Focus Auto Pte Ltd

Business Reg. No. 201004495R

GST Reg. No. 201004495R Tel: 6886 9097 Fax: 6481 9095

Email: claims@focusauto.com.sg

Date :

18/05/2020

BY E-MAIL / MAIL

Your ref:

SHD4842U

Our ref:

SLR9449T

WITHOUT PREJUDICE

#### M/S India International Insurance Pte Ltd

64 Cecil Street, #04/60-00, IOB Building Singapore 049711

Dear Sir/Madam,

ACCIDENT INVOLVING: (

SLR9449T

& SHD4842U ) ALONG

BLK 215 ANG MO KIO AVENUE 1 (CARPARK)

DOA:

28/04/2020

TIME:

**2115 HOURS** 

We refer to the above matter and write on behalf of

TW PREMIUM AUTOMOBILE PTE LTD , the registered owner of

**SLR9449T** 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 SHD4842U collided onto the side portion of our client vehicle SLR9449T. 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	(\$1400 + 7% GST)	\$ 1,498.00
2.	Loss of Rental	(7 days × \$120)	\$ 840.00
3.	Buy 3rd party's GIA	report	\$ 15.00

**Total Amount:** 2,353.00

Enclosed are the following documents for your perusal.

- 1) Driver's driving license / Identity card
- 2) Certificate of Insurance
- 3) GIA report
- 4) GIA Search

SHD4842U)

- 5) Original repair claim
- 6) 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,

Jenny Koh

## **LETTER OF AUTHORIZATION**

EETTER OF AUTHORIZATION
DATE : 28/04/2020
To :
RE: ACCIDENT INVOLVING VEHICLE NO. SAR 9HH497 & SHD H8H2 U
ALONG BLK 215 ANS MOKIO AUENUE I (CARPARK) ON 28/04/2020
I/WE TW PREMIUM RUZOMOBILE PZE LTD of (NRIC/ROCNO.) 2013204306
OF 210 TURE CLUB RUAD #107-AS THE GRANDSTAND SINCAPORE 287995
Owner of vehicle no. SR 9449 7 in consideration of M/S FOCUS AUTO PTE LTD repairing my / our
vehicle SIR AHR 7 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

LID PREMIUM PLYDMOBILE PZE LID

: 2013204306

Signature of Owner : \_\_\_ (Company's chop – if any)

Name of Owner

NRIC No



Nationality:

Occupation:

#### INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711

### EXPRESS SETTLEMENT

## DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MCT20040251 Claimant Ref: SLR 9449T FOCUS AUTO PTE LTD \_ ("the workshop") hereby confirm that we/l have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd \_\_\_\_\_ LKK AUTO CONSULTANTS PTE LTD of Surveyor) with respect to the amount claimed for S\$ 1,498.00 (repair cost), S\$ 600.00 -use/rental), S\$ \_\_\_\_ (search fee), vehicle no. SLR 9449T that was damaged pursuant to the accident which occurred on 28/04/2020 (date) at BLK 215 ANG MO KIO AVENUE 1 (CARPARK) (location) involving vehicle no. SHD 4842U(insured vehicle). This is pursuant to the inspection conducted on 30/04/2020 (date) at "the workshop". We/I confirm that we/I are/am authorized by the owner \_\_\_\_\_TW PREMIUM AUTOMOBILE PTE LTD \_\_\_ ("the third party claimant") of vehicle no.SLR 9449T to make the claim as set out in the above paragraph and we/l have full authority to settle the matter on his/her behalf in a manner that we/l deem fit. We/l enclose herein the letter of authority given by "the third party claimant". We/I further confirm that we/I will indemnify India International Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to cost of repairs and/or rental and/or loss of use pursuant to the damage to SLR 9449T (vehicle no.) as a result of the accident. We/I confirm that the agreement reached above is in full and final settlement of all claims of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis. This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same. We/I authorize you to pay the total amount of S\$ 2,098.00 to FOCUS AUTO PTE LTD Dated this 25 day of AVAUS CLAIMANT: WITNESS: CKS Signature: Signature: Signed by appointed Surveyor Signed by Name: Name: LKK AUTO CONSULTANTS PTE LTD Focus Auto Pte Ltd NRIC: NRIC: 199607198R No.1 Kaki Bukit Ave 6 Auto Bay #02-50 Singapore 417883 Address: Address: 51 UBI AVE 1, PAYA UBI INDUSTRIAL PARK Tel: 66349695 #02-25 SINGAPORE 408933

Nationality:

Occupation:

## Focus Auto Pte Ltd

Business Reg. No: 201004495R GST Reg. No: 201004495R No 1 Kaki Bukit Ave 6 Autobay #02-50 Singapore 417883

Date: 18/05/2020

#### INDIA INTERNATIONAL INSURANCE PTE LTD

MOTOR VEHICLE NO: SLR9449T MAZDA 3 SEDAN 1.5 A

REPAIR CLAIM \$ 1,400.00

LUMP SUM

Sub- total: \$ 1,400.00

7% GST: \$ 98.00

Total: \$ 1,498.00

SINGAPORE DOLLARS: ONE THOUSAND FOUR HUNDRED AND NINETY-EIGHT ONLY.



210 TURF CLUB ROAD, THE GRAND STAND CAR MALL LOT A8, SINGAPORE 287995 CO REG: 201320430G TEL: 64650030 FAX: 64650017 EMAIL: LEASING@TECKWEI.COM.SG

LEASE	E AGREEMENT NO.:	TW - SLR9449 <sup>-</sup>	Γ	PERSON IN CHARGE:	BEN KOH
DATE:	9/4/2020		Schedule .		
Compa register	a Rental Agreement made be ny" which shall include it ed address at 210 Turf Club s) identified as the Hirer belo	s successors-in- Road Lot A8 T	title and assigns), id The Grandstand Car M	entified as the Lessor and Mall Singapore 287995 AN	having our <b>D</b> YOU, the
	PHONE	S1739 BLK 3	08 CLEMENTI AVE	NUE 4 #10-347 S120308	<b>\$</b>
	PHONE	: : : :			
1.	DESCRIPTION OF VEH REGISTRATION NO. MAKE / MODEL ENGINE NO. CHASSIS NO.	: SLR9 : MAZ : AS P	9449T		
	Date, Time and Mileage for Date, Time and Mileage for Petrol Out		Empty / $\frac{1}{4}$ tank / $\frac{1}{2}$	$\frac{08}{\text{(time)}} \underbrace{\text{(rime)}}_{\text{(tank }/3/4 \text{ tank }/ \text{Full}^*} \text{(rank } \frac{1}{2} \text{(turned with same level of permission)}$	
2.	PERIOD OF LEASE ("L	EASE PERIOD	<u>")</u>		
	Daily/Weekly/Monthly/Yea From 9/4/20 ("	arly* Basis Commencement	Date") to8/5/20	("End Date")	
	* delete where not applicab	ole			
3.				e of Goods and Services T day of each day/week/	

("Payment Date").

In the event the Payment Date falls on a non-Business Day, the Hirer shall effect payment of the Lease Charges on the Business Day falling immediately prior to the Payment Date. GST is chargeable separately and the Hirer shall pay the prevailing GST together with the Lease Charges. Time of payment shall be of the essence.

\* delete where not applicable

4.	DEPOSI	T			
	Amount:	S\$	300	(exclusive	of GST)

#### 5. INSURANCE, ROAD TAX AND MAINTENANCE

The Company will be i	esponsibl	e for the road ta	k, maintenance and servicing of the Vehicle.	
You agree to pay the s	um of S\$	(	on Commencement Date for the Company to arrange th	ıe
following insurance co	verage fo	r the Vehicle. T	he full details of the insurance policy will be provided t	to
you and you undertake	to strictly	comply with th	e terms and conditions of the insurance policy.	
Excess Amount		22 2222	(per accident per claim) in Singapore	
	•	S\$_3000	······································	
Insurance Coverage	:	Third Party I	njury and Death Only /	
		Third Party I	njury, Death and Damage Only /	
		Comprehens	ive Insurance Policy /	
		Others	(specify)*	
Coverage Amount	:	S\$	(specify)	

#### 6. PURPOSE OF USE

Personal social domestic use / others\*

If others, please specify: GRAB / GO JEK ./ OTHER PLATFORM

#### 7. EARLY TERMINATION

You shall be liable to the Company for early termination as provided under the Terms and Conditions annexed hereto.

#### 8. <u>PAYMENT</u>

For cheque payments, please issue the cheque to the Company and indicate the vehicle number on the back of the cheque. The cheques must be delivered to the Company's registered address as stated above and any payment sent to the Company by post will be at your own risk.

<sup>\*</sup> delete where not applicable

<sup>\*</sup> delete where not applicable

The Agreement herein comprises the Schedule above and the Terms and Conditions annexed hereto. The Hirer confirms that he has read, understood and agreed to the terms of this Agreement.

IN WITNESS whereof the Parties hereto have set their hands the day and the year first above written.

Signed by the Hirer

Name:

Designation:

Company Stamp:

Signed for and on behalf of

TW PREMIUM AUTOMOBILE PTE LTD

Name:

Designation:

Company Stamp:

3



210 TURF CLUB ROAD, THE GRAND STAND CAR MAIL LOT AR SINGAPORE 287995 CO REG : 201320430G TEL: 64650030 FAX: 64650017 EMAIL : LEAVINGGTECKWELCOM.SG

# VEHICLE RENTAL AGREEMENT

Hirer's Particular								
Name: (as in I/C)	ENS TE	E HEAT	c.	Veh No: SLA	794497	Replace Veh	No CLOZ	- 6
NIRC/PASSPORT NO: S1739954C Address (Res): BSK 308 Clement			Mileage Out:			Replace Veh No: SLS6609 U		
Address (Res): Blk 300 Cla			Make & Model: N	Make & Model: M NZOHS				
AVEH #10	200	emen	17	Auto/Manual;	1.5 A	Auto/Manus	1: 1.5	5HC
Name & Address of Emplo	244	-2150		OUT : Date		OUT : Date		
The state of the s	yer:			OUT : Time		OUT : Time	30104	120
Occupation:				RI	ENTAL CHARGES	Toot . sime	11:10	am
D/L No:		Driving Exp: 3	- byrs	Daily			4.5	-
Pass Date:	-	D/L Type: Local/I	nternationa	Weekly			\$120	00
		Date of Birth :51	105/19/1	Monthly			-	-
Tel: (O)(R )_		(HDIX ++++)	POCO	Hours			-	-
ADDITIONAL DRIVER	S PARTICI	JLARS		Others			-	_
Name: (as in I/C)			- 1	CDW			-	-
NIRC / PASSPORT No:			-	PAI				
Pass Date:		Date of birth:						
Address (Res):			-	Delivery Service				
		Tel/HP:		Refundable Depos		Sub - Total \$	1840	10
Regarding to the		1 1 1	MONTH TO THE	37176,630	1 21 72 371 . 72	101433142	(4) 7/8 Age	STEEL
NAME AND ADDRESS OF TAXABLE PARTY.	COLLECTION LEAGUE ON	MOT VOTICELE	PULLEY	<b>公理是</b> 原始	RETURN BY	N OF YEHEL	Name and Address of the Owner, where	LEVEL %
,	Gratification of the state of t	ure			Addition Drive	r's Signature		
I/We agreed to the terms an			that all inform	ation given are ture			Licence(s) is/a	re current
and not disqualified from dri								
*IMPORTANT								
1. ONLY PERSONS ABOVE 25	V[ 4 B C O C A C C	C MATH BACORS THAN	2 YEARS DRIV	ING EXPERIENCE, AL	UTHORISED, LICENSED	AND SIGNING T	HIS AGREEMEN	YAM TH
	TEARS OF AGE	WITH MORE THAT	12 12413 5111					
2. VEHICLE IS STRICTY FOR SI			07 DUWEN (1)	IT OF SINGAPORE W	VITHOUT PRIOR CONS	ENT OF THE CON	APANY.	
		ONLY AND MAY N	OI DRIVEN O	Of Or Silveni Cite I				
TW PREMIUM AUTOMOBILE								
3. IN THE EVENT OF AN ACCI								
(i) shall report all accidents	Involving the	said vehicle to the	Owner immed	nately;	a) and do all other acts	required in com	pliance with th	e
(ii) shall take immediate st	eps to comple	te and sign Form M	AR 1 (Motor A	Accident Report Form	a the arridant is reno	t to the Owner):		
"NON-INJURY MOTOR	ACCIDENT REP	ORT SCEHEME" ( th	se form will be	made available whe	in the accident is repo-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(iii) shall report to the poli	ce within 24 h	ours from the occu	rrence, followi	ing types of accident	-			
(1) injury case;								
(2) non-injury case inv	rolving a Gove	rnment vehicle, or	damage to Gov	vernment property;		er Vehicle numi	ber, Log card	
(2) non-injury case inv (3) non-injury case inv	olving a foreig	n vehicle (to obtain	their motor is	nsurance policy, Pass	sport no./Name of driv	er, remite mann		
and Vehicle road to								
			ist			ON JERS FAILURIS	WHICH THE	DAY AND
(4) non-injury case RETURN OF VEHICLE-THE	HIRER/DRIV	ER IS REQUIRED ?	O SIGN IN TH	HE COLUMN "SIGN	ATURE OF HIRER/D	RIVER FAILING	TO AND THE	SAME SH
RETURN OF VEHICLE-THE TIME INSERTED BELOW S	HALL HE DEF	MED TO BE THE	DAY AND TIM	ME THE VEHICLE IS	RETURNED TO TW P	ANY ACCOUNT	WHATSOEVE	R.
TIME INSERTED BELOW S BE ACCEPTED AS CONCLU	ISINE ENIDER	ICE OF THE SAME	SHALL NOT	The state of the s		ANT ACCOUNT	00	
	DAILE CAIRT	CHECKED BY	REMARK	DEPOS	T REFUND	-	K	
DATE IN TIME IN	MILEAGE	CHECKED BI					8m	
6/05/203:450	`			N		SIGNATUR	RE OF HIRER/D	DRIVER
1 7 1 1		The second secon						

7/29/2020 Merimen e-Claims

## **Print Received Message**

This mail is associated with:

\*SLR9449T (MCT20040251)
[SHD4842U]
TP
TW PREMIUM AUTOMOBILE PTE LTD
Apr 28 2020 12:00AM
[-]
Focus Auto Pte Ltd

From India International Insurance Pte Ltd (HQ) (III\_SG), sent on 28/07/2020 11:12 AM.

To LKK\_HQ

Subject Alert - Adj Mandate Approved (S\$2098.00) - SLR9449T - Claim Handler: Sherini Pillai

Approved:2098.00.			