time : 11 Oct 2021 / 09:42:56

Receipt Date/Time : 11 Oct 2021 / 09:42:56

Tax Invoice/Receipt

Receipt No. : ITNET-00000-211011-000509

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 - SJX6789Z

As at 08 Oct 2021/13:30:00

Insurance Co: AXA INSURANCE PTE LTD

1	Insurance Enquiry - SJX6789Z Enquiry Fee 20211011094149252600	7.00	0.49	7.49
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Sub-Total	7.00	0.49	7.49
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Total Before Rounding	7.00	0.49	7.49
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Rounding Difference			0.04
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Total Amount Payable			7.45
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Paid By

20211011094156187	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.



RECORD MANAGEMENT CENTRE

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

9 Temasek Boulevard #42-01b, Singapore 038989

Email: gears-support@shift-technology.com

GST Reg No: M400017735

UEN: S66SS0020G

TAX INVOICE

MG SOLUTION PTE LTD - TOH YOU
JUN

Invoice Number
GR-2021-003728

Invoice Issue Date
11 Oct 2021

Invoice Due Date
18 Oct 2021

Total Amount (S\$) 27.10
Total GST 7.00% (S\$) 1.90
Total Amount Incl. of GST (S\$) 29.00

Bill Type	Reference	Amount (S\$)	GST 7.00% (S\$)	Amount Incl. of GST (S\$)
Sale of Accident Report - Publ	11/10/2021,08/10/2021,SMN7152X,SJX6789Z	27.10	1.90	29.00
		Total Amount (S\$)		27.10
		Total GST 7.00% (S\$)		1.90
		Total Amount Incl. of GST (S\$)		29.00

*This is a computer generated document.
No signature is required.*

LETTER OF AUTHORITY

Name : TOH YOUN JUN
Address : BLK 420 HOUGANG AVE 10
#08-317 S(530420)
Contact No : _____
TO: AXA INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SMN 7152X AND SJX 6789Z ON 08/10/2021
AT/ ALONG BEFORE JUNCTION OF NICOLL HIGHWAY AND BRAS BASAH
ROAD.

I/We, TOH YOUN JUN, am/are the registered owner of
motor car no. SMN 7152X

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, TOH YOUN JUN ("the third party claimant")
of BLK 420 HONGANG AVE 10 #08-317 S(530420) (address),
owner of SMN 7152X (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. SMN 7152X that was damaged pursuant to the
accident which occurred on 08/10/2021 (date) along BEFORE
JUNCTION OF NICOLL HIGHWAY AND BRAS BASAH ROAD (location)
involving Vehicle No/s SJX 6789Z
("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	08/10/2021 17:34 (SGT)
Date of Accident	08/10/2021 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Before Junction of Nicoll Highway and Bras Basah Rd
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN7152X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TOH YOU JUN
NRIC No	S9331676B
Email Address	e-t@live.com.sg
Mobile Phone No	(Phone) +65-97328119
Alternative Phone No	+65-97328119

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
Variant	Hybrid
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	1400

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116562198-01
Cover Note Number	-

DRIVER

Name of Driver	TOH YOU JUN
NRIC No	S9331676B

Date Of Birth	27/08/1993
Occupation	Indoor
Date Of Driving Pass	29/04/2013
Driving experience	8 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97328119
Alt. Phone Number	+65-97328119
Email Address	e-t@live.com.sg
Address	420 Hougang Ave 10 #08-317
Address complement	-
Postcode	530420
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	FBN6097J
Insurance Company of Other Vehicle Owned by Driver	NTUC Income Insurance Co-operative Ltd

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	Amsavali
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 Police Report

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	SJX6789Z
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WONG KOK HWEE
NRIC No	S7106301A
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TOH YOU JUN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	28
Injuries Sustained	Whiplash, neck injury and back strain.
Injured person in which vehicle?	SMN7152X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT 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 lodgment 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)**

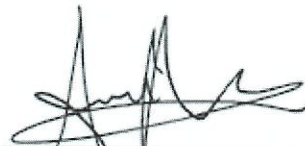
I understand, acknowledge, agree and consent that:

- (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time: 08/10/2021 1730hrs

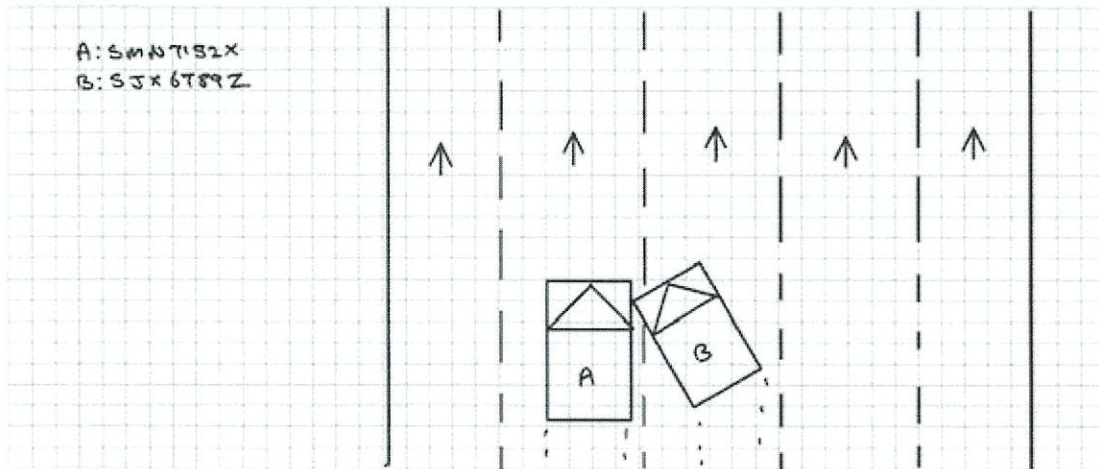
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: Ash Kamal
NRIC/FIN No.: S92183702

SKETCH PLAN

A: SMNT152X
B: SJX6T89Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time 08/10/2021 17:30hrs

Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Ash Kamal

NRIC/FIN No.: S994395


**SINGAPORE
POLICE FORCE**


T/20211008/7022

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

1 of 3

Report No. T/20211008/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/10/2021 16:53		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TOH YOU JUN			Address: 420 HOUGANG AVENUE 10 #08-317 SINGAPORE 530420		
ID Type / ID No.: NRIC NO / S9331676B			Contact No.: Home/Office: Mobile: 97328119		
Nationality: SINGAPORE CITIZEN			Email: e-t@live.com.sg		
Sex: Male	Age: 28	Date of Birth: 27/08/1993	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: 08/10/2021 13:30	Type of Location: Straight Road
Location: BEFORE JUNCTION OF NICOLL HIGHWAY AND BRAS BASAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No. of
SJX6789Z	Car					0
SMN7152X	Car	HONDA	CIVIC+IMA+ 1.3L+CVT	Grey		1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20211008/7022

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

2 of 3

Report No. T/20211008/7022

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN7152X	NTUC Income Insurance Co-Operative Limited	5116562198-01	19/03/2021	18/03/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TOH YOU JUN	ID No.	S9331676B
Related Vehicle	SMN7152X (Car)	Contact No.	97328119
Hospital/Clinic	T M AUW CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	08/10/2021	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

ON 08/10/2021 AT ABOUT 1330HRS AT BEFORE JUNCTION OF NICOLL HIGHWAY AND BRAS BASAH ROAD. I WAS TRAVELLING ON THE 2ND LANE FROM THE LEFT ALONG NICOLL HIGHWAY TOWARDS ROCHER ROAD AND WHEN COMING TOWARDS THE ABOVE MENTIONED JUNCTION, A VEHICLE (B) FROM MY RIGHT VEERED OUT INTO MY LANE WITHOUT CHECKING HIS BLINDSPOT HENCE COLLIDED ONTO MY RIGHT FRONT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 1 PASSENGER INSIDE MY VEHICLE. I HAVE 7 DAYS MC DUE TO MY INJURY.

VEHICLE A: SMN7152X
VEHICLE B: SJX6789Z

**SINGAPORE
POLICE FORCE**

T/20211008/7022

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

3 of 3

Report No. T/20211008/7022

CONTINUATION OF REPORTSketch 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 / TPB /
BOON YEN KIAN
Contact No.: 65476172

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
08/10/2021 18:53

Classification Of Case:

NP158