



## 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 : 13/04/2022  
Your Ref : SHA4135T  
To : AXA INSURANCE PTE LTD  
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SLC9585L & SHA4135T ON 13/01/2022 AT JUNCTION OF ORCHARD TURN AND TAXI STAND DROF OFF POINT @ WISMA ATRIA, NO. 435 ORCHARD ROAD.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.228039 @ S\$3,745.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,600.00 (8 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.

*The Minister for Finance announced that the **GST rate will be increased from 7% to 8%** with effect from 1<sup>st</sup> January 2023. Our Company's invoices issued will be with **GST 8% from 1<sup>st</sup> 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 : 228039

Date : 13-April-2022

Vehicle Number : **SLC 9585L**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 3,500.00
		BEFORE GST 3,500.00
		7% GST 245.00
		<b>TOTAL \$ 3,745.00</b>

**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: JULIA NU NU HAN

CAR / LORRY / CYCLE: REG NO: SLC 9585 L POLICY NO: \_\_\_\_\_

ACCIDENT CLAIM NO: \_\_\_\_\_

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

Registered No. SLC 9585 L 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 13 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 : \_\_\_\_\_

14/01/2022 - PRI

15/01/2022 - PRI

16/01/2022 - PRI

Vehicle In - 14/01/2022

Vehicle Out - 21/01/2022

Low - 8 days x \$ 200

= \$ 1,600

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 14 Jan 2022 / 13:41:36

Receipt Date/Time : 14 Jan 2022 / 13:41:36

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-220114-002065

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 - SHA4135T

As at 13 Jan 2022/20:20:00

Insurance Co: AXA INSURANCE PTE LTD

1	Insurance Enquiry - SHA4135T Enquiry Fee 20220114134010810978	7.00	0.49	7.49
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<b>Sub-Total</b>	7.00	0.49	7.49
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<b>Total Before Rounding</b>	7.00	0.49	7.49
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<b>Rounding Difference</b>			0.04
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<b>Total Amount Payable</b>			7.45
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Paid By

20220114134022124	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.

LETTER OF AUTHORITY

Name : JULIA NU NU HAN  
Address : BLK 666A JURONG WEST STREET 65  
#11-199 S(641666)  
Contact No : \_\_\_\_\_

TO: AXA INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SLC 9585L AND SHA 4135T ON 13/01/2022  
AT/ALONG JUNCTION OF ORCHARD TURN AND TAXI STAND DROP OFF  
POINT @ WISMA ATRIA, NO 435 ORCHARD ROAD.

I/We, JULIA NU NU HAN, am/are the  
registered owner of motor car no. SLC 9585L

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, JULIA NU NU HAN ("the third party claimant")  
of BLK 666A JURONG WEST STREET 65 #11-199 S(641666) (address),  
owner of SLC 9585L (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. SLC 9585L that was damaged pursuant to the accident which occurred on 13/01/2022 (date) along JUNCTION OF ORCHARD TURN AND TAXI STAND DROP OFF POINT @ WISMA ATRIA, (location) involving Vehicle No/s SHA 4135T NO 435 ORCHARD ROAD.  
("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	14/01/2022 16:30 (SGT)
Date of Accident	13/01/2022 20:20 (SGT)
Exact Location of Accident	Orchard Rd, Singapore
Additional Location Information	JUNCTION OF ORCHARD TURN & TAXI DROP OFF POINT AT WISMA ATRIA
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC9585L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	JULIA NU NU HAN
NRIC No	SXXXX657J
Email Address	FANERICA65@GMAIL.COM
Mobile Phone No	(Phone) +65-92250088
Alternative Phone No	(Home) +65-92250088

### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	5114475932-02
Cover Note Number	-

### DRIVER

Name of Driver	JULIA NU NU HAN
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NRIC No	SXXXX657J
Date Of Birth	24/04/1962
Occupation	Outdoor
Date Of Driving Pass	05/05/2009
Driving experience	12 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92250088
Alt. Phone Number	(Home) +65-92250088
Email Address	FANERICA65@GMAIL.COM
Address	APT BLK 666A JURONG WEST ST 65 #11-199
Address complement	-
Postcode	641666
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 - 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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	SHA4135T
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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) .....	-

**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.

*[Handwritten Signature]*

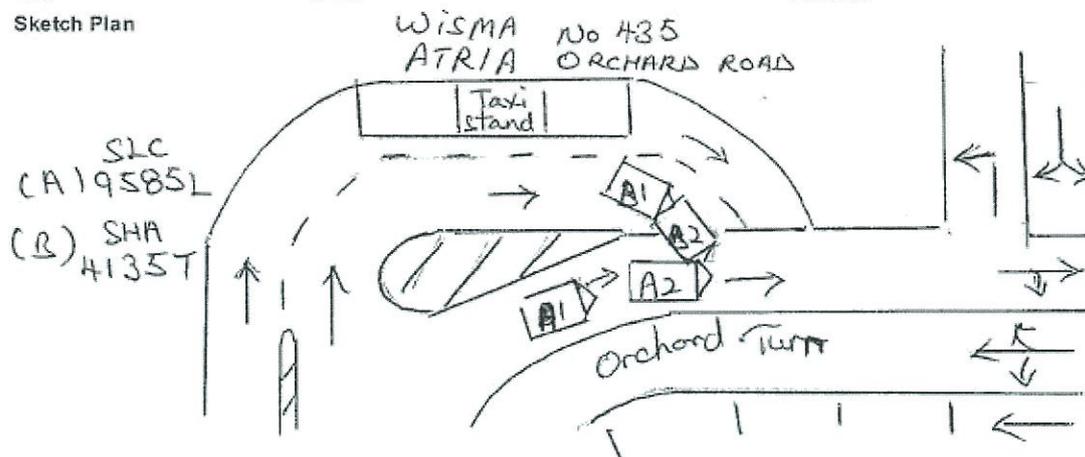
Policyholder's Signature / Date & Time

*[Handwritten Signature]*

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

Witnessed by Reporting Centre Personnel

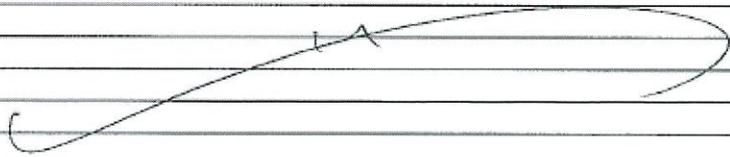
**Sketch Plan**



Describe Circumstances of the Accident

On 12/01/2022 at about 2020 hrs at Junction of Orchard Turn and Taxi Stand Drop Off Point @ Wisma ATRIA, No 435 Orchard Road. I was travelling on the extreme left lane along Orchard Turn towards Orchard Link and when coming towards the above mentioned junction, a vehicle (B) exited out from the taxi Drop off point into Orchard Turn without stopping and without proper lookout and hence collided onto my whole left Portion of my vehicle (A) causing damages to my vehicle. I have 2 passengers inside my vehicle.

(A) SLC 9585 L  
(B) SHA 4135 T



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

Witnessed by Reporting Centre Personnel

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