



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 : 12/10/2022
Your Ref : CC6/AIG22003687/pa3 (GBL5811G)
To : AIG ASIA PACIFIC INSURANCE PTE LTD
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE GBH4565U & GBL5811G ON 12/04/2022
AT ALONG BOON LAY WAY.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.228117 @ S\$5,457.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$2,700.00 (9 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 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 (South Wing) #04-01
Vicom Inspection Centre, Singapore 415933
Tel: 6243 1373 Fax: 6243 1376
GST Reg. No. : 201427944N

MOTOR CLAIM DISCHARGE

INSURED: JIH JIH HSING PTE LTD
CAR / LORRY / CYCLE: REG NO: GBH 4565U POLICY NO: _____
ACCIDENT CLAIM NO: _____

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

Registered No. GBH 4565U 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 04 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 :  _____

JIH JIH HSING PTE. LTD.
(Co. Reg. No: 201813269D)
67B HOUGANG AVENUE 8

Co's Stamp : #01-507 SINGAPORE 530678

NRIC No : _____

20/04/2022 - PR1
26/04/2022 - Survey
01/05/2022 - PH : Labour Day
02/05/2022 - PH : Hari Raya Puasa
03/05/2022 - PH : Labour Day Observed.

vehicle In - 26/04/2022
vehicle Out - 04/05/2022
Lau - 9 days x \$300
= \$ 2,700

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 20 Apr 2022 / 12:13:12

Receipt Date/Time : 20 Apr 2022 / 12:13:12

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220420-001673

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 - GBL5811G

As at 12 Apr 2022/12:55:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

| | | | | |
|---|---|------|------|------|
| 1 | Insurance Enquiry - GBL5811G Enquiry Fee 20220420121210688953 | 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 0.00 0.00 0.04

Total Amount Payable 7.45

Paid By

20220420121220129 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 : JIH JIH HSING PTE LTD

Address : 678 HOUGANG AVE 8
#01-507 S (530678)

Contact No : _____

TO: ALH ASIA PACIFIC INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING GBH4565U AND GBL5811G ON 12/04/2022
AT/ALONG BOON LAY WAY

I/We, JIH JIH HSING PTE LTD, am/are the
registered owner of motor car no. GBH4565U

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.

JIH JIH HSING PTE. LTD.
(Co. Reg. No: 201713269D)
678 HOUGANG AVENUE 8
~~#01-507 SINGAPORE 530678~~
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.

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 | 18/04/2022 15:26 (SGT) |
| Date of Accident | 12/04/2022 12:55 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | BOON LAY WAY |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | GBH4565U |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | JIH JIH HSING PTE LTD |
| Company Reg No | 201813269D |
| Email Address | BAEYSOONPOO1966@GMAIL.COM |
| Mobile Phone No | (Phone) +65-97534951 |
| Alternative Phone No | +65-97576362 |

VEHICLE PARTICULARS

| | |
|--|-----------------------------|
| Manufacturer | Nissan |
| Model | NV350 PANEL VAN 2.5 5MT 5DR |
| Variation | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Commercial vehicle |
| Transmission | Manual |
| CC | 2488 |

INSURANCE COMPANY

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | Tokio Marine Insurance Singapore Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | MQ002185 |
| Cover Note Number | 06/06/2021 - 05/06/2022 |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | BAEY SOON POO |
| NRIC No | S1742453Z |

| | |
|--|------------------------------|
| Date Of Birth | 29/03/1966 |
| Occupation | Outdoor |
| Date Of Driving Pass | 24/10/1985 |
| Driving experience | 36 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97576362 |
| Alt. Phone Number | - |
| Email Address | BAEYSOONPOO1966@GMAIL.COM |
| Address | BLK 20 HOUGANG AVE 3 #04-213 |
| Address complement | - |
| Postcode | 530020 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| 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? | 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 TO THE ATTACHED SKETCH PLAN BY DRIVER.

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

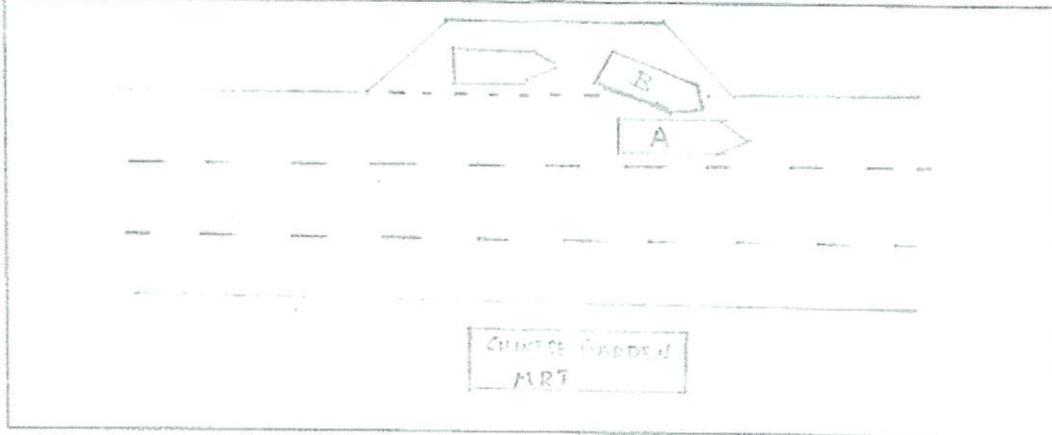
| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | GBL5811G |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | ISMAL BIN JUMA' AT |
| NRIC No | S1499729F |
| Contact Number | - |
| Address | - |

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

SKETCH PLAN

Date of accident: 12/04/22 Time: 12:55pm Location: Boon Lay Way
 My Vehicle A: GRH 4865 U Vehicle B: GBL 5811 G Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on the main road at Boon Lay way. From far I saw two vehicle parking at the road bay. When I reach the road bay, I saw vehicle B is trying to move off so I quickly horn to the vehicle to alert him. But he didn't stop the vehicle and move out and collided with my vehicle at the left side portion.

Veh B: Ismael Bin Juma' At
514 99 789 F

Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :
 Email address :
 & myself :
 Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

JIH JIH HSING PTE. LTD.
 (Co. Reg. No. 201813269D)
 678 HOUGANG AVENUE 8
 #01-507 SINGAPORE 530678

Date & Time:


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


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

www.ahlimotor.com.sg

1 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.

JIH JIH HSING PTE. LTD.
 (Co. Reg. No: 201813269D)
 678 HOUGANG AVENUE 8
 #01-507 SINGAPORE 530678

X _____
 Policyholder's Signature
 Date & Time:

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

_____ 
 Reporting Officer/Insurer's Signature
 Name:
 NRIC/FIN No.: