



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 : PC5327U
To : AXA INSURANCE PTE LTD
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SMD547P & PC5327U ON 22/02/2022 AT
ALONG ANG MO KIO AVENUE 10 TOWARDS ANG MO KIO STREET 54 BESIDE
BLOCK 541.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.228043 @ S\$8,132.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$2,000.00 (10 Days x S\$200)
- 3) LTA Search @ S\$7.45
- 4) Towing Fee @ S\$50.00
- 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

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: TAN SEW LAN

CAR / LORRY / CYCLE: REG NO: SMD 547P POLICY NO: _____

ACCIDENT CLAIM NO: _____

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

Registered No. SMP 547P 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 22 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 : _____

23/02/2022 - TowIn & PRI
24/02/2022 - PRI
27/02/2022 - Sunday

Vehicle In - 23/02/2022
Vehicle Out - 04/03/2022
Lau - 10 days x \$200
= \$2,000

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 23 Feb 2022 / 10:16:20

Receipt Date/Time : 23 Feb 2022 / 10:16:19

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220223-000796

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 - PC5327U As at 22 Feb 2022/18:45:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - PC5327U Enquiry Fee 20220223101503722135	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				
	20220223101518252	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: 23-2-22

CASH SALE/WORK ORDER No: PA 2334

寶號 MG

Messrs:

車號 SMD 547 P 車型

Model No: CIVIC

Vehicle No:

由 551 AMK

From:

到 KOKI BT w/s

To:

其他

Remark:

時間 09:20:00 AMOUNT: \$50/-

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 JWM 4363 收貨人

Authorised by: Received by:

- ☒ 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)

LETTER OF AUTHORITY

Name : TAN SEW LAN
Address : BLK 551 ANG MO KIO AVE 10
#11-2224 S(560551)
Contact No : _____

TO: AXA INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SMD 547P AND PC5327U ON 22/02/2022
AT/ ALONG ANG MO KIO AVE 10 TOWARDS ANG MO KIO STREET 54
BESIDE BLOCK 541.

I/We, TAN SEW LAN, am/are the
registered owner of motor car no. SMD547P


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

AUTHORIZATION TO ACT

I, TAN SEW LAN ("the third party claimant")
of BLK 551 ANG MO KIO AVE 10 #11-2224 S(560551) (address),
owner of SMD 547P (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. SMD 547P that was damaged pursuant to the
accident which occurred on 22/02/2022 (date) along ANG MO KIO
AVE 10 TOWARDS ANG MO KIO STREET 54 BESIDE BLK 541 (location)

involving Vehicle No/s PC5327U

("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	23/02/2022 14:23 (SGT)
Date of Accident	22/02/2022 18:45 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 10, Singapore
Additional Location Information	TOWARDS ANG MO KIO ST 54 BESIDE BLOCK 541
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD547P
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SEW LAN
NRIC No	S1828562B
Email Address	ericatan32@gmail.com
Mobile Phone No	(Phone) +65-94883232
Alternative Phone No	+65-94883232

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1597

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V07835/PC2/R00
Cover Note Number	-

DRIVER

Name of Driver	TAN SEW LAN
NRIC No	S1828562B

Date Of Birth	16/08/1967
Occupation	Indoor
Date Of Driving Pass	18/08/1995
Driving experience	26 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94883232
Alt. Phone Number	+65-94883232
Email Address	ericatan32@gmail.com
Address	BLK 551 ANG MO KIO AVENUE 10
Address complement	#11-2224
Postcode	560551
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 - Change/cross lane
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT

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	PC5327U
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN SEW LAN
Gender	Female
Phone No	(Phone) +65-94883232
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK PAIN
Injured person in which vehicle?	SMD547P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

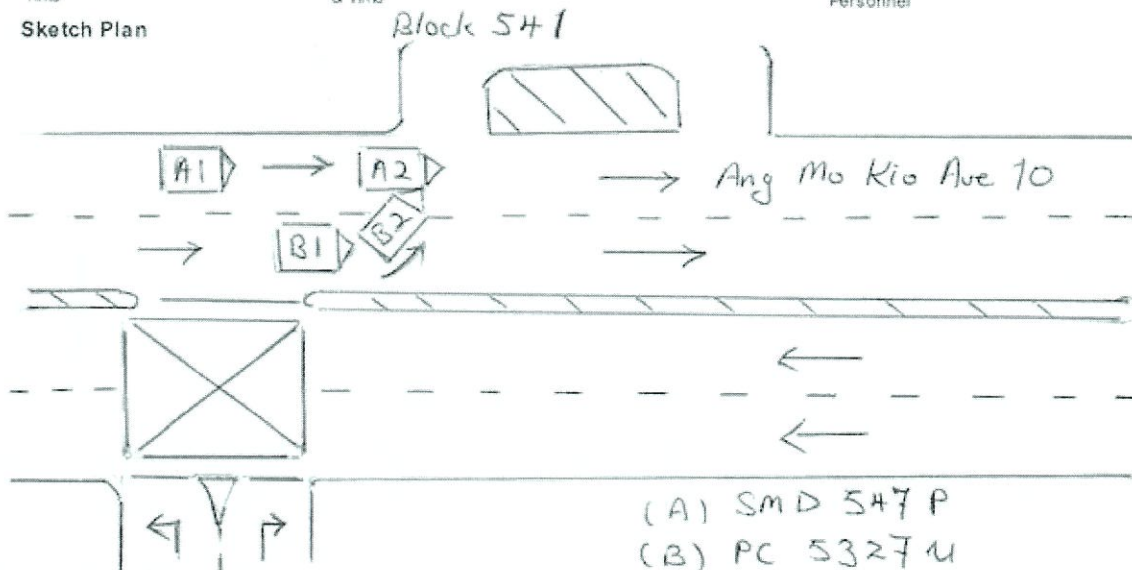
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

[Signature]
Policyholder's Signature / Date & Time

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

[Signature] 23/02/2022
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 22/02/2022 at about 1845 hrs at along Ang Mo
 Kio Ave 10 towards Ang Mo Kio St 54 beside Block 541.
 I was travelling on the extreme left lane along Ang Mo
 Kio Ave 10 and suddenly a Vehicle (B) on my Right
 veered into my lane without checking his blindspot
 and hence collided onto my whole Right Portion of
 my Vehicle (A) causing damages to my Vehicle.

(A) SMD 547P

(B) PC 3327U



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