



CITY AUTO PTE LTD

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643.
TEL: 6453 1235, 6452 0850 FAX: 6453 7944
24hrs Towing Services Tel: 9823 9898
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

Yr ref : D20001829MFSH

Our ref: SKN4667X

WITHOUT PREJUDICE

03rd June 2020

Dear Sir/Mdm,

MS FIRST CAPITAL INSURANCE LTD

NO. 36

ROBINSON RD #16-01

CITY HOUSE

SINGAPORE 068877

Accident involving SHD4037C and SKN4667X on 07/04/2020

We refer to the above said accident.

We enclosed herewith relevant documents as stated below:-

- 1) Accident report of SKN4667X
- 2) Repair Tax Invoice
- 3) Letter of authorization
- 4) Rental agreement receipt

As instructed, we are claiming the following as stated below:-

1) Cost of repair	\$	4,280.00
2) Loss of rental (9Days x \$120.00)	\$	<u>1,080.00</u>
Total	\$	5,360.00

We do not have the survey report and photographs as our client's motor vehicle was surveyed by your appointed surveyor.

Please kindly let us know whether you are prepared to settle our client's claim & we look forward to hear from you soonest.

Thanks & regards

Vronica Law (Claim dept.)

Tel: 6453 1235

Fax: 6453 7944

Email: cityauto@singnet.com.sg



CITY AUTO PTE LTD

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24hrs Towing Services Tel: 9823 9898
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

RE: LETTER OF AUTHORIZATION

Name of owner: TAN WEI HONG NRIC: SXXXX326H
Address: APT BLK 133 BISHAN STREET 13 # 02-295 SINGAPORE 570183
Name of Driver: TAN WEI HONG NRIC: SXXXX326H
Address: APT BLK 133 BISHAN STREET 13 # 02-295 SINGAPORE 570183
Accident on 07/04/2020 Involving SHD 4037C AND SKN 4667X
At/along CHIN BEE DRIVE

In consideration of City Auto Pte Ltd, repair my/our Motor Vehicle HONDA CNL
at my/our request I/We the above owner of Motor Vehicle No: SKN 4667X do authorize
them to demand claims, settle and received whatever amount payable by the Insurance Co or Third Party
or to commence legal proceeding if necessary in my/our name for the cost or repair and the loss of
use/rental, etc and to any of there appointed solicitors to act for me/us in respect of the said
accident/claim and all amounts claimed or settled shall be belong to them absolutely. I/We further
authorize them to give an absolute discharge on my/our behalf.

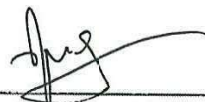
I/We hereby authorize City Auto Pte Ltd, my/our repairer to give further instruction on my/our
behalf concerning the said claim and such, all future correspondence should be addressed to the
said firm/co.

My/Our repairer authorize to receive on my/our behalf monies claims, correspondence and give a
valid discharge voucher or any other documents in connection with this on my/our behalf and for
me/us.

I/We further agree to fully co-operate and attend all court hearing that are necessary and subject
to prosecution and claim maintained by City Auto Pte Ltd.

I/We further agree to undertake to indemnify them against my/our claim for the cost which arises
therewith.

In the event that my/our unsuccessful claim, I/We undertake to pay the repairer for the cost of
repairs to my motor vehicle.

Owner Signature: 
Name: Tan Wei Hong
Date: 14 April 2020

Witness Signature: CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/61 Sin Ming Ind Est
Singapore 575643
Name: Tel: 6453 1235 Fax: 6453 7944
(Claims Section)
Date: _____

DISCHARGE RECEIPT

CLAIM REFERENCE : D20001829MFSH/1
ACCIDENT DATE : 07/04/2020
ACCIDENT LOCATION : ALONG CHIN BEE DR
INSURED : COMFORT TRANSPORTATION PTE LTD
INSURED DRIVER : TAN AH TECK
INSURED VEHICLE : SHD4037C
INVOLVED PARTY : SKN4667X
SETTLEMENT SUM : \$5,140.00

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: TAN WEI HONG

Signature and Date :



WITNESS : CITY AUTO PTE LTD

Signature and Date :

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

01/10/2020



CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643
TEL: 6453 1235, 6452 0850 FAX: 6453 7944
24hrs Towing Services Tel 9823 9898
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

TAX INVOICE

MS FIRST CAPITAL INSURANCE LTD

NO. 36
ROBINSON RD #16-01
CITY HOUSE
SINGAPORE 068877
Attention: MOTOR CLAIM DEPARTMENT
Contact : 65073848 Fax No. : 65073849

Tax Invoice : I202006-000106

Date : 03/06/2020
Vehicle No. : SKN4667X
Make / Model : HONDA CIVIC
Mileage (km) : 12085
Chassis No. : JHMFD46209S200774
Accident Date : 07/04/2020
Claim No. : D20001829MFSH
Reference : JO202004-0226
Policy No. : D19MTPV01010584

S/No. Particular	Amount
* Lumpsum repair	<u>S\$</u> 4,000.00

Total S\$: 4,000.00
GST @ 7% S\$: 280.00
Grand Total S\$: 4,280.00
CASH / NETS / CREDIT CARD PAYMENT ONLY

Customer's Signature/Co. Stamp


for CITY AUTO PTE LTD

Please note all works performed by City Auto Pte Ltd as performed in this invoice is subjected to the following Warranty conditions:

- 1) Any replacement of electrical components will carry 1 month warranty period from date of this invoice.
 - 2) Any replacement of mechanical components will carry 3 months warranty period.
- Please note that all warranty does not cover wear and tear conditions regardless of any components.
City Auto Pte Ltd reserves the right to determine any warranty conditions.

Thank You For Your Business !

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR

Name(as in I/C): Tan Wei Hong
NRIC / Passport No.: S8660326H
Address: APT BLK 183 BISHAN STREET 13 # 02-295
SINGAPORE 570183
Name & Address of Employer: _____

Occupation: _____ Driving Exp.: _____
Driving Licence No.: _____ (Local / International)
Pass Date: _____ Date Of Birth: _____
Tel: (O) _____ (R) _____ (HP) _____

ADDITIONAL DRIVER'S PARTICULARS

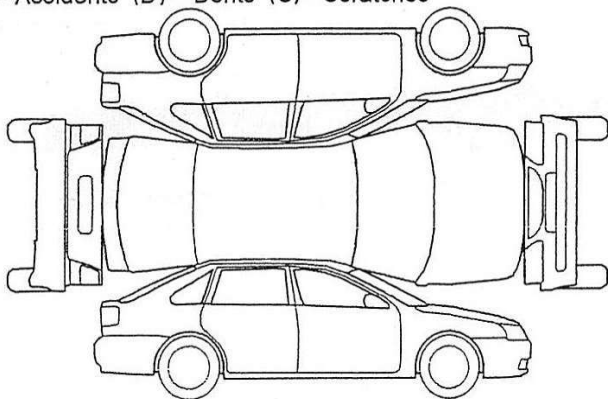
Name(as in I/C): _____
NRIC / Passport No.: _____
Address: _____

Pass Date: _____ Date Of Birth: _____
Tel: (O) _____ (R) _____ (HP) _____

Accessories Check

Ashtray	Cig Lighter	S / Tyre
STD Tools	Jack	Hub Caps
Radio	CD Changer	S / Rim

(A) – Accidents (D) – Dents (S) - Scratches



Veh No.: SJK 1993X Replace Veh No.: SKN 4667X
Mileage Out: _____ Mileage Out: _____
Make & Model: _____ Make & Model: _____
Auto / Manual: _____ Auto / Manual: _____
Out Date: 7/4/20 Out Date: _____
Out Time: 6 pm Out Time: _____

RENTAL CHARGES

Daily	<u>9</u>	@ \$	<u>120</u>	<u>1080</u>	<u>2</u>
Weekly		@ \$			
Monthly		@ \$			
Hours		@ \$			
Others		@ \$			
Delivery / Pick-up Service					
Extension					
Misc.					
Total \$				<u>1080</u>	<u>2</u>

Refundable Deposit:

Out In

Hirer is responsible for the first \$ _____ excess for collision / damage to first party. (i.e.) CITY LEASE PTE LTD. Vehicle (Including Windscreen) and also first \$ _____ excess for collision / damage to third party's vehicle for each and every accident / damage.

Hirer's Signature: _____

Driver's Signature: _____

I/We agreed to the terms and conditions above, overleaf and that all information given are true & 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 person above 25 years of age with more than 2 years driving experience, authorized, licenced and signing this agreement may drive the vehicle.
- Vehicle is strictly for Singapore use only and may not be driven out of Singapore without prior consent of the company CITY LEASE PTE LTD.
- In the event of an accident, the HIRER or AUTHORISED DRIVER:
 - shall report all accidents involving the said vehicle to the company CITY LEASE PTE LTD 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 Company CITY LEASE PTE LTD.
 - shall report to the police within 24 hrs from the occurrence the following types of accident:
 - injury case
 - non-injury case involving a Government vehicle or damage to Government property
 - non-injury case involving a foreign vehicle (to obtain their motor insurance policy, passport no., name of driver, vehicle no., log card, and road tax information)
 - 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 RAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO CITY LEASE PTE LTD 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>16/4/20</u>	<u>16:45PM</u>					



CITY LEASE PTE LTD

ROC: 201120461H

INVOICE

Name: **Tan Wei Hong**
Address: **Blk 183 Bishan St 13 #02-295**
S570183

Vehicle No.: **SJL 1993 X**
Invoice No.: **2018-000310**
Date **20-Apr-20**

ITEM	DESCRIPTION	AMOUNT
1	Rental Charge from 07/04/2020 to 16/04/2020 Number of Days 09 at \$120 per day REF: SKN4667X	\$ 1,080.00
TOTAL:		<u>\$ 1,080.00</u>

SINGAPORE DOLLARS:

One Thousand and Eighty Only

For Payment by Cheque

Please issue cheque payable to City Lease Pte Ltd or

For Internet Banking

Please transfer to OCBC (current Account) No.: 514 767 870 001

Address: Blk 160 Sin Ming Road #05-16 Singapore 575722 Tel: 6459 8677 Fax: 6459 8679

City Lease Pte Ltd



Cecilia Chong (LKK Auto)

From: Chris Lim Gan Koon <ChrisLim@msfirstcapital.com.sg>
Sent: Friday, 25 September 2020 3:43 PM
To: Cecilia Chong (LKK Auto)
Cc: Karen Tan
Subject: FW: D20001829MFSH/1 // EXPRESS SETTLEMENT Our ref: D20/1829/DC/CTPL

Dear Cecilia,

Pls offer as per below :

COR - \$4,280
LOR - \$800 (\$100 x 8days)
LOU(PRI) - \$50 to \$60 x 1 day
Total - \$5,130 to \$5,140

Regards

Chris Lim
Motor Claims Dept.

Personal Data Protection Act 2012 ("PDPA"):

Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to <http://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: Cecilia Chong (LKK Auto)
Sent: Saturday, 12 September 2020 4:43 PM
To: Sereneler@msfirstcapital.com.sg
Cc: Admin A <admin-a@lkkauto.com>; Teo Swee Keong <TeoSweeKeong@msfirstcapital.com.sg>; Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D20001829MFSH/1 // EXPRESS SETTLEMENT Our ref: D20/1829/DC/CTPL

Your ref : **D20001829MFSH/1**

Our ref : CC4/FCI20005104/Kga3q2

Dear Sirs/Madam,

ACCIDENT INVOLVING SHD 4037C & SKN 4667X ON 07/04/2020

We refer to the above matter.

OI MOVING OUT FROM STATIONERY POSITION, TP DRIVING STRAIGHT. Liability is not in our driver's favour.

We did clarify with insured the nature of the accident and he's aware that NCD (if any) would be affected.

We seek your approval to offer Third Party repairer " **CITY AUTO PTE LTD**" at **\$5,180.00.**

The summary is as follows: -

	Amount Claimed	Amount Revised
Cost of Repair (w/GST)	\$ 7,956.39	\$ 4,280.00
Loss of Rental (9days x \$120.00)	\$ 1,080.00	\$ 900.00 (9days x \$100.00)
Loss of Income	\$ -	\$ -
LTA/GIA Search Fee	\$ -	\$ -
Total	\$ 9,036.39	\$ 5,180.00

****07 days recommendation for repair + 1Sunday + 1PRS = 09 days**

Enclosed here with all the relevant documents for your perusal.

For your approval/instruction please.

Note: We are on work from home arrangement. All correspondence should be made via email. Submission of claim related documents will be in softcopy. Any inconvenience caused is much regretted.

Best Regards,

Cecilia Chong | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749-4274 | email: CeciliaChong@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



Save the Earth. Print only when necessary.

From: Joanne Yong <Joanneyong@msfirstcapital.com.sg>

Sent: Wednesday, 15 April 2020 1:55 PM

To: Teo Swee Keong <TeoSweeKeong@msfirstcapital.com.sg>; Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>

Cc: Cecilia Chong (LKK Auto) <CeciliaChong@lkkauto.com>; Admin A <admin-a@lkkauto.com>; Heng Ding Chao <HengDingChao@msfirstcapital.com.sg>

Subject: RE: SURVEY ASSESSMENT - D20001829MFSH/1 // EXPRESS SETTLEMENT Our ref: D20/1829/DC/CTPL

WITHOUT PREJUDICE

Dear all,

The liability still unclear.

Thank you

Regards,

Joanne Yong
Motor Claim Department



Change of email address

joanneyong@msfirstcapital.com.sg

MS First Capital Insurance Ltd | 36 Robinson Rd #16-01 City House Singapore 068877 | TEL : 6507 3848 | Fax No. : 6507 3849 |
Company Regn. No. 195000106C

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

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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.

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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.

As a response to the COVID19 outbreak, we are observing staggered working hours and some of us are on Work From Home arrangement. However, we are actively working to support our clients and partners. We have access to e-mails and will work to respond in a timely manner.

We appreciate your kind understanding. Stay safe.

From: Teo Swee Keong <TeoSweeKeong@msfirstcapital.com.sg>

Sent: Tuesday, 14 April 2020 6:10 pm

To: Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>; Joanne Yong <Joanneyong@msfirstcapital.com.sg>

Cc: Cecilia Chong (LKK Auto) <CeciliaChong@lkkauto.com>; Admin A <admin-a@lkkauto.com>; Heng Ding Chao <HengDingChao@msfirstcapital.com.sg>; Joanne Yong <Joanneyong@msfirstcapital.com.sg>

Subject: PRI: SURVEY ASSESSMENT - D20001829MFSH/1 // EXPRESS SETTLEMENT Our ref: D20/1829/DC/CTPL

Dear Mei Kwan

As requested attached herewith the ID SAS report.

Our Ref: D20001829MFSH/DC/CTPL. The OIC is Ding Chao.

Thanks and Regards,

SK Teo
Motor Claims Dept

MS First Capital Insurance Ltd | 36 Robinson Road #16-01 City House Singapore 068877 | DID : 6507 3848 | Fax No. : 6507 3849 |

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

From: Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>
Sent: Tuesday, April 14, 2020 5:11 PM
To: Joanne Yong <joanneyong@msfirstcapital.com.sg>
Cc: Cecilia Chong (LKK Auto) <CeciliaChong@lkkauto.com>; Admin A <admin-a@lkkauto.com>; Teo Swee Keong <TeoSweeKeong@msfirstcapital.com.sg>
Subject: RE: PRI: SURVEY ASSESSMENT - D20001829MFSH/1 // EXPRESS SETTLEMENT

YOUR REF: D20001829MFSH
LKK REF: CC4/FCI20005104/Kga3

Dear Sir / Madam,

We refer to the above matter.

Enclosed for your perusal is:
- TP video footage

Kindly let us have a copy of insured's accident report for our necessary action.

"Note: We are on work from home arrangement. All correspondence should be made via email. Submission of claim related documents will be in softcopy. Any inconvenience caused is much regretted."

Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Mei Kwan (LKKAuto)
Sent: Tuesday, 14 April 2020 3:59 PM
To: JOANNEYONG@MSFIRSTCAPITAL.COM.SG
Cc: Cecilia Chong (LKK Auto); Admin A
Subject: RE: PRI: SURVEY ASSESSMENT - D20001829MFSH/1 // EXPRESS SETTLEMENT

YOUR REF: D20001829MFSH
LKK REF: CC4/FCI20005104/Kga3

Dear Sir / Madam,

We refer to the above matter.

We have inspected TP vehicle SKN 4667X on a WP basis and TP repairer proposed for a direct settlement.

Enclosed for your perusal is:
- Estimated cost of repair
- Preliminary advice

Kindly let us have a copy of insured's accident report for our necessary action.

Please take note that the case handler in-charge is Cecilia and she can be contacted at DID: 6749 4274.

To check availability of the case handler, you may contact the undersigned.

"Note: We are on work from home arrangement. All correspondence should be made via email. Submission of claim related documents will be in softcopy. Any inconvenience caused is much regretted.

Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Claim Workflow System <cwsmotorclaims@msfirstcapital.com.sg>

Sent: Thursday, 9 April 2020 9:39 AM

To: assignments <assignments@lkkauto.com>

Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG <CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG>;

JOANNEYONG@MSFIRSTCAPITAL.COM.SG <JOANNEYONG@MSFIRSTCAPITAL.COM.SG>

Subject: PRI: SURVEY ASSESSMENT - D20001829MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Note: All the accident reports are uploaded into CWS for your perusal.

Best Regards,

Admin Team

Claim Workflow System

Motor Claims Department

MS First Capital Insurance Limited

Tel : 6507 3848

Fax : 6507 3849

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