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 : 09/11/2022

Your Ref : **CC4/ASM22002338/Apa3 (SHD554C)**

To : **AXA INSURANCE PTE LTD**

Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SMY1196B & SHD554C ON 11/03/2022 AT ALONG NICOLL HIGHWAY ROAD.

We refer to the above matter.

Attached copies of the following for your kind perusal:

1) Proforma Bill No.**228125** @ **S$4,280.00 (Inclusive Of 7% GST)**

2) Loss of Use @ **S$1,200.00 (6 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 1st January 2023. Our Company's invoices issued will be with **GST 8% from 1st January 2023**.*

Thank You.

Yours faithfully,

MG SOLUTION PTE LTD 201427944N

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 : 228125

Date : 09-November-2022

Vehicle Number : ***SMY 1196B***

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	$ 4,000.00
	BEFORE GST	4,000.00
	7% GST	280.00
	TOTAL	$ 4,280.00

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.

MG SOLUTION PTE LTD ★ 201427944N ★

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: TEO XINGRU CARA

CAR / LORRY / CYCLE: REG NO: SMY 1196B POLICY NO: _____

ACCIDENT CLAIM NO: _____

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

Registered No. SMY 1196B 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 11 day of 03 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 : _____

14/03/2022 - PRI

Vehicle In - 14/03/2022
Vehicle Out - 19/03/2022
LOU - 6 days x $ 200
= $ 1,200

> Back to OneMotoring

Land Transport Authority

Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 12 Mar 2022 / 15:47:08
Receipt Date/Time : 12 Mar 2022 / 15:47:08

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220312-001708

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 - SHD554C As at 11 Mar 2022/17:10:00 Insurance Co: AXA INSURANCE PTE LTD					
1	Insurance Enquiry - SHD554C Enquiry Fee 20220312154627796500		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			
		20220312154635136	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 : TEO XINGRU CARA

Address : 18 ANG MO KIO AVE 2
#09-33 S(567700)

Contact No : _____

TO: AXA INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SMY1196B AND SHOST4C ON 11/03/2022

AT/ ALONG NICOLE HIGHWAY ROAD

I/We, TEO XINGRU CARA, am/are the

registered owner of motor car no. SMY1196B

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, TEO XING RU CARA ("the third party claimant")

of 18 ANG MO KIO AVE 2 #09-33 S(567700) (address),

owner of SMY 1196 B (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. SMY 1196 B that was damaged pursuant to the accident which occurred on 11/03/2012 (date) along

NICOLL HIGHWAY SINGAPORE (location)

involving Vehicle No/s SHD 554C

("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"

MG SOLUTION PTE LTD 201427944N

Signed by "the workshop"

SS02223C0001 / S & H Motor Pte Ltd
ENTRY DATE & TIME: 12/03/2022 10:54 (SGT)
SUBMITTED BY: Wong Kee Nyuk
VERSION: 1 (12/03/2022 10:54 (SGT))

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 witholding 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	12/03/2022 10:54 (SGT)
Date of Accident	11/03/2022 17:10 (SGT)
Exact Location of Accident	Nicoll Hwy, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY1196B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Teo Xingru Cara
NRIC No	S8722824Z
Email Address	carateo87@hotmail.com
Mobile Phone No	(Phone) +65-98331224
Alternative Phone No	(Home) +65-98331224

VEHICLE PARTICULARS

Manufacturer	Mini
Model	One
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	1499

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2022-V0119899-VDP-E001
Cover Note Number	-

DRIVER

Name of Driver	Teo Xingru Cara
NRIC No	S8722824Z

Date Of Birth	29/07/1987
Occupation	Indoor
Date Of Driving Pass	19/10/2006
Driving experience	15 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98331224
Alt. Phone Number	(Home) +65-98331224
Email Address	carateo87@hotmail.com
Address	18 Ang Mo Kio Ave 2 #09-33
Address complement	-
Postcode	567700
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 - Head to Rear
Weather Conditions	drizzling
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)	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

refer attached report.

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	SHD554C
Vehicle Manufacturer	Renault
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	Ng Ah Boy
NRIC No	S0188535I
Contact Number	(Phone) +65-86856607
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

Describe Circumstances of the Accident

FRIDAY BETWEEN 5PM - 5.15PM. 11/03/2022. ALONG NICOLE HIGHWAY ROAD, I, DRIVER STOPPED AT THE RED LIGHT.

A TRANS CAR, RENAULT, HIT MY CAR FROM THE BACK. WHILE MY CAR WAS STATIONARY, CAUSING THE BUMPER / REAR END OF THE CAR TO BE DAMAGE

Declaration

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

Policyholder's Signature / Date & Time 12/03/2022

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

Witnessed by Reporting Centre Personnel

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.

10.20 AM
12/03/2022

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SMY196B

B - SHD554G