

MS FIRST Capital Insurance Limited
36 Robinson Road #16-01
CITY HOUSE
Singapore 068877

Your Insured Veh No. : **SHC7287H**
Your Ref :
Our Ref : **SLG6681R**
Date : **08/07/2024**

WITHOUT PREJUDICE

Dear Sir/Madam

**Accident involving SHC7287H and SLG6681R
on 09/06/2024 at THE TAMPINES TRILIAN CARPARK.**

Please refer only to the boxes marked (x).

- ☒ We refer to ☒ the above accident
☐ our/your letter dated
- ☒ We have been authorised by the owner of vehicle number **SLG6681R** which was damaged by your insured's motor vehicle number **SHC7287H** in the aforesaid accident.
- ☒ We are instructed that the accident was caused by your insured's negligent driving and/or management of the vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expenses, particulars of which are as follows:

Cost of Repair / Insurance Excess	2,289.00
Survey report fees	-
Loss of Use(3 days @ \$60.00 per day)	180.00
Car Rental Fees	-
GIA/LTA search fees	2.18
Total S\$	2,471.18

- ☒ We forward herewith the following relevant supporting documents:-
- | | |
|--|---|
| <input type="checkbox"/> Survey Reports & photographs (To be returned within 7 days on demand) | <input type="checkbox"/> Copy of NRIC/Driving licence |
| <input checked="" type="checkbox"/> Final repair bill(Tax Invoice) | <input type="checkbox"/> Copy of LTA/GIA vehicle search |
| <input type="checkbox"/> Bill/Receipt for the excess | <input type="checkbox"/> Non-injury motor report form |
| <input type="checkbox"/> Rental Agreement | <input checked="" type="checkbox"/> Letter of Authority |
| <input type="checkbox"/> Copy of the Insurance Certificate | |

- ☒ Cheque to be make payable to **Messrs SME MOTOR PTE LTD.**
- ☐ Any request for a re-survey of our client's vehicle must be arrange within the 14 days upon receipt of this letter. The re-survey must be conducted at our premises, in the presence of our client.
- ☒ Please note that you should send to us an acknowledgment of receipt of this letter within 07 days of your receipt of this letter.

Yours faithfully,

WE HEREBY ACKNOWLEDGE RECEIPT



SME MOTOR PTE LTD

encl:

PLEASE CHOP AND SIGN

Date: _____

LETTER OF AUTHORITY

To: M/s MS first capital Insurance Limited
Singapore

Accident involving my/our vehicle no. SLG6681R and SHK7287H on 9/6/24

Along The Tampines Triliant Carpark.

I/We, Khaw Chek Hong NRIC No. S7822539D

Of 2 Philip's ave Singapore 547015

the registered owner of vehicle no. SLG6681R at the material time of accident, do

hereby authorise **Messrs SME MOTOR PTE LTD** as my/our agent and representative

to correspond in, negotiate and settle, on my/our behalf, my/our claim against you as

owner/operator/insurer of vehicle no. SHK 7287H.

I/We also authorise them to accept settlement cheque on my/our behalf. Kindly issue your cheque in favour of "**M/s. SME MOTOR PTE LTD**".

Dated this 26 day of 06 20 24



Signature of Owner of his/her/their
Duly Authorised Representative

Company's Stamp (For Firm).

DISCHARGE RECEIPT

CLAIM REFERENCE : D24005156MFCT/CCPL/TPD
ACCIDENT DATE : 09/06/2024
ACCIDENT LOCATION : 11 TAMPINES CONCOURSE
INSURED : CITYCAB PTE LTD
INSURED DRIVER : LIM KENG HO
INSURED VEHICLE : SHC7287H
INVOLVED PARTY : SLG6681R
SETTLEMENT SUM : \$2,471.18

*Without Prejudice
to any claim for
personal injury*

I/We, the undernoted CLAIMANT being the person/entity entitled to receive the compensation in relation to the accident, hereby agree to accept the SETTLEMENT SUM as full and final settlement of all claims for damages, costs & disbursements arising out of the ACCIDENT, and I/WE also agree that the said settlement sum:

1. is paid without admission of liability on the part of MS First Capital Insurance Limited and/or its INSURED and/or its INSURED DRIVER in respect of the said loss and for damage whether now or hereafter to become manifest,
2. is accepted by me/us to the intent that the said MS First Capital Insurance Limited and /or its INSURED and/or its INSURED DRIVER be absolutely and finally discharged from all claims whatsoever which I/WE now or hereafter may have arising out of or connected with or traceable to the said accident.

I/WE acknowledge that this DISCHARGE RECEIPT is not to be construed as an admission of liability on the part of MS First Capital Insurance Limited and/or its INSURED and /or its INSURED DRIVER and it shall not be used as evidence in any claims or actions which may be made against them or any of them.

CLAIMANT:

Khaw Chek Hong

Signature and Date :

[Signature] 25.OCT. 24

WITNESS :

Lee Ai Yin

Signature and Date :

[Signature] 25.10.24

SME MOTOR PTE LTD

1 Kaki Bukit Ave 6, #02-15@ Kaki Bukit, Singapore 417883

TEL: 6747 6106 (6 lines) Fax: 6744 2368 Email: service@smemotor.com.sg

GST:201119451E RCB NO:201119451E

M/S : MS FIRST Capital Insurance Limited
36 Robinson Road #16-01
CITY HOUSE
Singapore 068877

TEL: FAX:
ATTN: Motor Claim Department

TAX INVOICE

No : 24061001
Date : 08/07/2024
Policy No : MA023752
Veh Reg No : SLG6681R
Make / Model : HONDA CIVIC
Your Ref No : 24/FC/TP-119(06)
Claim Type : Third Party
Accident Date : 09/06/2024
TP Veh Reg No : SHC7287H

LUMPSUM REPAIR

\$2,100.00

Amount Before GST	\$2,100.00
Add GST @9%	\$189.00
Total Amount Payable	<u>\$2,289.00</u>

For SME MOTOR PTE LTD



AUTHORISED SIGNATURE


INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

SHC7287H

Date of Accident

09/06/2024 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **MS First Capital Insurance Ltd**

Period of Insurance **01/01/2024 - 31/12/2024**

Requested By **Wen Ying (SME MOTOR PTE LTD)**

Requested Date **10/06/2024 09:41**

Payment details

Request Amount: **S\$2**

GST Amount: **S\$0.18**

Total Amount Due (GST Inclusive): **S\$2.18**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

Company Name	SME MOTOR PTE LTD
Address	No. 1 Kaki Bukit ave 6 #02-15, Autobay @ Kaki Bukit, Singapore 417883
Remittance Attention To Email & Contact Number	JENNY.HO@SMEMOTOR.COM.SG 6747 6106

Bank Transfer Details

Beneficiary	SME MOTOR PTE LTD
Bank Name	UOB
Bank Address	BLK 210 NEW UPPER CHANGI ROAD #01-711, SINGAPORE 460210
Bank Code	7375
Branch Code	027
SWIFT Code	UOVBSGSG
Bank Account No.	3483034960
Currency	SGD

Daphne Lee (LKK Auto)

From: Joanne Yong Lai Fong <JoanneYong@msfirstcapital.com.sg>
Sent: Monday, 19 August 2024 12:48 PM
To: Daphne Lee (LKK Auto)
Cc: Admin A
Subject: RE: D24005156MFCT/CCPL/TPD YOUR REF: SHC7287H, OUR REF: SLG6681R DOA ON 09/06/2024

Dear Daphne,

Apologies for the delay.

Please proceed the mandate as follows:-

Description	TP's claim	Executive's Proposal		Remarks
COR	\$ 2,289.00	\$ 2,289.00	\$ 2,289.00	
Loss of use \$60 K3days	\$ 180.00	\$ 150.00	\$ 180.00	
GIA search fees	\$ 2.18	\$ 2.18	\$ 2.18	
TOTAL	\$ 2,471.18	\$ 2,441.18	\$ 2,471.18	

Please inform workshop to provide as follows when come to payment:-

*Payment will be made via bank transfer or **PayNow**. Please provide the bank details or **PayNow details** & contact number together with the duly executed discharge voucher. Please note that for cheque payment, there will be bank charges which may be recovered from you.

Thanks, and regards,

Joanne Yong
Motor Claims

MS First Capital Insurance Ltd | 16 Raffles Quay #42-01 Hong Leong Building Singapore 048581 | [TEL: 6359 1823](tel:63591823) | Fax No. : 6223 0541 | Company Regn. No. 195000106C

A Member of **MS&AD** INSURANCE GROUP

Personal Data Protection Act 2012 ("PDPA"):

Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to www.msfirstcapital.com.sg for details of PDPA Personal Data Collection Statement.

Confidentiality Notice: This e-mail is confidential. It may also be legally privileged.

If you are not the addressee or to whom it is intended, you may not copy, forward, disclose or use any part of it.

If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail.

From: Daphne Lee (LKK Auto) <daphnelee@lkkauto.com>
Sent: Thursday, July 25, 2024 4:51 PM
To: Joanne Yong Lai Fong <JoanneYong@msfirstcapital.com.sg>
Cc: Admin A <admin-a@lkkauto.com>
Subject: RE: D24005156MFCT/CCPL/TPD YOUR REF: SHC7287H, OUR REF: SLG6681R DOA ON 09/06/2024

Dear Joanne,

Your Ref: D24005156MFCT/CCPL/TPD

We refer to the above matter and your email below.

ACCIDENT INVOLVING SLG 6681R AND SHC 7287H ON 09/06/2024

We have highlighted to your good office on 11/06/2024 of Third-Party's request to do Direct Settlement with our Principal, MS First Capital Limited.

It is an accident under BOLA:9. OID turning right hit onto TP going straight.

Basing on the report of the circumstance of the accident, we propose to settle third-party claim at 100% liability.

Summary to offer to repairer **SME MOTOR PTE LTD** is as follows: -

	Claimed Amount	Revised Amount
1. Cost of Repair	\$ 3,150.00	\$ 2,289.00 (L/S) (w/GST)
2. Loss of Use (3 days x \$60.00)	\$ 180.00	\$ 180.00 (3 days x \$60.00)
3. LTA/GIA Search Fee	\$ 2.18	\$ 2.18
Total	\$ 3,332.18	<u>\$ 2,471.18</u>

*3 days recommendation for repair.

Relevant supporting claim documents are attached herewith for your perusal and reference.

Kindly note that this inspection report dated 25/07/2024 is only for mandate purpose.

The above is for your approval please.

Thank You.

Best Regards,

Daphne Lee (Ms) | Case Handler

Third Party Direct Settlement

LKK Auto Consultants Pte Ltd

Phone: 6841 2157 | Email: DaphneLee@lkkauto.com

HQ : Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #01-25 | S(408933)

From: Joanne Yong Lai Fong <JoanneYong@msfirstcapital.com.sg>
Sent: Monday, July 8, 2024 5:00 PM
To: Daphne Lee (LKK Auto) <daphnelee@lkkauto.com>
Cc: assignments <assignments@lkkauto.com>
Subject: RE: D24005156MFCT/CCPL/TPD YOUR REF: SHC7287H, OUR REF: SLG6681R DOA ON 09/06/2024

Dear Daphne,