



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 : 24/08/2022

Your Ref : SJU4797D

To : AIG ASIA PACIFIC INSURANCE PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SMN5362U & SJU4797D ON 12/01/2022 AT JUNCTION OF DEFU LANE 10 AND DEFU 10 SIDE ROAD BESIDE BLK 2.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.228093 @ S\$1,391.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$600.00 (3 Days x S\$200)
- 3) LTA Search @ S\$29.00
- 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:

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY
#07-12 AIG BUILDING
SINGAPORE 079120

Bill No : 228093

Date : 24-August-2022

Vehicle Number : **SMN 5362U**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 1,300.00
BEFORE GST		1,300.00
7% GST		91.00
TOTAL		\$ 1,391.00

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: WONG CHWE LAM

CAR / LORRY / CYCLE: REG NO: SMN 53624 POLICY NO: _____

ACCIDENT CLAIM NO: _____

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

Registered No. SMN 53624 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 12 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 : _____

Vehicle In - 23/03/2022

Vehicle Out - 25/03/2022

LOU - 3 days x \$200
= \$600

TAX INVOICE

MG Solution Pte Ltd - koh ngiap
siong gerald

Invoice Number
GR-2022-000185

Invoice Issue Date
14 Jan 2022

Invoice Due Date
21 Jan 2022

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

Bill Type	Reference	Amount (\$\$)	GST 7.00% (\$\$)	Amount Incl. of GST (\$\$)
Sale of Accident Report - Publ	13/01/2022,12/01/2022,SMN5362U,SJU4797D	27.10	1.90	29.00
		Total Amount (\$\$)		27.10
		Total GST 7.00% (\$\$)		1.90
		Total Amount Incl. of GST (\$\$)		29.00

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

LETTER OF AUTHORITY

Name : WONG CHWEE LAN
Address : BLK 249 CHOA CHUANG AVE 2
#12-478 S(660249)
Contact No : _____

TO: ALH ASIA PACIFIC INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SMN 5362H AND SJU 4797D ON 12/01/2022
AT/ALONG JUNCTION OF PEFU LANE 10 AND PEFU LANE 10 SIDE ROAD
BESIDE BLK 2 .

I/We, WONG CHWEE LAN, am/are the
registered owner of motor car no. SMN5362H

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
(AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

I, WONG CHWEE LAN ("the third party claimant")
of BLK 249 CHUA CHU KANG AVE 2, #12-478 S(860249) (address),
owner of SMN53624 (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. SMN53624 that was
damaged pursuant to the accident which occurred on 12/01/2022 (date) along
JUNCTION OF DEFU LANE 10 AND DEFU LANE 10 SIDE ROAD BESIDE (location)
involving vehicle no/s SJU 4797D BLK 2 ("the accident").

I further authorize the workshop to settle the 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.

Date this _____ day of _____ (month) 20 _____ (year)

Signed by "the third party claimant"



Signed by "the workshop"



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.

RELEASE VOUCHER
(AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

"We/I, _____ ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte. Ltd. _____ ("name of surveyor") with respect to the amount claimed for S\$ _____ (repair costs), S\$ _____ (loss of use/rental) S\$ _____ (search fees) for vehicle no. _____ that was damaged pursuant to the accident which occurred on _____ (date) along _____ (location) involving vehicle no/s _____.

This is pursuant to the inspection conducted on _____ (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner _____ ("third party claimant") of vehicle no. _____ to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte. Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to _____ (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

Dated this _____ day of _____ (month) 20____ (year)

Signed by AIG appointed surveyor

Chopped & 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	13/01/2022 15:28 (SGT)
Date of Accident	12/01/2022 10:30 (SGT)
Exact Location of Accident	Defu Lane 10, Singapore
Additional Location Information	JUNCTION OF DEFU LANE 10 & DEFU LANE 10 SIDE ROAD BESIDE BLK 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN5362U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WONG CHWEE LAN
NRIC No	SXXXX628A
Email Address	KOHGERALDNS@HOTMAIL.COM
Mobile Phone No	(Phone) +65-82018893
Alternative Phone No	(Home) +65-82018893

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	Private car
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	5111912938-02
Cover Note Number	-

DRIVER

Name of Driver	KOH NGIAP SIONG GERALD
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NRIC No	SXXXX150I
Date Of Birth	15/07/1993
Occupation	Indoor
Date Of Driving Pass	25/10/2016
Driving experience	5 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82018893
Alt. Phone Number	-
Email Address	KOHGERALDNS@HOTMAIL.COM
Address	APT BLK 249 CHOA CHU KANG AVE 2 #12-478
Address complement	-
Postcode	680249
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	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

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	SJU4797D
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	KOH NGIAP SIONG GERALD
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMN5362U
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 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.

<p style="text-align: center;"><i>GERALD</i></p> <p>Policyholder's Signature / Date & Time</p>	<p style="text-align: center;"><i>MAY</i></p> <p>Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p>Witnessed by Reporting Centre Personnel</p>
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Sketch Plan

Describe Circumstances of the Accident

✓ p/s refer TP Report no ✓
7/20 220112/ 7033

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

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20220112/7033

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

1 of 3

Report No. T/20220112/7033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/01/2022 16:29		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH NGIAP SIONG GERALD			Address: 249 CHOA CHU KANG AVENUE 2 #12-478 SINGAPORE 680249		
ID Type / ID No.: NRIC NO / S9324150I			Contact No.: Home/Office: Mobile: 82018893		
Nationality: SINGAPORE CITIZEN			Email: KOHGERALDNS@HOTMAIL.COM		
Sex: Male	Age: 28	Date of Birth: 15/07/1993	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PARCEL DELIVERY			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/01/2022 10:30	Type of Location: Straight Road
Location: AT JUNCTION OF DEFU LANE 10 AND DEFU LANE 10 SIDE ROAD BESIDE BLK 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SJU4797D	Car					0
SMN5362U	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20220112/7033

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

2 of 3

Report No. T/20220112/7033

CONTINUATION OF REPORT

Driver			
Name	KOH NGIAP SIONG GERALD	ID No.	S9324150I
Related Vehicle	SMN5362U (Car)	Contact No.	82018893
Hospital/Clinic	ANSAR CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	12/01/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON 12/01/2022 AT ABOUT 1030HRS AT JUNCTION OF DEFU LANE 10 AND DEFU LANE 10 SIDE ROAD BESIDE BLK 2. I WAS TRAVELLING ALONG DEFU LANE 10 AND WHILE MAKING A RIGHT TURN INTO DEFU LANE 10 SIDE ROAD, A VEHICLE (B) FROM THE SIDE ROAD MAKING A RIGHT TURN INTO DEFU LANE 10 WITHOUT STOPPING AND WITHOUT PROPER LOOKOUT HENCE COLLIDED ONTO MY RIGHT REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 3 DAYS MC FOR MY INJURY.

VEHICLE A: SMN5362U
VEHICLE B: SJU4797D



SINGAPORE
POLICE FORCE



T/20220112/7033

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

3 of 3

Report No. T/20220112/7033

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 / TPB /
TAY CHUN KEEN
Contact No.: 65476436

NP168

Signature Of Informant:

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

Date/Time:
12/01/2022 16:29

Classification Of Case: