

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

Date 29.07.2024

**BY E-MAIL**

Your ref XD5972G

Our ref SDU276M

**WITHOUT PREJUDICE**

**Accident Claims Officer**

**Transport Services Branch , Logistics Department**

HQ Singapore Civil Defence Force  
91, Ubi Ave 4, Singapore 408827

Dear Sir/Madam,

**ACCIDENT INVOLVING : (XD5972G & SDU276M ALONG LORONG 21 GEYLANG)**

**DOA: 12.07.2023**

**TIME: 2020 HOURS**

We refer to the above matter and write on behalf of VOON SOUTH SHIONG, the registered owner of SDU276M 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 XD5972G side swiped onto the right side of our client's vehicle SDU276M. 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	(\$5800 + 9%GST)	\$	6,322.00
2	Loss of Rental	(4 days × \$120)	\$	480.00
3	Sundries		\$	30.00

**Total Amount :**

**\$ 6,832.00**

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,

---

HARIZ

**Focus Auto Pte Ltd**

Business Reg. No: 201004495R

GST Reg. No: 201004495R

No 1 Kaki Bukit Ave 6 Autobay

#02-50 Singapore 417883

Date 29.07.2024

**Accident Claims Officer**

**Transport Services Branch , Logistics Department**

HQ Singapore Civil Defence Force

91, Ubi Ave 4 Singapore 408827

MOTOR VEHICLE NO : SDU276M BMW 530E LED NAV

LUMP SUM REPAIR \$ 5,800.00

**LUMP SUM**

**Sub- total :** \$ 5,800.00

**% GST :** \$ 522.00

**Total :** \$ 6,322.00

SINGAPORE DOLLARS : SIX THOUSAND THREE HUNDRED TWENTY-TWO ONLY

## LETTER OF AUTHORIZATION

DATE : 12.07.2024

To : ACCIDENT CLAIMS OFFICER

RE: ACCIDENT INVOLVING VEHICLE NO. SDU276M & XD5972G

ALONG LORONG 21 GEYLANG ON 12.07.2024

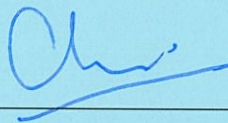
I / WE VOON SOUTH SHIONG of (NRIC / ROC NO.) S7374191B

OF 43 CHARLTON ROAD, SINGAPORE 539619

Owner of vehicle no. SDU276M in consideration of M/S **FOCUS AUTO PTE LTD** repairing my / our vehicle SDU276M 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 : VOON SOUTH SHIONG

NRIC No : S7374191B

# 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**

No. 1 Kaki Bukit Avenue 6

#02-50 Autobay

Singapore 417883

Tel : 6844 4620 Fax : 6844 4625

## INVOICE

**NO. :** INV005128

**DATE :** 29/07/2024

**P/O REF. :** SFN9629H

**TERMS :** C.O.D.

**PAGE :** 1

**RA4038 RENTAL 24/07/24-27/07/24**

**TP-SDU276M**

NO.	CODE	DESCRIPTION	QTY	PRICE	DISC	TAX	AMOUNT
1	SFN962 9H	RENTAL FEE	4 <i>day</i>	180.00			720.00

**SINGAPORE**

SEVEN HUNDRED TWENTY ONLY

<b>SUBTOTAL</b>	720.00
<b>DISCOUNT</b>	0.00
<b>NETT</b>	720.00
<b>TAX</b>	0.00
<b>GRAND</b>	S\$ 720.00



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 **4038**

<b>HIRER'S PARTICULARS</b>		Vehicle No: <u>SDU276M</u> Replace Veh No: <u>SFN9629H</u>	
Name: <u>VOON SOUTH SHIONG</u>		Mileage Out: <u>291332KM</u> Mileage Out: <u>291332KM</u>	
Address: <u>43 CHARLTON ROAD, S539619</u>		Make & Model: <u>TOYOTA</u> Make & Model: <u>BMW</u> Auto / Manual <u>ALTS</u> Auto / Manual	
Contact Person: <u>VOON SOUTH SHIONG</u> Tel: <u>96623818</u>		OUT: Date <u>24/07/2024</u> OUT: Time	
<b>DRIVER'S PARTICULARS</b>		HIRE EXPIRY TIME EXPIRY	
Name: <u>VOON SOUTH SHIONG</u>		RENTAL CHARGES	
Address: <u>43 CHARLTON ROAD, S539619</u>		Daily <u>4 days</u> @\$ <u>180</u> <u>720</u> <u>00</u>	
Tel No: H/P No: <u>96623818</u>		Weekly @\$	
P.P. / I.C. No.: <u>S7374191B</u> D/L. NO:		Monthly @\$	
Date of Birth: Date of Issue / Expiry:		Hours @\$	
Nationality: <u>Singaporean</u> Pl. Of Issue:		Others @\$	
Occupation: Driving Exp:		CDW @\$	
Refundable Deposits:		PAI @\$	
Cash/Nets/Cheque/VISA/MC Cards No.:		Delivery Service	
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES		SUB-TOTAL \$	
FRONT		OUT IN	
LEFT RIGHT		EXTENSION	
REAR		Collection Service	
ACCESSORIES CHECK		Misc.	
<input type="checkbox"/> Ashtray <input type="checkbox"/> Cig Lighter <input type="checkbox"/> S / Tyre		ESTIMATED TOTAL RENTAL \$ : <u>720</u> <u>00</u>	
<input type="checkbox"/> STD Tools <input type="checkbox"/> Jack <input type="checkbox"/> Hub Caps		Sales Person Code:	
<input type="checkbox"/> Radio / Cass <input type="checkbox"/> CD / Cartridges <input type="checkbox"/> S / RIM		Hirer is responsible for the first \$ <u>3000+GST</u> excess for collision / damage to first party. (i.e) ULTIMATE CAR RENTAL Vehicles (including windscreen) and also first \$ <u>3000+GST</u> excess for collision/damage to third party's vehicles for each and every accident / damage	
		* Additional Excess Loading	
		HIRER's Signature	
		Additional Driver's Signature	

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 from) 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
<u>17/7</u>	<u>1640</u>	<u>291553</u>	<u>h</u>	<u>[Signature]</u>	<u>[Signature]</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 .....	13/07/2024 10:34 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	12/07/2024 20:20 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	LORONG 21 GEYLANG
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SDU276M
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	XU KAH LIM
NRIC No .....	SXXXX496F
Email Address .....	CHARLESVOON168@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96623818
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	530E LED NAV
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
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

### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2000677615-01

### DRIVER

Name of Driver .....	VOON SOUTH SHIONG
NRIC No .....	SXXXX191B
Date Of Birth .....	02/04/1973
Occupation .....	Indoor

Driving Pass Date .....	15/03/1997
Driving experience .....	27 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96623818
Alt. Phone Number .....	-
Email Address .....	CHARLESVOON168@GMAIL.COM
Address .....	43 CHARLTON ROAD
Address complement .....	-
Postcode .....	S539619
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions .....	Clear
Road Surface .....	Wet

#### 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? .....	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

#### 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 .....	XD5972G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Government
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 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 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

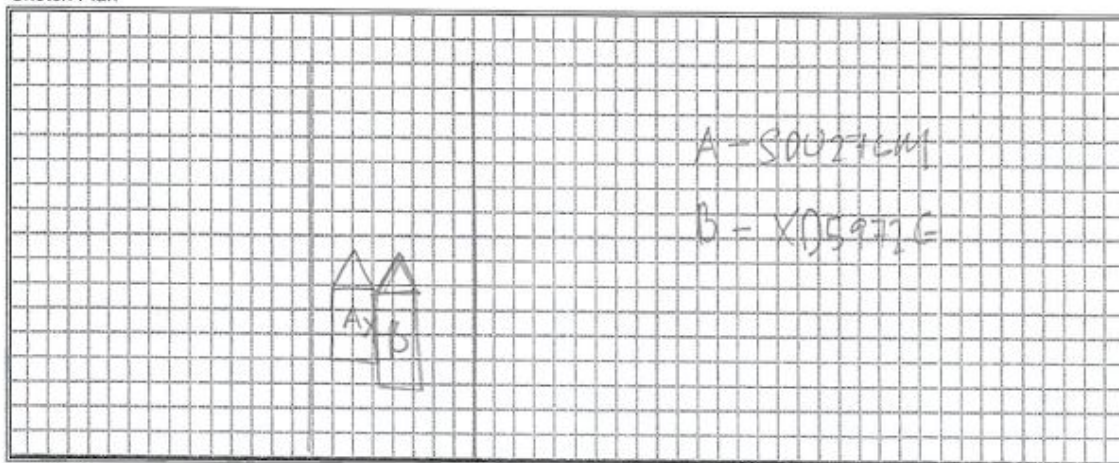
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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)

Sketch Plan



vJun2022

Describe Circumstance of the Accident

Refer to Police Report

Refer to Police Report

## Declaration

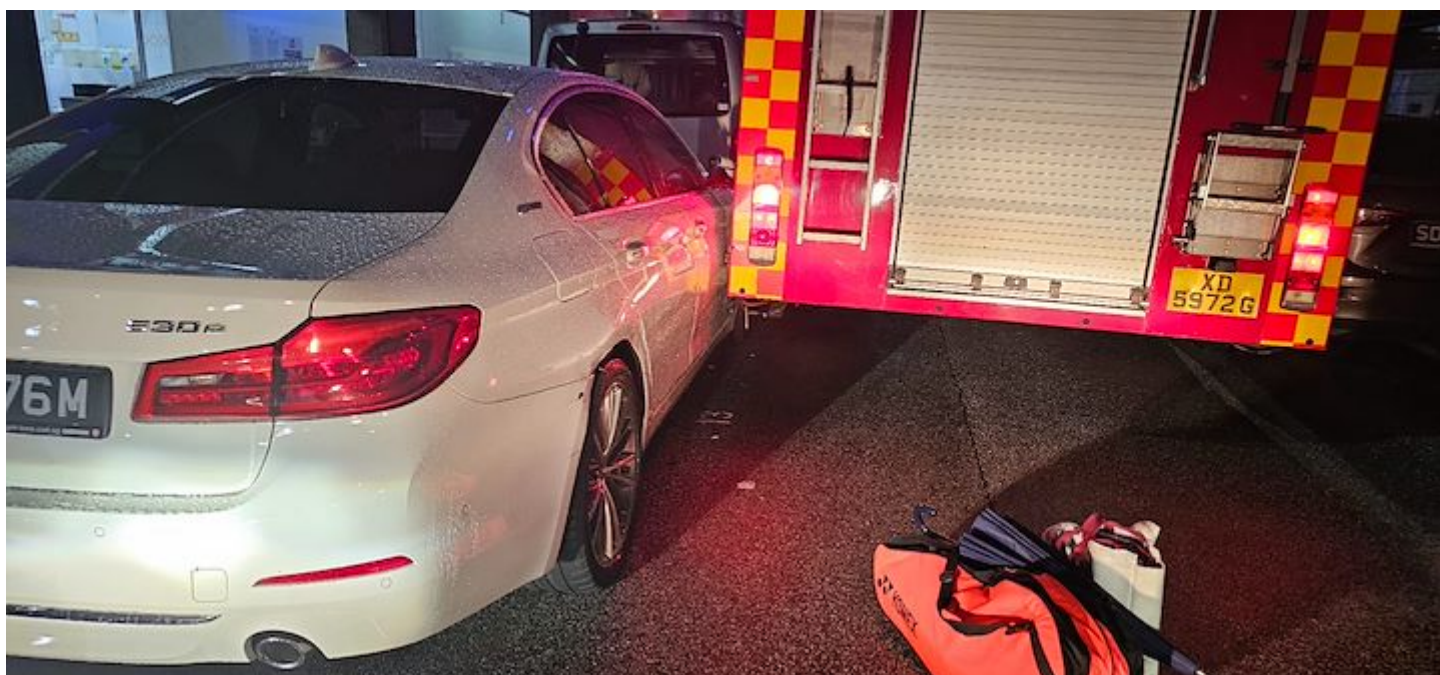
I/We declare the foregoing particulars are true in every respect.

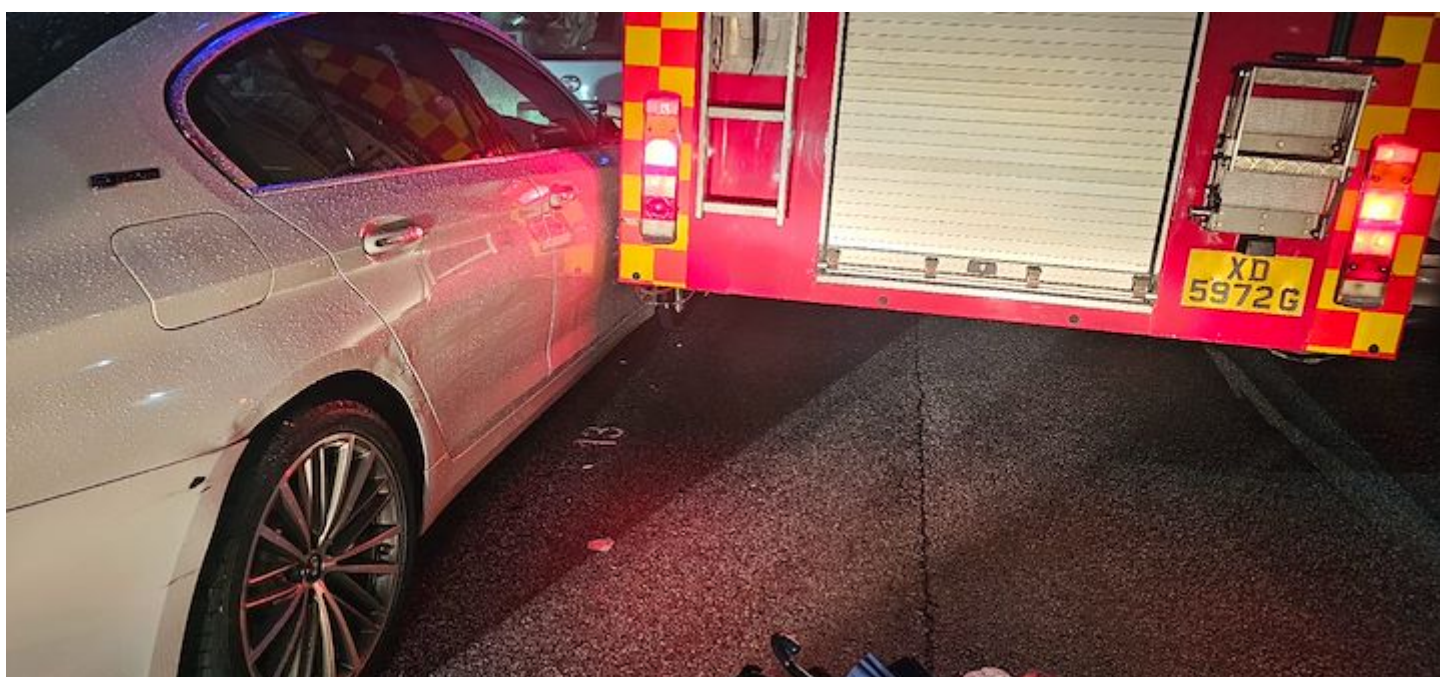
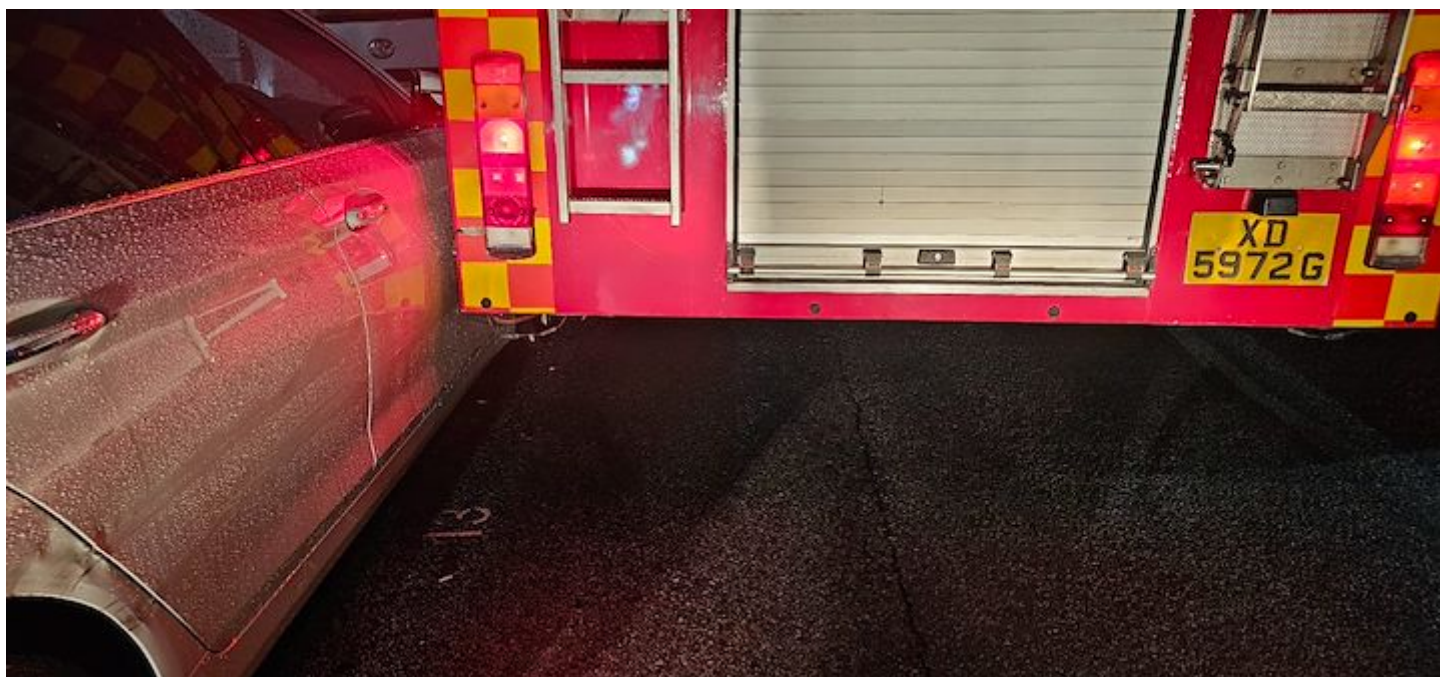
Policyholder's Signature / Date & Time

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

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













































**SINGAPORE  
POLICE FORCE**



T/20240712/7103

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

2 of 3  
Report No. T/20240712/7103

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	Voon South Shiong	ID No.	S7374191B
Related Vehicle	SDU276M (Motor car)	Contact No.	96623818
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

I am the driver of the vehicle No. SDU276M, a white BMW 530e parked inside lot #13, within the white box (can be seen in picture) around 5pm at Lot 21 Geylang. I returned to car around 8.20pm, and saw a SCDF Fire Engine # XD5972G trying to squeeze in between cars parked illegally on the double yellow line (right) and my car (left). By then my car has already been scratched from the rear bumper to the driver door as can be seen in picture. I immediately asked the driver to stop, to inform him, he has scratched my car to prevent further damage. However, he continue to drive through with the guidance of the colleague and these aggravate further damage until to the front bumper. After which one of SCDF colleague informed me, they will stop the fire engine truck after they clear the traffic and will come back to me. The driver has called to report to his station and also acknowledge I did not park illegally, provided me his detail as SSG FARHAN from Kallang Fire Station. He has given me a SCDF notice letter on how to file for the claim. As I am only able to attach 3 picture, please contact me to receive the remaining picture.



**SINGAPORE  
POLICE FORCE**

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



T/20240712/7103

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Report No. T/20240712/7103

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/07/2024 22:56
Officer In Charge Of Case: TP / AEIT / FAHKRUL RAZI BIN SUHAIME Contact No.: 65476404	Classification Of Case:
NP168	



**SINGAPORE  
POLICE FORCE**



T/20240712/7103

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

1 of 3

Report No. T/20240712/7103

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/07/2024 22:56		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: Voon South Shiong			Address: 43 Charlton Rd SINGAPORE 539619		
ID Type / ID No.: NRIC NO / S7374191B			Contact No.: Home/Office: Mobile: 96623818		
Nationality:			Email: charlesvoon168@gmail.com		
Sex: Male	Age:	Date of Birth:	Type of Informant: Driver		
Race:			Language: English		
Occupation: ICT sales and services professional			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 12/07/2024 20:20	Type of Location: Straight Road
Location:  LORONG 21 GEYLANG				
Weather: Clear		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDU276M	Motor car	BMW	530e	White	Seriously Damaged	4
XD5972G	Fire Engine			Red		0

<b>Details of Vehicle Insurance</b>					
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date	
SDU276M	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2000677615	05/12/2023	04/12/2024	