



## 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 : 22/02/2023  
Your Ref : CC4/ASM22009359/Aea3 (SHC3005G)  
To : HSBC LIFE (SINGAPORE) PTE LTD  
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE GBA1672A & SHC3005G ON 20/09/2022  
AT T-JUNCTION OF GEYLANG EAST AVE 2 AND GEYLANG EAST AVE 3  
BESIDE SRI SIVAN TEMPLE.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.238039 @ S\$4,968.00 (Inclusive of 8% GST)
- 2) Loss of Use @ S\$2,400.00 (8 Days x S\$300)
- 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:

**HSBC LIFE (SINGAPORE) PTE LTD**

10 MARINA BOULEVARD

MARINA BAY FINANCIAL CENTRE TOWER 2 #48-01

SINGAPORE 018983

Bill No : 238039

Date : 22-February-2023

Vehicle Number : **GBA 1672A**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 4,600.00
SUB-TOTAL		4,600.00
GST 8%		368.00
TOTAL		\$ 4,968.00

***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: WICO Air-Con Engineering

CAR / LORRY / CYCLE: REG NO: GBA 1672A POLICY NO: -

ACCIDENT CLAIM NO: -

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

Registered No. GBA 1672A 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

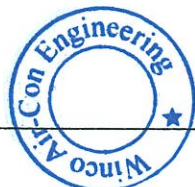
about the 20 day of 09 20 22 have been completed to my / our satisfaction,

and that I / we have no further claim on the above company in Respect thereof.

Date : \_\_\_\_\_

Signature : \_\_\_\_\_

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



21/09/2022 - PRI  
25/09/2022 - Sunday

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

Vehicle In - 21/09/2022  
Vehicle Out - 28/09/2022  
Lent : 8 days x \$300  
= \$2,400

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 20 Sep 2022 / 16:44:09

Receipt Date/Time : 20 Sep 2022 / 16:44:09

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-220920-003106

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 - SHC3005G				
As at 20 Sep 2022/15:40:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHC3005G Enquiry Fee 20220920164308861649	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				
20220920164319151		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 : WINCO AIRCON ENGINEERING  
Address : 1014 GEYLANG EAST AVE 3 #04-214  
GEYLANG EAST INDUSTRIAL ESTATE S(389729)  
Contact No : \_\_\_\_\_

TO: HUBC LIFE (SINGAPORE) PTE LTD

Dear Sirs,

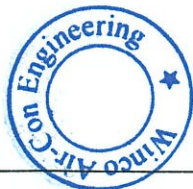
ACCIDENT INVOLVING GBA 1672A AND SHC 3005G ON 20/09/2022  
AT/ALONG T-JUNCTION OF GEYLANG EAST AVE 2 AND GEYLANG EAST AVE 3  
BESIDE SRI SIVAN TEMPLE

I/We, WINCO AIRCON ENGINEERING, am/are the  
registered owner of motor car no. GBA 1672A

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

## AUTHORIZATION TO ACT

I, WINCO AIRCON ENGINEERING ("the third party claimant")  
of 1014 GEYLANG EAST AVENUE 3 #04-214 GEYLANG EAST (address),  
owner of GBA 1672A INDUSTRIAL ESTATE C(389729)  
(vehicle no.) hereby authorize  
MG SOLUTION PTE LTD

("The workshop") to act for me with respect to my claim for  
repair costs and/or rental and/or loss of use ("claim") for my  
Vehicle No. GBA 1672A that was damaged pursuant to the  
accident which occurred on 20/09/2022 (date) along T-JUNCTION OF  
GEYLANG EAST AVE 2 AND GEYLANG EAST AVE 3 BESIDE SRI SIVAN TEMPLE (location)  
involving Vehicle No/s SHC 30056  
("The accident").

I further authorize the workshop to settle my above mentioned  
claim in a manner that they deem fit and the workshop is further  
authorized to receive payment further to settlement of my claim  
with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach  
on my behalf is on a without prejudice and without admission of  
liability basis insofar as the driver/owner/insurers of the  
other vehicle/s is concerned.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ (month) 20\_\_\_\_ (year)



Signed by "the third party claimant"



Signed by "the workshop"

## 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	21/09/2022 15:03 (SGT)
Reported by	Driver
Date of Accident	20/09/2022 15:40 (SGT)
Contact Location of Accident	Geylang East Ave 2, Singapore
Additional Location Information	JUNCTION GEYLANG EAST AVE 3 BESIDE SRI SIVAN TEMPLE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA1672A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	WINCO AIRCON ENGINEERING
Company Reg No	53110353J
Email Address	PAUL.CHAW@YAHOO.COM
Mobile Phone No	(Phone) +65-94558416
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3000

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5060761010-08

### DRIVER

Name of Driver	CHAW CHON YIN
NRIC No	S7287295I
Date Of Birth	18/02/1972
Occupation	Outdoor



Date Of Driving Pass	23/02/1995
Driving experience	27 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94558416
Alt. Phone Number	-
Email Address	PAUL.CHAW@YAHOO.COM
Address	BLK 319 UBI AVE 1 #08-513
Address complement	-
Postcode	400319
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SOLE PROPRIETOR
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 - Major/Minor Rd
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?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### PASSENGER 1

Name	CHAW ZI HAO
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 20/09/2022 AT 1540HRS AT T-JUNCTION OF GEYLANG EAST AVE 2 & GEYLANG EAST AVE 3 BESIDE SRI SIVAN TEMPLE. I WAS TRAVELLING AT ALONG GEYLANG EAST AVE 2 AND SUDDENLY, A VEHICLE B EXITED OUT FROM GEYLANG EAST AVE 3 WITHOUT STOPPING ON THE STOP LINE AND HIT ONTO THE RIGHT PORTION OF MY VEHICLE A CAUSING DAMAGES TO MY VEHICLE. I HAVE ONE PASSENGER 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	SHC3005G
-----------------------------	----------



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	CHAW CHON YIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBA1672A
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 lodging 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.

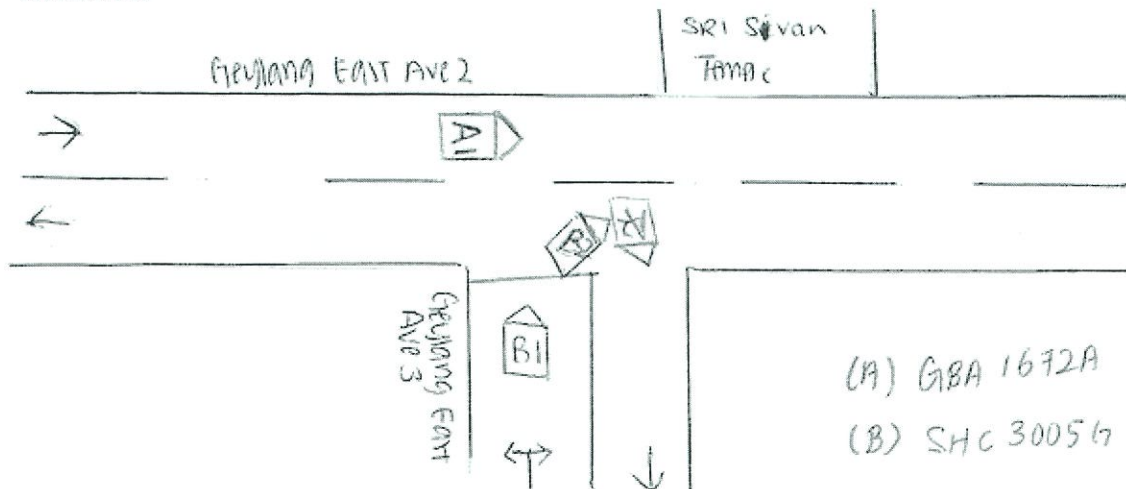
  
Policyholder's Signature  
Date & Time:

  
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/09/2022 at 1540hrs at T Junction of Geylang East Ave 2 and Geylang East Ave 3 beside Sri Sivan Temple.

I was travelling at along Geylang East Ave 2 and Suddenly, a vehicle (B) exited out from Geylang East Ave 3 without stopping on the stop line and hit onto the right portion of my vehicle (A) causing damages to my vehicle. I have 1 passenger onboard my vehicle.

(A) GBA 1672A

(B) SHC 30056

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 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: