

Focus Auto Pte Ltd  
UEN No. 201004495R  
GST Reg. No. 201004495R  
Tel : 6886 9097 Fax : 6481 9095  
Email : claims@focusauto.com.sg

Date 3.12.2024

BY E-MAIL

Your ref SHB2978K

Our ref SLT3936H

WITHOUT PREJUDICE

**MS FIRST CAPITAL INSURANCE LIMITED**  
**16 RAFFLES QUAY #42-01 HONG LEONG BUILDING**  
**SINGAPORE 048581**

Dear Sir/Madam,

**ACCIDENT INVOLVING :** (SLT3936H & SHB2978K ALONG YISHUN AVE 2)

**DOA:** 18.10.2024

**TIME:** 17:05 HOURS

We refer to the above matter and write on behalf of ABDUL RAZAK BIN ISMAIL, the registered owner of SLT3936H in respect of the above accident.

We are instructed that the above accident was caused by your insured's negligent driving / or management of your insured vehicle. Your insured's vehicle SHB2978K collided onto the rear end of our client's vehicle SLT3936H. As a result of the accident, our client has been put to loss and expenses, particulars of which are as follows : -

1	Cost of Repair (\$1400 + 9%GST)	\$	1,526.00
2	Loss of Rental (3 days × \$180)	\$	540.00
3	Purchase of Third Party's Insurer	\$	2.18
4	Sundries	\$	30.00

**Total Amount :**

**\$ 2,098.18**

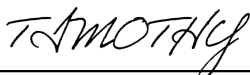
Enclosed are the following documents for your perusal.

- 1) GIA report
- 2) LTA / Insurer Search
- 3) Original repair claim
- 4) Car Rental Agreement / Receipt

**The demand herein is in respect of our client's for damages pertaining to his motor vehicle and any settlement following or subsequent to this demand shall not prejudice any claim in respect of personal injuries.**

Kindly acknowledge receipt of the above said documents within 7 days and your favourable reply is deeply appreciated.

Yours faithfully,



TIMOTHY KOK

**Focus Auto Pte Ltd**

Business Reg. No: 201004495R

GST Reg. No: 201004495R

No 1 Kaki Bukit Ave 6 Autobay

#02-50 Singapore 417883

Date 3.12.2024

**MS FIRST CAPITAL INSURANCE LIMITED**

**16 RAFFLES QUAY #42-01 HONG LEONG BUILDING**

**SINGAPORE 048581**

MOTOR VEHICLE NO : SLT3936H SUBARU XV

LUMP SUM REPAIR \$ 1,400.00

**LUMP SUM**

**Sub- total :** \$ 1,400.00

**9% GST :** \$ 126.00

**Total :** \$ 1,526.00

SINGAPORE DOLLARS : ONE THOUSAND FIVE HUNDRED AND  
TWENTY-SIX DOLLARS ONLY

## LETTER OF AUTHORIZATION

DATE : 18.10.2024

To : MS First Capital Insurance Ltd

RE: ACCIDENT INVOLVING VEHICLE NO. SLT3936H & SBH2978K

ALONG YISHUN AVENUE 2 ON 18.10.2024

I / WE ABDUL RAZAK BIN ISMAIL of (NRIC / ROC NO.) S1653845J

OF 11 PUNGGOL FIELD WALK #04-26 SINGAPORE (828744)

Owner of vehicle no. SLT3936H in consideration of M/S **FOCUS AUTO PTE LTD** repairing my / our vehicle SLT3936H at my / our instruction and hereby authorize **FOCUS AUTO PTE LTD** to demand claim settle receive whatever amount settled / payable by the Insurance Company and / or third party or to commence legal proceeding. If necessary, under my name, for the cost of repairs, car rental and / or loss of use, etc and to their appointing Solicitor to act for me / us in respect of the said accident / claim and all claimed and / or settled shall belong to them absolutely.

I further agree and undertake to indemnify them against the above-mentioned claim cost which may arisen therewith.

Signature of Owner :   
(Company's chop – if any)

Name of Owner : ABDUL RAZAK BIN ISMAIL

NRIC No : S1653845J

# ULTIMATE CAR RENTAL

1 KAKI BUKIT AVE 6, #02-50 AUTOBAY@KAKI BUKIT

SINGAPORE 417883

Business Reg. No. 53100391D

Email : ultimate\_car\_rental@yahoo.com.sg

Tel No. : 6844 4620 Fax No. : 6844 4625

## BILL TO #

**FOCUS AUTO PTE LTD**

1 KAKI BUKIT AVE 6

#02-48/50 AUTOBAY @ KAKI BUKIT

SINGAPORE 417883

Tel : 6844 4620 Fax : 6844 4625

**RA4065 RENTAL 26/11/24-28/11/24**

**YOUR REF : SLT3936H**

## INVOICE

**NO. :** INV005199

**DATE :** 03/12/2024

**P/O REF. :** SGW6540P

**TERMS :** 30 days

**PAGE :** 1

NO.	CODE	DESCRIPTION	QTY	PRICE	DISC	TAX	AMOUNT
1	SGW65 40P	SUBARU FORESTER	3	180.00			540.00

SINGAPORE FIVE HUNDRED FORTY ONLY

<b>SUBTOTAL</b>	540.00
<b>DISCOUNT</b>	0.00
<b>NETT</b>	540.00
<b>TAX</b>	0.00
<b>GRAND</b>	S\$ 540.00



FOR ULTIMATE CAR RENTAL

CUSTOMER SIGNATURE & STAMP





# ULTIMATE CAR RENTAL

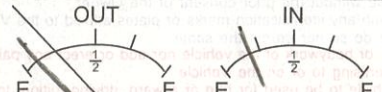



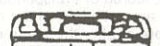
Blk 264 Tampines St 21 #01-106 Singapore 520264

Tel: 6844 4620 Fax: 6844 4625

Co. Reg. No. 53100391D

Car Rental

## VEHICLE RENTAL AGREEMENT No. RA 4065

<b>HIRER'S PARTICULARS</b>		Vehicle No: <u>SLT39364</u> Replace Veh No: <u>SGW6240P</u>	
Name: <u>ABDUL RAZAK BIN ISMAIL</u>		Mileage Out: <u>153230 km</u>	
Address: <u>11 Punggol Field walk #04-26</u> <u>Singapore 828744</u>		Make & Model: <u>Subaru</u> Make & Model: <u>Subaru</u>	
		Auto / Manual <u>xv</u> Auto / Manual <u>Forester</u>	
Contact Person: _____		OUT: Date <u>26/11/24</u> OUT: Time _____	
<b>DRIVER'S PARTICULARS</b>		HIRE EXPIRY _____ TIME EXPIRY _____	
Name: <u>SAME AS ABOVE</u>		<b>RENTAL CHARGES</b>	
Address: <u>SAME AS ABOVE</u>		Daily <u>3</u> @ \$ <u>180.00</u> <u>540</u> <u>00</u>	
		Weekly @ \$ _____	
		Monthly @ \$ _____	
		Hours @ \$ _____	
		Others @ \$ _____	
Tel No: _____ H/P No: _____		CDW @ \$ _____	
P.P. / I.C. No.: <u>51653845J</u> D/L. NO: _____		PAI @ \$ _____	
Date of Birth: <u>2/4/1964</u> Date of Issue / Expiry: _____		Delivery Service _____	
Nationality: _____ PI. Of Issue: _____		SUB-TOTAL \$ <u>540</u> <u>00</u>	
Occupation: _____ Driving Exp: _____			
Refundable Deposits: _____		EXTENSION _____	
Cash/Nets/Cheque/VISA/MC Cards No.: _____		Collection Service _____	
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES		Misc. _____	
FRONT		ESTIMATED TOTAL RENTAL \$ <u>540</u> <u>00</u>	
		Sales Person Code: _____	
LEFT		Hirer is responsible for the first \$ <u>3000 + 657</u> excess	
		for collision / damage to first party. (i.e) ULTIMATE CAR	
		RENTAL Vehicles (including windscreen) and also first	
RIGHT		\$ <u>3000 + 657</u> excess for collision/damage to third	
		party's vehicles for each and every accident / damage	
REAR		* Additional Excess Loading _____	
<b>ACCESSORIES CHECK</b>		HIRER's Signature <u>Raz</u>	
<input type="checkbox"/> Ashtray <input type="checkbox"/> Cig Lighter <input type="checkbox"/> S / Tyre		Additional Driver's Signature _____	
<input type="checkbox"/> STD Tools <input type="checkbox"/> Jack <input type="checkbox"/> Hub Caps			
<input type="checkbox"/> Radio / Cass <input type="checkbox"/> CD / Cartridges <input type="checkbox"/> S / RIM			

I/We agree to the terms and conditions above, overleaf and that all information given is true and correct in all respect. My/Our Driving licence(s) is/are current and not disqualified from driving. You may charge all amount due on the rental to my/our credit card.

### IMPORTANT

- ONLY PERSONS ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- VEHICLES IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY ULTIMATE CAR RENTAL.
- IN THE EVENT OF AN ACCIDENT, THE HIRER OR AUTHORISED DRIVER:
  - shall report all accidents involving the said vehicle to the Owner immediately
  - shall take immediate steps to complete and sign Form Mar 1 (Motor Accident Report form) and do all other acts required in compliance with the "NON-INJURY MOTOR ACCIDENT REPORT SCHEME" (the form will be made available when the accident is reported to the owner)
  - shall report to the police within 24 hours from the occurrence, the following types of accidents:-
    - injury case;
    - non-injury case involving a Government vehicles or damage to Government property;
    - non-injury case involving a foreign vehicle (to obtain their motor insurance, policy, Passport No./Name of the driver, Vehicle number, Log card and Vehicle road tax informational);
    - non-injury case involving a pedestrian or cyclist.

RETURN OF VEHICLE - THE HIRER/DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER/DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO ULTIMATE CAR RENTAL 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	DEPOSIT REFUND	SIGNATURE OF HIRER/DRIVER
<u>28/11/24</u>	<u>4:30 PM</u>	<u>153384 km</u>				<u>Raz</u>

## 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 First Submission .....	19/10/2024 13:42 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	18/10/2024 17:05 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	YISHUN AVE 2
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLT3936H
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ABDUL RAZAK BIN ISMAIL
NRIC No .....	SXXXX845J
Email Address .....	RAZ82@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-97854760
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Subaru
Model .....	Xv
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	0
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2007875188

#### DRIVER

Name of Driver .....	ABDUL RAZAK BIN ISMAIL
NRIC No .....	SXXXX845J
Date Of Birth .....	02/04/1964
Occupation .....	Indoor
Driving Pass Date .....	15/09/1985
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	39 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-97854760
Alt. Phone Number .....	-
Email Address .....	RAZ82@HOTMAIL.COM
Address .....	11 PUNGOL FIELD WALK #04-26
Address complement .....	-
Postcode .....	828744
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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

#### REFER TO ATTACHMENT

#### 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 .....	SHB2978K
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 .....	-
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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

*[Signature]*

Policyholder's Signature / Date & Time

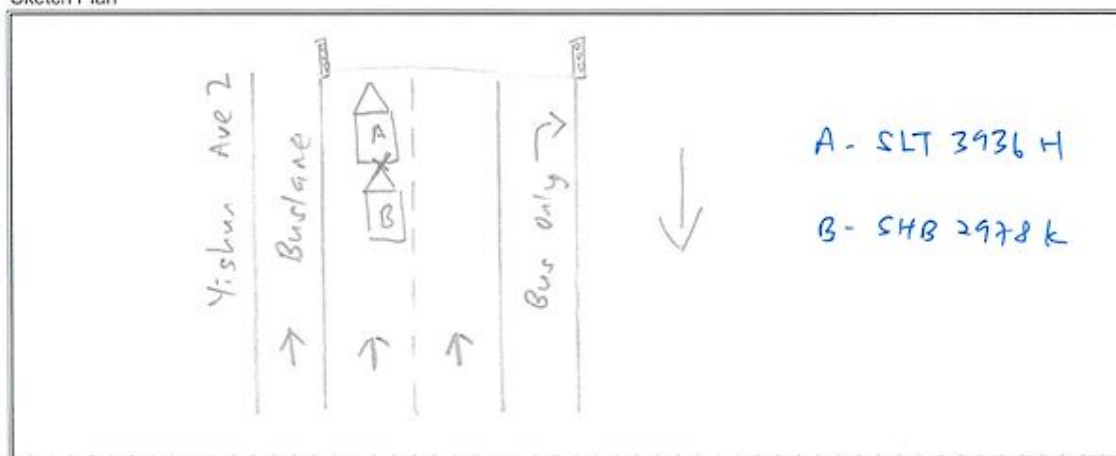
*[Signature]*

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

*[Signature]*

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



vJun2022

1

## Describe Circumstance of the Accident

I STOPPED MY VEH AS THE TRAFFIC  
LIGHTS WERE RED .

SUDDENLY VEH B COLLIDED ONTO THE  
REAR OF MY VEH.

## Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





















