



## 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 : 12/07/2023

Your Ref : CC6/CTI22011832/Apa3 (PC8809B)

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SKA8091Z & PC8809B ON 21/11/2022 AT  
DROP OFF POINT OF MARINA BAY SANDS EXPO AND CONVENTION  
CENTER.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.238109 @ S\$2,754.00 (Inclusive of 8% GST)
- 2) Loss of Use @ S\$1,250.00 (5 Days x S\$250)
- 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 8% to 9% with effect from 1<sup>st</sup> January 2024. Our Company's invoices issued will be with GST 9% from 1<sup>st</sup> January 2024.*

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: 6744 4986 / 6744 4165

(GST Reg. No. 201427944N)

# PROFORMA BILL

Bill To:

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

NO. 3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

SINGAPORE 079909

Bill No : 238109

Date : 12-July-2023

Vehicle Number : SKA 8091Z

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 2,550.00
SUB-TOTAL		2,550.00
GST 8%		204.00
TOTAL		\$ 2,754.00

**Tax Invoice will be issue upon amount finalised.**

The Minister for Finance announced that the **GST rate will be increased from 8% to 9%** with effect from 1st January 2024. Our Company's invoices issued will be with **GST 9% from 1st January 2024**.

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: HO COPH

CAR / LORRY / CYCLE: REG NO: SKA 80912 POLICY NO: \_\_\_\_\_

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

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

Registered No. SKA 80912 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 21 day of 11 20 22 have been completed to my / our satisfaction,

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

**HO COPH**  
**Co Reg No: 53351955A**

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

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

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

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

22/11/2022 - PRI

Vehicle In - 22/11/2022

Vehicle Out - 26/11/2022

Low = 5 days x \$250

= \$1,250

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 22 Nov 2022 / 13:05:16

Receipt Date/Time : 22 Nov 2022 / 13:05:16

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-221122-001869

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 - PC8809B

As at 21 Nov 2022/17:50:00

Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

1	Insurance Enquiry - PC8809B Enquiry Fee 20221122130429491835	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

20221122130440207      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 : HO CPH  
Address : 299B COMPASSVALE STREET  
#05-102 COMPASSVALE GREEN  
S(542299)  
Contact No : \_\_\_\_\_

TO: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SKA8091Z AND PC8809B ON 21/11/2022  
AT/ALONG DROP OFF POINT OF MARINA BAY SANDS EXPO AND CONVENTION CENTER

I/We, HO CPH, am/are the  
registered owner of motor car no. SKA8091Z

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.

**HO CPH**  
**Co Reg No: 53351955A**

\_\_\_\_\_  
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	22/11/2022 15:47 (SGT)
Reported by	Driver
Date of Accident	21/11/2022 17:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	DROPOFF POINT OF MARINA BAY SANDS EXPO AND CONVENTION CENTRE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA8091Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HO COPH
Company Reg No	53351955A
Email Address	PETER_HO_53@ICLOUD.COM
Mobile Phone No	(Phone) +65-90072688
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	2400

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5087329472-05

### DRIVER

Name of Driver	HO WAH JUAN
NRIC No	S0162069Z
Date Of Birth	03/05/1951

Occupation	Indoor
Date Of Driving Pass	10/05/1972
Driving experience	50 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90072688
Alt. Phone Number	-
Email Address	PETER_HO_53@ICLOUD.COM
Address	299B COMPASSVALE ST #05-102 S.542299
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SOLE PROPRIETOR/OWNER
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 - Change/cross lane
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	TOURIST
Gender	Male

#### PASSENGER 2

Name	TOURIST
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 ATTACHED POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC8809B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	(Phone) +65-82481239
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	HO WAH JUAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKA8091Z
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 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.

HO COPH  
Co Reg No: 53351955A

22/4/2022  
6 2.45 pm



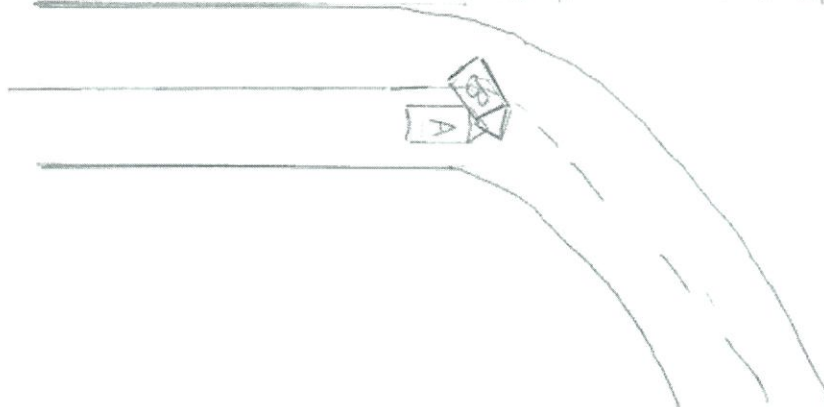
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Drop off point at Sands Expo & Convention Centre



(A) SKA80A1Z  
(B) PC 8809B

Describe Circumstances of the Accident

Attached TP  
7/2022/1122/7015

LA

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.

HO CPH  
Co Reg No: 53351955A

22/11/22  
9:45pm

X

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

RAN EOCK SING MOTORWORKS



**SINGAPORE  
POLICE FORCE**



T/20221122/7015

1 of 3

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

Report No. T/20221122/7015

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/11/2022 12:54	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: HO WAH JUAN			Address: 299B COMPASSVALE STREET #05-102 SINGAPORE 542299		
ID Type / ID No.: NRIC NO / S0162069Z			Contact No.: Home/Office: Mobile: 90072688		
Nationality: SINGAPORE CITIZEN			Email: peter_ho_53@icloud.com		
Sex: Male	Age: 71	Date of Birth: 03/05/1951	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: 21/11/2022 17:50	Type of Location: Straight Road
Location:  BAYFRONT AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC8809B	Bus/Coach/Minibus					0
SKA8091Z	Car					2

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20221122/7015

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

2 of 3  
Report No. T/20221122/7015

## CONTINUATION OF REPORT

Driver			
Name	HO WAH JUAN	ID No.	S0162069Z
Related Vehicle	SKA8091Z (Car)	Contact No.	90072688
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	22/11/2022	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

## Brief Details.

ON 21/11/2022 AT ABOUT 1750 HOURS AT DROP OFF POINT OF MARINA BAY SANDS EXPO AND CONVENTION CENTER. I WAS TRAVELLING ON THE EXTREME RIGHT LANE AT THE ABOVE-MENTIONED ROAD AND SUDDENLY, A VEHICLE (B) FROM MY LEFT VEERED INTO MY LANE WITHOUT CAUTIOUS AND WITHOUT CHECKING HIS BLINDSPOT AND HIT ONTO THE LEFT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 2 PASSENGERS ONBOARD MY VEHICLE. AFTER THE ACCIDENT, I WENT TO CONSULT A DOCTOR AND WAS GIVEN 05 DAYS MC FOR MY INJURY.

(A) SKA8091Z  
(B) PC8809B



**SINGAPORE  
POLICE FORCE**



T/20221122/7015

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

3 of 3  
Report No. T/20221122/7015

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 / TP1B /  
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:  
22/11/2022 12:54

Classification Of Case: