



## 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 : CC4/ASM22006469/Apa3 (SHD7135H)  
To : AXA INSURANCE PTE LTD  
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SJJ6656Y & SHD7135H ON 05/07/2022 AT ALONG JALAN TAN TOCK SENG.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.228104 @ S\$2,354.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$800.00 (4 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

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: AMINURASHED BIN AMY  
CAR / LORRY / CYCLE: REG NO: SJJ6656Y POLICY NO: \_\_\_\_\_  
ACCIDENT CLAIM NO: \_\_\_\_\_

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

Registered No. SJJ6656Y 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 05 day of 07 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 : \_\_\_\_\_

06/07/2022 - PRI

Vehicle In - 06/07/2022  
Vehicle Out - 09/07/2022  
Lor - 4 days x \$ 200  
= \$ 800



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 06 Jul 2022 / 13:20:34

Receipt Date/Time : 06 Jul 2022 / 13:20:34

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-220706-001813

Previous Receipt No. :

| S/N                                    | Item Description/<br>Business Transaction Reference<br>No. | Amount<br>Before<br>GST (S\$)                   | GST<br>Amount<br>(S\$) | Amount<br>After GST<br>(S\$) |
|--|--|---|------------------------|------------------------------|
| Result of Insurance Enquiry - SHD7135H |  |   |                        |                              |
| As at 05 Jul 2022/14:22:00             |  |   |                        |                              |
| Insurance Co: AXA INSURANCE PTE LTD    |  |   |                        |                              |
| 1                                      | Insurance Enquiry - SHD7135H                               |   |                        |                              |
|  | Enquiry Fee  | 7.00  | 0.49                   | 7.49                         |
|  | 20220706131919992109                                       |   |                        |                              |
| 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                                |  |   |                        |                              |
| 20220706131928270                      |  | Direct Debit: eNETS Debit<br>(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 : AMINURASHED BIN AMI  
Address : BLK 12C MARSILING LANE  
#29-81 S(733012)  
Contact No : \_\_\_\_\_

TO: AXA INSURANCE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SJJ6656Y AND SHD7135H ON 05/07/2022  
AT/ ALONG JALAN TAN TOCK SENG.

I/We, AMINURASHED BIN AMI, am/are the  
registered owner of motor car no. SJJ6656Y

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.

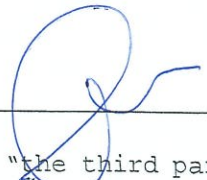
## AUTHORIZATION TO ACT

I, AMINURASHED BIN AMU ("the third party claimant")  
of BLK 12C MARSILING LANE #29-81 S(733012) (address),  
owner of SJJ6656Y (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. SJJ6656Y that was damaged pursuant to the  
accident which occurred on 05/07/2012 (date) along JALAN  
TAN TOCK SENH (location)  
involving Vehicle No/s SHD 7135H  
("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              | 05/07/2022 17:02 (SGT)       |
| Reported by                     | Both                         |
| Date of Accident                | 05/07/2022 14:22 (SGT)       |
| Exact Location of Accident      | Jln Tan Tock Seng, Singapore |
| Additional Location Information | ALONG JALAN TAN TOCK SENG    |
| Country/State of Loss           | Singapore                    |

### DETAILS OF OWN VEHICLE

|                             |                         |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SJJ6656Y                |
| INSURED/POLICYHOLDER        |                         |
| Is company?                 | No                      |
| Name Of Registered Owner    | AMINURASHED BIN AMI     |
| NRIC No                     | S7244966E               |
| Email Address               | aminurashed@outlook.com |
| Mobile Phone No             | (Phone) +65-86680199    |
| Alternative Phone No        | -                       |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Toyota                    |
| Model  | Vios                      |
| Variant  | E AUTO                    |
| 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   | 1497                      |

### INSURANCE COMPANY

|                                   |   |
|-----------------------------------|---|
| Name of Insurance Company         | Direct Asia Insurance (Singapore) Pte Ltd |
| Policy Number / Cover Note Number | MT/00954828                               |

### DRIVER

|                |                     |
|----------------|---------------------|
| Name of Driver | AMINURASHED BIN AMI |
| NRIC No        | S7244966E           |
| Date Of Birth  | 30/11/1972          |
| Occupation     | Indoor              |



|  |                                   |
|--|-----------------------------------|
| Date Of Driving Pass   | 25/09/2003                        |
| Driving experience   | 18 YEARS AND 10 MONTHS            |
| Gender   | Male                              |
| Mobile Number  | (Phone) +65-86680199              |
| Alt. Phone Number  | -                                 |
| Email Address  | aminurashed@outlook.com           |
| Address  | APT BLK 12C MARSILING LANE #29-81 |
| Address complement   | -                                 |
| Postcode   | 733012                            |
| 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 - Major/Minor Rd |
| 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)   | 3   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No  |
| Translator's name   | -   |
| Translator's ID   | -   |
| Translator's phone number   | -   |
| Translator's email  | -   |
| Original language used in the statement   | -   |

#### PASSENGER 1

|        |           |
|--------|-----------|
| Name   | PASSENGER |
| Gender | Female    |

#### PASSENGER 2



|        |           |
|--------|-----------|
| Name   | PASSENGER |
| Gender | Female    |

#### 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

ON 5/7/22 AT ABT 1422HRS I WAS TRAVELLING ALONG JALAN TAN TOCK SENG. AS I WAS DRIVING ALONG SUDDENLY VEHICLE B: SHD7135H CAME & HIT ONTO MY RIGHT SIDE DRIVER DOOR.

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera?   | Yes |

#### DETAILS OF OTHER VEHICLE PROPERTY 1





|   |          |
|---|----------|
| Vehicle Registration Number             | SHD7135H |
| Vehicle Manufacturer                    | -        |
| Vehicle Model                           | -        |
| Vehicle Variant                         | -        |
| Vehicle Colour                          | -        |
| Vehicle Category                        | Taxi     |
| Name of Driver                          | -        |
| 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


**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.

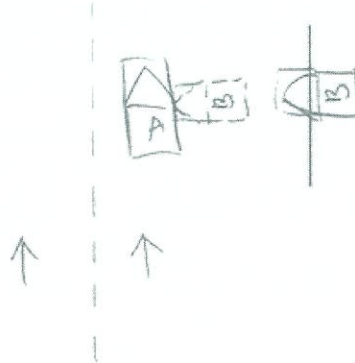
  
 Policyholder's Signature  
 Date & Time:

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

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

SKETCH PLAN

A: SJJ6656Y.  
B: SHD7135H.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5/7/22 at abt 1422hrs I was travelling Along Jalan Tan Tock Seng. AS I was driving along suddenly vehicle B: SHD7135H came & hit onto my right side driver door.

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:

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