



## 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 : 17/08/2022  
Your Ref : CC6/GRB22006899/ga3 (SLW5449T)  
To : INDIA INTERNATIONAL INSURANCE PTE LTD  
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SMV5008B & SLW5449T ON 18/07/2022  
AT INFRONT OF DROP OFF POINT OF ION ORCHARD.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.228090 @ S\$1,819.00 (Inclusive Of 7% GST)
- 2) Loss of Use @ S\$720.00 (3 Days x S\$240)
- 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,



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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:

**INDIA INTERNATIONAL INSURANCE PTE LTD**

64 CECIL STREET  
#05-02 IOB BUILDING  
SINGAPORE 049711

Bill No : 228090

Date : 17-August-2022

Vehicle Number : **SMV 5008B**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 1,700.00
		BEFORE GST 1,700.00
		7% GST 119.00
		<b>TOTAL \$ 1,819.00</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: YAP CHEE HOE, PERRY

CAR / LORRY / CYCLE: REG NO: SMV5008B POLICY NO: \_\_\_\_\_

ACCIDENT CLAIM NO: \_\_\_\_\_

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

Registered No. SMV5008B 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 18 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 : \_\_\_\_\_

25/07/2022 - PR1

Vehicle In - 25/07/2022

Vehicle Out - 27/07/2022

LOU - 3 days x \$240  
= \$720.

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 19 Jul 2022 / 11:53:53

Receipt Date/Time : 19 Jul 2022 / 11:53:53

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-220719-001395

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 - SLW5449T As at 18 Jul 2022/18:45:00 Insurance Co: INDIA INT'L INS PTE LTD			
1	Insurance Enquiry - SLW5449T Enquiry Fee 20220719115231754028	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			
	20220719115246139	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 : YAP CHEE HOE . PERRY  
Address : BLK 9 JALAN RUMAH TINGGI  
#04-457 S (150009)  
Contact No : \_\_\_\_\_

TO: INDIA INT'L INS PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SMV 5008B AND SLW 5449T ON 18/07/2022  
AT/ALONG INFRONT OF PROP OFF POINT OF 10N ORCHARD

I/We, YAP CHEE HOE . PERRY, am/are the  
registered owner of motor car no. SMV 5008B

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

# 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	19/07/2022 13:25 (SGT)
Reported by	Both
Date of Accident	18/07/2022 18:45 (SGT)
Exact Location of Accident	2 Orchard Turn, Singapore 238801
Additional Location Information	IN FRONT OF DROP OFF POINT OF ION ORCHARD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV5008B

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YAP CHEE HOE PERRY
NRIC No	S7229899C
Email Address	perryap@flylabel.com.sg
Mobile Phone No	(Phone) +65-93858123
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Voxy
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
CC	1800

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5119212079-01

### DRIVER

Name of Driver	YAP CHEE HOE PERRY
NRIC No	S7229899C
Date Of Birth	22/08/1972
Occupation	Outdoor

Date Of Driving Pass	28/08/1992
Driving experience	29 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93858123
Alt. Phone Number	-
Email Address	perryyap@flylabel.com.sg
Address	BLK 9 JALAN RUMAH TINGGI #04-457
Address complement	-
Postcode	150009
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)	6
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	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Female

PASSENGER 4

Name	UNKNOWN
Gender	Female

PASSENGER 5

Name	UNKNOWN
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 18/07/2022 AT ABOUT 1845HRS AT IN FRONT OF DROP OFF POINT OF ION ORCHARD. I WAS STATIONARY ON THE EXTREME LEFT LANE WHILE WAITING FOR MY PASSENGER AND SUDDENLY, I HEARD A LOUD BANG AND WHEN I ALIGHT, I REALISED IT WAS VEHICLE B WHO HIT ONTO THE REAR PORTION OF MY VEHICLE B CAUSING DAMAGES TO MY VEHICLE A. I HAVE 5 PASSENGERS ONBOARD MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment? Yes  
 Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLW5449T  
 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) 2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person YAP CHEE HOE PERRY  
 Gender Male  
 Phone No -  
 Address -  
 Address Complement -  
 Post Code -  
 Approximate Age Years Old -  
 Injuries Sustained -  
 Injured person in which vehicle? SMV5008B  
 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 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)**

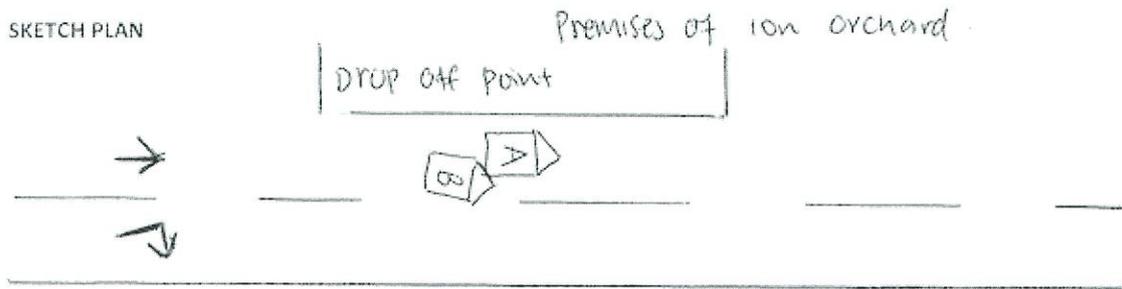
I understand, acknowledge, agree and consent that:

- (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	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

I hereby authorise SME Motor Pte Ltd to send my Accident report to my workshop Mig Solution Pte Ltd via email / fax  
Signature: \_\_\_\_\_

SKETCH PLAN



(A) SMV5008B  
(B) SLW5449T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/07/2022 at about 1845hrs at in front of drop off point of ion orchard. I was stationary on the extreme left lane while waiting for my passengers and suddenly, I heard a loud bang and when I awoke, I realised it was vehicle (B) who hit onto the rear portion of my vehicle (A) causing damages to my vehicle (A). I have 5 passengers onboard my vehicle.

(A) SMV5008B  
(B) SLW5449T

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:

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