



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 : 05/07/2023
Your Ref : **GBL6301E**
To : **UNITED OVERSEAS INS LTD**
Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: ACCIDENT INVOLVING VEHICLE GBH9806S & GBL6301E ON 06/03/2023 AT
ALONG SLIP ROAD OF ALEXANDRA ROAD TOWARDS QUEENSWAY.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No. **238098 @ S\$7,020.00 (Inclusive of 8% GST)**
- 2) Loss of Rental **@ S\$1,458.00 (9 Days x S\$162)**
- 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: 6744 4986 / 6744 4165

(GST Reg. No. 201427944N)

PROFORMA BILL

Bill To:

UNITED OVERSEAS INSURANCE LTD

146 ROBINSON ROAD

#02-01 UOI BUILDING

SINGAPORE 068909

Bill No : 238098

Date : 05-July-2023

Vehicle Number : **GBH 9806S**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 6,500.00
SUB-TOTAL		6,500.00
GST 8%		520.00
TOTAL		\$ 7,020.00

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

CARS FOR RENT (2016) PTE LTD

Mailing Address:

10 Kaki Bukit Ave 4 #09-60 Premier@Kaki Bukit, Singapore 415874

Tel Nos.: +65 6970 9119 / 6789 5155

Co. Reg'n No.: 201609732N

GST Reg'n No.: 201609732N

Tax Invoice #: E2303193

Date: 24-03-23

Bill To:

Ship To:

1

MG Solution Pte Ltd
For the account of:
Palanivel Gopalakrishnan
G7830711R

MG Solution Pte Ltd
For the account of:
Palanivel Gopalakrishnan
G7830711R

Description	Amount	Job No.
Vehicle Rental for Period 13.03.2023 to 22.03.2023 (Billing for days 9 X \$150.00/per day) (Vehicle No.: GBH9806S)	\$1,458.00	GBG9774E SR8

Your Order #: 21897

		Terms: Net 30th after		GST:		\$108.00
COMMENT	CODE	RATE	GST	SALE AMOUNT	Total Inv Amt:	\$1,458.00
	SR	7%	\$0.00	\$0.00	Amount Applied:	\$0.00
	SR8	8%	\$108.00	\$1,350.00		
Balance Due:						\$1,458.00



CARS FOR RENT (2016) PTE LTD

10 Kaki Bukit Ave 4 #09-60 Premier @ Kaki Bukit Singapore 415874

Tel: 6970 9119 Fax: 6970 9961

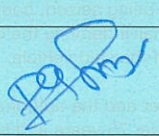
Website: www.carsforrent2016.com

No: 21897

M Garage

ROC/GST No: 201609732N

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR				Vehicle No: <u>GBG 9774E</u> Replace Veh No: <u>GBH98065</u>			
Name: (as in I/C) <u>Palanivel Gopalakrishnan</u>				Mileage out:			
Email:				Make & Model: <u>Nissan NV350</u> (Auto / Manual)			
NRIC/PASSPORT No: <u>G 7830711R</u>				OUT : Date <u>13/3/2023</u> Time: <u>0930hrs</u>			
Date of Birth: <u>16 Jun 1980</u>				HIRE PERIOD			
Address (Res):				OWN DAMAGE CLAIM Excess S\$			
Driving Licence No: <u>G-7830711R</u> D/L Type: <u>Local / International</u>				THIRD PARTY CLAIM Excess S\$			
Issue Date: <u>06 Oct 2016</u>				}			
Tel: (O) HP				CHARGES			
Company Name:				Daily <u>9</u> @\$ <u>150.00</u> per day <u>1,350</u> <u>00</u>			
Company UEN:				Weekly @\$ per week			
Company Address:				Monthly @\$ per month			
				Others @\$			
				Delivery Service			
				GST			
ADDITIONAL DRIVER'S PARTICULARS				SUB-TOTAL \$			
Name: (as in I/C)				PETROL LEVEL <u>7 BAR</u>			
NRIC/PASSPORT No:				Out E 1/4 <u>1/2</u> 3/4 F			
Date of Birth:				In E 1/4 1/2 3/4 F			
Address (Res):				EXTENSION			
Driving Licence No:				Misc.			
D/L Type: Local / International				GST <u>+8% GST</u> <u>108</u> <u>00</u>			
Issue Date:				TOTAL CHARGES <u>1,458</u> <u>00</u>			
Tel: (O) HP				Rented out by:			
				Hirer's Signature 			
				Addition Driver's Signature			

INDICATE:
D - DENTS
S - SCRATCHES

INDICATE:
A - ACCIDENTS



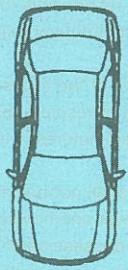
RIGHT



BACK



FRONT



TOP



LEFT

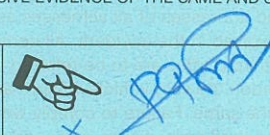
VEHICLE CHECK LIST

I have read and agree to the terms and condition on both sides of this agreement. If I have presented a charge/ credit card for payment, I agree that all amount payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given CARS FOR RENT (2016) PTE LTD in connection with this agreement is true.

* IMPORTANT

1. ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
2. ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
3. THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN ABOVE.
4. IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY AND BE RESPONSIBLE FOR THE INSURANCE EXCESS. IF THERE IS BODILY INJURIES, POLICE REPORT MUST BE MADE.
5. VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF CARS FOR RENT (2016) PTE LTD

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVE" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO CARDS FOR RENT (2016) PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	HIRER'S SIGNATURE
<u>22/3</u>	<u>16:45</u>				

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 07 Mar 2023 / 13:27:58
Receipt Date/Time : 07 Mar 2023 / 13:27:58

Tax Invoice/Receipt

Receipt No. : ITNET-00000-230307-002064
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 - GBL6301E As at 06 Mar 2023/16:45:00 Insurance Co: UNITED OVERSEAS INS LTD				
1	Insurance Enquiry - GBL6301E Enquiry Fee 20230307132630838547	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				
462845XXXXXX7907		eNETS Credit Card		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 : BRILLIANT ENGINEERING PTE LTD
Address : 3 ANG MO KIO STREET 62
#04-27/28 LINK @ AMK S(569139)
Contact No : _____

TO: UNITED OVERSEAS INS LTD

Dear Sirs,

ACCIDENT INVOLVING GBH9806S AND GBL 6301E ON 06/03/2023
AT/ALONG SLIP ROAD OF ALEXANDRA ROAD TOWARDS QUEENSWAY

I/We, BRILLIANT ENGINEERING PTE LTD, am/are the
registered owner of motor car no. GBH9806S

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	07/03/2023 14:58 (SGT)
Reported by	Driver
Date of Accident	06/03/2023 16:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG SLIP ROAD OF ALEXANDRA ROAD TOWARDS QUEENSWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9806S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	BRILLIANT ENGINEERING PTE LTD
Company Reg No	200601553E
Email Address	kelvinsong@bepl.com.sg
Mobile Phone No	(Phone) +65-97588760
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210111525-01

DRIVER

Name of Driver	PALANIVEL GOPALAKRISHNAN
Passport No/FIN	G7830711R
Date Of Birth	16/06/1980

Occupation	Outdoor
Date Of Driving Pass	06/10/2016
Driving experience	6 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93414275
Alt. Phone Number	-
Email Address	kelvinsong@bepl.com.sg
Address	3 ANG MO KIO STREET 6 , LINK AMK
Address complement	# 04-27
Postcode	569139
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
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	HAN LINN HTOON
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1



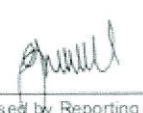
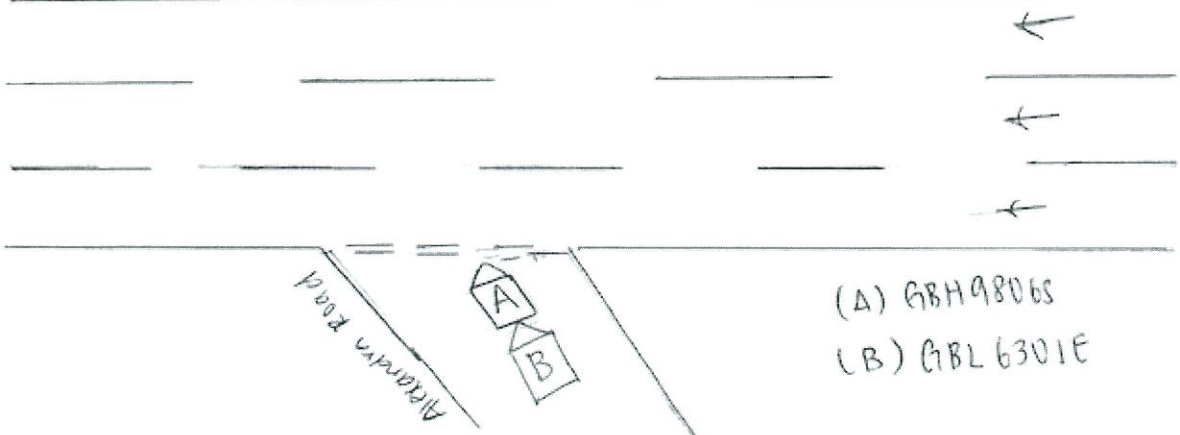
Vehicle Registration Number	GBL6301E
Vehicle Manufacturer	-
Vehicle Model	-

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	-
No. Of Passenger (Including Driver)	-

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.

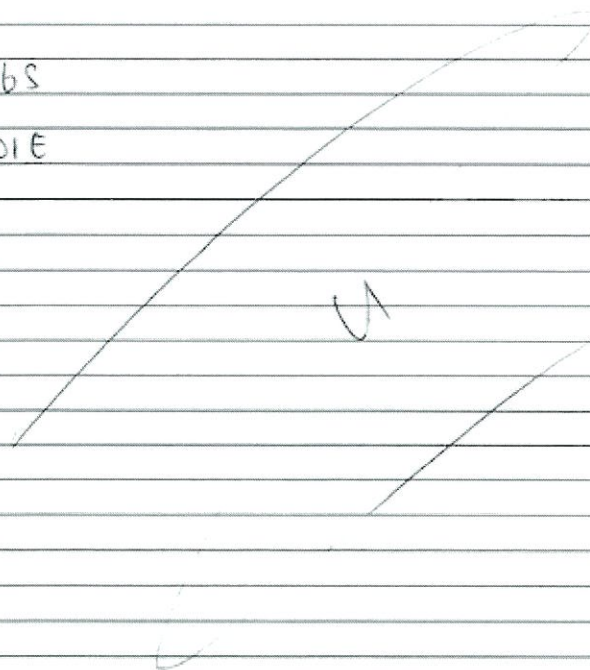
		
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan	Along Sir Road of Alexandra Road towards BUEENSWAY	
		

Describe Circumstances of the Accident

On 06/03/2023 at about 1645hr at along slip road of Alexandra Road towards Queensway. I was traveling on the above mentioned road and I slow down for clearance of main traffic. Suddenly, I heard a loud bang from behind and when I alighted, I realised it was vehicle (B) who hit into my rear portion of my vehicle (A) causing damages to my vehicle. I have 1 passenger on board my vehicle.

(A) GBH 9806S

(B) ABL6301E



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

[Signature]

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

[Signature] 7/3/23

Witnessed by Reporting Centre Personnel