

Heng Ding Chao

From: Joanne Yong
Sent: Monday, 16 March 2020 4:03 PM
To: Tew Ai Nee
Subject: RE: SURVEYOR APPOINTED; OUR REF : D20000360MFSH ; YOUR REF: SLB3823U

To: MOTORWAY CAR CARE CENTRE

Dear Sir,

Accident involving SHD6897Z & SLB3823U On 11-01-2020

We acknowledge receipt of your letter of claim dated today which we've received today.

We are investigating your/your client's claim and will reply to you substantively soon.

Thank you

Regards,

Joanne Yong
Motor Claim Department



Change of email address
joanne.yong@msfirstcapital.com.sg

MS First Capital Insurance Limited
A Member of **MS&AD** Insurance Group
36 Robinson Road
#16-01 City House
Singapore 068877
Tel: 6507 3846
Fax: 6507 3849

From: Tew Ai Nee <ainee@motorway.com.sg>
Sent: Monday, March 16, 2020 11:13 AM
To: Joanne Yong <Joanne.yong@msfirstcapital.com.sg>
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>
Subject: RE: SURVEYOR APPOINTED; OUR REF : D20000360MFSH ; YOUR REF: SLB3823U

Dear Joanne,

Here is the LOD, tax invoices and relevant document
Kindly do a necessary follow up.
Will mail out original copy.

Thanks & Regards
Ainee

From: Joanne Yong [<mailto:JoanneYong@msfirstcapital.com.sg>]
Sent: Wednesday, 15 January, 2020 2:11 PM
To: Tew Ai Nee <aineer@motorway.com.sg>
Cc: 'sur@lkkauto.com' <sur@lkkauto.com>
Subject: RE: SURVEYOR APPOINTED; OUR REF : D20000360MFSH ; YOUR REF: SLB3823U

WITHOUT PREJUDICE

Dear Sir,

Please kindly refer to the email below.

Thank you

Regards,

Joanne Yong
Motor Claim Department



Change of email address
joanneYong@msfirstcapital.com.sg

MS First Capital Insurance Limited
A Member of **MS&AD** Insurance Group
36 Robinson Road
#16-01 City House
Singapore 068877
Tel: 6507 3846
Fax: 6507 3849

From: Tew Ai Nee <aineer@motorway.com.sg>
Sent: Wednesday, January 15, 2020 1:22 PM
To: Joanne Yong <JoanneYong@msfirstcapital.com.sg>
Subject: RE: SURVEYOR APPOINTED; OUR REF : D20000360MFSH ; YOUR REF: SLB3823U

Dear Joanne,

Please check for this case liability status.

Thanks & Regards
Ainee

From: CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Wednesday, 15 January, 2020 12:45 PM
To: AINEE@MOTORWAY.COM.SG
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Joanne Yong <JoanneYong@msfirstcapital.com.sg>
Subject: SURVEYOR APPOINTED; OUR REF : D20000360MFSH ; YOUR REF: SLB3823U

Dear Sir/Madam

PRI Request For **SLB3823U** Accident Involving **SHD6897Z** On 11-01-2020 AT 07:30:00HRS.

Please find below details for your reference

- **Claim number** : D20000360MFSH
- **Insured vehicle number** : SHD6897Z
- **Accident date** : 11-01-2020
- **Third-party vehicle number** : SLB3823U
- **Assignment type** : WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED
- **Surveyor** : LKK AUTO CONSULTANTS PTE LTD
- **Officer-in-Charge** : JOANNEY

PS: This is a system generated mail. Please do not reply to this mail.

Regards,
Admin Team
Claim Workflow System
Motor Claims Department
MS First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849



IC Reg No 2000 00506-H
GST Reg No 000 00100-H

Motorway Car Care Centre Pte Ltd
1094 Lower Delta Road
Motorway Building
Singapore 169205
TEL 651 6467 2200
FAX 651 6278 5535
motorway.com.sg

16th March 2020

FIRST CAPITAL INSURANCE LTD

36 Robinson Road
#16-01 City House
Singapore 068877

Attn: Motor Claims Officer In Charge

Dear Sirs,

**ACCIDENT INVOLVING SLB3823U AND SHD6897Z ON 11.01.2020 AT 0725HRS
ALONG WEST COAST HIGHWAY NEAR SEAH.**

We are the authorized repair workshop for the owner of vehicle number SLB3823U, which was involved in the above captioned accident caused by your insured vehicle number SHD6897Z driver at the material time. The vehicle owner of SLB3823U has requested and authorized us to assist him in presenting his claim for the damages to the vehicle.

We are submitting this claim in demand for direct settlement on behalf of the owner/claimant:

COST OF REPAIR (incl. 7% GST)	:	\$23,933.80	ALDY FINALIZE WITH SURVEYOR
LOSS OF USE (\$300 x 46 days)			
14.01.2020 - REQUEST PRI			TUESDAY
15.01.2020 - WAITING SURVEYOR COME			WEDNESDAY
16.01.2020 - SURVEYOR COME			THURSDAY
17.01.2020 - START REPAIRS			FRIDAY
18.01.2020 - SPARE PARTS NO STOCK (THREE WEEK)			
19.01.2020 - SUNDAY OFF			
20.01.2020 - WAITING PARTS(MONDAY)			
21.01.2020 - WAITING PARTS(TUESDAY)			
22.01.2020 - WAITING PARTS(WEDNESDAY)			
23.01.2020 - WAITING PARTS(THURSDAY)			
24.01.2020 - WAITING PARTS(FRIDAY)			
25.01.2020 - LUNAR NEW YEARS (SATURDAY)			
26.01.2020 - SUNDAY OFF			
27.01.2020 - LUNAR NEW YEARS(MONDAY)			
28.01.2020 - WAITING PARTS(TUESDAY)			
29.01.2020 - WAITING PARTS(WEDNESDAY)			
30.01.2020 - WAITING PARTS(THURSDAY)			
31.01.2020 - WAITING PARTS(FRIDAY)			
01.02.2020 - WAITING PARTS(SATURDAY)	:	\$13,800.00	
02.02.2020 - SUNDAY OFF			
03.02.2020 - WAITING PARTS(MONDAY)			
04.02.2020 - WAITING PARTS(TUESDAY)			
05.02.2020 - WAITING PARTS(WEDNESDAY)			
06.02.2020 - WAITING PARTS(THURSDAY)			
07.02.2020 - WAITING PARTS(FRIDAY)			
08.02.2020 - WAITING PARTS(SATURDAY)			
09.02.2020 - SUNDAY OFF			
10.02.2020 - WAITING PARTS(MONDAY)			
11.02.2020 - WAITING PARTS(TUESDAY)			
12.02.2020 - WAITING PARTS(WEDNESDAY)			
13.02.2020 - WAITING PARTS(THURSDAY)			
14.02.2020 - WAITING PARTS(FRIDAY)			
15.02.2020 - PARTS ARRIVE (SATURDAY)			
16.02.2020 - SUNDAY OFF			
17.02.2020 - 2 DAY RERAIRS WORK(MONDAY)			
18.02.2020 - 3 DAY (TUESDAY)			
19.02.2020 - 4 DAY (WEDNESDAY)			



C. Reg. No. 2000 00506 K
G. T. Reg. No. 2000 00506 K

Motorway Car Care Centre Pte Ltd
1094 Lower Delta Road
Motorway Building
Singapore 169205
TEL. (65) 6467 2200
FAX. (65) 6278 5535
motorway.com.sg

20.02.2020 - 5 DAY(THURSDAY)
21.02.2020 - 6 DAY(FRIDAY)
22.02.2020 - 7 DAY(SATURDAY)
23.02.2020 - SUNDAY OFF
24.02.2020 - 8 DAY (MONDAY)
25.02.2020 - 9 DAY(TUESDAY)
26.02.2020 - 10 DAY(WEDNESDAY)
27.02.2020 - 11 DAY(THURSDAY)
28.02.2020 - REPAIRS COMPLETED.

TOWING FEE

\$90.00

TOTAL : \$37,823.80

We enclosed herewith the following documents to support the claims.

Failure of which the case shall be send to our solicitor without further advice.

Kindly review and revert within the next (7) seven days.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/claimant.

Thank you.

Annie Tew (Ms)

Motor Claims

Motorway Car Care Centre Pte Ltd

DID : 6571 9642, Fax : 6278 5535

Email : ainee@motorway.com.sg

LETTER OF AUTHORIZATION

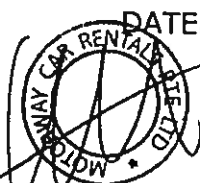
To : **Motorway Car Care Centre Pte Ltd & Insurance Company**
RE : **Accident involving**

Vehicle(s) Number : **SLB3823U & SHD6897Z**
Location : **WEST COAST HIGHWAY NEAR SEAH**
Date & Time : **11.01.2020 @ 0725HRS**

I / We **MOTORWAY CAR RENTALS PTE LTD**
NRIC / ROC No. **199902927C**

The owner of vehicle number **SLB3823U** hereby authorize MOTORWAY CAR CARE CENTRE PTE LTD to commence repairs of the said vehicle forthwith. I / We agree to assign the whole proceeds of my my / our third party claim to MOTORWAY CAR CARE CENTRE PTE LTD including any claim for loss of use if a vehicle had been provided by MOTORWAY CAR CARE CENTRE PTE LTD during the period of repairs to my / our vehicle is applicable, my / our solicitors (to be appointed by MOTORWAY CAR CARE CENTRE PTE LTD on my / our behalf) shall accept this as my / our irrevocable authority to pay the amount compensated direct to MOTORWAY CAR CARE CENTRE PTE LTD after deduction of their costs a solicitor & client basis. **I / We undertake to co-operate fully with MOTORWAY CAR CARE CENTRE PTE, I / We shall be liable if there's a breach in terms and condition in any insurance policy and / or my / our solicitors and alsowith a true Motor Accident Report / Police Report until the claim to a successful conclusion including writing to court, failing which. I / We undertake to bear repair costs, rental, legal costs and all other any incidentals incurred.**

1. If the 3rd party claim is unsuccessful or partly successful as the case may be I/We hereby instruct and authorize MOTORWAY CAR CARE CENTRE PTE to claim direct from my / our insurance company on my / our vehicle immediately without delay.
2. If for any reason my / our insurers' are not willing to settle the repair costs either in part or in full,
I / We undertake to pay MOTORWAY CAR CARE CENTRE PTE for the incidentals costs incurred of the abovementioned motor accident claims.
3. In alternative to no.1 & no. 2 above, if the 3rd party claims fails or only partly successful then I/We undertake to pay MOTORWAY CAR CARE CENTRE PTE for the difference in amount of the claim.
4. I / We authorize MOTORWAY CAR CARE CENTRE PTE to sign all discharge vouchers / indemnity forms and all necessary paper on my / our behalf in connection with the abovementioned claim.
5. I / We also authorize MOTORWAY CAR CARE CENTRE PTE to appoint such firm of Solicitors on my / our behalf as MOTORWAY CAR CARE CENTRE PTE deem fit to purpose 3rd party / own insurance claims.
6. I / We undertake to inform MOTORWAY CAR CARE CENTRE PTE and / or the Solicitors appointed by MOTORWAY CAR CARE CENTRE PTE on my / our behalf in the event the 3rd party's insurance company communicate with me / us directly by telephone or in writing and I / We further undertake not to accept any monies, offer or settlement from third party's insurers without first communicate with MOTORWAY CAR CARE CENTRE PTE

DATED THIS  DAY OF _____ 2019

Signature of Owner / Driver
(Company's Stamp - if any)



Signature of Witness
Name of Witness :



24 HOURS TOWING SERVICES

高嶺摩哆貿易公司
KAOLIN MOTOR TRADING CO.

ANG MO KIO CENTRAL POST OFFICE PO BOX 676 SINGAPORE 915606

TEL : 9651 8877 / 6452 0716

Company Registration No. 21645200K

NOTES RECEIVED

14 JUL 2020

Messrs

Motorway Car Rental

CASH SALE
JOB ORDER

No. 900298

Date 11/1/2020

Vehicle No.

SLB 3823U

Model

Discovery

Destination

Seah Lim Carpark to Motorway

Time In

Time Out

Amount \$

90

Remarks

- ☐ Change Spare Tyre / Jumpstart
☐ Basement - Multi Carpark
☐ Accident
☒ Using King Dolly (Extra Trailer)

- ☐ Loaded With Goods
☐ Dismantle Shaft / Brase Equipment
☐ Open Door
☐ Crane up / Winch out

U.

YN45417

Driver

Received By

bizSAFE

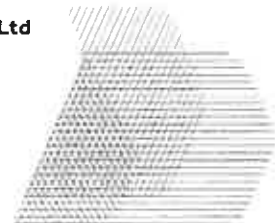
Received By

bizSAFE



Co./GST Reg No 200000606K
PayNow Corporate UEN/Business Reg. 200000606K

Motorway Car Care Centre Pte Ltd
1094 Lower Delta Road
Motorway Building
Singapore 169205
TEL: (65) 6467 2200
FAX: (65) 6278 5535
motorway.com.sg



TAX INVOICE NO: C0053653

Owner's Information A/C: M0062 MS FIRST CAPITAL PTE LTD 36, ROBINSON ROAD, #16-01 CITY HOUSE SINGAPORE 068877	P/O No.		Service Advisor		Job Card No JC047156	
	Registration No.		Make/Model		Date of Invoice	
	SLB3823U		LAND ROVER DISCOVERY SPORT 2.0 SI4 SE 7STR		16/3/2020	
	Mileage (km)	Next Mileage	Next Service Date	Date In	Time In	
	0			15/01/2020	2 30 PM	
	Chassis No.		Engine No.		Promised Date/Time	
	SALCA2AG7FH541714		015053202234204PT			

Service Description	Quantity	Unit Price	Amount
		SS	SS
FINALIZE COR	1	22,368.04	22,368.04
TOTAL			SS 22,368.04
ADD GST @ 7%			1,565.76
GRAND TOTAL			SS 23,933.80

SINGAPORE CURRENCY TWENTY THREE THOUSAND NINE HUNDRED THIRTY THREE AND CENTS EIGHTY ONLY

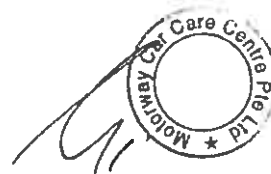
Important Note for Consumer:

1. Goods sold are non returnable and non refundable.
2. Goods shall remain at property of Motorway Car Care Centre Pte Ltd until full payment is made.
3. Please collect receipt when making payment.
4. All clients' data will be kept strictly confidential and is solely used for the purpose of completing sales transactions. Should our company be required to release the data, our company will make this known to the customer and obtain his/her consent before releasing the information. The Company or the Company's related company or associates company may give the Customer the privilege of automated inclusion in their promotional and informational notification lists and the Customer can opt to unsubscribe from the lists.

Customer's Signature/Co. Stamp

E. & O. E.

Service Advisor's Signature





24 HOURS TOWING SERVICES

高嶺摩哆貿易公司
KAOLIN MOTOR TRADING CO.

ANG MO KIO CENTRAL POST OFFICE PO BOX 676 SINGAPORE 915606

TEL : 9651 8877 / 6452 0716

Company Registration No. 21645200K

NOTES RECEIVED

14 JAN 2020

Messrs Motorway Car Rental

CASH SALE
JOB ORDER

No. 900298

Date 11/1/2020

POSTED

Vehicle No. SLB 3823U Model Discovery

Destination Seah Inn Carpark to Motorway

Time In _____ Time Out _____ Amount \$ 90

Remarks _____

☐ Change Spare Tyre / Jumpstart

☐ Basement / Multi Carpark

☐ Accident

☒ Using King Dolly (Extra Trailer)

☐ Loaded With Goods

☐ Dismantle Shaft / Brake / Equipment

☐ Open Door

☐ Crane up / Winch out

YN4541J li
Driver

Received By

bizSAFE

Received By

bizSAFE

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	13/01/2020 11:50
Date Of Accident	11/01/2020 07:25
Exact Location Of Accident	WEST COAST HIGHWAY NEAR SEAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB3823U
Insured/Policyholder	
Name Of Registered Owner	MOTORWAY CAR RENTALS PTE LTD
Co Reg No	1XXXXX927C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64682200
Vehicle Particulars	
Manufacturer	LAND ROVER
Model	DISCOVERY SPORT-2.0 D 7-SEATER (180PS) (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V03432/VPZ/R02
Cover Note Number	

Driver

Name of Driver	CAPILLAIRE EP TAG JULIETTE MARINA CHRISTINE
Passport No/FIN	GXXXXX520U
Date Of Birth	31/08/1972
Occupation	INDOOR
Date Of Driving Pass	03/05/2017
Driving Experience	2 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81125361
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	NOADDRESS
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

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

PLEASE SEE ATTACHED SKETCH

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	SHD6897Z
Vehicle Make/Model/Colour	HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ABD RAHIN CHIA MENG HWEE
NRIC/Passport Number	SXXXX279E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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 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.
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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.

B. 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 compliance with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

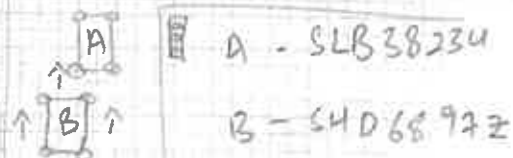
[Signature] 11/01/20
11:30am

Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stopped at the red traffic light when a car behind me hit the rear left of my car and dragged me over 5-6 meters

DECLARATION

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

Policyholder's Name:
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

11/01/20

11:30 am

Reporting Centre Person's Name:
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

