



## 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/GRB22007412/Apa3 (SND8474B)

To : INDIA INTERNATIONAL INSURANCE PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SLH3991K & SND8474B ON 02/08/2022 AT  
ALONG EUNOS FLYOVER AFTER EUNOS EXIT TOWARDS PIE (TUAS).**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.228089 @ S\$1,926.00 (Inclusive Of 7% GST)
- 2) Loss of Rental @ S\$400.00 (5 Days x S\$80)
- 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:

**INDIA INTERNATIONAL INSURANCE PTE LTD**

64 CECIL STREET  
#05-02 IOB BUILDING  
SINGAPORE 049711

Bill No : 228089

Date : 17-August-2022

Vehicle Number : **SLH 3991K**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 1,800.00
BEFORE GST		1,800.00
7% GST		126.00
<b>TOTAL</b>		<b>\$ 1,926.00</b>

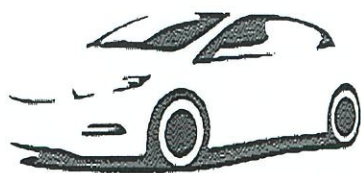
**Tax Invoice will be issue upon amount finalised.**

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

**SUPREME LEASING & LIMOUSINE PTE LTD**

61 Ubi Avenue 2 #02-08 Automobile Megamart

Singapore 408898

+65 67479400

GST Registration No. : 201710190R

Company Registration No. 201710190R

# Tax Invoice

**BILL TO**

MG Solution Pte Ltd

No.23 Kaki Bukit Avenue 4

#02-03B/#04-01 (South Wing)

Vicom Building (Idac &amp; Vicom

Inspection Centre)

415933

**INVOICE NO.** 12691**DATE** 10/08/2022**DUE DATE** 09/09/2022**TERMS** Net 30

ACTIVITY	QTY	RATE	GST	AMOUNT
<b>Rental Income</b>	5	80.00	7% SR	400.00
VEHICLE NUMBER : SME5542P				
CHECK OUT : 03/08/2022 02.15PM				
CHECK IN : 08/08/2022 04.30PM				

DRIVER REF ; BASHEER BIN K M AHAMED SXXXX103G

VEHICLE REF : SLH3991K

INCLUDES GST TOTAL

26.17

TOTAL

400.00

BALANCE DUE

**S\$400.00****GST SUMMARY**

RATE	GST	NET
GST @ 7%	26.17	373.83

This is computer generated, no signature is required.



**SUPREME LEASING & LIMOUSINE PTE LTD**

Member of Prime Group of Companies

Co. Registration No: 201710190R

61 Ubi Avenue 2 #01-03/04 Automobile Megamart,  
Singapore 408898

Tel: 6747 9400 Fax: 6444 3900

14.20.1128746899

ORIGINAL

SLH 3991K

VEHICLE NO		MAKE/MODEL		CC	CHECK OUT/ IN DATES	
SMES542P		Honda Freed Hybrid 1.5				
NAME :  ADDRESS :  (S)					VEHICLE DATE OUT	
					3/8/20 14.15	
					VEHICLE ACTUAL DATE IN	
					8/8/20 16.30	
					AGREED DATE OF RETURN	
					COLLISION DAMAGE WAIVER	
					NOTE: FURTHER EXCESS OF S\$2000.00 SHALL APPLY IN ADDITION TO THE AMOUNT STATED IN THIS AGREEMENT SHOULD THE NAMED DRIVER BE ANY PERSON WHO IS LESS THAN 25 OR MORE THAN 65 YEARS OF AGE WITH LESS THAN 3 YEARS OF DRIVING EXPERIENCE	
HOME NO.		D.O.B.		NON-WAIVERABLE EXCESS PER INCIDENT		
MOBILE						
IC NO.		COUNTRY		SINGAPORE	\$	2,500.00
LICENSE NO.		COUNTRY		MALAYSIA	\$	3,500.00
EXPIRY DATE				TOTAL LOSS	\$	10,000.00
NAME :  ADDRESS :  (S)					SIGNATURE	
					PERSONAL ACCIDENT INSURANCE (PAI)	
					ACCEPTS PAI [ ] DECLINES PAI [X]	
					PREMIUM:	
					SIGNATURE	
HOME NO.		D.O.B.		RENTAL CHARGES		
MOBILE				DAILY @ S\$	x NO. OF DAYS A MT	
IC NO.		COUNTRY		MONTHLY @ S\$		
LICENSE NO.		COUNTRY		PETROL		
EXPIRY DATE				PARKING		
REMARKS For Singapore use Only. - Not for PHV usage. - Min 95 Petrol.					GST @ 7%	
					TOTAL	
					DEPOSIT S\$	
					PRE-PAYMENT S\$	
					\$	
MODE OF PAYMENT						
CREDIT CARD [ ] CASH [ ] NETS [ ] OTHERS [ ]						
NAME						
CARD NUMBER						
EXPIRY DATE						
CVV						

I HEREBY AGREE TO ABIDE BY THE TERMS AND CONDITIONS STATED ON THIS AGREEMENT AND THE ACCOMPANYING VEHICLE RENTAL CONTRACT

THE VEHICLE BE DRIVEN TO MALAYSIA WITHOUT OUR KNOWLEDGE.

VEHICLE MUST NOT BE USED FOR ANY ILLEGAL OR

SIGNATURE OF HIRER

SUPREME LEASING &amp; LIMOUSINE PTE LTD

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 03 Aug 2022 / 13:48:34

Receipt Date/Time : 03 Aug 2022 / 13:48:34

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-220803-001800

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 - SND8474B				
As at 02 Aug 2022/19:00:00				
Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SND8474B Enquiry Fee 20220803134739220272	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				
462845XXXXXX7907		eNETS Credit Card		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 : BASHEER BIN K M AHAMED

Address : BLK 212 SERANGOON AVE 4  
#02-48 S(550212)

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

TO: INDIA INT'L INS PTE LTD

Dear Sirs,

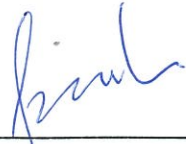
ACCIDENT INVOLVING SLH3991K AND SND8474B ON 02/04/202  
AT/ALONG EUNOS FLYOVER AFTER EUNOS EXIT TOWARDS PIE(THAS)

I/We, BASHEER BIN K M AHAMED, am/are the  
registered owner of motor car no. SLH3991K


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 Actual 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	03/08/2022 17:39 (SGT)
Reported by	Both
Date of Accident	02/08/2022 19:00 (SGT)
Exact Location of Accident	Eunos Flyover, Singapore
Additional Location Information	AFTER EUNOS EXIT TWDS PIE (TUAS)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH3991K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	BASHEER BIN K M AHAMED
NRIC No	S1196103G
Email Address	basheer@chevalier.com.sg
Mobile Phone No	(Phone) +65-98165582
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
Variant	-
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	2000

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5125452507

### DRIVER

Name of Driver	BASHEER BIN K M AHAMED
NRIC No	S1196103G
Date Of Birth	14/05/1956
Occupation	Indoor

Date Of Driving Pass .....	15/04/1980
Driving experience .....	42 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98165582
Alt. Phone Number .....	-
Email Address .....	basheer@chevalier.com.sg
Address .....	BLK 212 SERANGOON AVE 4 #02-48
Address complement .....	-
Postcode .....	550212
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 .....	Raining
Road Surface .....	Wet

#### 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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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 02/08/2022 AT ABOUT 1900HRS AT ALONG EUNOS FLYOVER AFTER EUNOS EXIT TOWARDS PIE (TUAS). I WAS TRAVELLING ON THE EXTREME RIGHT LANE ON THE ABOVE MENTIONED FLYOVER AND WHEN MY FRONT VEHICLE SLOWED DOWN AND STOP DUE TO HEAVY TRAFFIC. HENCE, I FOLLOWED SUIT. 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 A CAUSING DAMAGES TO 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 .....	SND8474B
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)	1


SKETCH PLANIMPORTANT 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: \_\_\_\_\_

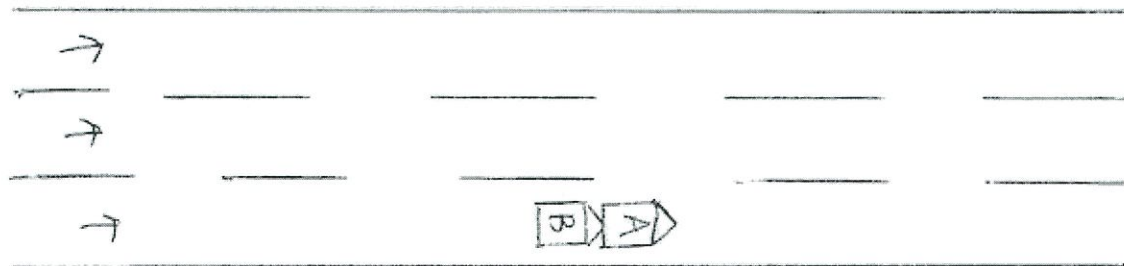
\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name: \_\_\_\_\_  
 NRIC/FIN No.: \_\_\_\_\_

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

*my3 solution @ gmail.com*

SKETCH PLAN

PIE towards TUAS after Jalan Eunos Exit, on Eunos flyover



(A) SLH 3991K (B) SND8474B.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02/08/2022 at about 1900hrs at along Eunos flyover after Eunos Exit towards PIE (TUAS). I was traveling on the extreme right lane on the above mentioned flyover and when my front vehicle slow down and stop due to heavy traffic, hence I follow suit. Suddenly, I heard a loud bang and when I alight, I realise it was vehicle (B) who hit onto the rear portion of my vehicle (A) causing damages to my vehicle.


(A) SLH3991K


(B) SND8474B

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.: