



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 : SMD2094R

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SJU9085S & SMD2094R ON 20/08/2022 AT
ALONG PIE TOWARDS TUAS BEFORE CTE (SLE/TPE) EXIT.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.238010 @ S\$6,696.00 (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 1st January 2023. Our Company's invoices issued will be with **GST 8%** from 1st 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:

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

NO. 3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

SINGAPORE 079909

Bill No : 230010

Date : 11-January-2023

Vehicle Number : **SJU 9085S**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 6,200.00
SUB-TOTAL		6,200.00
GST 8%		496.00
TOTAL		\$ 6,696.00

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: ZHANG XUTONG

CAR / LORRY / CYCLE: REG NO: SJU9085S POLICY NO: _____

ACCIDENT CLAIM NO: _____

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

Registered No. SJU9085S 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 20 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 : 

Co's Stamp : _____

NRIC No : _____

22/08/2022 - PRI
28/08/2022 - Sunday

Vehicle In - 22/08/2023
Vehicle Out - 30/08/2023
Low - 9 days x \$ 200
= \$ 1800

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 22 Aug 2022 / 11:24:06

Receipt Date/Time : 22 Aug 2022 / 11:24:06

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220822-001174

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SMD2094R

As at 20 Aug 2022/20:30:00

Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

1	Insurance Enquiry - SMD2094R Enquiry Fee 20220822112303911869	7.00	0.49	7.49
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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

20220822112324295 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 : ZHANG XUTONG
Address : BLK 469A SENGKANG WEST WAY
#12-604 S(791469)
Contact No : _____

TO: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SJU90855 AND SMD2094R ON 20/08/2012
AT/ALONG PIE TOWARDS TUAS BEFORE CTE (SLE/TPE) EXIT.

I/We, ZHANG XUTONG, am/are the
registered owner of motor car no. SJU90855

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	22/08/2022 15:25 (SGT)
Reported by	Both
Date of Accident	20/08/2022 20:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along PIE Towards Tuas Before CTE (SLE/TPE) exit
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU9085S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Zhang XuTong
NRIC No	SXXXX892Z
Email Address	tongtong9012@hotmail.com
Mobile Phone No	(Phone) +65-90910065
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	Cerato
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	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA562223/1

DRIVER

Name of Driver	Zhang XuTong
NRIC No	SXXXX892Z
Date Of Birth	01/02/1990
Occupation	Indoor

Date Of Driving Pass	23/09/2017
Driving experience	4 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90910065
Alt. Phone Number	-
Email Address	tongtong9012@hotmail.com
Address	BLK 469A SengKang West Way #12-604
Address complement	-
Postcode	791469
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)	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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Report refer sketch plan

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	SMD2094R
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	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Zhang Xutong
Gender	Female
Phone No	(Phone) +65-90910065
Address	BLK 469A SengKang West Way #12-604
Address Complement	-
Post Code	791469
Approximate Age Years Old	-
Injuries Sustained	Back & neck pain
Injured person in which vehicle?	SJU9085S
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 willful 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 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.
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.

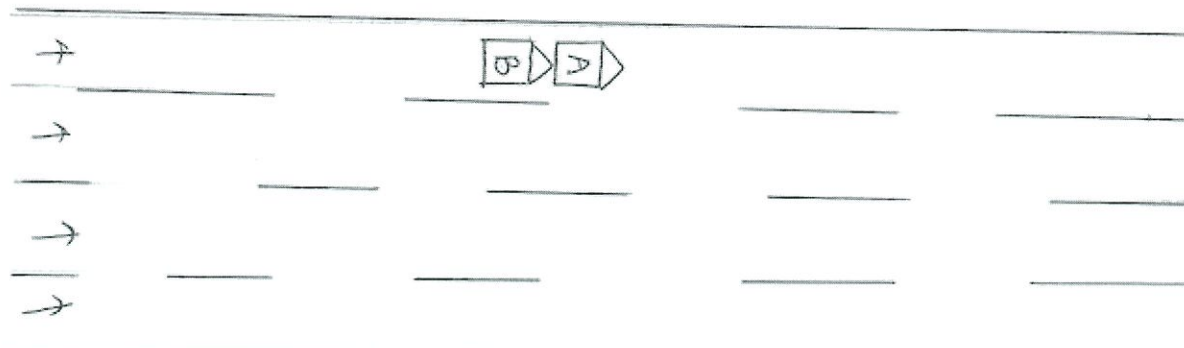
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

PIE towards THAS before CTE (SLE/TPE) Exit.



(A) SJW90855 (B) SMD2004R

Describe Circumstances of the Accident


*Attached to Rep A
7/2022022/7010*


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


Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220822/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20220822/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/08/2022 11:48		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ZHANG XUTONG			Address: 469A SENGKANG WEST WAY #12-604 SINGAPORE 791469		
ID Type / ID No.: NRIC NO / S9083892Z			Contact No.: Home/Office: Mobile: 90910065		
Nationality: CHINESE			Email: TONGTONG9012@HOTMAIL.COM		
Sex: Female	Age: 32	Date of Birth: 01/02/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: self-employed			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/08/2022 20:30	Type of Location: Straight Road
Location: PIE towards Tuas before CTE (SLE/TPE) exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJU9085S	Car	KIA	CERATO EX FORTE 1.6L A/T ABS AB 2WD 4DR	Red		0
SMD2094R	Car					0



**SINGAPORE
POLICE FORCE**



T/20220822/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20220822/7010

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU9085S	AXA INSURANCE SINGAPORE PTE LTD	GA562223	06/01/2022	05/01/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZHANG XUTONG		ID No. S9083892Z
Related Vehicle	SJU9085S (Car)		Contact No. 90910065
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	21/08/2022		Date NIL
No. of Days granted Medical Leave		05	Degree of Serious

Brief Details.

On 20/08/2022 at about 2030 hours at along PIE towards Tuas before CTE (SLE/TPE) exit, I was travelling on the extreme left lane at the above mentioned road and when my front vehicle slow down and stop due to heavy traffic, hence I follow suit. Suddenly, I felt a great impact from the rear and when I alighted, I realized that it was vehicle (B) who hit onto the rear portion of my vehicle (A) causing damages to my vehicle. I have 5 days MC from my injury.

Vehicles involving in the situation:

- (A) SJU9085S
- (B) SMD2094R



**SINGAPORE
POLICE FORCE**



T/20220822/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20220822/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
22/08/2022 11:48

Classification Of Case: