

趙 源 摩 哆
Chew Goon Motor

新加坡宏茂桥第 2A 工业园第五道大牌十号门牌十五,十六,十七(一楼)及门牌五(三楼)
Blk 10, Ang Mo Kio Industrial Park 2A, Ave. 5, #01-15, 16, 17 & #03-05, AMK Autopoint
Singapore 568047

Business Reg. No: 221880/00C GST Reg. No: MX-0486007-A0

TEL: 6484 1626 (24Hrs) FAX: 6484 0465

◀ 修理各种汽车敲焊打吗咭喷漆等 ▶

Date : 22.10.2020

Your Reference : SHC8389R

THE MOTOR CLAIM DEPARTMENT
MS FIRST CAPITAL INSURANCE LTD
6 Raffles Quay,
#21-00
Singapore 048580

Dear Sir,

ACCIDENT ON : 04.01.2020
ALONG / AT : Slip Rd Of Compassvale Walk To Compassvale Rd
INVOLVING : SLZ5942U & SHC8389R

We wish to have a "Direct Settle" to the above matter.

We enclose herewith the following documents for your perusal and attention.

1. Final repair bill for \$5,775.19 (Include GST)
2. Letter of Authority
3. Third Party Discharge Voucher
4. Motor Accident Report made by SLZ5942U
5. Certificate of Insurance
6. Vehicle of Registration Log Card
7. Third Party Insure Enquiry Charges @7.45 (SHC8389R)
8. Rental (20days X \$120/-) @\$2,568.00 (Surveyor Recommend 7D Working + Rental for 6D Pre-repair Inspec + 6D Weekend)
(In 04.01.2020 Out 23.01.2020)

Thank you.
Yours faithfully

Chew
.....

C/O BLK 10 ANG MO KIO IND. PARK 2A
AVE 5, #01-15, 16 & 17 AMK AUTOPOINT
SINGAPORE 568047

DATE :

THE MOTOR CLAIMS DEPARTMENT

FIRST CAPITAL INSURANCE LIMITED
36 ROBINSON ROAD
#16-01 CITY HOUSE
SINGAPORE 068877

DEAR SIRs,

ACCIDENT ON : 04.01.2020
ALONG/AT : SLIP RD OF COMPASSVALE WALK TO COMPASSVALE RD
INVOLVING : SLZ5942U & SHC8389R

I/ We /am /are the registered owner of vehicle no. SLZ5942U which was involved in the above mentioned accident with your insured vehicle no. SHC8389R.

As the accident was caused due to the gross negligence on the part of your insured driver of vehicle no. SHC8389R. I/we have no alternative but to look to you for compensation for the losses sustained as a result of the above accident.

Presently, my/ our vehicle is lying at **M/S CHEW GOON MOTOR** of Blk 10, Ang Mo Kio Industrial Park 2A, Ave 5, #01-15, 16 & 17 AMK Autopoint, Singapore 568047. Telephone 6484 1626. Kindly arrange to have it surveyed by your assessor, failing which I / we shall authorised my/ our repairer to proceed on with the repairs and the final bills will be forwarded to you for settlement.

Thank you.

Yours faithfully

Sen



**TO WHOM IT MAY CONCERN
LETTER OF AUTHORITY**

ACCIDENT ON 04.01.2020 AT SLIP RD OF COMPASSVALE WALK TO
INVOLVING SLZ5942U & SHC8389R COMPASSVALE RD

I, LAM YOKE MENG NRIC No. S184909 9D

OF BLK 191B RIVERVALE DRIVE #15-902 SINGAPORE 542191

Owner of motor vehicle registration No. SLZ5942U

insured by TOKIO MARINE INSURANCE

under policy no. 18-MT101717-ROO do hereby authorise **M/S CHEW GOON MOTOR** of
Blk 10 Ang Mo Kio Ind. Park 2A, Ave 5, #01-15, 16 & 17 AMK Autopoint Singapore
568047 as my authorised representative to write, negotiate & settle claim on my behalf in my
claim against the owner and/or driver of motor vehicle registration no. SHC8389R
in respect of the above mentioned accident.

I also hereby authorise that the agreed settlement sum be made in favour of my
representative **M/S CHEW GOON MOTOR** and that the said payment be forwarded to them
as full and final discharge of my claim. I hereby exonerate the
SOMPO INSURANCE and/or their insured and/or driver of vehicle
no. SHC8389R from any liability after payment of any claim to my authorised
representative **M/S CHEW GOON MOTOR**.

Signature : 
(Company's stamp if necessary)



Dated : _____

WITHOUT PREJUDICE to:

- (a) Insurers' Subrogated Claim and/or
- (b) Any Personal Injury Claims

[Note: This Notice supersedes any inconsistencies found in this Discharge Voucher]

THIRD PARTY'S DISCHARGE AGREEMENT

Claim ref. : _____

To M/s : SOMPO INSURANCE

In consideration of your paying at my request to M/S CHEW GOON MOTOR of Blk 10
Ang Mo Kio Ind. Park 2A, #01-15, 16 & 17, Ave 5, Singapore 568047 the sum of Dollars
: EIGHT THOUSAND THREE HUNDRED FIFTY AND CENTS SIXTY FOUR ONLY

(\$ 8,350.64) being cost of repair carried out to my/our motor vehicle no :
SLZ5942U. All actions, claims and damages arising out of and, in
consequence of an accident occurring on 04.01.2020

at SLIP RD OF COMPASSVALE WALK TO COMPASSVALE RD

between SLZ5942U & SHC8389R

I/We furthermore agree that the foregoing sum is voluntarily accepted as full and final
compromise and settlement of all claims, that the payment of the said amount shall never
be construed as an admission of liability by the parties hereby reached.

Signature :   Witness : _____

Name : LAM YOKE MENG Name : _____

NRIC No. : S1849099D Date : _____

Address : BLK 191B RIVERVALE DRIVE
#15-902
SINGAPORE 542191

Date : _____

WITHOUT PREJUDICE to:

- (a) Insurers' Subrogated Claim and/or
- (b) Any Personal Injury Claims

[Note: This Notice supersedes any inconsistencies found in this Discharge Voucher]

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 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. 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 Report	04/01/2020 11:54
Date Of Accident	04/01/2020 09:30
Exact Location Of Accident	SLIP RD OF COMPASSVALE WALK TO COMPASSVALE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ5942U
Insured/Policyholder	
Name Of Registered Owner	LAM YOKE MENG
NRIC No	SXXXX099D
Email Address	KHUANWENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81250083
Alternative Phone No	OTHERS-82002453
Vehicle Particulars	
Manufacturer	HONDA
Model	CITY 1.5 SV CVT
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MT101717-R00
Cover Note Number	10/05/2018 - 09/05/2020
Driver	
Name of Driver	HA WENG KHUAN
NRIC No	SXXXX357B
Date Of Birth	18/06/1950
Occupation	INDOOR
Date Of Driving Pass	04/01/2007
Driving Experience	13 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82002453
Fax Number	
Contact Number	
E-Mail Address	KHUANWENG@GMAIL.COM

Address BLK 191B RIVERVALE DRIVE #15-902
 Postcode 542191
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured SPOUSE
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 4
 Passenger 1 NAME: : LAM YOKE MENG
 GENDER: : FEMALE
 Passenger 2 NAME: : ANG SIEW HEOK
 GENDER: : FEMALE
 Passenger 3 NAME: : CHIOK AH CHOO
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC8389R
 Vehicle Make/Model/Color
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver DARENCE WEE KEE SENG
 NRIC/Passport Number SXXXX236C
 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 2

SKETCH PLAN

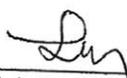
IMPORTANT NOTICE

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 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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1480357B



Name
HA WENG KHUAN



夏永權
Race
CHINESE
Date of Birth
18-06-1950 M
Sex
Country of Birth
PERAK

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1849099D



Name
LAM YOKE MENG



Race
CHINESE
Date of Birth
23-12-1953 F
Sex
Country of Birth
PERAK

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1480357B
Name:
HA WENG KHUAN



Birth Date: 18 Jun 1950
Issue Date: 15 Oct 2003

000940073G

1431866



NRIC No: S1480357B



Blood Group: B+ Date of Issue: 16-11-1993

APT BLK 191B RIVERVALE DRIVE #15-902
SINGAPORE 542191
NRIC No: S1480357B Date: 27-10-2005 No: 5208145

1432286



NRIC No: S1849099D



Blood Group: O+ Date of Issue: 16-11-1993

APT BLK 191B RIVERVALE DRIVE #15-902
SINGAPORE 542191
NRIC No: S1849099D Date: 24-10-2005 No: 5308551

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 CC	26 May 1973
Class 2A	Motorcycles between 201 CC and 400 CC	26 May 1973
Class 2	Motorcycles > 400 CC	26 May 1973
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	04 Jan 2007

S1480357B S/No. 9000064049

Licence No: S1480357B

NP 428A



Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Policy No.: 18-MT101717-R00 (Private Motor Car 24 Months)

- | | | |
|---|------------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SLZ5942U | Chassis No.: MRHGM6660KT000108 |
| 2. Name of Policyholder | MS LAM YOKE MENG | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 10/05/2018 | |
| 4. Date of Expiry of Insurance | 09/05/2020 | |
| 5. Persons or Class of Persons entitled to drive* | | |
| (a) The Policyholder. | | |
| (b) Any other person who is driving on the Policyholder's order or with his permission. | | |

* Provided that the Person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Insurance Plan:	Comprehensive Approved Workshop Plan	Account: E2316DDA
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 600
	Windscreen Excess	SGD 100
Financial Interest:	OCBC BANK LIMITED	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

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

Print Date/Time : 04 Jan 2020 / 11:22:30

Receipt Date/Time : 04 Jan 2020 / 11:22:22

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200104-000657

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 - SHC8389R				
As at 04 Jan 2020/00:00:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SHC8389R Enquiry Fee 20200104112128688854	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	xxxxxxxxxxxx4133		Credit Card: Visa /MasterCard	7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
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.

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
 Owner ID: 099D

Vehicle Details

Vehicle No.: SLZ5942U
 Vehicle to be Exported: No
 Intended Deregistration Date: 04 Jan 2020
 Vehicle Make: HONDA
 Vehicle Model: CITY 1.5 SV CVT
 Primary Colour: Red
 Manufacturing Year: 2018
 Engine No.: L15Z16200226
 Chassis No.: MRHGM6660KT000108
 Maximum Power Output: 88.0 kW (118 bhp)
 Open Market Value: \$17,233.00
 Original Registration Date: 10 May 2018
 First Registration Date: 10 May 2018
 Transfer Count: 0
 Actual ARF Paid: \$17,233.00

Intended PARF Rebate Details

PARF Eligibility: Yes
 PARF Eligibility Expiry Date: 09 May 2028
 PARF Rebate Amount: \$12,924.00

Intended COE Rebate Details

COE Expiry Date: 09 May 2028
 COE Category: A - Car up to 1600cc & 97kW (130bhp)
 COE Period(Years): 10
 QP Paid: \$38,000.00
 COE Rebate Amount: \$31,717.00
Total Rebate Amount: \$44,641.00

The information contained herein is correct as at 04 Jan 2020

OK