



## 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/ASM22004834/Apa3 (SLT14M)  
To : AXA INSURANCE PTE LTD  
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SMY1587G & SLT14M ON 21/05/2022 AT  
INSIDE PREMISES OF 60 JALAN LAM HUAT, CARROS CENTRE.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.228099 @ S\$2,140.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,000.00 (5 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 1<sup>st</sup> January 2023.** Our Company's invoices issued will be with **GST 8% from 1<sup>st</sup> 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 : 228099

Date : 31-August-2022

Vehicle Number : **SMY 1587G**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 2,000.00
BEFORE GST		2,000.00
7% GST		140.00
<b>TOTAL</b>		<b>\$ 2,140.00</b>

**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: THUS Auto Pte Ltd  
CAR / LORRY / CYCLE: REG NO: SMY 1587G POLICY NO: -  
ACCIDENT CLAIM NO: -

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

Registered No. SMY 1587G 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 21 day of 05 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 - 23/05/2022  
Vehicle Out - 27/05/2022  
Low - 5 days x \$200  
= \$1,000  
23/05/2022 - PR1.

> Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 23 May 2022 / 14:23:13

Receipt Date/Time : 23 May 2022 / 14:23:13

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-220523-002300

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 - SLT14M				
As at 21 May 2022/14:10:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SLT14M Enquiry Fee 20220523142113005134	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				0.04
<b>Total Amount Payable</b>				7.45
Paid By				
20220523142125154		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 : Thres Auto Pte Ltd

Address : 60 Jalan Lam Huat, #02-44  
Carros Centre, S (737869)

Contact No : \_\_\_\_\_

TO: AXA Insurance Pte Ltd

Dear Sirs,

ACCIDENT INVOLVING SMY 1587G AND SLT 14M ON 21/05/2022  
AT/ALONG Inside Premises of 60 Jalan Lam Huat, Carros Centre.

I/We, Three Auto Pte Ltd, am/are the  
registered owner of motor car no. DMY 1587G

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, Thres Auto Pte Ltd ("the third party claimant")  
of 60 Jalan Lam Huat, #02-44 Carros Centre S(737869) (address),  
owner of SMY 1587G (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 1587G that was damaged pursuant to the accident which occurred on 21/05/2022 (date) along Inside Premises of 60 Jalan Lam Huat, Carros Centre (location) involving Vehicle No/s SLT14M  
("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	23/05/2022 15:52 (SGT)
Date of Accident	21/05/2022 14:07 (SGT)
Exact Location of Accident	60 Jln Lam Huat, Singapore 728862
Additional Location Information	INSIDE PREMISES OF CARROS CENTRE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY1587G
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	THRES AUTO PTE LTD
Company Reg No	202041728M
Email Address	sales@threscars.com
Mobile Phone No	(Phone) +65-92262672
Alternative Phone No	+65-92262672

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
Variant	-
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	Private car
Transmission	Auto
CC	1500

#### INSURANCE COMPANY

Name of Insurance Company	Etiqa Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	M0017117
Cover Note Number	-

#### DRIVER

Name of Driver	TONG ZHOUYAN
NRIC No	G2431163K



Date Of Birth	04/03/1993
Occupation	Indoor
Date Of Driving Pass	24/02/2021
Driving experience	1 YEAR AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92262672
Alt. Phone Number	-
Email Address	sales@threscars.com
Address	60 JALAN LAM HUAT #02-44
Address complement	-
Postcode	737869
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	sole proprietor
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?	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?	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 POLICE REPORT: T/20220523/7018.

#### 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	SLT14M
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 .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

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.



*[Handwritten signature]*

Policyholder's Signature  
Date & Time:

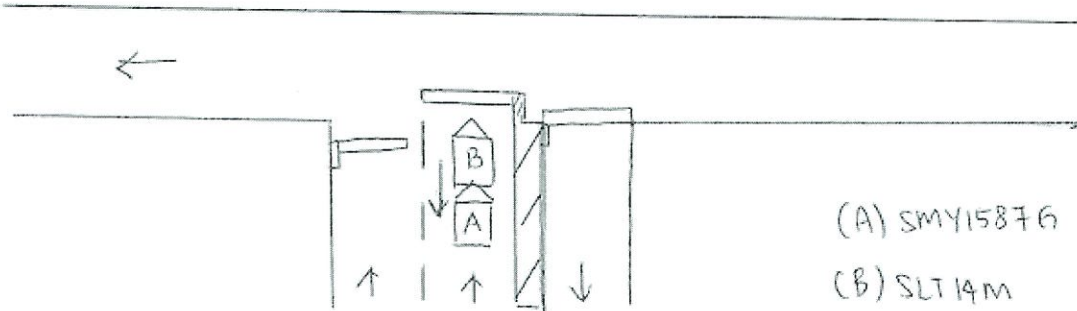
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

I hereby authorise SME Motor Pte Ltd to send my  
Accident report to my workshop MA SOLUTION PTE LTD  
via email / fax  
Signature: *[Handwritten signature]*

SKETCH PLAN

60 Jalan Lam Huat, Premises of Carros Centre, S(737869)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1A

attached: TP Report No:  
T/20220523/7018

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

I/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:

*[Handwritten Signature]*

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





**SINGAPORE  
POLICE FORCE**



T/20220523/7018

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

1 of 3

Report No. T/20220523/7018

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/05/2022 12:56	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: TONG ZHOUYAN			Address: 623C PUNGGOL CENTRAL #13-374 SINGAPORE 823623		
ID Type / ID No.: FIN NO / G2431163K			Contact No.: Home/Office: Mobile: 92262672		
Nationality: CHINESE			Email: DAVEXIAOTONG2015@GMAIL.COM		
Sex: Female	Age: 29	Date of Birth: 04/03/1993	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: SOLE PROPRIETOR			Driving Licence Information: Class:	Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/05/2022 14:10	Type of Location: Car Park
Location:  60 JALAN LAM HUAT, CARROS CENTRE.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLT14M	Car					0
SMY1587G	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20220523/7018

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

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Report No. T/20220523/7018

## CONTINUATION OF REPORT

Driver			
Name	TONG ZHOUYAN	ID No.	G2431163K
Related Vehicle	SMY1587G (Car)	Contact No.	92262672
Hospital/Clinic	ANSAR CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	22/05/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON 21/05/2022 AT ABOUT 1410HRS AT INSIDE PREMISES OF 60 JALAN LAM HUAT, CARROS CENTRE. I WAS STATIONARY WAITING TO EXIT THE CARPARK AT THE ABOVE PREMISES AND SUDDENLY, A VEHICLE (B) INFRONT OF ME MAKE A QUICK REVERSE WITHOUT CAUTION AND HIT ONTO MY FRONT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 3 DAYS MC FOR MY INJURY.

VEHICLE A: SMY1587G  
VEHICLE B: SLT14M



**SINGAPORE  
POLICE FORCE**

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



T/20220523/7018

3 of 3

Report No. T/20220523/7018

**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 / TPIB /  
BOON YEN KIAN  
Contact No.: 65476172

NP168

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

Date/Time:  
23/05/2022 12:56

Classification Of Case: