



## 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 : CC4/ASM22009903/Apa3 (SJF4553U)  
To : AXA INSURANCE PTE LTD  
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SLE9318G & SJF4553U ON 05/10/2022 AT  
ALONG PIE TOWARDS JURONG BEFORE UPPER THOMSON ROAD EXIT.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.238015 @ S\$7,236.00 (Inclusive of 8% GST)
- 2) Loss of Use @ S\$2,600.00 (13 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:

**AXA INSURANCE PTE LTD**

ROBINSON ROAD

P.O. BOX 1094

SINGAPORE 902144

Bill No : 238015

Date : 18-January-2023

Vehicle Number : **SLE 9318G**

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: Q911 CAR RENTAL  
CAR / LORRY / CYCLE: REG NO: SLE93186 POLICY NO: \_\_\_\_\_  
ACCIDENT CLAIM NO: \_\_\_\_\_

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

Registered No. SLE93186 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 05 day of 10 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 : \_\_\_\_\_

06/10/2022 - PRI  
09/10/2022 - Sunday  
16/10/2022 - Sunday

Vehicle In - 06/10/2022  
Vehicle Out - 18/10/2022  
Lov - 13 days x \$ 200  
= \$ 2,600

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 06 Oct 2022 / 13:29:43

Receipt Date/Time : 06 Oct 2022 / 13:29:43

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-221006-001771

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 - SJF4553U				
As at 05 Oct 2022/18:30:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SJF4553U			
	Enquiry Fee	7.00	0.49	7.49
	20221006132850393728			
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				
	20221006132906124	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 : Q911 CAR RENTAL  
Address : 200 JALAN SULTAN, #02-10  
TEXTILE CENTRE S(199018)  
Contact No : \_\_\_\_\_

TO: AXA INSURANCE PTE LTD

Dear Sirs,

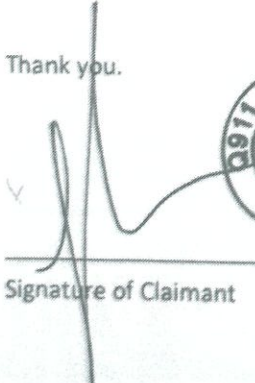
ACCIDENT INVOLVING SLE 93186 AND SJF 4553U ON 05/10/2022  
AT/ALONG PTE TOWARDS JURONG BEFORE UPPER THOMSON ROAD EXIT.

I/We, Q911 CAR RENTAL., am/are the  
registered owner of motor car no. SLE 93186


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



Provided always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect my further claim for general and special damages for my personal injuries sustained in the same accident.

## AUTHORIZATION TO ACT

I, Q911 CAR RENTAL ("the third party claimant")  
of 500 JALAN SULTAN #02-10 TEXTILE CENTRE S(199018) (address),  
owner of SLE93186 (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. SLE93186 that was damaged pursuant to the  
accident which occurred on 05/10/2012 (date) along PIE TOWARDS  
JURONG BEFORE UPPER THOMSON ROAD EXIT. (location)  
involving Vehicle No/s SJF 4553U  
("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)

X  
\_\_\_\_\_  
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	06/10/2022 15:40 (SGT)
Reported by	Driver
Date of Accident	05/10/2022 18:30 (SGT)
Exact Location of Accident	Near Thomson Flyover, Singapore
Additional Location Information	PIE towards Jurong before Upper Thomson Road Exit
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE9318G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	Q911 CAR RENTAL
Company Reg No	5XXXX365B
Email Address	polarbear89071@gmail.com
Mobile Phone No	(Phone) +65-86935159
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MFL0007084

### DRIVER

Name of Driver	Lim Sze Seng
NRIC No	SXXXX030Z
Date Of Birth	03/12/1976
Occupation	Outdoor



Date Of Driving Pass	03/09/1999
Driving experience	23 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96111611
Alt. Phone Number	-
Email Address	polarbear89071@gmail.com
Address	Blk 281 Choa Chu Kang Avenue 3 #10-348
Address complement	-
Postcode	680281
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### PASSENGER 1

Name	Unknown
Gender	Female

#### 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

Refer to 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	SJF4553U
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	Lim Sze Seng
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLE9318G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

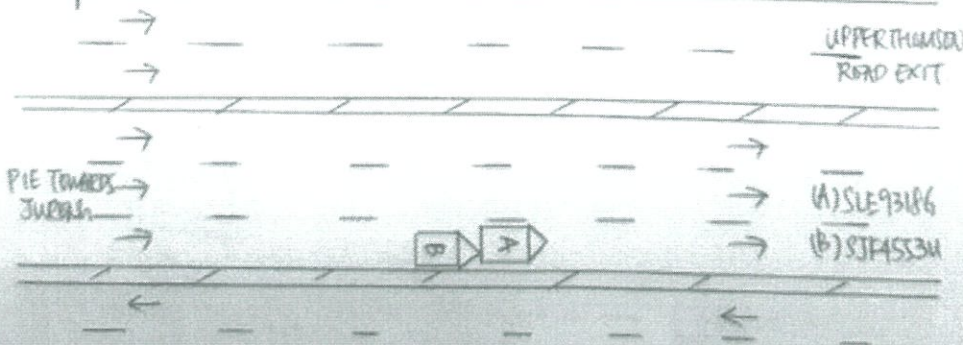
1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 GI 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 heretofore consent to the archiving of the 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 be 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 the 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 based outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

PLEASE REFER TO TP REPORT.

NO : T/20221006 / 7033

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

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/20221006/7033

1 of 3

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

Report No. T/20221006/7033

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/10/2022 13:42		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM SZE SENG			Address: 281 CHOA CHU KANG AVENUE 3 #10-348 SINGAPORE 680281		
ID Type / ID No.: NRIC NO / S7640030Z			Contact No.: Home/Office: Mobile: 96111611		
Nationality: SINGAPORE CITIZEN			Email: BENLIMSS76@GMAIL.COM		
Sex: Male	Age: 45	Date of Birth: 03/12/1976	Type of Informant: Driver		
Race: Chinese			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: 05/10/2022 18:30	Type of Location: Flyover
Location:  THOMSON ROAD				
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
SJF4553U	Car					0
SLE9318G	Car					1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20221006/7033

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

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Report No. T/20221006/7033

## CONTINUATION OF REPORT

Driver			
Name	LIM SZE SENG	ID No.	S7640030Z
Related Vehicle	SLE9318G (Car)	Contact No.	96111611
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	06/10/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On 05/10/2022 at about 1830hours at along PIE towards Jurong before Upper Thomson Road exit. I was travelling on the extreme right 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 1 passenger onboard my vehicle. I have 3 days MC from my injury.

## Vehicles involving in the situation:

- (A) SLE9318G
- (B) SJF4553U



**SINGAPORE  
POLICE FORCE**

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



T/20221006/7033

3 of 3

Report No. T/20221006/7033

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 /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

NP168

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

Date/Time:  
06/10/2022 13:42

Classification Of Case: