



MG SOLUTION PTE LTD

23 Kaki Bukit Ave 4, AAS Kaki Bukit Centre #04-01 Singapore 415933

Tel: 6744 4986 / 6744 4165

(GST Reg. No. 201427944N)

Date : 28/06/2023

Your Ref : **GBJ3590S**

To : **INDIA INTERNATIONAL INSURANCE PTE LTD**

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SLV9638T & GBJ3590S ON 06/12/2021 AT
ALONG PIE TOWARDS TUAS AFTER KJE (BKE) EXIT 35.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.238093 @ S\$27,000.00 (Inclusive of 8% GST)
- 2) Loss of Use @ S\$7,200.00 (30 Days x S\$240)
- 3) LTA Search @ S\$7.45
- 4) Towing Fee @ S\$100.00
- 5) Authorisation to Act
- 6) GIA Report

Hope the above is in order and kindly let us have your confirmation soon.

Tax invoice will be issue upon amount finalized.

*The Minister for Finance announced that the **GST rate will be increased from 7% to 8%** with effect from 1st January 2023. Our Company's invoices issued will be with **GST 8%** from 1st January 2023.*

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: 6744 4986 / 6744 4165

(GST Reg. No. 201427944N)

PROFORMA BILL

Bill To:

INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET
#05-02 IOB BUILDING
SINGAPORE 049711

Bill No : 238093

Date : 28-June-2023

Vehicle Number : **SLV 96387**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 25,000.00
SUB-TOTAL		25,000.00
GST 8%		2,000.00
TOTAL		\$ 27,000.00

Tax Invoice will be issue upon amount finalised.

The Minister for Finance announced that the **GST rate will be increased from 7% to 8%** with effect from 1st January 2023. Our Company's invoices issued will be with **GST 8% from 1st January 2023**.

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: SUPREME LEASING & LIMOUSINE PTE LTD

CAR / LORRY / CYCLE: REG NO: SLV9638T POLICY NO: _____

ACCIDENT CLAIM NO: _____

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

Registered No. SLV9638T 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 06 day of 12 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 : _____

07/12/2021 - Tow In
12/12/2021 - Sunday
19/12/2021 - Sunday
25/12/2021 - Public Holiday
26/12/2021 - Sunday
01/01/2022 - Public Holiday
02/01/2022 - Sunday

vehicle In - 07/12/2021
vehicle Out - 05/01/2022
LON - 30 days x \$240
= \$7,200

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 07 Dec 2021 / 11:46:36

Receipt Date/Time : 07 Dec 2021 / 11:46:36

Tax Invoice/Receipt

Receipt No. : ITNET-00000-211207-001323

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 - GBJ3590S

As at 06 Dec 2021/08:10:00

Insurance Co: INDIA INT'L INS PTE LTD

1 Insurance Enquiry - GBJ3590S
Enquiry Fee
20211207114543758228

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

20211207114552144

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.



PEOPLE'S VEHICLE SERVICE PTE LTD

BLK 3023A, UBI ROAD 1 #01-60, SINGAPORE 408717

TEL : 6743 1987 (3 LINES) FAX : 6743 0013

Email: peoplevehicle@gmail.com

Reg No: 200415052W



Date: 7-12-21

CASH SALE/WORK ORDER No: PA 2025

寶號: MG
Messrs:
車號: SLV 9638 T 車型: RVMS
Vehicle No: Model No:
由: T.P. Pound
From:
到: Kaki Bat W/S
To:
其他:
Remark:
時間: 15:00 : AMOUNT: \$ 100
Time:

- ☐ Accident/Breakdown
- ☐ Multi/Basement
- ☐ Jump Start
- ☐ Changing of Battery
- ☐ Tyre Replacement/ Patching
- ☐ Crane Up/Winch Out
- ☐ With Load/Cargo Box
- ☐ Flat Bed
- ☐ King Dolly to lift up
- ☐ Low Body Kit
- ☐ Repo
- ☐ Door Opening Service
- ☐ Collect Document/Key
- ☐ Jurong Island/Cargo Complex
- ☐ Woodlands/Tuas Checkpoint
- ☐ Cancellation Charge (Reach Location)
- ☐ Cancellation Charge (After 15 minutes)

注意: 本公司對所拖之車輛, 在進行中如有任何損失或破壞, 一概由車主自行負責。
NOTE: Vehicle is towed at owner's risk. The company accepts no responsibility for damages or other misdeemeanour to your vehicle whilst being towed.

經手人: [Signature] 收貨人:
Authorised by: Received by:

LETTER OF AUTHORITY

Name : SUPREME LEASING & LIMOUSINE PTE LTD

Address : 61 UBL AVE 2 #01-03/04
AUTOMOBILE MEHAMART S(408898)

Contact No : _____

TO: INDIA INT'L INS PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SLV9638T AND GBJ3590S ON 06/12/2021
AT/ALONG PIE TOWARDS TNAS AFTER KJE (BKE) EXIT 35.

I/We, SUPREME LEASING & LIMOUSINE PTE LTD, am/are the registered owner of
motor car no. SLV9638T

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

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	07/12/2021 18:01 (SGT)
Date of Accident	06/12/2021 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TWDS TUAS AFTER KJE (BKE) EXIT 35
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV9638T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SUPREME LEASING & LIMOUSINE PTE. LTD.
Company Reg No	2XXXXXX90R
Email Address	EDWIN@PRIMECARS.COM.SG
Mobile Phone No	(Phone) +65-87176000
Alternative Phone No	(Home) +65-87176000

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	1800

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5119535540-01
Cover Note Number	-

DRIVER

Name of Driver	OTHMAN BIN GHANI
NRIC No	SXXXX678A

Date Of Birth	09/09/1966
Occupation	Indoor
Date Of Driving Pass	03/10/1985
Driving experience	36 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98219328
Alt. Phone Number	-
Email Address	EDWIN@PRIMECARS.COM.SG
Address	BLK 57 NEW UPP CHANGI RD #05-1368
Address complement	-
Postcode	461057
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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	PASSENGER
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 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	GBJ3590S
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMP7239U
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMV7618C
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	OTHMAN BIN GHANI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV9638T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PASSENGER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV9638T
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.



My

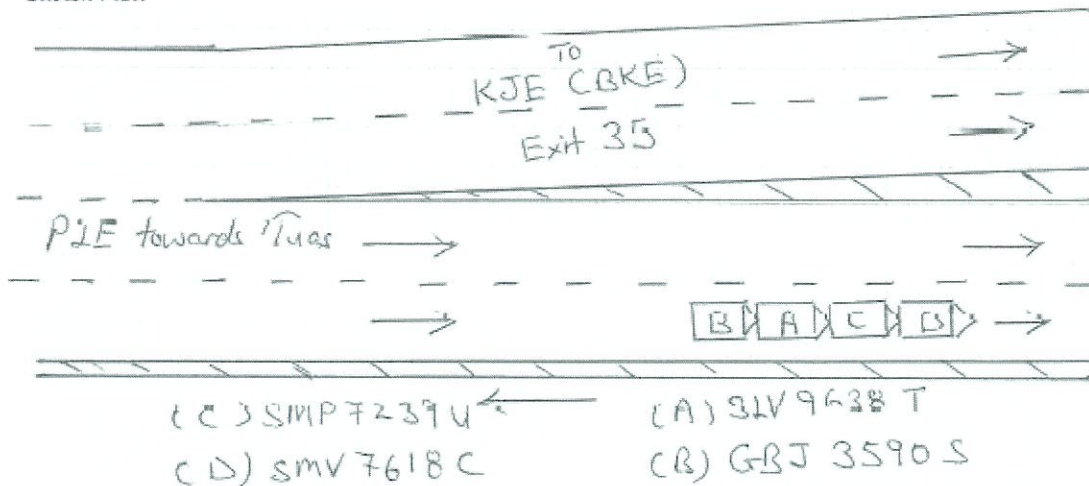
SHUYI

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 06/12/2021 at about 0730 hrs at along PIE towards
Tuas after KJE (RKE) exit 35. I was travelling on the
extreme Right lane and when my front vehicle slow down
and stop hence I follow suit and come to a complete
stop. Suddenly I felt a great impact from the Rear
and the great impact forced my Vehicle (A) forward to
hit onto the Rear Portion of Vehicle (C). 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. Total 4 vehicles involved in this
Chain Collision. I was conveyed to the hospital on the
spot and my vehicle was impounded by Traffic Police. I have
3 days MC for my injury and need to receive again. I
have one passenger inside my vehicle.
(A) SLV 9638 T
(B) GBJ 3590 S
(C) SMP F239 U
(D) SMV 7618 C
Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your 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

[Handwritten Signature]

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

SHUTTI

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20211206/7019

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

1 of 3

Report No. T/20211206/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2021 13:51		Vide Report No.: J/20211206/0057		Station Diary No.:	
Informant's Particulars					
Name of Informant: OTHMAN BIN GHANI			Address: 57 NEW UPPER CHANGI ROAD #05-1368 SINGAPORE 461057		
ID Type / ID No.: NRIC NO / S1772678A			Contact No.: Home/Office: Mobile: 98219328		
Nationality: SINGAPORE CITIZEN			Email: tombay51@gmail.com		
Sex: Male	Age: 55	Date of Birth: 09/09/1966	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: driver			Driving Licence Information: Class: 2B,2A,3,4A,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/12/2021 08:10	Type of Location: Bend
Location: PAN ISLAND EXPRESSWAY AT BKE EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SLV9638T	Car	TOYOTA	ALPHA PRIUS	Silver	Seriously Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20211206/7019

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

3 of 3

Report No. T/20211206/7019

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 /
ABDUL RAHIM BIN SALIM
Contact No.: 65476437

This report is lodged at Jurong East NPC Kiosk 1
NP168

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

Date/Time:
06/12/2021 13:51

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20211206/7019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

2 of 3

Report No. T/20211206/7019

CONTINUATION OF REPORT

Passenger			
Name	Unknown Passenger		ID No. NIL
Related Vehicle	SLV9638T (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL		Degree of NIL
Driver			
Name	OTHMAN BIN GHANI		ID No. S1772678A
Related Vehicle	SLV9638T (Car)		Contact No. 98219328
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: 2B,2A,3,4A,4 Date of Expiry: NIL
Date	06/12/2021		Date 06/12/2021
No. of Days granted Medical Leave	03		Degree of Slight

Brief Details.

WHILE DRIVING ALONG PIE NEAR BKE TOWARDS JALAN BAHAR, THERE WERE 2 LANES AND I WAS DRIVING AT THE RIGHT MOST LANE, ONE BALCK COLOR CAR DRIVING IN FRONT OF ME STOPPED ABRUPTLY AND I MANAGED TO STOP IN TIME BUT IM NOT SURE WHETHER I GOT HIT THE CAR IN FRONT, HOWEVER ONE VAN TOYOTA PLATE NUMBER GBJ3590S DRIVING BEHIND ME DID NOT STOPPPED IN TIME AND HIT THE REAR OF MY CAR.THE REAR OF MY CAR IS BADLY DAMAGED. MY CAR PLATE NUMBER IS SLV9638T. THE BLACK CAR IN FRONT DID NOT STAY AND CHECK HIS CAR AND LEFT THE SCENE WITHOUT EXCHANGING PARTICULARS.

BOTH MY PASSEBGER AND I GOT INJURED AND WERE SENT TO HOSPITAL BY AMBULANCE. I WAS GIVEN 3 DAYS MC. I WANT TO MADE THIS REPORT FOR RECORD PURPOSE.