

Chen Weirong
C/O 54 YUNNAN ROAD
SINGAPORE 637917

OUR REF : 9945 FIRST
YOUR REF : D20001815MFSH
DATE : 07/4/2021

ATTN: THE MOTOR CLAIMS DEPT
First Capital Insurance Ltd
36 Robinson Road #16-01
City House S(068877)

Dear Sir/ Mdm,

Re: Accident involving vehicle no. SMN 9945L & Your Insured SHC705BC
On 3/4/2020 along Blk 140 Teck Whye Lane loading/unloading

I/We wish to inform you that my/our vehicle have been completed repairs to my/our satisfaction by M/S SNG AH TEE MOTOR & PANEL SERVICE PTE. LTD. I/We therefore propose to claim from you as followed:-

- | | |
|--|-------------|
| 1. COST OF REPAIR / EXCESS | S\$ 1563.06 |
| 2. LOSS OF USE \$ 70.00 /per DAY FOR 3 DAYS | S\$ 210.00 |
| 3. SURVEY FEE (survey by LK) | S\$ - |
| 4. POLICE REPORTS/ LTA SEARCH FEE/ GIA REPORTS | S\$ 7.45 |
| 5. OTHERS (medical fees \$48 + \$51) | S\$ 99.00 |

TOTAL:

S\$ 1879.51

For the payment, kindly make payable directly to my/our repairer M/S SNG AH TEE MOTOR & PANEL SERVICE PTE LTD of BLK 3 PIONEER ROAD NORTH #01-18 S'PORE 628457

Your kind and early co-operation will be greatly appreciated.
Thank You.

Yours Faithfully,

Enclosed documents:-

| | |
|----------------------------------|-------------------------------------|
| GIA report/assessment | <input checked="" type="checkbox"/> |
| Original/Copy of Surveyor report | <input type="checkbox"/> |
| Original/Copy of Photographs | <input type="checkbox"/> |
| Insurance Cert/ Logcard | <input type="checkbox"/> |
| Copy of IC/ Driving License | <input type="checkbox"/> |
| Witness Statement | <input type="checkbox"/> |
| Final Bill / Tax Invoice | <input checked="" type="checkbox"/> |
| Others Search Fee, medical fees | <input checked="" type="checkbox"/> |

YOUR REF : D20001815MFSH

ATTN: MOTOR CLAIMS DEPT

MS First Capital Insurance Ltd

36 Robinson Rd #16-01

City House (S) 068877

RE: THIRD PARTY CLAIM FOR ACCIDENT INVOLVED SMN9945L AND SHC7058C

ON 03/04/2020 ALONG BLK140 Teck Whye Lane loading/unloading near 7-11

LETTER OF AUTHORITY

Dear Sir / Madam,

I, Chen Wei Rong hereby authorize and appoint **SNG AH TEE MOTOR & PANEL SERVICE PTE LTD** of **BLK 3 PIONEER ROAD NORTH #01-18 SPORE 628457** to claim on my behalf of the above mentioned matter against SHC7058C.

I further authorize **SNG AH TEE MOTOR & PANEL SERVICE PTE LTD** to release my personal information to the third party such as the third party's insurance to direct the payer to make the cheque in favour of **M/s SNG AH TEE MOTOR & PANEL SERVICE PTE LTD**. In case of unsuccessful claim of the third party, **Sng Ah Tee Motor & Panel Service Pte Ltd** has the right to bill me the necessary cost and disbursements. I/We also acknowledge that the repair of my vehicle will be done in lumpsum as per what the insurer's surveyor has recommended. I hereby authorize my driver to do necessary paperwork for the claim.

I further acknowledge that any settlement that the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Yours Faithfully,

X 
Signature of Owner

DISCHARGE RECEIPT

CLAIM REFERENCE : D20001815MFSH
ACCIDENT DATE : 03/04/2020
ACCIDENT LOCATION : ALONG CAR PARK NEAR BLK 137 TECHK WHYE LANE
INSURED : CITYCAB PTE LTD
INSURED DRIVER : KWEK LAI HIYONG
INSURED VEHICLE : SHC7058C
INVOLVED PARTY : SMN9945L
SETTLEMENT SUM : \$1,849.51

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 : CHEN WEIRONG

Signature and Date :  12.7.21

WITNESS : 

Signature and Date : 

12.7.21



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

ATTENTION :
CONTACT : 6222 2311 FAX NO: 6507 3849

INVOICE. SO004866

DATE 08/04/2020
ACCIDENT DATE : 03/04/2020
VEHICLE NO : SMN9945L
CHASSIS/ENG.NO : MRHFC5650GT000279
VEHICLE MODEL : HONDA CIVIC
CLAIM NO :
POLICY NO :
REMARK : 9945FIRST TP AGAST
SHC7058C

| S/N. | QTY | UNIT | DESCRIPTION | PRICE | DISC % | DISC/MARKUP | TOTAL AMT |
|-------------------------|-----|------|--------------------|--------|--------|-------------|-----------|
| ** LIST PRICE ** | | | | | | | |
| 1 | 1 | PC | FRT DOOR RH | 784.20 | 20 | 627.36 | 627.36 |
| 2 | 1 | PC | FRT SIDE MIRROR RH | 254.30 | 20 | 203.44 | 203.44 |
| ----- SUB-TOTAL: | | | | | | | 830.80 |

**** WORK LABOUR ****

| | | |
|---|--------|--------|
| TO CHECK WIRING | 30.00 | 30.00 |
| TO KNOCK, WELD, REMOVE & FIX ON ABOVE PARTS | 250.00 | 250.00 |
| TO PUTTY & SPRAY PANTING ON AFFECTED AREAS | 250.00 | 250.00 |
| TO RESET / DIAGNOSE FAULT CODE | 100.00 | 100.00 |
| ----- SUB-TOTAL | | 630.00 |

SAM

> Back to OneMotoring



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

Print Date/Time : 06 Apr 2020 / 14:15:11

Receipt Date/Time : 06 Apr 2020 / 14:15:11

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200406-002506

Previous Receipt No. :

| S/N | Item Description/ Business Transaction Reference No. | Amount Before GST (\$\$) | GST Amount (\$\$) | Amount After GST (\$\$) |
|-----|--|--------------------------------|-------------------------|-------------------------------|
|-----|--|--------------------------------|-------------------------|-------------------------------|

Result of Insurance Enquiry - SHC7058C

As at 03 Apr 2020/21:55:00

Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED

| | | | | |
|---|---|------|------|------|
| 1 | Insurance Enquiry - SHC7058C Enquiry Fee 20200406141356962242 | 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

| | |
|------------------------------------|------|
| 454750XXXXXX9296 eNETS Credit Card | 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.

CCK FAMILY CLINIC



Blk 304 Choa Chu Kang Ave 4, #01-653, S'pore 680304.
Tel: 6891 0338 • Fax: 6891 0983

GST Reg No : 20-0201430-W

TAX INVOICE

CHEN WEIRONG
610 CHOA CHU KANG STREET 62
#05-157

S(680610)

Patient : CHEN WEIRONG (S8816420B)

Invoice No. : 643442
Our Reference : 126212
Date : 03 Apr 2020

| DESCRIPTION | QTY | FEE (S\$) |
|-------------------|------------|-----------|
| ANAREX TABLET (R) | 20.00 tabs | 8.00 |
| ARCOXIA 120MG TAB | 5.00 tabs | 11.00 |
| CONSULTATION | | 29.00 |

| | |
|---|---------|
| Total Amount Payable | 48.00 |
| Receipt No. 1037398 - NETS Payment Received | 48.00 |
| Outstanding Balance | S\$0.00 |

Inclusive of GST 7.0% : \$ 3.14

This is a computer generated invoice which does not require a signature
E. & O.E

CCK FAMILY CLINIC



Blk 304 Choa Chu Kang Ave 4, #01-653, S'pore 680304.
Tel: 6891 0338 • Fax: 6891 0983

GST Reg No : 20-0201430-W

TAX INVOICE

CHAI JIA LING
101 TECK WHYE LANE
#04-408
S(680101)

Patient : CHAI JIA LING (S8920783E)

Invoice No. : 643443
Our Reference : 227101
Date : 03 Apr 2020

| DESCRIPTION | QTY | FEE (\$\$) |
|-----------------------------|------------|------------|
| ANAREX TABLET (R) | 20.00 tabs | 8.00 |
| ARCOXIA 120MG TAB | 5.00 tabs | 11.00 |
| METOCLOPRAMIDE 10MG TAB (R) | 10.00 tabs | 3.00 |
| CONSULTATION | | 29.00 |

| | |
|---|---------|
| Total Amount Payable | 51.00 |
| Receipt No. 1037399 - NETS Payment Received | 51.00 |
| Outstanding Balance | S\$0.00 |

Inclusive of GST 7.0% : \$ 3.34

This is a computer generated invoice which does not require a signature
E. & O.E



CCK FAMILY CLINIC

Blk 304 Choa Chu Kang Ave 4, #01-653, S'pore 680304.
Tel: 6891 0338 • Fax: 6891 0983

Medical Certificate

Date : 03 Apr 2020
MC No. : 0000522638

s to certify that :

NAME : CHAI JIA LING

NRIC : S8920783E

is UNFIT FOR DUTY for 3 days

from 03/04/2020 to 05/04/2020 inclusive.

Dr. James Cheong
M.B.B.S. (Singapore)
MCR - 13302G

DR JAMES CHEONG
CCK FAMILY CLINIC PTE LTD
Blk 304 Choa Chu Kang Ave 4
#01-653 Singapore 680304
Tel: 6891 0338 Fax: 6891 0983

*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.



CCK FAMILY CLINIC

Blk 304 Choa Chu Kang Ave 4, #01-653, S'pore 680304.
Tel: 6891 0338 • Fax: 6891 0983

Medical Certificate

Date : 03 Apr 2020
MC No. : 0000522639

This is to certify that :

Name : CHEN WEIRONG

NRIC : S8816420B

is UNFIT FOR DUTY for 3 days

from 03/04/2020 to 05/04/2020 inclusive.

Dr. James Cheong
M.B.B.S. (Singapore)
MCR - 13302G

DR JAMES CHEONG
CCK FAMILY CLINIC PTE LTD
Blk 304 Choa Chu Kang Ave 4
#01-653 Singapore 680304
Tel: 6891 0338 Fax: 6891 0983

*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

Hsiao Tong (LKKAUTO)

From: Eric Woo <EricWoo@msfirstcapital.com.sg>
Sent: Friday, 11 June 2021 4:01 PM
To: Hsiao Tong (LKKAUTO)
Cc: Admin A
Subject: RE: [SEEK MANDATE] - Your ref : D20001815MFSH // LKK ref : CC4/FCI20005124/R1pa3q2 [ACCIDENT INVOLVING SHC7058C(MS FCI) AND SMN9945L(TP) ON 09/04/2020]


Dear Hsiao Tong,

You have our mandate to settle as follow:

Cost of Repair : \$1,563.60
Loss of Use : \$150-\$180 (\$50-\$60 x days)
LTA fee : \$7.45 - supported
Medical fee : \$99.00 – supported, \$48 + \$51
To offer : \$1,819.51 - \$1,849.51

Thank you.

Eric Woo
Motor Claim Department

MS First Capital Insurance Ltd | 36 Robinson Road, City House #16-01 Singapore 068877 | Email:
EricWoo@msfirstcapital.com.sg | Company Regn. No. 195000106C
A Member of  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 <http://www.msfirstcapital.com.sg> for details of PDPA Personal Data Collection Statement.

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From: Hsiao Tong (LKKAUTO) <chewht@lkkauto.com>
Sent: Monday, 17 May 2021 8:23 am
To: Eric Woo <EricWoo@msfirstcapital.com.sg>
Cc: Admin A <admin-a@lkkauto.com>
Subject: [SEEK MANDATE] - Your ref : D20001815MFSH // LKK ref : CC4/FCI20005124/R1pa3q2 [ACCIDENT INVOLVING SHC7058C(MS FCI) AND SMN9945L(TP) ON 09/04/2020]

Your ref : **D20001815MFSH**
LKK ref : CC4/FCI20005124/R1pa3q2

Dear Sirs/Mdm,

ACCIDENT INVOLVING SHC7058C(MS FCI) AND SMN9945L(TP) ON 09/04/2020

We refer to the above matter.

Liability: 100%. Our driver reversed and collided with third party.

We seek your approval to offer repairer “**SNG AH TEE MOTOR & PANEL SERVICE**” at **\$1,848.65(all-in)**.

The summary is as follows: -

| | Amount Claimed | Amount Revised |
|--|--------------------|----------------------------------|
| 1. Cost of Repair (w/GST) | \$ 2,042.33 | \$ 1,562.20 (\$1,460.00 + 7%GST) |
| 2. Loss of Use (3days x \$70.00) | \$ 210.00 | \$ 180.00 (3days x \$60.00) |
| 3. LTA Search Fee | \$ 7.45 | \$ 7.45 |
| 4. Medical Fee (Driver - Chen WeiRong) | \$ 48.00 | \$ 48.00 |
| 5. Medical Fee (Passenger – Chai Jia Ling) | \$ 51.00 | \$ 51.00 |
| Total | \$ 2,358.78 | \$ 1,848.65 |

Surveyor recommended 3 days for repair.

Enclosed here with all the relevant documents for your perusal.

Kindly let us have your approval / instruction.

Best Regards,
Hsiao Tong, Chew | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6742 3197 | email: chewht@lkkauto.com | fax: 6741 4108
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)