



## 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 : 11/01/2023  
Your Ref : CC4/AIS22008291/Aea3 (SLD1074S)  
To : ALLIANZ INSURANCE SINGAPORE PTE LTD  
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SMT9841X & SLD1074S ON 18/08/2022 AT ALONG CTE TOWARDS SLE/TPE BEFORE ANG MO KIO AVENUE 1 EXIT.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.238009 @ S\$8,100.00 (Inclusive of 8% GST)
- 2) Loss of Use @ S\$1,800.00 (9 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:

**ALLIANZ INSURANCE SINGAPORE PTE LTD**

79 ROBINSON ROAD

#09-01

SINGAPORE 068897

Bill No : 230009

Date : 11-January-2023

Vehicle Number : **SMT 9841X**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 7,500.00
SUB-TOTAL		7,500.00
GST 8%		600.00
<b>TOTAL</b>		<b>\$ 8,100.00</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: Simple Lim xue Jing

CAR / LORRY / CYCLE: REG NO: SMT 9841 X POLICY NO: -

ACCIDENT CLAIM NO: -

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

Registered No. SMT 9841 X 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 08 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 : [Signature]

Co's Stamp : \_\_\_\_\_

NRIC No : \_\_\_\_\_

19/08/2022 - PRI  
20/08/2022 - PRI  
21/08/2022 - PRI  
22/08/2022 - PRI

vehicle in - 19/08/2022  
vehicle out - 27/08/2022  
Lor - 9 days x \$ 200  
= \$ 1,800

> Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 19 Aug 2022 / 12:13:56

Receipt Date/Time : 19 Aug 2022 / 12:13:56

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-220819-001580

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 - SLD1074S As at 18 Aug 2022/18:20:00 Insurance Co: ALLIANZ INSURANCE SINGAPORE PTE. LTD.			
1	Insurance Enquiry - SLD1074S Enquiry Fee 20220819121255857820	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
	<b>Paid By</b>			
	20220819121305234		Direct Debit: eNETS Debit (Internet Banking)	7.45
	<b>Total</b>			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 : Simple Lim Xue Jing  
Address : BLK 776 PASIR RIS STREET 71  
#11-404 S(510776)  
Contact No : \_\_\_\_\_

TO: Allianz Insurance Singapore Pte Ltd.

Dear Sirs,

ACCIDENT INVOLVING SMT 9841X AND SLD 10745 ON 18/08/2022  
AT/ALONG CTE Towards SLE/TPF Before Ang Mo Kio Ave 1 Exit.

I/We, Simple Lim Xue Jing, am/are the  
registered owner of motor car no. SMT 9841X

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	19/08/2022 15:26 (SGT)
Reported by	Both
Date of Accident	18/08/2022 18:20 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TWDS SLE/TPE BEFORE ANG MO KIO AVE 1 EXIT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT9841X
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIMPLE LIM XUE JING
NRIC No	S9231354I
Email Address	SIMPLELIM@LIVE.COM
Mobile Phone No	(Phone) +65-91699678
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla180
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	1600

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5128494338

### DRIVER

Name of Driver	SIMPLE LIM XUE JING
NRIC No	S9231354I
Date Of Birth	04/09/1992
Occupation	Indoor

Date Of Driving Pass	18/06/2012
Driving experience	10 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91699678
Alt. Phone Number	-
Email Address	SIMPLELIM@LIVE.COM
Address	BLK 776 PASIR RIS STREET 71 #11-404
Address complement	-
Postcode	510776
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	Yes
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	CHUA WEI SHENG WELSON
Gender	Male

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 18/08/2022 AT ABOUT 1820HRS, AT ALONG CTE TOWARDS SLE/TPE BEFORE ANG MO KIO AVE 1 EXIT. I WAS TRAVELLING ON THE EXTREME RIGHT LANE ON THE ABOVE MENTIONED ROAD AND THE TRAFFIC WAS HEAVY. WHEN MY FRONT VEHICLE SLOWED DOWN AND STOPPED, HENCE I FOLLOWED SUIT. SUDDENLY, I HEARD A LOUD BANG FROM THE REAR 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. I HAVE ONE PASSENGER ONBOARD MY VEHICLE. AFTER THE ACCIDENT, WE FELT DISCOMFORT AND WILL CONSULT A DOCTOR.

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	SLD1074S
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)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	SIMPLE LIM XUE JING
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMT9841X
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)**

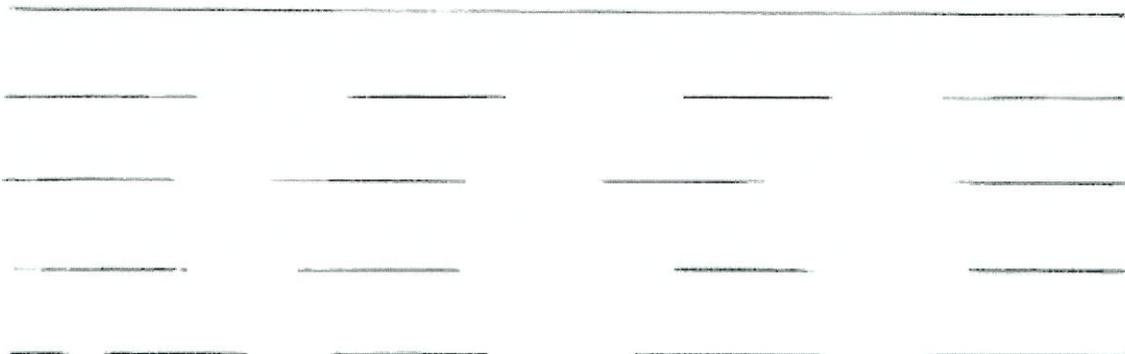
I understand, acknowledge, agree and consent that:

- (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 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: _____		

SKETCH PLAN

CTE towards SLE / TPE before Ang mo kio Ave 1 exit



(A) SMT9841X  
(B) SLD10745

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/08/2022 at about 1820hrs at along CTE towards SLE / TPE before Ang mo kio Ave 1 exit. I was traveling on the extreme right lane on the above mentioned road and the traffic was heavy, ~~was~~ when my front vehicle slow down and stop, hence I follow suit, suddenly I heard a loud bang from the rear 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. I have 1 passenger onboard my vehicle. After the accident, we felt discomfort and will consult a doctor.

(A) SMT9841X  
(B) SLD10745

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.: