



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 : 11/05/2022
Your Ref : CC4/ASM22000320/Ara3 (SGZ7000J)
To : AXA INSURANCE PTE LTD
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE GBH1818K & SGZ7000J ON 08/01/2022 AT
ALONG ANG MO KIO STREET 42 BESIDE DEYI SECONDARY SCHOOL.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.228052 @ S\$2,461.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,500.00 (5 Days x S\$300)
- 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.

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: 6243 1373 Fax: 6243 1376

(GST Reg. No. 20-1427944-N)

PROFORMA BILL

Bill To:

AXA INSURANCE PTE LTD

ROBINSON ROAD

P.O. BOX 1094

SINGAPORE 902144

Bill No : 228052

Date : 11-May-2022

Vehicle Number : **GBH 1818K**

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.

*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: STAR FAST

CAR / LORRY / CYCLE: REG NO: GBH 1818K POLICY NO: _____

ACCIDENT CLAIM NO: _____

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

Registered No. GBH 1818K 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 08 day of 01 20 22 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 : _____

10/01/2022 - PRI

Vehicle In - 10/01/2022
Vehicle out - 14/01/2022
Lan - 5 days x \$300
= \$1,500

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 10 Jan 2022 / 12:25:31

Receipt Date/Time : 10 Jan 2022 / 12:25:31

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220110-001734

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 - SGZ7000J As at 08 Jan 2022/12:37:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SGZ7000J Enquiry Fee 20220110122345199424	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				
	20220110122400294	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 : STAR FAST

Address : 665 C PUNGOL DRIVE #03-528
WATERWAY WOODCRESS S(873665)

Contact No : _____

TO: AXA INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING GBH 1818K AND SGZ 7000J ON 08/01/2022
AT/ALONG ANG MO KEO STREET 42 BESIDE PEYI SECONDARY SCHOOL

I/We, STAR PAST, am/are the
registered owner of motor car no. GBH1818K

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, STAR FAST ("the third party claimant")
of 665C PUNGGUL DRIVE #03-528 WATERWAY WOODCRESS S(873665) (address),
owner of GBH 1818K (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. GBH 1818K that was damaged pursuant to the
accident which occurred on 08/01/2022 (date) along ANG MO KIO
STREET #2 BESIDE DEYI SECONDARY SCHOOL (location)
involving Vehicle No/s SGZ 7000J
("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	10/01/2022 16:20 (SGT)
Date of Accident	08/01/2022 12:35 (SGT)
Exact Location of Accident	Ang Mo Kio Street 42, Singapore
Additional Location Information	BESIDE DEYI SECONDARY SCHOOL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1818K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	STAR FAST
Company Reg No	53326306M
Email Address	Kuahedmund@hotmail.com
Mobile Phone No	(Phone) +65-91822221
Alternative Phone No	+65-91822221

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1597

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00150042101
Cover Note Number	-

DRIVER

Name of Driver	KUAH WEE KIAN (KE WEIJIAN)
NRIC No	S7915679E

Date Of Birth	25/05/1979
Occupation	Outdoor
Date Of Driving Pass	30/09/1999
Driving experience	22 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91822221
Alt. Phone Number	-
Email Address	Kuahedmund@hotmail.com
Address	BLK 665C PUNGGOL DRIVE
Address complement	#03-528
Postcode	823665
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SOLE - PROPRIETOR
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)	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

PLS REFER TO THE POLICE REPORT : T/20220110/7019

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGZ7000J
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	KUAH WEE KIAN (KE WEIJIAN)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK PAIN (SLIGHT)
Injured person in which vehicle?	GBH1818K
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

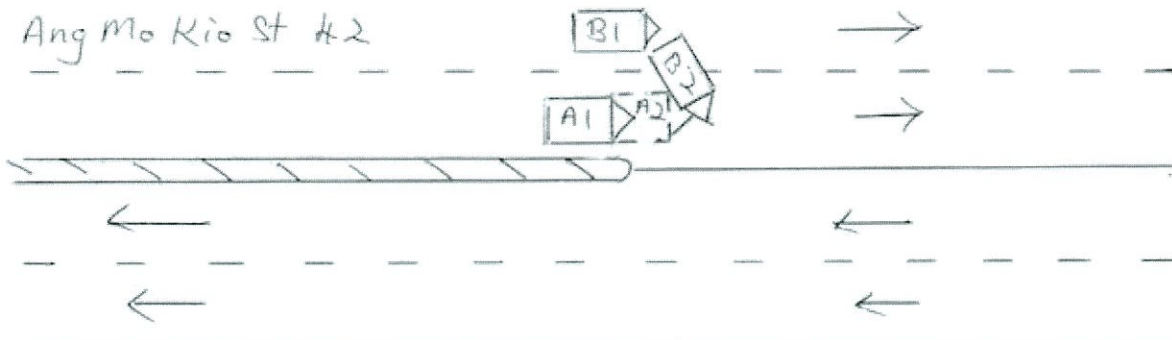
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

DEYI Sec. School.

Ang Mo Kio St #2



(A) GBH 1818 K
(B) SGZ 7000 J

At along Ang Mo Kio Street 42 beside
Deji Secondary Sch.

Describe Circumstances of the Accident

Handwritten notes in the accident description area:

pls refer to report no 7/2020110/7019

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 of the driver.

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

Handwritten signature and date: 10/01/2022

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220110/7019

1 of 3

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

Report No. T/20220110/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/01/2022 12:47		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KUAH WEE KIAN			Address: 665C PUNGGOL DRIVE #03-528 SINGAPORE 823665		
ID Type / ID No.: NRIC NO / S7915679E			Contact No.: Home/Office: Mobile: 91822221		
Nationality: SINGAPORE CITIZEN			Email: KUAHEDMUND@HOTMAIL.COM		
Sex: Male	Age: 42	Date of Birth: 25/05/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Transport operations manager			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/01/2022 12:35	Type of Location: Straight Road
Location: ANG MO KIO STREET 42				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
GBH1818K	Van					0
SGZ7000J	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20220110/7019

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

2 of 3

Report No. T/20220110/7019

CONTINUATION OF REPORT

Driver			
Name	KUAH WEE KIAN	ID No.	S7915679E
Related Vehicle	GBH1818K (Van)	Contact No.	91822221
Hospital/Clinic	ANSAR CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	09/01/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON 08/01/2022 AT ABOUT 1235HRS AT ALONG ANG MO KIO STREET 42 BESIDE DEYI SECONDARY SCHOOL, I WAS TRAVELLING ON THE EXTREME RIGHT LANE AND SUDDENLY A VEHICLE (B) ON THE LEFT LANE VEERED ACROSS HIS RIGHT AND INTO MY LANE TO MAKE A U-TURN WITHOUT PROPER LOOKOUT AND HENCE COLLIDED ONTO MY LEFT FRONT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 3 DAYS MC FOR MY INJURY.

VEHICLE A: GBH1818K
VEHICLE B: SGZ7000J



**SINGAPORE
POLICE FORCE**



T/20220110/7019

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

3 of 3

Report No. T/20220110/7019

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 / TPIB /
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:
10/01/2022 12:47

Classification Of Case:

NP168