



## 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 : 18/01/2023

Your Ref : **SJD9067J**

To : **CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD**

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SMH525G & SJD9067J ON 07/09/2022 AT  
ALONG T-JUNCTION OF TAMPINES AVENUE 10 AND TAMPINES AVENUE 1.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No. **238012 @ S\$7,236.00 (Inclusive of 8% GST)**
- 2) Loss of Use @ **S\$1,680.00 (7 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,



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 : 238012

Date : 18-January-2023

Vehicle Number : **SMH 525G**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 6,700.00
SUB-TOTAL		6,700.00
GST 8%		536.00
TOTAL		\$ 7,236.00

**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: KUPPA BA LAKRISHNAN DURKA MRS DURKA PURUSHOTHAMAN

CAR / LORRY / CYCLE: REG NO: SMH 5256 POLICY NO: \_\_\_\_\_

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

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

Registered No. SMH 5256 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 07 day of 09 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 : \_\_\_\_\_

08/09/2022 - PR1  
11/09/2022 - Sunday

Vehicle In - 08/09/2022  
Vehicle Out - 14/09/2022  
Con = 7 days x \$240  
= \$1,680

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 07 Sep 2022 / 12:08:41

Receipt Date/Time : 07 Sep 2022 / 12:08:41

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-220907-001527

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 - SJD9067J

As at 07 Sep 2022/09:45:00

Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

1	Insurance Enquiry - SJD9067J Enquiry Fee 20220907120747483031	7.00	0.49	7.49
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<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

20220907120754264      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 : KUPPA BALAKRISHNAN DURKA MRS DURKA PURUSHOTHAMAN

Address : BLK 232A SERANGOON AVENUE 2  
# 02-129 SINGAPORE S5 1232

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

TO: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SMH 5256 AND SJD 9067J ON 07/09/2022  
AT/ALONG T-JUNCTION OF TAMPINES AVE 10 and TAMPINES AVE 1


I/We, KUPPA BALAKRISHNAN DURKA MRS DURKA PURUSHOTHAMAN, am/are the  
registered owner of motor car no. SMH 5256

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	08/09/2022 10:07 (SGT)
Reported by	Driver
Date of Accident	07/09/2022 09:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	T-JUNC OF TAMPINES AVE 10 & AVE 1
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH525G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KUPPA BALAKRISHNAN DURKA
NRIC No	SXXXX691I
Email Address	purusingapore@gmail.com
Mobile Phone No	(Phone) +65-98535251
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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 hire
Transmission	Auto
CC	1800

### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MR000119-R02

### DRIVER

Name of Driver	PURUSHOTHAMAN RAJAGOPALAN
NRIC No	SXXXX634B
Date Of Birth	04/06/1969
Occupation	Outdoor

Date Of Driving Pass	28/05/2004
Driving experience	18 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90011550
Alt. Phone Number	-
Email Address	purusingapore@gmail.com
Address	BLK 232A SERANGOON AVE 2
Address complement	#02-129
Postcode	551232
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	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	Male

#### 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

PLS REFER TO THE POLICE REPORT:T/20220907/7025

#### 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	SJD9067J
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	PURUSHOTHAMAN RAJAGOPALAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK
Injured person in which vehicle?	SMH525G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



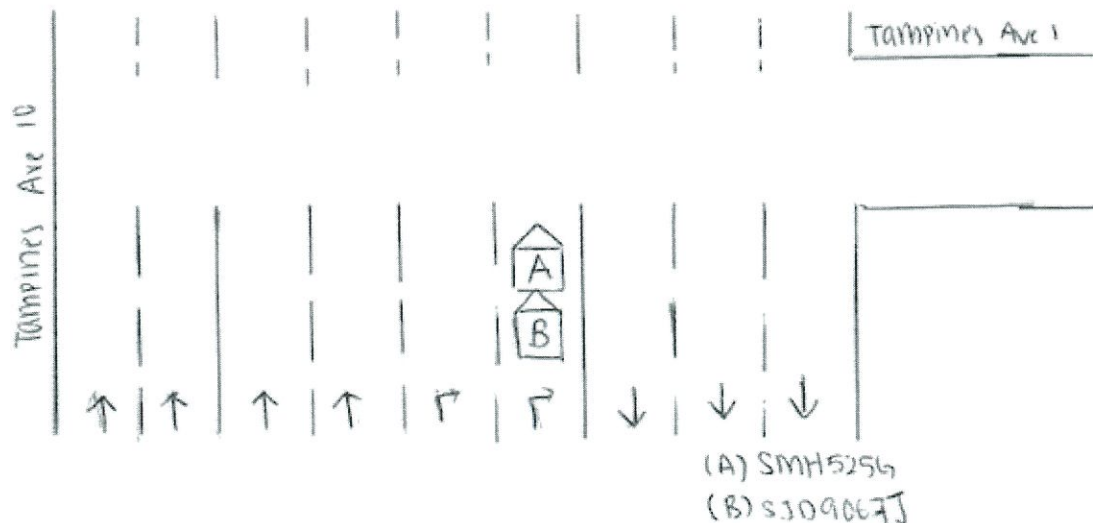
**SKETCH PLAN****IMPORTANT NOTICE**

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &amp; Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

### Describe Circumstances of the Accident

attached TP report No.  
7/20220907/7025-

### Declaration

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/20220907/7025

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

1 of 3

Report No. T/20220907/7025

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/09/2022 12:28		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: PURUSHOTHAMAN RAJAGOPALAN			Address: 232A SERANGOON AVENUE 2 #02-129 SINGAPORE 551232		
ID Type / ID No.: NRIC NO / S6960634B			Contact No.: Home/Office: Mobile: 90011550		
Nationality: SINGAPORE CITIZEN			Email: PURUSINGAPORE@GMAIL.COM		
Sex: Male	Age: 53	Date of Birth: 04/06/1969	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: PRIVATE HIRER			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/09/2022 09:45	Type of Location: T-Junction
Location:  TAMPINES AVENUE 10				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>							
Vehicle No.	Type	Make	Model	Color	Conditio	No of	
SJD9067J	Car					0	
SMH525G	Car					2	

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20220907/7025

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

2 of 3

Report No. T/20220907/7025

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	PURUSHOTHAMAN RAJAGOPALAN	ID No.	S6960634B
Related Vehicle	SMH525G (Car)	Contact No.	90011550
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

On 07/09/2022 at about 0945 hours at along T junction of Tampines Avenue 10 and Tampines Ave 1, I was travelling on the extreme right lane at along Tampines Avenue 10 and when my front vehicle slow down and stop due to red traffic light, 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 7 days MC from my injury.

Vehicles involving in the situation:

- (A) SMH525G
- (B) SJD9065J





**SINGAPORE  
POLICE FORCE**



T/20220907/7025

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

3 of 3

Report No. T/20220907/7025

**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 /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

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

Date/Time:  
07/09/2022 12:28

Classification Of Case:

NP168



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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/09/2022 11:48		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: PURUSHOTHAMAN RAJAGOPALAN			Address: 232A SERANGOON AVENUE 2 #02-129 SINGAPORE 551232		
ID Type / ID No.: NRIC NO / S6960634B			Contact No.: Home/Office: Mobile: 90011550		
Nationality: SINGAPORE CITIZEN			Email: PURUSINGAPORE@GMAIL.COM		
Sex: Male	Age: 53	Date of Birth: 04/06/1969	Type of Informant: Driver		
Race: Indian		Language: English		Institution / School Name:	
Occupation: private hirer		Driving Licence Information: Class: Date of Expiry:			

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/09/2022 09:45	Type of Location: T-Junction
Location:  TAMPINES AVENUE 10				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SJD9067J	Car					0
SMH525G	Car					2

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20220923/7020

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

2 of 3

Report No. T/20220923/7020

**CONTINUATION OF REPORT**

Driver			
Name	PURUSHOTHAMAN RAJAGOPALAN	ID No.	S6960634B
Related Vehicle	SMH525G (Car)	Contact No.	90011550
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	07/09/2022	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

We refer to tp report no. T/20220907/7025

We wish to amend as per below:

vehicle involving in the situation:

- (A) SMH525G
- (B) SJD9067J

Due to previously, we input the wrong vehicle (B) number plate.

Thank You.



**SINGAPORE  
POLICE FORCE**



T/20220923/7020

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

3 of 3

Report No. T/20220923/7020

**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 /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

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

Date/Time:  
23/09/2022 11:48

Classification Of Case: