



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 : 29/03/2023

Your Ref : SLT3845L

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE SMP4266K & SLT3845L ON 03/02/2023 AT JUNCTION OF EU TONG SEN STREET AND HAVELOCK ROAD TOWARDS SOUTH BRIDGE ROAD.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.238059 @ S\$5,616.00 (Inclusive of 8% GST)
- 2) Loss of Use @ S\$1,800.00 (9 Days x S\$200)
- 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, 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 : 238059

Date : 29-March-2023

Vehicle Number : **SMP 4266K**

ATTN : MOTOR CLAIMS DEPARTMENT

| QTY | CLAIM | AMOUNT |
|-----------|---|-------------|
| 1 | To carried out accident repair as per surveyor's recommendation (Lump Sum) | \$ 5,200.00 |
| SUB-TOTAL | | 5,200.00 |
| GST 8% | | 416.00 |
| TOTAL | | \$ 5,616.00 |

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: SMP4266K POLICY NO: _____

ACCIDENT CLAIM NO: _____

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

Registered No. SMP 4266K 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 03 day of 02 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 : _____

03/02/2023 - PR1

04/02/2023 - PR1

05/02/2023 - PR1

Vehicle In - 03/02/2023

Vehicle Out - 11/02/2023

Low - 9 days x \$200

= \$1,800

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 03 Feb 2023 / 12:03:52

Receipt Date/Time : 03 Feb 2023 / 12:03:52

Tax Invoice/Receipt

Receipt No. : ITNET-00000-230203-001355

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 - SLT3845L

As at 03 Feb 2023/08:30:00

Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

| | | | | |
|---|---|-------|------|-------|
| 1 | Insurance Enquiry - SLT3845L Enquiry Fee 20230203120227293607 | 24.77 | 1.98 | 26.75 |
|---|---|-------|------|-------|

| | | | |
|------------------|-------|------|-------|
| Sub-Total | 24.77 | 1.98 | 26.75 |
|------------------|-------|------|-------|

| | | | |
|------------------------------|-------|------|-------|
| Total Before Rounding | 24.77 | 1.98 | 26.75 |
|------------------------------|-------|------|-------|

| | | | |
|----------------------------|--|--|------|
| Rounding Difference | | | 0.00 |
|----------------------------|--|--|------|

| | | | |
|-----------------------------|--|--|-------|
| Total Amount Payable | | | 26.75 |
|-----------------------------|--|--|-------|

Paid By

| | | |
|-------------------|---|-------|
| 20230203120235270 | 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 : PRIME CAR LIMO PTE LTD
Address : 61 UBI AVE 2 #01-03
AUTOMOBILE MEGAMART S(408898)
Contact No : _____

TO: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SMP 4266K AND SLT3845L ON 03/02/2023
AT/ALONG JUNCTION OF EU TONG SEN STREET AND HAVELOCK ROAD
TOWARDS SOUTH BRIDGE ROAD.

I/We, PRIME CAR LIMO PTE LTD, am/are the
registered owner of motor car no. SMP 4266K

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 | 03/02/2023 13:04 (SGT) |
| Reported by | Driver |
| Date of Accident | 03/02/2023 08:30 (SGT) |
| Exact Location of Accident | Eu Tong Sen St, Singapore |
| Additional Location Information | JUNCTION HAVELOCK RD TWDS SOUTH BRIDGE RD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SMP4266K |
| 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 | Freed |
| 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 | 1500 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5119549919-02-000030 |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | KER BENG HONG |
| NRIC No | S7633837Z |
| Date Of Birth | 03/10/1976 |
| Occupation | Outdoor |

| | |
|--|--------------------------------|
| Date Of Driving Pass | 09/12/1999 |
| Driving experience | 23 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-86086003 |
| Alt. Phone Number | - |
| Email Address | SUPREMELEASINGSG@GMAIL.COM |
| Address | BLK 178 BOON LAY DRIVE #06-414 |
| Address complement | - |
| Postcode | 640178 |
| 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) | 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 | NG GEK SAN |
| 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/20230203/7024

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 | SLT3845L |
| 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) | 2 |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|---------------|
| Name of injured person | KER BENG HONG |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SMP4266K |
| 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.

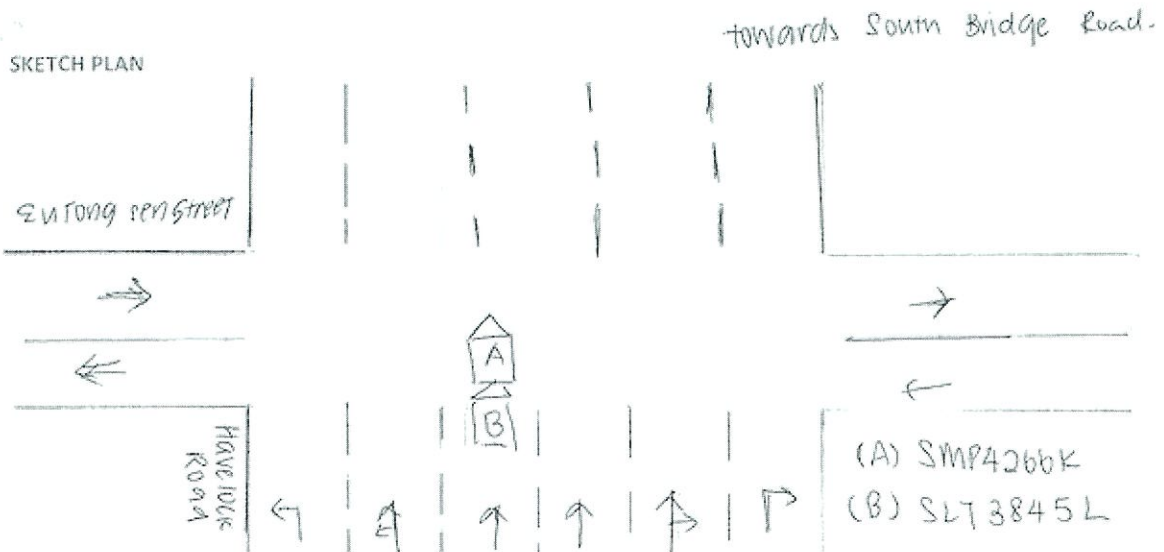


Policyholder's Signature
Date & Time: _____

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: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER to traffic police
REPORT

T/20230203/7024

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/20230203/7024

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

1 of 3

Report No. T/20230203/7024

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 03/02/2023 11:36 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: KER BENG HONG | | | Address: 178 BOON LAY DRIVE #06-414 SINGAPORE 640178 | | |
| ID Type / ID No.: NRIC NO / S7633837Z | | | Contact No.: Home/Office: Mobile: 86086003 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: ukerbh@gmail.com | | |
| Sex: Male | Age: 46 | Date of Birth: 03/10/1976 | 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: 03/02/2023 08:30 | Type of Location: X-Junction |
| Location: EU TONG SEN STREET | | | | |
| 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 |
|-------------|------|------|-------|-------|----------|-------|
| SLT3845L | Car | | | | | 0 |
| SMP4266K | Car | | | | | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230203/7024

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

2 of 3

Report No. T/20230203/7024

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|---------------------|-----------------------------------|-----------------------------------|
| Driver | | | |
| Name | KER BENG HONG | ID No. | S7633837Z |
| Related Vehicle | SMP4266K (Car) | Contact No. | 86086003 |
| Hospital/Clinic | CARE MEDICAL CLINIC | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | 03/02/2023 | Date | NIL |
| No. of Days granted Medical Leave | 05 | Degree of | Serious |

Brief Details.

ON 03/02/2023 AT ABOUT 0830HRS AT JUNCTION OF EU TONG SEN STREET AND HAVELOCK ROAD TOWARDS SOUTH BRIDGE ROAD. I WAS TRAVELLING ON THE LANE 4 AT ALONG HAVELOCK ROAD AND WHEN MY FRONT VEHICLE SLOW DOWN AND STOP DUE TO HEAVY TRAFFIC, HENCE I FOLLOW SUIT. SUDDENLY I FELT A GREAT IMPACT FROM THE REAR AND WHEN I ALIGHTED, I REALISED THAT IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. AFTER THE ACCIDENT, I WENT TO CONSULT A DOCTOR AND WAS AWARDED 5 DAYS OF MC FOR MY INJURY. I HAVE 1 PASSENGER INSIDE MY VEHICLE.

VEHICLE A: SMP4266K
VEHICLE B: SLT3845L



**SINGAPORE
POLICE FORCE**



T/20230203/7024

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

3 of 3

Report No. T/20230203/7024

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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

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

Date/Time:
03/02/2023 11:36

Classification Of Case: