

ApeosPort-V C6680 T2

Transmission Report

G3-ID
Local Name
Company Logo

Date & Time : 09/04/2020 12:05
Page : 1(Last Page)

The job has been sent.
Original Size: A4



COMPLETE VMS PTE LTD - The Premier One-Stop Vehicle Accident Claims Centre
176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721
(Tel) 6453 0012 (Fax) 6554 0012 (Email) main@completevms.com.sg
(Web) www.completevms.com.sg

Your Ref: SHC7547H
Our Ref: TPDS20034 - SMN7758Z

23rd March 2020

MS FIRST CAPITAL INSURANCE LTD
36 Robinson Road #16-01
City House
Singapore 068877

Attention: Motor Claims Department

Dear OIC,

MS First Capital Insurance Limited

Claim No.: 02-01039 (New) Date: 9/4/2020 By: Postage

TEL: 6507 3848

☒ We are looking into your claim and will revert soon.

☐ We wish to re-inspect your / your client's vehicle.

Please give us 1 week notice on date/time/place.

Kindly quote our Claim No. in future correspondence.



ACCIDENT INVOLVING VEHICLE: SMN7758Z AND SHC7547H ALONG ANG MO KIO AVE 6 (BEFORE TRAFFIC LIGHT JUNCTION) ON 15.02.2020.

We are the authorized repair workshop for the owner of motor vehicle no. SMN7758Z which is involved in the captioned accident with your insured vehicle SHC7547H. The vehicle owner has requested and authorized us to assist him in presenting his/her claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of driving, we are submitting these claims for your consideration on behalf of the owner/claimant.

1	Cost of Repair as agreed with surveyor	S\$ 2,086.50 (inclusive GST)
2	3days of Loss of Rental @ \$200.00	S\$ 600.00
3	LTA Report fee	S\$ 7.45
	Total	S\$ 2,693.95

We enclosed herewith the following documents to support the claims:-

- Proforma Invoice
- LTA/GIA Report fee
- Rental agreement

Kindly look into the matter and let us hear from you on the settlement of our customer's claims as soon as possible.

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
Yours Faithfully

Chia Siang Lim
For CompleteVMS Pte Ltd

#	Job	Remote Station	Start Date & Time	Duration	Pages	Protocol	Contents	Status
1	2593 865540012		4- 9; 12:04	20 Secs	1/1	Super G3		Completed



Your Ref: SHC7547H
Our Ref : TPDS20034 - SMN7758Z

23rd March 2020

MS FIRST CAPITAL INSURANCE LTD

36 Robinson Road #16-01
City House
Singapore 068877

Attention: Motor Claims Department

Dear OIC,

MS First Capital Insurance Limited

Claim No.: 020/1038/EW/AN (copy) Date: 21/4/2020 By Postage

OIC: Eric Woo

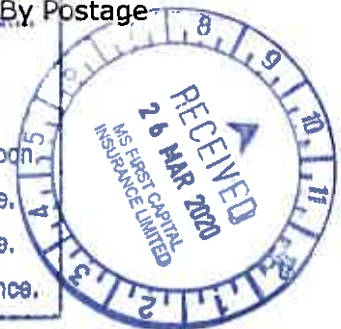
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Yours Faithfully

Chiu Siong Lim
For Complete VMS Pte Ltd

COMPLETE VMS PTE LTD

176 Sin Ming Drive, #03-14 / 07, Sin Ming Autocare Complex, S575721

Tel: 6455 0012 Fax: 6554 0012 Email: main@completevms.com.sg

Business Reg. No. 200416180E GST Reg. No.: 200416180E



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

Attention : MOTOR CLAIMS DEPT

Contact : 62222311 Fax No. : 62223547

Proforma Invoice : TP006947

Date : 23/03/2020

Vehicle Num. : SMN7758Z

Make/Model : MERCEDES C180-2012

Chassis/Eng# : WDD2040452A719080/27191031355418

Accident Date : 15/02/2020

Claim No. :

Reference :

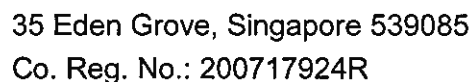
Policy No. :

	Amount S\$
COST OF REPAIR AS AGREED	1,950.00

SingDollars : Two Thousand Eighty-Six & Cents Fifty Only

COMPLETE VMS PTE LTD

Total S\$:	1,950.00
GST S\$:	136.50
Amount Due S\$:	2,086.50
	=====



No: 2542

c/o Complete VMS Pte Ltd

Date: 23. Mar. 2020

Vehicle No: SJV6086D

I/ We hereby confirm the order

for **COMPLETE LEASING PTE LTD**

1

Authorized Signature & Company's Stamp

Order checked & accepted by



SmN77582
35 Eden Grove, Singapore 539085
Co.Reg. No.: 200717924R

VEHICLE RENTAL AGREEMENT

STA No: 002543

HIRER'S PARTICULAR

Name : (as in I/C) Soh Poh Ling
NRIC / Passport No: S8405225F
Address: _____

ADDITIONAL DRIVER'S PARTICULARS

Name : (as in I/C) Jeffrey Ong Wei Gang
NRIC / Passport No: S8909875J
Address: _____

REMARKS

Veh. No: STV6086D Replace Veh. No: _____
Mileage Out: _____ Mileage Out: _____
Out : Date 24.2.2020 Out : Date _____
Out : Time 4.15pm Out : Time _____

RENTAL CHARGES		
Daily	3 @ \$ <u>200</u>	<u>\$600.00</u>
Monthly	@ \$	
Delivery Charges	@ \$	<u>\$02</u>
Others	@ \$	
SUB TOTAL \$		<u>600.00</u>

PETROL: Empty, 1/8, 1/4, 3/8, 1/2, 5/8, 3/4, 7/8, Full

INSURANCE EXCESS PAYABLE ON CLAIM

Hirer is responsible for the first \$ \$2000 - excess
for Collision / Damages to 1st party (i.e.) COMPLETE LEASING P/L
vehicle (inc. windscreen) and also first \$ \$2000 - excess
for Collision / Damages to 3rd party's vehicle for each and every
accident / damages.

Hirer's Signature: [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 license(s) is/are current and not disqualified from driving.

IMPORTANT

- ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORIZED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- VEHICLE IS STRICTLY FOR USE IN SINGAPORE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT FROM THE COMPANY COMPLETE LEASING PTE LTD
- IN THE EVENT OF AN ACCIDENT, THE HIRER OF AUTHORIZED DRIVER;
(i) shall report all accidents involving the said vehicle to the owner immediately,
(ii) shall NOT admit liability or sign any settlement documents with any 3rd parties
- THIS AGREEMENT IS SUBJECT TO THE CONDITIONS PRINTED ON THE REVERSE SIDE

EXCESS:
ADDITIONAL \$2500
FOR 23 TO 27 &
ABOVE 65 YEARS OLD

DATE IN	TIME IN	CHECKED BY	SIGNATURE OF HIRER / DRIVER
<u>27.2.2020</u>	<u>9.30am</u>	<u>[Signature]</u>	<u>[Signature]</u>

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 17 Feb 2020 / 16:49:44

Receipt Date/Time : 17 Feb 2020 / 16:49:44

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200217-002821

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 - SHC7547H				
As at 15 Feb 2020/00:00:01				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SHC7547H Enquiry Fee 20200217164903167041	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				
		xxxxxxxxxxxx2417	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.

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	17/02/2020 16:42
Date Of Accident	15/02/2020 12:40
Exact Location Of Accident	ANG MO KIO AVE 6 (BEFORE TRAFFIC LIGHT JUNCTION)T
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN7758Z
Insured/Policyholder	
Name Of Registered Owner	SOH POH LING
NRIC No	SXXXX225F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84444644
Alternative Phone No	OTHERS-NOPHONE

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C 180 KOMPRESSOR

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	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPG19012408
Cover Note Number	

Driver

Name of Driver	JEFFREY ONG WEI SIANG
NRIC No	SXXXX875J
Date Of Birth	21/03/1989
Occupation	INDOOR
Date Of Driving Pass	15/12/2010
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81810442
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 997C BUANGKOK CRESCENT #05-837
Postcode	534997
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 - 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?	
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)	3
Passenger 1	NAME: : KYLER ONG CHENG YE GENDER: : MALE
Passenger 2	NAME: : SOH POH LING 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 SKETCH PLAN.

Attachment(s)

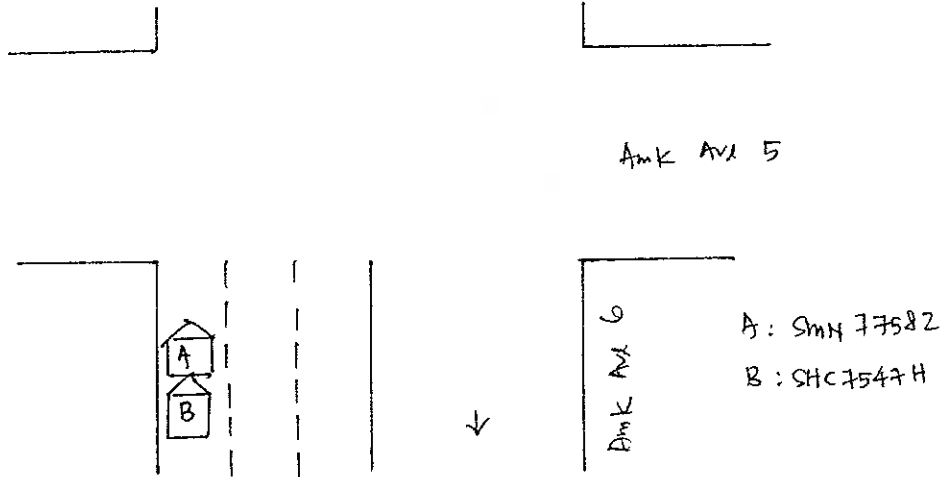
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7547H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KOI SENG SOON
NRIC/Passport Number	SXXXX364I
Contact Number	97593961
Address	
Postcode	

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Traffic red light, my car was stationary. After one minute, I felt an impact at the rear, vehicle B didn't stop and hit the rear of my vehicle A.

DECLARATION

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

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.:

