



## 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 : 20/04/2022  
Your Ref : SHD5881A  
To : AXA INSURANCE PTE LTD  
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE CB7219U & SHD5881A ON 21/02/2022 AT  
ALONG SOUTH BUONA VISTA ROAD TOWARDS LOWER KENT RIDGE ROAD  
BEFORE BUONA VISTA FLYOVER.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.228042 @ S\$4,280.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$2,400.00 (8 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 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

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: LOH KAH CHAI  
CAR / LORRY / CYCLE: REG NO: CB 7219U POLICY NO: \_\_\_\_\_  
ACCIDENT CLAIM NO: \_\_\_\_\_

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

Registered No. CB 7219U 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 21 day of 02 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 : \_\_\_\_\_

22/02/2022 - PRI  
27/02/2022 - Sunday

Vehicle In - 22/02/2022  
Vehicle Out - 01/03/2022  
Loh - 8 days x \$ 300  
= \$ 2.400

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 22 Feb 2022 / 12:04:32

Receipt Date/Time : 22 Feb 2022 / 12:04:32

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-220222-001562

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 - SHD5881A				
As at 21 Feb 2022/14:40:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHD5881A Enquiry Fee 20220222120256047061	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				0.04
<b>Total Amount Payable</b>				7.45
Paid By				
20220222120317218		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 : LOH KAH CHAI  
Address : BLK 518 WEST COAST ROAD  
#05-595 S(120518)  
Contact No : \_\_\_\_\_

TO: AXA INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING CB 7219 U AND SHD 5881 A ON 21/02/2022  
AT/ALONG SOUTH BUONA VISTA ROAD TOWARDS LOWER FENT RIDGE ROAD  
BEFORE BUONA VISTA FLYOVER.

I/We, LOH KAH CHAI, am/are the  
registered owner of motor car no. CB 7219 U

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, LDH KAH CHAI ("the third party claimant")  
of BLK 518 WEST COAST ROAD #05-595 S(120518) (address),  
owner of CB 7219U (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. CB7219U that was damaged pursuant to the accident which occurred on >1/02/2022 (date) along SOUTH BUONA VISTA ROAD TOWARDS LOWER KENT RIDGE ROAD BEFORE BUONA VISTA FLYOVER (location)


involving Vehicle No/s SHP 5881A

("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	22/02/2022 16:49 (SGT)
Date of Accident	21/02/2022 14:40 (SGT)
Exact Location of Accident	Buona Vista Flyover, Singapore
Additional Location Information	BEFORE LOWER KENT RIDGE RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7219U
-----------------------------	---------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH KAH CHAI
NRIC No	S0988988D
Email Address	kahchailoh1024@gmail.com
Mobile Phone No	(Phone) +65-97350489
Alternative Phone No	+65-97350489

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTSCBU000203
Cover Note Number	-

#### DRIVER

Name of Driver	LOH KAH CHAI
NRIC No	S0988988D



Date Of Birth	24/10/1953
Occupation	Outdoor
Date Of Driving Pass	15/06/1972
Driving experience	49 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97350489
Alt. Phone Number	+65-97350489
Email Address	kahchailoh1024@gmail.com
Address	BLK 518 WEST COAST ROAD #05-595
Address complement	-
Postcode	0512
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	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	3
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	DANIEL LOH YONG SENG
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 POLICE REPORT: T/20220222/7011.

#### 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	SHD5881A
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	VEHICLE B
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD2081L
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	VEHICLE C
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	LOH KAH CHAI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	CB7219U
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 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.

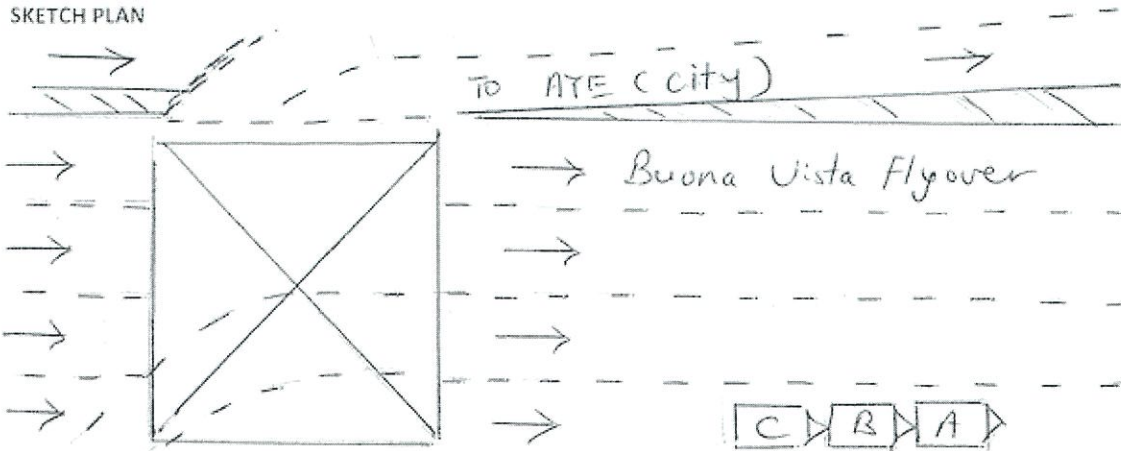
Policyholder's Signature  
Date & Time:

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

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

I hereby authorise SME Motor Pte Ltd to send my  
Accident report to my workshop SME Motor Pte Ltd  
via email / fax  
Signature: \_\_\_\_\_

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) CB 7219 M  
(B) SHD 5881 A  
(C) SHD 2081 L

Refer to Police Report  
Report No:-  
T/20220222/7011

*[Handwritten signature]*

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

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

Policyholder's Signature  
Date & Time:

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

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





**SINGAPORE  
POLICE FORCE**



T/20220222/7011

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

1 of 4

Report No. T/20220222/7011

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/02/2022 12:25	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

**Informant's Particulars**

Name of Informant: LOH KAH CHAI			Address: 518 WEST COAST ROAD #05-595 SINGAPORE 120518		
ID Type / ID No.: NRIC NO / S0988988D			Contact No.: Home/Office: Mobile: 97350489		
Nationality: SINGAPORE CITIZEN			Email: KAHCHAILOH1024@GMAIL.COM		
Sex: Male	Age: 68	Date of Birth: 24/10/1953	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Bus driver			Driving Licence Information: Class:	Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/02/2022 14:40	Type of Location: Straight Road
Location:  SOUTH BUONA VISTA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
CB7219U	Van	TOYOTA	HIACE COMMUTER MANUAL	Silver		1
SHD2081L	Car					0
SHD5881A	Car					0



**SINGAPORE  
POLICE FORCE**



T/20220222/7011

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

2 of 4

Report No. T/20220222/7011

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
CB7219U	TENET SOMPO INSURANCE PTE. LTD.	D21MTSCBU000203	10/09/2021	09/09/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOH KAH CHAI	ID No.	S0988988D
Related Vehicle	CB7219U (Van)	Contact No.	97350489
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	22/02/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	DDANIEL LOH YONG SENG	ID No.	NIL
Related Vehicle	NIL	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

## Brief Details.

ON 21/02/2022 AT ABOUT 1440 HOURS AT ALONG SOUTH BUONA VISTA ROAD TOWARDS LOWER KENT RIDGE ROAD BEFORE BUONA VISTA FLYOVER. I WAS TRAVELLING ON THE EXTREME RIGHT LANE ON THE ABOVE MENTIONED ROAD AND MY FRONT VEHICLE SLOW DOWN AND STOP DUE TO HEAVY TRAFFIC AND I FOLLOW SUIT. SUDDENLY, I HEARD A LOUD BANG FROM BEHIND AND WHEN I ALIGHT, I REALISED IT WAS VEHICLE (B) WHO HIT ONTO MY REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. IT WAS A CHAIN COLLISION OF 3 VEHICLES INVOLVED. I HAVE 1 PASSENGER INSIDE MY VEHICLE. AFTER THE ACCIDENT, I WENT TO CONSULT A DOCTOR AND WAS AWARDED 3 DAYS MC FOR MY INJURY.

- (A) CB7219U  
(B) SHD5881A  
(C) SHD2081L



SINGAPORE  
POLICE FORCE

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



T/20220222/7011

3 of 4

Report No. T/20220222/7011

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**

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



T/20220222/7011

4 of 4

Report No. T/20220222/7011

**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 /  
BOON YEN KIAN  
Contact No.: 65476172

NP168

Signature Of Informant:

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

Date/Time:  
22/02/2022 12:25

Classification Of Case: