



MG SOLUTION PTE LTD

23 Kaki Bukit Ave 4, AAS Kaki Bukit Centre #04-01 Singapore 415933

Tel: 6744 4986 Fax: 6744 4165

(GST Reg. No. 201427944N)

Date : 26/07/2023

Your Ref : SH7425C

To : HSBC LIFE (SINGAPORE) PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

RE: ACCIDENT INVOLVING VEHICLE GBM5413S & SH7425C ON 15/04/2023 AT AFTER BEACH ROAD AND BRAS BASAH ROAD TOWARDS RAFFLES BLVD.

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Proforma Bill No.238122 @ S\$1,458.00 (Inclusive of 8% GST)
- 2) Loss of Use @ S\$900.00 (3 Days x S\$300)
- 3) LTA Search @ S\$31.00
- 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 8% to 9%** with effect from 1st January 2024. Our Company's invoices issued will be with **GST 9% from 1st January 2024.***

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:

HSBC LIFE (SINGAPORE) PTE LTD

10 MARINA BOULEVARD

MARINA BAY FINANCIAL CENTRE TOWER 2 #48-01

SINGAPORE 018983

Bill No : 238122

Date : 26-July-2023

Vehicle Number : **GBM 5413S**

ATTN : MOTOR CLAIMS DEPARTMENT

QTY	CLAIM	AMOUNT
1	To carried out accident repair as per surveyor's recommendation (Lump Sum)	\$ 1,350.00
SUB-TOTAL		1,350.00
GST 8%		108.00
TOTAL		\$ 1,458.00

Tax Invoice will be issue upon amount finalised.

The Minister for Finance announced that the **GST rate will be increased from 8% to 9%** with effect from 1st January 2024. Our Company's invoices issued will be with **GST 9% from 1st January 2024**.

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: 6744 4986 / 6744 4165
GST Reg. No. : 201427944N

MOTOR CLAIM DISCHARGE

INSURED: SCENE 68 PTE LTD

CAR / LORRY / CYCLE: REG NO: GBM 5413S POLICY NO: _____

ACCIDENT CLAIM NO: _____

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

Registered No. GBM 5413S 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 15 day of 04 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 : _____

29/05/2023 - PRI

vehicle in - 29/05/2023

vehicle out - 31/05/2023

Low - 3 days x \$ 300

= \$ 900

TAX INVOICE

MG SOLUTION PTE LTD - TEO KOK
HENG

Invoice Number
GR-2023-001855

Invoice Issue Date
16 May 2023

Invoice Due Date
23 May 2023

Total Amount (\$\$) 28.70
Total GST 8.00% (\$\$) 2.30
Total Amount Incl. of GST (\$\$) 31.00

Bill Type	Reference	Amount (\$\$)	GST 8.00% (\$\$)	Amount Incl. of GST (\$\$)
Sale of Accident Report - Publ	15/05/2023,14/05/2023,SNF7295Y,SKS3584G	28.70	2.30	31.00
		Total Amount (\$\$)		28.70
		Total GST 8.00% (\$\$)		2.30
		Total Amount Incl. of GST (\$\$)		31.00

*This is a computer generated document.
No signature is required.*

LETTER OF AUTHORITY

Name : SCENE 68 PTE LTD

Address : 11 F RICHARDS PLACE
SINGAPORE 546333

Contact No : _____

TO: HSBC LIFE (SINGAPORE) PTE LTD

Dear Sirs,

ACCIDENT INVOLVING GBM5413S AND SH7425U ON 15/04/2023
AT/ALONG AFTER BEACH ROAD AND BRAS BASAH ROAD TOWARDS
RAFFLES BLVD

I/We, SCENE 68 PTE LTD, am/are the
registered owner of motor car no. GBM5413S

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

AUTHORIZATION TO ACT

I, SCENE 68 PTE LTD ("the third party claimant")
of 11F RICHARDS PLACE SINGAPORE 546333 (address),
owner of GBM 5413S (vehicle no.) hereby authorize
MG 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. GBM 5413S that was damaged pursuant to the
accident which occurred on 15/04/2023 (date) along AFTER
BEACH ROAD AND BRAS BASAH ROAD TOWARDS RAFFLES BLVD (location)
involving Vehicle No/s SH 7425U
("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) _____ (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	05/05/2023 13:06 (SGT)
Reported by	Actual Driver
Date of Accident	15/04/2023 15:30 (SGT)
Exact Location of Accident	Bras Basah Rd, Singapore
Additional Location Information	BEACH RD TWDS RAFFLES BLVD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBM5413S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SCENE 68 PTE LTD
Company Reg No	202184111C
Email Address	RYANLEAU@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97286006
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Opel
Model	Vivaro
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	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125230645-01

DRIVER

Name of Driver	LEAU KANGYU RYAN
NRIC No	S9530845G
Date Of Birth	29/08/1995
Occupation	Outdoor

Date Of Driving Pass	21/08/2015
Driving experience	7 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97286006
Alt. Phone Number	-
Email Address	RYANLEAU@HOTMAIL.COM
Address	11F RICHARDS PLACE
Address complement	-
Postcode	546333
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SOLE PROPRIETOR
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 - Change/cross lane
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 15/04/2023 AT ABOUT 1530HRS AT AFTER BEACH ROAD AND BRAS BASAH ROAD TOWARDS RAFFLES BOULEVARD. I WAS TRAVELLING ON THE FOURTH LANE ON THE ABOVE MENTIONED ROAD AND SUDDENLY, A VEHICLE B FROM MY LEFT VEERED INTO MY LANE WITHOUT CAUTIOUS AND WITHOUT CHECKING HIS BLINDSPOT AND HIT ONTO THE LEFT PORTION OF MY VEHICLE A CAUSING DAMAGES TO MY VEHICLE. I WISH TO STATE THAT I REPORTED LATE AS I WENT OVERSEAS ON 16/04/2023 AND JUST CAME BACK.

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	SH7425U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
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)	3

SKETCH PLANIMPORTANT 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 willful 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.



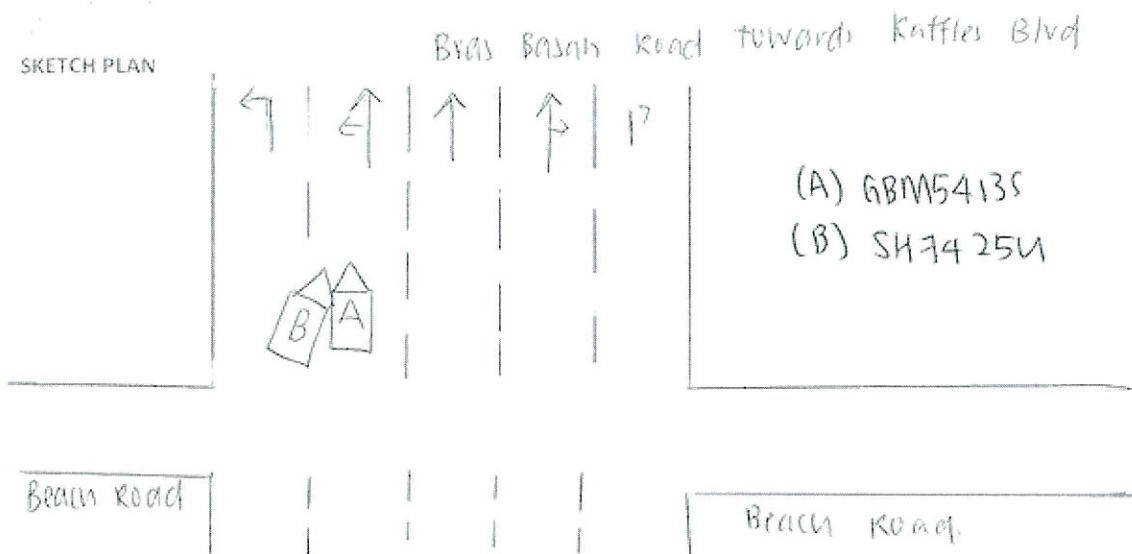
Policyholder's Signature
Date & Time:

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: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 15/04/2023 at about 1530hrs at after Beach Road and
Bras Basah Road towards Raffles Blvd. I was travelling on the
fourth lane on the above mentioned road and suddenly, a vehicle(B)
from my left veered into my lane without cautions and without
checking his blindspot and hit onto the left portion of my vehicle(A)
causing damages to my vehicle. I wish to state that I
reported late as I went overseas on 16/04/2023 and just came back,
(A) GBM 5413S
(B) SH 7425U

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 hereby 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.: