



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 : 22/03/2023
Your Ref : CC6/CTI22010230/Apa3 (SMY4956E)
To : CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE GBA9338M & SMY4956E ON 10/10/2022
AT BEFORE JUNCTION OF PUNGGOL ROAD AND RIVERVALE DRIVE
TOWARDS SENGKANG EAST WAY.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.238045 @ S\$27,000.00 (Inclusive of 8% GST)
- 2) Loss of Use @ S\$10,200.00 (34 Days x S\$300)
- 3) LTA Search @ S\$7.45
- 4) Towing Fee @ S\$140.00
- 5) Authorisation to Act
- 6) 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 : 238045

Date : 22-March-2023

Vehicle Number : **GBA 9338M**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 25,000.00
SUB-TOTAL		25,000.00
GST 8%		2,000.00
TOTAL		\$ 27,000.00

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: KEENG XING ELECTRICAL PTE LTD

CAR / LORRY / CYCLE: REG NO: GBA 9338M POLICY NO: _____

ACCIDENT CLAIM NO: _____

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

Registered No. GBA 9338M 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 10 day of 10 2022 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 : _____

10/10/2022 - Tow In
11/10/2022 - Reporting & PRI
16/10/2022 - Sunday
23/10/2022 - Sunday
24/10/2022 - Public Holiday
30/10/2022 - Sunday
06/11/2022 - Sunday

Vehicle In - 10/10/2022
Vehicle Out - 12/11/2022
Lose - 34 days x \$ 300
= \$ 10,200

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 11 Oct 2022 / 11:36:13

Receipt Date/Time : 11 Oct 2022 / 11:36:13

Tax Invoice/Receipt

Receipt No. : ITNET-00000-221011-001276

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 - SMY4956E

As at 10 Oct 2022/22:20:00

Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

1	Insurance Enquiry - SMY4956E Enquiry Fee 20221011113419161801	7.00	0.49	7.49
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Sub-Total	7.00	0.49	7.49
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Total Before Rounding	7.00	0.49	7.49
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Rounding Difference			0.04
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Total Amount Payable			7.45
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Paid By

20221011113528251	Direct Debit: eNETS Debit (Internet Banking)		7.45
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Total			7.45
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Cash Change			0.00
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Tendered Amount			7.45
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Excess Refundable Amount			0.00
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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.



PRINCE TOWING SERVICES

CO REG NO: 53405980E

PRINCE TOWING SERVICES@GMAIL.COM / +65-9222-7993



NO. 7722

DATE: 10/10/22

M/S Cash

VEHICLE NO G1BA93387A

FROM Rivervale DC

TO Premier 08-04

REMARKS _____

MODEL

CALL TIME

TIME ARRIVAL

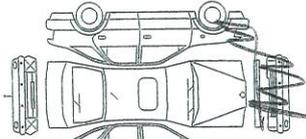
ARRIVAL WORKSHOP

Lorry 10FT

2325

2340

2350



- CHANGE TYRES/PATCH TYRES
- ACCIDENT
- BASEMENT/MULTI CARPARK
- LOW BODY KIT/LOW SPOILER
- OPEN DOOR
- USING KING DOLLEY
- DISMANTLE BRAKE/SHAFT
- CRANE UP/WINCH OUT
- USE CAR CARRIER
- LOADED
- JUMP START

AMOUNT S\$

1400

SHBA

RECEIVED BY _____

PRINCE TOWING

LETTER OF AUTHORITY

Name : KEENG XING ELECTRICAL PTE LTD

Address : 3012 BEDOK INDUSTRIAL PARK E
#02-2026 SINGAPORE 489978

Contact No : _____

TO: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Dear Sirs,

ACCIDENT INVOLVING GBA 9338M AND SMY 4956E ON 10/10/2022
AT/ALONG BEFORE JUNCTION OF PUNGGOL ROAD AND RIVERVALE
DRIVE TOWARDS SENGKANG EASTWAY

I/We, KEENG XING ELECTRICAL PTE LTD, am/are the
registered owner of motor car no. GBA 9338M

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	11/10/2022 14:20 (SGT)
Reported by	Driver
Date of Accident	10/10/2022 22:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BEFORE JUNCTION OF PUNGGOL ROAD AND RIVERVALE DRIVE TOWARDS SENGKANG EASTWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA9338M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	KEENG XING ELECTRICAL PTE LTD
Company Reg No	200610970W
Email Address	SLGANSHIRLEY@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96249691
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	2022-V5003974-VCV

DRIVER

Name of Driver	THOMAS ANISH
Work Permit No	G6535678W
Date Of Birth	19/06/1990

Occupation	Outdoor
Date Of Driving Pass	20/01/2015
Driving experience	7 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86563846
Alt. Phone Number	-
Email Address	KEENGXING@SINGNET.COM.SG
Address	3012 BEDOK INDUSTRIAL PARK E #02-2026 S489978
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
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	RAVI
Gender	Male

PASSENGER 2

Name	RONI
Gender	Male

PASSENGER 3

Name	RAJIV
Gender	Male

PASSENGER 4

Name	SANTHOSH
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?	-

SEE ATTACHED POLICE REPORT

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 SMY4956E
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMD2327U
 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) -

PASSENGER 1

Name -
 Gender -

PASSENGER 2

Name -
 Gender -

PASSENGER 3

Name -
 Gender -

PASSENGER 4

Name -
 Gender -

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.



[Handwritten Signature]

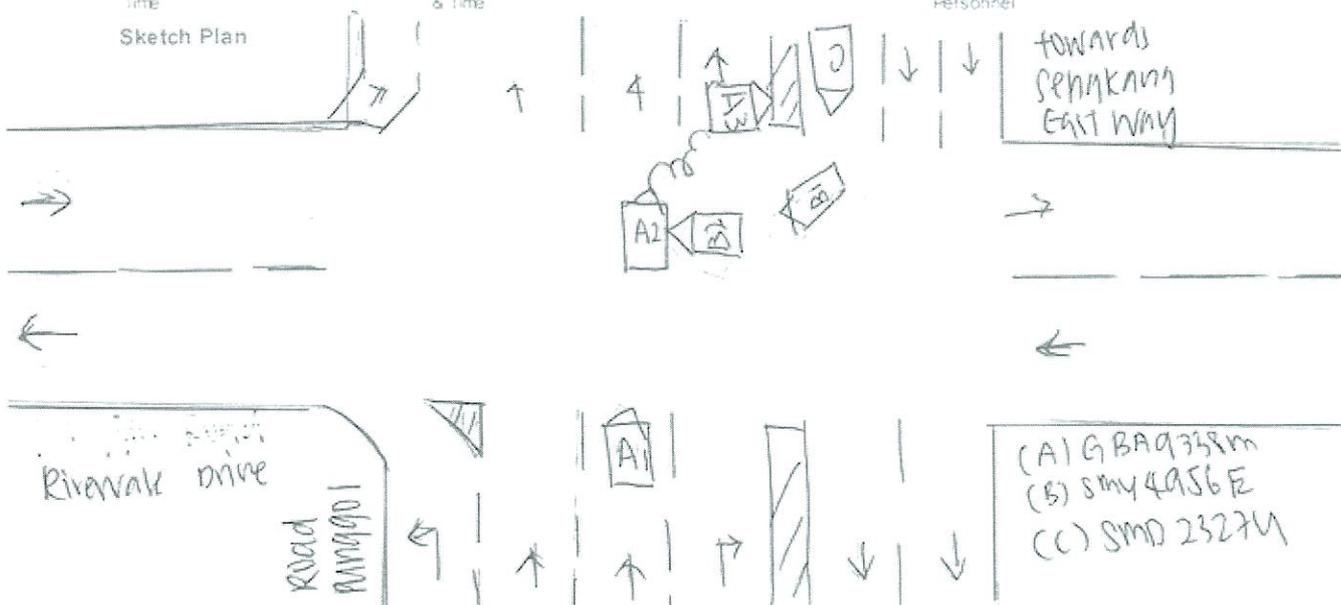


Policyholder's Signature / Date & Time

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

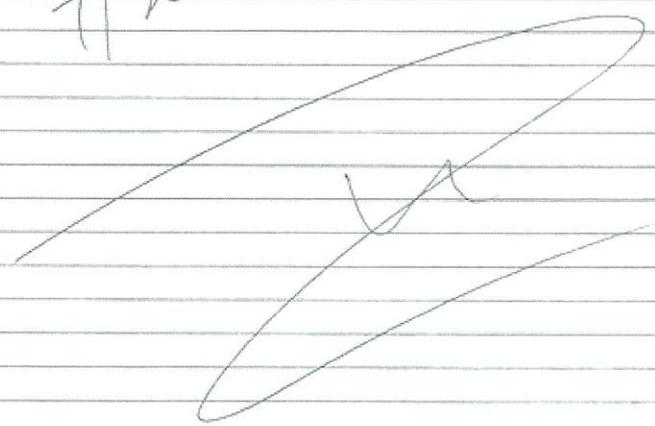
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Attached TP report.
7/20 22/011 / 7014



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

Y



Policyholder's Signature / Date & Time

TT. [Signature]

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



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20221011/7014

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

1 of 3

Report No. T/20221011/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/10/2022 11:19		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: THOMAS ANISH			Address:		
ID Type / ID No.: FIN NO / G6535678W			Contact No.:		Mobile: 86563846
Nationality: INDIAN			Email: keengxing@singnet.com.sg		
Sex: Male	Age: 32	Date of Birth: 19/06/1990	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: DRIVER CUM WORKER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/10/2022 22:20	Type of Location: X-Junction
Location: JUNCTION OF PUNGGOL ROAD BEFORE RIVERVALE DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBA9338M	Van					4
SMD2327U	Car					0
SMY4956E	Car					0



**SINGAPORE
POLICE FORCE**



T/20221011/7014

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

2 of 3

Report No. T/20221011/7014

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	THOMAS ANISH	ID No.	G6535678W
Related Vehicle	GBA9338M (Van)	Contact No.	86563846
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

ON 10/10/2022 AT ABOUT 2220HRS AT BEFORE JUNCTION OF PUNGGOL ROAD AND RIVERVALE DRIVE TOWARDS SENGKANG EAST WAY. I WAS TRAVELLING ON THE CENTRE LANE AND SUDDENLY A VEHICLE (B) FROM THE OPPOSITE MADE A RIGHT TURN WITHOUT CAUTION AND WITHOUT CHECKING THE MAIN TRAFFIC AND HIT ONTO THE RIGHT PORTION OF MY VEHICLE (A). THE IMPACT FORCE MY VEHICLE TO LOSE CONTROL AND SWIRL TO THE OPPOSITE DIRECTION CAUSING THE BARRIER TO FALL ONTO VEHICLE (C). I WISH TO STATE THAT THE TRAFFICE LIGHT IS 'GREEN' TO MY FAVOUR AND I HAVE NO CONTACT WITH VEHICLE (C). THERE IS A TOTAL OF 3 VEHICLES INVOLVED AND I HAVE 4 PASSENGERS ONBOARD MY VEHICLE.

VEHICLE A: GBA9338M
VEHICLE B: SMY4956E
VEHICLE C: SMD2327U



**SINGAPORE
POLICE FORCE**



T/20221011/7014

3 of 3

Report No. T/20221011/7014

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

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 / GOH WEI LI Contact No.: 65476394

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 11/10/2022 11.19
Classification Of Case:

NP168