



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 : **SH8704H**
To : **HSBC LIFE (SINGAPORE) PTE LTD**
Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SMQ8978H & SH8704H ON 23/12/2022 AT ALONG SLIP ROAD OF UPPER CHANGI ROAD EAST TOWARDS PIE (CHANGI).

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No. **238051 @ S\$6,804.00 (Inclusive of 8% GST)**
- 2) Loss of Use @ **S\$2,640.00 (11 Days x S\$240)**
- 3) LTA Search @ **S\$26.75**
- 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 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 (South Wing) #04-01
Vicom Inspection Centre, Singapore 415933
Tel: 6243 1373 Fax: 6243 1376
GST Reg. No. : 201427944N

MOTOR CLAIM DISCHARGE

INSURED: ETND Transporter
CAR / LORRY / CYCLE: REG NO: SMA 8978H POLICY NO: -
ACCIDENT CLAIM NO: -

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

Registered No. SMA 8978H 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 23 day of 12 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 : _____



24/12/2022 - PRI
25/12/2022 - PH
26/12/2022 - PH Observed
01/01/2023 - PH
02/01/2023 - PH observed

Vehicle In - 24/12/2022
Vehicle Out - 03/01/2023
Low - 11 days x \$ 240
= \$ 2,640

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 23 Dec 2022 / 16:37:53

Receipt Date/Time : 23 Dec 2022 / 16:37:53

Tax Invoice/Receipt

Receipt No. : ITNET-00000-221223-003781

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 - SH8704H

As at 23 Dec 2022/15:30:00

Insurance Co: AXA INSURANCE PTE LTD

1	Insurance Enquiry - SH8704H Enquiry Fee 20221223163658801508	25.00	1.75	26.75
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Sub-Total	25.00	1.75	26.75
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Total Before Rounding	25.00	1.75	26.75
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Rounding Difference			0.00
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Total Amount Payable			26.75
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Paid By

20221223163706293	Direct Debit: eNETS Debit (Internet Banking)	26.75
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Total	26.75
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Cash Change	0.00
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Tendered Amount	26.75
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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.

LETTER OF AUTHORITY

Name : ETND Transporter
Address : 512 Bedok North Ave 2
#08-305 KARL BUKIT GREEN S(460512)
Contact No : _____

TO: HSBC Life (Singapore) Pte Ltd

Dear Sirs,

ACCIDENT INVOLVING SMQ 8978H AND SH 8704H ON 23/12/2022
AT/ALONG Slip Road of Upper Changi Road East towards PIE (Changi)

I/We, ETND Transporter, am/are the
registered owner of motor car no. SMQ 8978H

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

A handwritten signature in blue ink, appearing to be a stylized 'J' or similar character, written over a horizontal line.

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, ETND Transporter ("the third party claimant")
of 512 Bedok North Ave 2 #08-305 Kati Bukit Green S(460512) (address),
owner of SMA 8978H (vehicle no.) hereby authorize
Mh 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. SMA 8978H that was damaged pursuant to the
accident which occurred on 23/12/02 (date) along Slip Road of
Upper Changi Road East towards PIE (Changi) (location)
involving Vehicle No/s SH 8704H
("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)



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	27/12/2022 12:35 (SGT)
Reported by	Driver
Date of Accident	23/12/2022 03:30 (SGT)
Contact Location of Accident	Singapore
Additional Location Information	ALONG SLIP ROAD OF UPPER CHANGI ROAD EAST TOWARDS PIE (CHANGI)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ8978H

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ETND TRANSPORTER
Company Reg No	5XXXX634D
Email Address	etmick74@gmail.com
Mobile Phone No	(Phone) +65-97613380
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Voxy
Variant	HYBRID 7-SEATER 1.8V CVT
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	1797

INSURANCE COMPANY

Name of Insurance Company	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	LEE YONG WEI
NRIC No	SXXXX377H
Date Of Birth	20/12/1974

Occupation	Outdoor
Date Of Driving Pass	11/03/2004
Driving experience	18 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97613380
Alt. Phone Number	-
Email Address	etmick74@gmail.com
Address	BLK 512 BEDOK NORTH AVE 2 #08-308
Address complement	-
Postcode	460512
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	Raining
Road Surface	Wet

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	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?	-

CIRCUMSTANCES OF ACCIDENT

ON 23/12/2022 AT ABOUT 0303HRS AT ALONG SLIP ROAD OF UPPER CHANGI ROAD EAST TOWARDS PTE (CHANGI). I WAS TRAVELLING ON THE ABOVE-MENTIONED SLIP ROAD AND I SLOW DOWN FOR CLEARANCE OF MAIN TRAFFIC. SUDDENLY I HEARD A LOUD BANG FROM BEHIND AND WHEN I ALIGHTED. I REALIZED IT WAS VEHICLE (B) WHO HIT ONTO MY REAR PORTION OF MY VEHICLE (A) CASUING DAMAGES TO MY VEHICLE. I HAVE 1 MALE PASSENGER. I HAVE 7DAYS MC FOR MY INJURY

VEHICLE INVOICING IN THE SITUATION

(A) SMQ8978H
(B) SH8704H

ATTACHMENT(S)

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

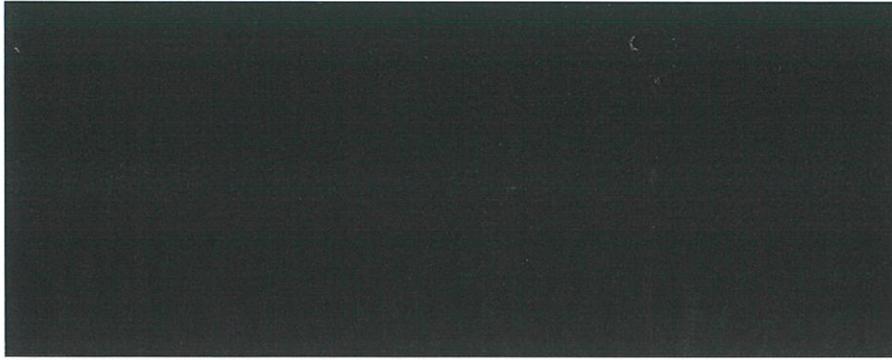
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH8704H
 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 LEE YONG WEI
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BACK,NECK SHOULDER PAIN
 Injured person in which vehicle? SMQ8978H
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No



Describe Circumstances of the Accident

Attached TP Report
T/ 20221223/7037

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 confirm the foregoing particulars are true in every respect.

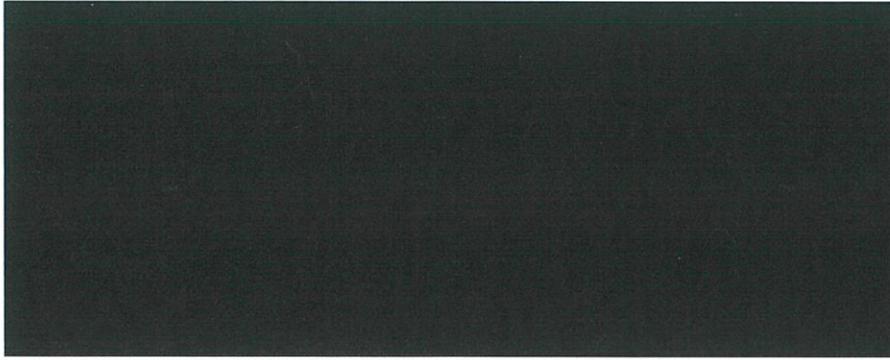


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





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 Authorized Driver.
- 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may affect insurance coverage or invalidate policy liability.
- 4. The issue and subsistence 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 GA Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and the copies of this report will for a fee be made available upon application by interested parties.
- 7. By the completion of this report as the insurers, you hereby consent to the copying of this report at the discretion of agencies of the reporting made available to persons.
- 8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that:
 - (a) the insurer, my workshop and the General Insurance Association of Singapore ("GIAS") may use personal data collected, used, disclosed and/or processed by personal data controller information and/or the Point of Entry (personal information provided by me or processed by my insurer) (collectively, the "Personal Information") and disclose and/or transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident and/or insurers who have insured vehicle(s) involved in other accidents and be collectively referred to as the "Insurers"; the Insurers may provide them the Ministry 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 investigation 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 distribution of certain personal data) according to being sent/delivered to the same as well as on the external cover of any essential packages; and/or
 - (v) complying with Approaches and/or administering, processing, handling and/or dealing with my claims;
 (collectively, the "Purposes");
 - (b) all insurers who have insured vehicle(s) involved in this accident and the insurers' law/yer(s) firm, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (c) the Personal Information may be disclosed by any of the Insurers and/or GIAS to their third party service providers or agents (including but not limited to "Firms") which may be situated outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature: Date & Title

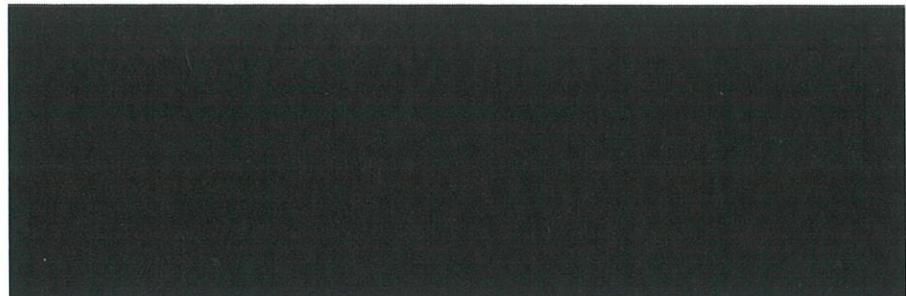
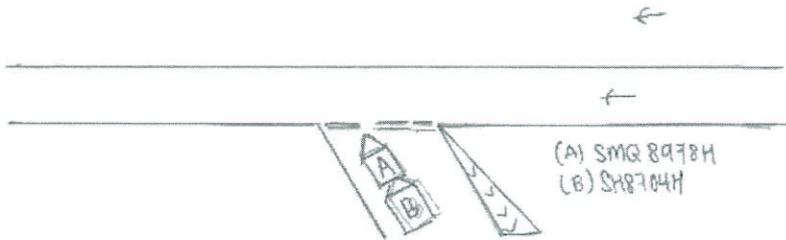
Sketch Plan

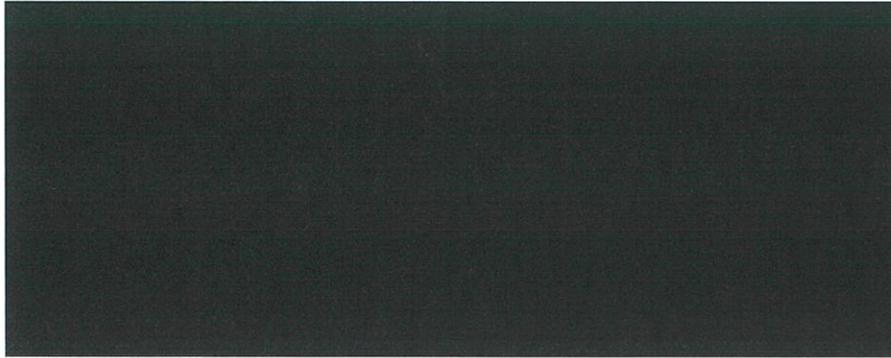
Driver's Signature (if driver is not the policy holder) - Date & Title

SHP ROAD of upper Changi

Witnessed by (writing name & address)

ROAD toward PIE (Changi)





**SINGAPORE
POLICE FORCE**



T:20221223-7037

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

3 of 3

Report No: T:20221223-7037

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

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

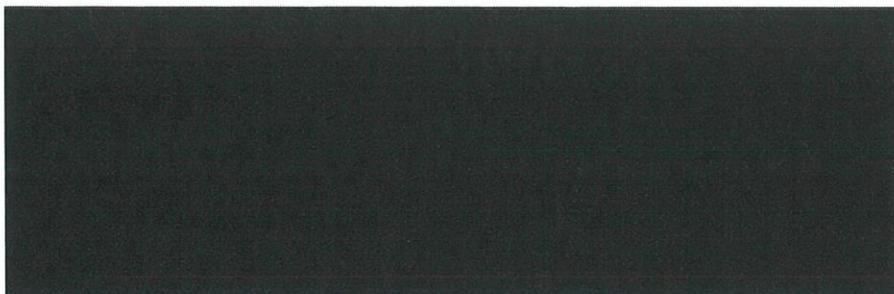
Signature Of Interpreter:
Not applicable

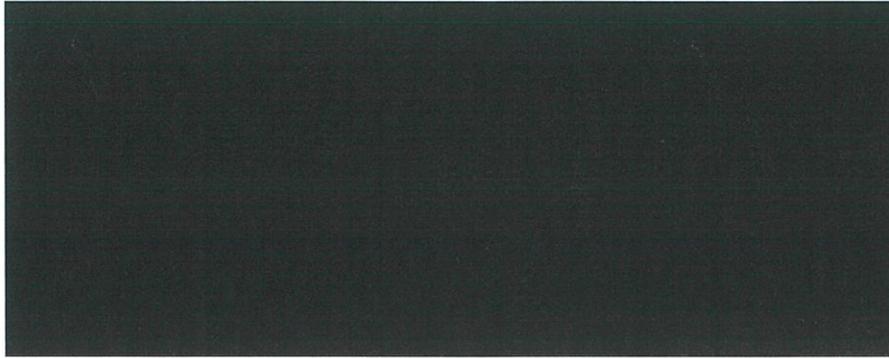
Date/Time:
23/12/2022 15:17

Officer In Charge Of Case:
TP : TPIB :
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Classification Of Case:

NP:6F





**SINGAPORE
POLICE FORCE**



T:20221223-7037

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

2 of 3
Report No. T:20221223-7037

CONTINUATION OF REPORT

Driver			
Name	LEE YONG WEI	ID No.	S7473377H
Related Vehicle	SMQ6978H (Car)	Contact No.	97613380
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	23/12/2022	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Serious

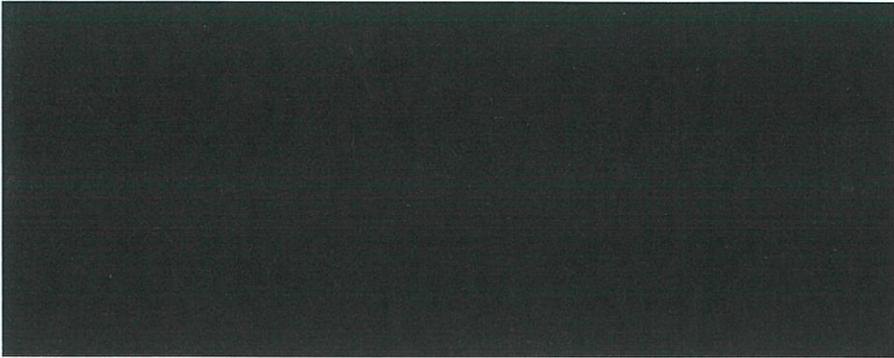
Brief Details.

On 23/12/2022 at about 0330 hours at along slip road of Upper Changi Road East towards PIE (Changi). I was travelling on the above mentioned slip road and I slow down for clearance of main traffic. Suddenly I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit onto my rear portion of my vehicle (A) causing damages to my vehicle. I have 1 male passenger. I have 7 days MC for my injury.

Vehicles involving in the situation.

- (A) SMQ6978H
- (B) SH8704H





T202212237037

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408866
Tel No: 65470000

1 of 5
Report No: T202212237037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/12/2022 15:17 Vide Report No.: Station Diary No.:

Informant's Particulars			
Name of Informant: LEE YONG WEI		Address: 512 BEDOK NORTH AVENUE 2 #08-305 SINGAPORE 460512	
ID Type / ID No.: NRIC NO / S7473377H		Contact No.:	Mobile: 97613380
Nationality: SINGAPORE CITIZEN		Email: ETMICK74@GMAIL.COM	
Sex: Male	Age: 48	Date of Birth: 20/12/1974	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: transport driver		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/12/2022 03:30	Type of Location: SLIP ROAD
Location: slip road of Upper Changi Road East towards PIE (Changi)				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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	Condition	No. of
SH8704H	Car					0
SMQ8975H	Car					1

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

