



## 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)

Date : 31/05/2023

Your Ref : SKT1725A

To : INDIA INTERNATIONAL INSURANCE PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE SMR4224X & SKT1725A ON 29/11/2022  
AT ALONG DROP OFF POINT OF 19 COMPASSVALE ROAD, THE LUXURIE.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.238082 @ S\$1,566.00 (Inclusive of 8% GST)
- 2) Loss of Use @ S\$1,600.00 (8 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,



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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:

**INDIA INTERNATIONAL INSURANCE PTE LTD**

64 CECIL STREET

#05-02 IOB BUILDING

SINGAPORE 049711

Bill No : 238082

Date : 31-May-2023

Vehicle Number : **SMR 4224X**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 1,450.00
SUB-TOTAL		1,450.00
GST 8%		116.00
TOTAL		\$ 1,566.00

***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: PRIME CAR LIMO PTE LTD

CAR / LORRY / CYCLE: REG NO: SMR 4224X POLICY NO: \_\_\_\_\_

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

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

Registered No. SMR 4224X 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 29 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.

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

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

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



01/12/2023 - PRI  
04/12/2023 - Sunday

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

Vehicle In - 01/12/2023  
Vehicle Out - 08/12/2023  
LON - 8 days x \$ 200  
= \$ 1,600

> Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 30 Nov 2022 / 14:19:13

Receipt Date/Time : 30 Nov 2022 / 14:19:13

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-221130-002372

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 - SKT1725A As at 29 Nov 2022/22:10:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SKT1725A Enquiry Fee 20221130141817744418	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				
20221130141826231		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 : PRIME CAR LIMO PTE LTD  
Address : 61 UBI AVE 2 #01-03  
AUTOMOBILE MEGAMART S408898.  
Contact No : \_\_\_\_\_

TO: INDIA INT'L INS PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SMR4224X AND SKT172JA ON 29/11/2012  
AT/ALONG DROP OFF POINT OF 19 COMPASSVALE ROAD, THE LUXURIE-

I/We, PRIME CAR LIMO PTE LTD, am/are the  
registered owner of motor car no. SMR4224X

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	30/11/2022 17:25 (SGT)
Reported by	Driver
Date of Accident	29/11/2022 22:10 (SGT)
Exact Location of Accident	19 Compassvale Rd, Singapore 540203
Additional Location Information	DROP OFF POINT OF THE LUXURIE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR4224X
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PRIME CAR LIMO PTE LTD
Company Reg No	201826883W
Email Address	SUPREMELEASINGSG@GMAIL.COM
Mobile Phone No	(Phone) +65-86836000
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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 car
Transmission	Auto
CC	1496

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5119549919-02-000038

### DRIVER

Name of Driver	JERVIN CHIA CHUN WEI
NRIC No	S7432841E
Date Of Birth	28/09/1974
Occupation	Indoor

Date Of Driving Pass	04/06/1998
Driving experience	24 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96185313
Alt. Phone Number	-
Email Address	SUPREMELEASINGSG@GMAIL.COM
Address	195A GUILLEMARD RD
Address complement	-
Postcode	399726
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)	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	UNKNOWN
Gender	Male

#### PASSENGER 2

Name	UNKNOWN
Gender	Male

#### PASSENGER 3

Name	UNKNOWN
Gender	Female

#### PASSENGER 4

Name	UNKNOWN
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

ON 29/11/2022 AT ABOUT 2210HRS, AT ALONG DROP OFF POINT OF 19 COMPASSVALE ROAD, THE LUXURIE. I WAS STATIONARY PARKED AT THE ABOVE MENTIONED DROP OFF POINT AND SUDDENLY, I SAW MY FRONT VEHICLE B REVERSING TOWARDS MY VEHICLE A. AFTER I ALIGHTED, I REALISED THAT IT WAS VEHICLE B WHO HIT ONTO MY FRONT PORTION OF MY VEHICLE A. I WISH TO STATE THAT I HAVE 4 PASSENGERS 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 SKT1725A  
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 JERVIN CHIA CHUN WEI  
Gender Male  
Phone No -  
Address -  
Address Complement -  
Post Code -  
Approximate Age Years Old -  
Injuries Sustained -  
Injured person in which vehicle? SMR4224X  
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 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:

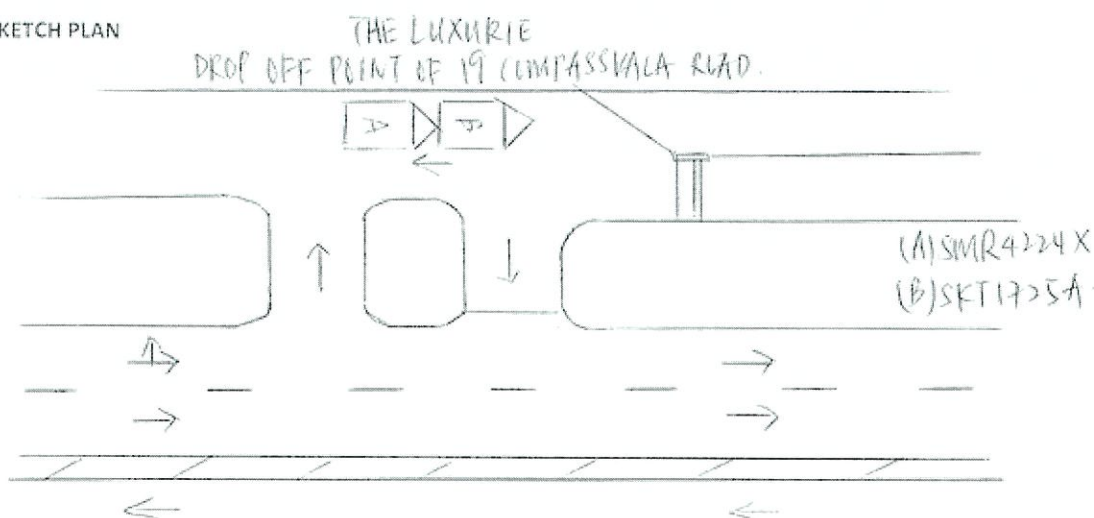
*Jer 30/11/22*

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 29/11/2022 at about 2210hrs, at along drop off point of 19 compassvale road, The Luxurie I was stationary parked at the above mentioned drop off point and suddenly, I saw my front vehicle (B) reversing towards my vehicle (A). After I alight, I realized that it was vehicle (B) who hit onto my front portion of my vehicle (A). I wish to state that I have 4 passengers onboard my vehicle.

Vehicle A: SMR 4224X  
Vehicle B: SKT 1725A

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.



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.:





**SINGAPORE  
POLICE FORCE**



T/20221208/7054

1 of 3

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

Report No. T/20221208/7054

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/12/2022 17:46	Vide Report No.:	Station Diary No.:
--------------------------------------------	------------------	--------------------

**Informant's Particulars**

Name of Informant: JERVIN CHIA CHUN WEI			Address: 195A GUILLEMARD ROAD SINGAPORE 399726		
ID Type / ID No.: NRIC NO / S7432841E			Contact No.: Home/Office: Mobile: 96185313		
Nationality: SINGAPORE CITIZEN			Email: JERVINCHIA@GMAIL.COM		
Sex: Male	Age: 48	Date of Birth: 28/09/1974	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: 29/11/2022 22:10	Type of Location: DROP OFF POINT
Location:  COMPASSVALE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
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
SKT1725A	Car					0
SMR4224X	Car					4



**SINGAPORE  
POLICE FORCE**



T/20221208/7054

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

2 of 3

Report No. T/20221208/7054

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	JERVIN CHIA CHUN WEI	ID No.	S7432841E
Related Vehicle	SMR4224X (Car)	Contact No.	96185313
Hospital/Clinic	MY FAMILY CLINIC (CLEMENTI)	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	01/12/2022	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON 29/11/2022 AT ABOUT 2210HRS, AT ALONG DROP OFF POINT OF 19 COMPASSVALE ROAD, THE LUXURIE, I WAS STATIONARY PARKED AT THE ABOVE MENTIONED DROP OFF POINT AND SUDDENLY, I SAW MY FRONT VEHICLE (B) REVERSING TOWARDS MY VEHICLE (A). AFTER I ALIGHTED, I REALISED THAT IT WAS VEHICLE (B) WHO HIT ONTO MY FRONT PORTION OF MY VEHICLE (A). I WISH TO STATE THAT I HAVE 4 PASSENGERS INSIDE MY VEHICLE. I WAS AWARDED 5 DAYS OF MC FOR MY INJURY.

VEHICLE A: SMR4224X  
VEHICLE B: SKT1725A





**SINGAPORE  
POLICE FORCE**

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



T/20221208/7054

3 of 3

Report No. T/20221208/7054

**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 /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

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

Date/Time:  
08/12/2022 17:46

Classification Of Case:

NP168