



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 : 31/08/2022
Your Ref : CC4/ASM22002738/Aea3 (SKZ8910D)
To : AXA INSURANCE PTE LTD
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SMW2802P & SKZ8910D ON 23/03/2022
AT ALONG CLEMENTI AVENUE 6 TOWARDS PIE.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.228096 @ S\$5,350.00 (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 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:

AXA INSURANCE PTE LTD

ROBINSON ROAD

P.O. BOX 1094

SINGAPORE 902144

Bill No : 228096

Date : 31-August-2022

Vehicle Number : **SMW 2802P**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 5,000.00
BEFORE GST		5,000.00
7% GST		350.00
TOTAL		\$ 5,350.00

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: CHUA TECK SIANG

CAR / LORRY / CYCLE: REG NO: SMW 2802P POLICY NO: _____

ACCIDENT CLAIM NO: _____

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

Registered No. SMW 2802P 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 23 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 : _____

24/03/2022 - PRI

27/03/2022 - Sunday

Vehicle In - 24/03/2022

Vehicle Out - 31/03/2022

Loan - 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 : 24 Mar 2022 / 13:28:39

Receipt Date/Time : 24 Mar 2022 / 13:28:39

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220324-001850

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 - SKZ8910D				
As at 23 Mar 2022/19:30:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SKZ8910D Enquiry Fee 20220324132742023461	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				
20220324132748298		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 : CHUA TECK SIANG
Address : BLK 180B BOON LAY DRIVE
#13-656 S(642180)
Contact No : _____

TO: AXA INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING BMW 2802P AND SKZ 8910D ON 23/03/2022
AT/ALONG CLEMENTI AVENUE 6 TOWARDS PIE.

I/We, CHUA TECK SIANG, am/are the
registered owner of motor car no. BMW 2802P

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, CHUA TECK SIANG ("the third party claimant")

of BLK 180B BOON LAY DRIVE #13-656 S(642180) (address),

owner of SMW2802P (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. SMW2802P that was damaged pursuant to the accident which occurred on 23/03/2022 (date) along CLEMENTI AVENUE 6 TOWARDS PIE (location)

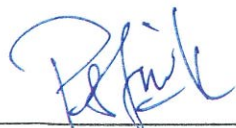
involving Vehicle No/s SKZ 8910D

("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	24/03/2022 17:41 (SGT)
Date of Accident	23/03/2022 19:30 (SGT)
Exact Location of Accident	Near Clementi Ave 6, Singapore
Additional Location Information	Along Clementi Ave 6 > PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW2802P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Chua Teck Siang
NRIC No	SXXXX537G
Email Address	patrickchua73@gmail.com
Mobile Phone No	(Phone) +65-90905212
Alternative Phone No	+65-90905212

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	CN7 AVANTE 1.6 DOHC CVT S
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10638546R00
Cover Note Number	28/10/2021-27/10/2022

DRIVER

Name of Driver	Chua Teck Siang
NRIC No	SXXXX537G

Date Of Birth	07/10/1973
Occupation	Indoor
Date Of Driving Pass	10/11/1999
Driving experience	22 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90905212
Alt. Phone Number	+65-90905212
Email Address	patrickchua73@gmail.com
Address	Blk 180B Boon Lay Drive #13-656
Address complement	-
Postcode	642180
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	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

Kindly refer to the sketch plan

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	Video footage with owner
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ8910D
Vehicle Manufacturer	Lexus
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Loo Jun Mun Tristan
NRIC No	SXXXX956A
Contact Number	(Phone) +65-96263641

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

INJURED PERSONS DETAILS

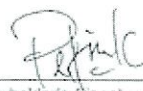
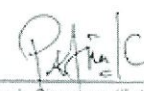


INJURED 1

Name of injured person	Chua Teck Siang
Gender	Male
Phone No	(Phone) +65-90905212
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMW2802P
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 Policyholder's Signature / Date & Time	 Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel <i>Rafaela Ann</i>
Sketch Plan		
Clementi Ave 6 towards PIE		
		



(A) SMN2802P
(B) SKZ8910D

Describe Circumstances of the Accident

Accident date 23-3-22 Time: 19.30

I was driving along Clementi Ave 6 toward PIE, in front vehicle slow down and come to a stop and I also stop, then vehicle behind bend into me.

We came down to exchange particular

There are several sensor faulty during the drive home
which I took video as proof

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.

Refined

Policyholder's Signature / Date &
Time

Refik

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

Witnessed by Reporting Centre
Personnel *Refugees* *Am*