



## 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 : PC4641T  
To : INDIA INTERNATIONAL INSURANCE PTE LTD  
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SMK3655D & PC4641T ON 14/10/2022 AT ALONG BKE TOWARDS PIE (TUAS) BEFORE PIE (CHANGI AIRPORT) EXIT.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.238046 @ S\$32,400.00 (Inclusive of 8% GST)
- 2) Loss of Use @ S\$8,400.00 (35 Days x S\$240)
- 3) LTA Search @ S\$7.45
- 4) Towing Fee @ S\$110.00
- 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 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 (South Wing) #04-01  
Vicom Inspection Centre, Singapore 415933  
Tel: 6243 1373 Fax: 6243 1376  
GST Reg. No. : 201427944N

**MOTOR CLAIM DISCHARGE**

INSURED: MOHAMMAD IBRAHIM BIN KARIM

CAR / LORRY / CYCLE: REG NO: SMK 3655D POLICY NO: \_\_\_\_\_

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

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

Registered No. SMK 3655D 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 14 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 : \_\_\_\_\_

14/10/2022 - TowIn + PRI  
15/10/2022 - PRI  
16/10/2022 - PRI  
23/10/2022 - Sunday  
24/10/2022 - Public Holiday  
30/10/2022 - Sunday  
06/11/2022 - Sunday  
13/11/2022 - Sunday

vehicle In - 14/10/2022  
vehicle Out - 17/11/2022  
LOU - 35 days x \$240  
= \$ 8,400

> Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 14 Oct 2022 / 14:48:13

Receipt Date/Time : 14 Oct 2022 / 14:48:13

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-221014-002379

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 - PC4641T

As at 14 Oct 2022/09:45:00

Insurance Co: INDIA INT'L INS PTE LTD

1	Insurance Enquiry - PC4641T Enquiry Fee 20221014144723019227	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

20221014144733128 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.



# PEOPLE'S VEHICLE SERVICE PTE LTD

BLK 3023A, UBI ROAD 1 #01-60, SINGAPORE 408717  
TEL : 6743 1987 ( 3 LINES ) FAX : 6743 0013  
Email: peoplevehicle@gmail.com  
Reg No: 200415052W



Date: 14 15 22 **CASH SALE/WORK ORDER No: PF 8671**

Messrs: PLS

車號 Vehicle No: Ssk 3655 D

車型 Model No: 7/2015H

From: Chinnatti keep

To: R/S

其他

Remark:

時間 Time: 13:35 AMOUNT: \$110

- Accident/~~Breakdown~~
- Multi/Basement
- Jump Start
- Changing of Battery
- Tyre Replacement/ Patching
- Crane Up/Winch Out
- With Load/Cargo Box
- Flat Bed
- King Dolly to lift up
- Low Body Kit
- Repo
- Door Opening Service
- Collect Document/Key
- Jurong Island/Cargo Complex
- Woodlands/Tuas Checkpoint
- Cancellation Charge (Reach Location)
- Cancellation Charge (After 15 minutes)

本公司對所換之車輛，在進行中如有任何損失或破損，一概由車主自行負責  
Vehicle is towed at owner's risk. The company accepts no responsibility for damages or other misdeemeanour to your vehicle whilst being towed.

經手人: [Signature] 收貨人: [Signature]  
Authorised by: Received by:

LETTER OF AUTHORITY

Name : MOHMAD IBRAHIM BIN KARIM  
Address : BLK 431 BUKIT PANJANG RIND ROAD  
#05-673 SINGAPORE 670431  
Contact No : \_\_\_\_\_

TO: INDIA INT'L INS PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SMK3655D AND PC4641T ON 14/10/2022  
AT/ALONG BKE TOWARDS PIE (TJAS) BEFORE PIE (CHANGI AIRPORT) EXIT.

I/We, MOHMAD IBRAHIM BIN KARIM, am/are the  
registered owner of motor car no. SMK3655D

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	14/10/2022 17:35 (SGT)
Reported by	Both
Date of Accident	14/10/2022 09:45 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	TWDS PIE (TUAS) BEFORE PIE (CHANGI) EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMK3655D

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHMAD IBRAHIM BIN KARIM
NRIC No	S1188758I
Email Address	STYLISH9440B@GMAIL.COM
Mobile Phone No	(Phone) +65-84828322
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
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	1800

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5130105962

#### DRIVER

Name of Driver	MOHMAD IBRAHIM BIN KARIM
NRIC No	S1188758I
Date Of Birth	07/09/1956
Occupation	Indoor

Date Of Driving Pass	16/12/1997
Driving experience	24 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84828322
Alt. Phone Number	-
Email Address	STYLISH9440B@GMAIL.COM
Address	BLK 431 BUKIT PANJANG RING RD #05-673
Address complement	-
Postcode	670431
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	Chain Collision
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?	Yes
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	KATHRYN
Gender	Female

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

REFER TO POLICE REPORT: T/20221014/7028.

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	PC4641T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBD6488S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	YP5799R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE D
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	MOHMAD IBRAHIM BIN KARIM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMK3655D

Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... Yes

INJURED 2

Name of injured person ..... KATHRYN  
Gender ..... Female  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SMK3655D  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... Yes

**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 lodgment 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:

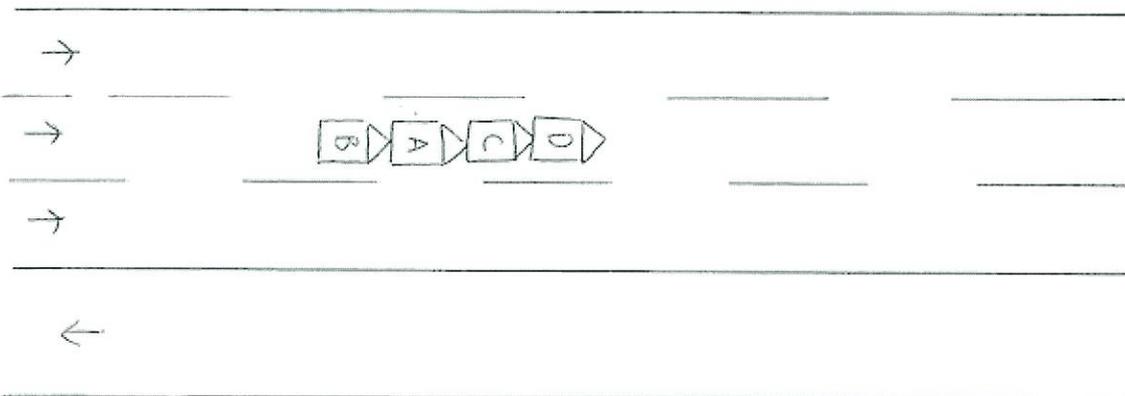


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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 BRE toward PIE (MAS) before PIE (changai Airport)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) SMX3655D (B) PC46417  
(C) GBD 64885 (D) YPS799R

Refer to 71 Report  
2007/10/14/7028

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.

*[Signature]*

Policyholder's Signature  
Date & Time:

*[Signature]*

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20221014/7028

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

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Report No. T/20221014/7028

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMK3655D	NTUC Income Insurance Co-Operative Limited	5130105962	07/09/2022	06/09/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	KATHRYN		ID No.	NIL
Related Vehicle	SMK3655D (Car)		Contact No.	NIL
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
Driver				
Name	MOHMAD IBRAHIM BIN KARIM		ID No.	S1188758I
Related Vehicle	SMK3655D (Car)		Contact No.	84828322
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	14/10/2022		Date	NIL
No. of Days granted Medical Leave	07		Degree of	Serious

Brief Details.

On 14/10/2022 (Date) at about 0945 hours at along BKE towards PIE (Tuas) before PIE (Changi Airport) exit. I was travelling on middle lane and my front vehicle slow down and stop due to heavy traffic hence I follow suit.

Suddenly, I heard a loud bang from behind and the impact forced my vehicle (A) to move forward to hit onto the rear portion of Vehicle (C). When I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my front & rear portion of my vehicle. It was a chain collision of total 4 vehicles involved. I wish to state that I have 1 female passenger inside the vehicle. After the accident, I went to consult a doctor and was given 07 days MC for my injury.

- (A) SMK3655D
- (B) PC4641T
- (C) GBD6488S
- (D) YP5799R



**SINGAPORE  
POLICE FORCE**



T/20221014/7028

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

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Report No. T/20221014/7028

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20221014/7028

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

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Report No. T/20221014/7028

**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 / YAN MINGSHENG DANIEL Contact No.: 65476252

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 14/10/2022 14:56
Classification Of Case:

NP168