# 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

: 07/09/2022

Your Ref

: GBE9779C

To

: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Attn

: Motor Claims Department

Dear Sir/Mdm.

RE: ACCIDENT INVOLVING VEHICLE SNC4689E & GBE9779C ON 14/06/2022 AT ALONG THE DRIVEWAY BETWEEN BLK 15 AND BLK 17A TELOK BLANGAH CRESCENT.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.228101 @ \$\$5,992.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$1,600.00 (8 Days x S\$200)
- 3) LTA Search @ \$\$7.45
- 4) Towing Fee @ **\$\$60.00**
- 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 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,

MG S SVOTE TO TO

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:

Bill No: 228101

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

NO. 3 ANSON ROAD

SINGAPORE 079909

Date: 07-September-2022

#16-00 SPRINGLEAF TOWER

Vehicle Number: SNC 4689E

ATTN: MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 5,600.00
	BEFORE GST 7% GST	5,600.00 392.00
	TOTAL	\$ 5,992.00

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:	TAN N	AN LEE		
			POLICY NO:	
ACCIDENT CLAIM NO:				
1	/ We confirm	that I / we have t	aken delivery of Car / Lorry /	Motor Cycle
Registered No	2	NC 4689 E		from the repairers,
Messrs.	me	SOLUTION	PTE LTD	
And that all repairs ned	cessary as a re	sult of an acciden	t in which the said vehicle wa	as involved on or
about the 14 o	day of 06	20 21	_ have been completed to m	ny / our satisfaction,
			npany in Respect thereof.	, , , , , , , , , , , , , , , , , , ,
,			,	
Date :			Signature :	
Co's Stamp :			NRIC No :	
15/0	1022-702 6/2022-18			[u-14/06/2022 )uf-21/06/2022
1910	6/2021-8	unday	1	on- &days x \$ 7

= \$ 1,600

### > Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

14 Jun 2022 / 15:21:02

Receipt Date/Time: 14 Jun 2022 / 15:21:02

# Tax Invoice/Receipt

Receipt No.: ITNET-00000-220614-002682

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 - GBE9779C As at 14 Jun 2022/12:05:00 Insurance Co: CHINA TAIPING INSURANC Insurance Enquiry - GBE9779C Enquiry Fee	E (SINGAPORE) PTE LTD	7.00	0.49	7.49
20220614152002203574				
	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	D:	VETO B	
	20220614152011275	Direct Debit: ef	et Banking)	7.45
	Total	(	g)	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





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Kastocell	10. 1	foot 4	9636

CASH SALEMORK ORDER NO:PB 4284	(Cocident/Breakdown) Multi/Basement	Jump Start Changing of Battery	Tyre Replacement/ Patching  Crane Up/Winch Out	With Load/Cargo Box	King Doily to lift up  Low Body Kit	Repo Door Opening Service
CASH SALE(WORK C		中型 740 74 Model No: 7570 74	escent			- C - C AMOUNT: C C
14-06-22 Date: 14-06-22	りしゃ	中部 SNC 4669日 中国 Model No:	0 7210k Blang	Kakit Bukit UCOM	Danish and San	Time: 0 (1:06-

Cancellation Charge (After 15 minutes) Cancellation Charge (Reach Location)

校 貸 人 Received by:..

题手人 Ken YP 32 44 Authorised by:

vehicle whilst being towed.

Jurong Island/Cargo Complex Woodlands/Tuas Checkpoint

Collect Document/Key

注意:本公司對所拖之車輪,在進行中如有任何損失或破壞。一概由率主自行負責。 NOTE:Vehicle is towed at owner's risk. The company accepts no responsibility for damages or other misdemeanour to your

### LETTER OF AUTHORITY

Name : 7AN WAN LEE	
Address: BLK TELOK BLANGAH	
CRESCENT #04-68 S(890020)	
Contact No :	
TO: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD	
Dear Sirs,	
ACCIDENT INVOLVING SNC4689E AND GBE9779C ON 14/06/20	22
AT/ALONG THE DRIVEWAY BETWEEN BLK IS AND BLK 17A TELOK BLA	Mo
CRESCENT.	
I/We,	he
registered owner of motor car no. $\underline{SNC4689E}$	
Please note that I have assigned all compensations monies due to me/us in the above said accide to M/S MG SOLUTION PTE LTD.	ent
I/We, hereby authorize you to release all compensation monies pertaining to the above-mention 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	

# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
   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 15/06/2022 11:05 (SGT) Date of Accident 14/06/2022 12:05 (SGT) Exact Location of Accident Telok Blangah Cres, Singapore dditional Location Information DRIVEWAY OF BLK 15 & 17A Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

1500

Vehicle Registration Number **SNC4689E** 

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN WAN LEE NRIC No S7973562J **Email Address** christaltanwl@gmail.com Mobile Phone No (Phone) +65-97129872 Alternative Phone No +65-97129872

### VEHICLE PARTICULARS

Manufacturer Toyota Model Yaris Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto

### INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5124262821 Cover Note Number

### DRIVER

CC

Name of Driver TAN WAN LEE NRIC No S7973562J

Date Of Birth Occupation Date Of Driving Pass

Driving experience

Mobile Number Alt. Phone Number

Gender

**Email Address** Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

oad Surface

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) 2

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

PASSENGER 1

Name UNKNOWN Gender Male

**DETAILS OF POLICE ACTION** 

as the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given?

If yes, against whom?

Yes Traffic Police

08/10/1979

03/12/2003

+65-97129872

18 YEARS AND 6 MONTHS

(Phone) +65-97129872

christaltanwl@gmail.com

BLK 20 TELOK BLANGAH CRESCENT #04-68

Indoor

090020

Side Swipe

Clear

Dry

No

Yes

No

(Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20220614/7033.

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 GBE9779C Vehicle Manufacturer



Page 2 of 18

Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	₩.
Address	<del>-</del> 8
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	=
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	_

# **INJURED PERSONS DETAILS**

### INJURED 1

Name of injured person Gender	TAN WAN LEE Male
Phone No	(M)
Address	-
Idress Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNC4689E
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.
- 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.
- 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.
- 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.
- 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:
  - 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:
  - 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.

1	Y ~~		
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature	
Date & Time:	(if driver is not the policyholder)	Name.	
	Date & Time:	NRIC/FIN No.:	
	I hereby authorise SME Motor Pte Ltd to send m Accident report to my workshop	mg3 Solution @ gmail Com	

KETCH PLAN	ipa ame Universio	1/19 boy.
		BIK 15 TOTOK Blangan
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and the second s	<del>-</del>	
and a second control of the second control o		BIK 17A TOWK BRONGEN CHINY
ESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	(A) SNC4689E (B) GBE 9774 (
ESCRIBE CIRCUIVISTAINC	ES OF THE ACCIDENT	
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AND THE RESIDENCE OF THE PARTY		
Note: Please note that y	our insurer may have 14 days time fra	ame for you to submit an Own Damage Claim und
your own comprehensive	policy. Please check your policy for a	more information.
ECLARATION	rticulars are true in every respect.	
$\sim$	$\sim$	
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Jate & Time:	(If driver is not the policyholder)  Date & Time	Name: MBIC/FIN No -





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20220614/7033

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2022 15:33			Vide Report No.:	Station Diary No.:	
Informan	t's Partic	ulars			
Name of Informant: TAN WAN LEE			Address: 20 TELOK BLANGAH CRESCENT #04-68 SINGAPORE 090020		
ID Type / ID No.: NRIC NO / S7973562J			Contact No.: Home/Office:	Mobile: 97129872	
Nationality: MALAYSIAN		and a decision to a second as the control of the co	Email: CHRISTALTANWL@GMAIL.COM		
Sex: Age: Date of Birth: Female 42 08/10/1979			Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: PRIVATE HIRER			Driving Licence Information Class:	Date of Expiry:	

General Inform	mation of the Accid	lent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/06/2022 12:05	Type of Location: Straight Road
Location:				
Weather:	IGAH CRESCENT	Road Surface:		Road Speed Limit:
Clear		Dry		The second secon
Traffic Flow:		Traffic Control:	Traffic Control: Traffic Volum	
Type of Collis Between Mov		Swipe - Same Direction		Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBE9779C	Lorry					0
SNC4689E	Car	тоуота	YARIS CROSS 1.5X B AUTO	White		1

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	





Police Station Of Origin; Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220614/7033

### CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SNC4689E	NTUC Income Insurance Co-Operative Limited	5124262821	22/10/2021	21/10/2022	

Details of Perso	n Involved				THE RESIDENCE OF THE PARTY OF T
Any Pedestrian I	nvolved: No		Y CONTROL OF THE STATE OF THE S	HALL MAN CONTROL OF THE PARTY O	
No. of Pedestrian	ns Injured: NIL		Use of Pedestrian Crossing: NA		
Driver		•			
Name	TAN WAN LEE		ID No.	S7973562J	
Related Vehicle	SNC4689E (Car)			Contact No	. 97129872
Hospital/Clinic	SIN MIN CLINIC			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	14/06/2022	22		NIL	AND DESCRIPTION OF THE PARTY OF
No. of Days granted Medical Leave		07	Degree o	f Seri	ous

### Brief Details.

ON 14/06/2022 AT ABOUT 1205 HOURS AT ALONG THE DRIVEWAY BETWEEN BLK 15 AND BLK 17A TELOK BLANGAH CRESCENT. I WAS TRAVELLING STRAIGHT AT ALONG THE DRIVEWAY AND SUDDENLY A VEHICLE (B) FROM MY LEFT EXITED OUT FROM THE LOADING AND UNLOADING BAY WITHOUT CAUTIOUS AND WITHOUT CHECKING HIS BLINDSPOT AND HIT ONTO THE LEFT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 1 PASSENGER ONBOARD MY VEHICLE.

I WENT TO SEE A DOCTOR AFTER THE ACCIDENT AND WAS GIVEN 07 DAYS MC FOR MY INJURY.

- (A) SNC4689E
- (B) GBE9779C





Police Station Of Origin; Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220614/7033

CONTINUATION OF REPORT

Sketch	Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/06/2022 15:33
Officer In Charge Of Case: TP / TPIB / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	