



## 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/CTI23000360/Apa3 (GBK7992J)

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE GBJ9173Z & GBK7992J ON 09/01/2023 AT  
ALONG SLIP ROAD OF UPPER CHANGI ROAD TOWARDS SIMEI AVENUE.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No. **238055 @ S\$10,800.00 (Inclusive of 8% GST)**
- 2) Loss of Use @ **S\$3,300.00 (11 Days x S\$300)**
- 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 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,



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 : 238055

Date : 22-March-2023

Vehicle Number : **GBJ 9173Z**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 10,000.00
SUB-TOTAL		10,000.00
GST 8%		800.00
TOTAL		\$ 10,800.00

***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: MAPLE CATERING PTE LTD

CAR / LORRY / CYCLE: REG NO: GBJ 9173Z POLICY NO: \_\_\_\_\_

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

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

Registered No. GBJ 9173Z 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 09 day of 01 20 23 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 : \_\_\_\_\_

11/01/2023 - PRI  
13/01/2023 - Sunday

Vehicle In- 11/01/2023  
Vehicle Out- 21/01/2023  
Lcn - 11 days x \$300  
= \$3,300

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 10 Jan 2023 / 11:10:09

Receipt Date/Time : 10 Jan 2023 / 11:10:09

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-230110-001282

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 - GBK7992J

As at 09 Jan 2023/18:20:00

Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

1	Insurance Enquiry - GBK7992J Enquiry Fee 20230110110918925914	24.77	1.98	26.75
---	---	-------	------	-------

<b>Sub-Total</b>	24.77	1.98	26.75
------------------	-------	------	-------

<b>Total Before Rounding</b>	24.77	1.98	26.75
------------------------------	-------	------	-------

<b>Rounding Difference</b>			0.00
----------------------------	--	--	------

<b>Total Amount Payable</b>			26.75
-----------------------------	--	--	-------

Paid By

20230110110931164	Direct Debit: eNETS Debit (Internet Banking)	26.75
-------------------	---	-------

Total	26.75
-------	-------

Cash Change	0.00
-------------	------

Tendered Amount	26.75
-----------------	-------

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 : MAPLE CATERING PTE LTD

Address : 239 PANDAN LOP #06-04  
PODICONCEPT@PANDAN S(128425)

Contact No : \_\_\_\_\_

TO: CHINA TACPING INSURANCE (SINGAPORE) PTE LTD

Dear Sirs,

ACCIDENT INVOLVING GBJ 9173Z AND GBK7992J ON 09/01/2023  
AT/ALONG SLIP ROAD OF UPPER CHANGI ROAD TOWARDS SIMEI AVENUE

I/We, MAPLE CATERING PTE LTD, am/are the  
registered owner of motor car no. GBJ 9173Z

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	10/01/2023 13:13 (SGT)
Reported by	Driver
Date of Accident	09/01/2023 18:20 (SGT)
Exact Location of Accident	Upper Changi Rd, Singapore
Additional Location Information	SLIP ROAD TOWARDS SIMEI AVE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ9173Z
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MAPLE CATERING PTE LTD
Company Reg No	201909003R
Email Address	RESTERJESTER@HOTMAIL.COM
Mobile Phone No	(Phone) +65-94521541
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	1500

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5123667288

#### DRIVER

Name of Driver	TEO WAI JIE ZET
NRIC No	S9449363C
Date Of Birth	05/12/1994
Occupation	Outdoor

Date Of Driving Pass	13/09/2018
Driving experience	4 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94521541
Alt. Phone Number	-
Email Address	RESTERJESTER@HOTMAIL.COM
Address	BLK 14B LORONG 7 TOA PAYOH #16-247
Address complement	-
Postcode	312014
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	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	3
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)	1
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	-

#### 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/20230110/7010

#### 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	GBK7992J
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	SLX1702H
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 C
No. Of Passenger (Including Driver)	4

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	TEO WAI JIE ZET
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBJ9173Z
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 lodging 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



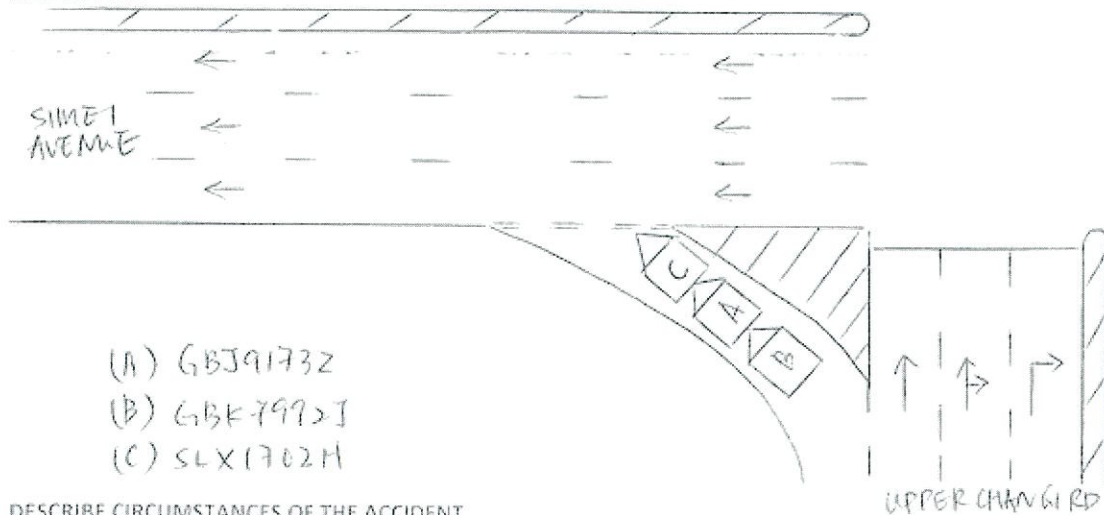
Policyholder's Signature  
Date & Time

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO TP REPORT

NO. T/20230110/7010

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 that 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/20230110/7010

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

1 of 3

Report No. T/20230110/7010

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/01/2023 10:55	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

**Informant's Particulars**

Name of Informant: TEO WAI JIE, ZET			Address: 14B LORONG 7 TOA PAYOH #16-247 SINGAPORE 312014		
ID Type / ID No.: NRIC NO / S9449363C			Contact No.: Home/Office: Mobile: 94521541		
Nationality: SINGAPORE CITIZEN			Email: RESTERJESTER@HOTMAIL.COM		
Sex: Male	Age: 28	Date of Birth: 05/12/1994	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: 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: 09/01/2023 18:20	Type of Location: SLIP ROAD
Location:  UPPER CHANGI ROAD TOWARDS SIMEI AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GBJ9173Z	Van					0
GBK7992J	Van					0
SLX1702H	Car					0





**SINGAPORE  
POLICE FORCE**



T/20230110/7010

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

2 of 3

Report No. T/20230110/7010

## 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	TEO WAI JIE, ZET	ID No.	S9449363C
Related Vehicle	GBJ9173Z (Van)	Contact No.	94521541
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	10/01/2023	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON 09/01/2023 AT ABOUT 1820HRS AT ALONG SLIP ROAD OF UPPER CHANGI ROAD TOWARDS SIMEI AVENUE. I WAS TRAVELLING ON THE ABOVE MENTIONED SLIP ROAD AND WHEN MY FRONT VEHICLE SLOW DOWN AND STOP WHILE WAITING FOR THE CLEARANCE OF THE MAIN TRAFFIC, HENCE I FOLLOW SUIT. SUDDENLY I HEARD A LOUD BANG FROM BEHIND AND THE IMPACT FORCED MY VEHICLE (A) TO HIT ONTO THE FRONT VEHICLE (C) IN FRONT OF ME. AFTER I ALIGHTED, I REALIZED THAT IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. IT WAS A CHAIN COLLISION OF TOTAL 3 VEHICLES INVOLVED. AFTER THE ACCIDENT, I FELT UNWELL AND WAS AWARDED 5 DAYS OF MC FOR MY INJURY.

VEHICLE A: GBJ9173Z  
VEHICLE B: GBK7992J  
VEHICLE C: SLX1702H





**SINGAPORE  
POLICE FORCE**

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



T/20230110/7010

3 of 3

Report No. T/20230110/7010

**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 /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

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

Date/Time:  
10/01/2023 10:55

Classification Of Case:

NP168