



Vermogen ACE Pte Ltd

1 Bukit Batok Crescent
#05-23 Wcega Plaza
Singapore 658064
Co. Reg No.: 201606023C GST Reg No.: 201606023C
Tel: 6694 4919 Fax: 6694 4929
Email: vermogenace@gmail.com

Yr Ref : SHA3402D

Our Ref : SGV1627L

03 August 2020

Without Prejudice

Attn: Motor Claim Dept

INDIA INTERNATIONAL INSURANCE PTE LTD

**64 Cecil St
#04-05 IOB Building
Singapore 047911**

Dear Sir/Mdm,

Accident involving SGV1627L & SHA3402D on 20/06/2020 13:20 hrs at SEMBAWANG ROAD.

We refer to the above said accident.

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

1. Cost of repair	\$	2,996.00
2. Loss of rental (\$120 x 8 days)	\$	960.00
3. LTA search fee	\$	7.45
4. Purchase report fee	\$	29.00
Total	\$	3,992.45

We enclosed herewith relevant document as stated below:

1. Accident report
2. Final Repair Bill
3. Letter of authority
4. LTA search receipt
5. Purchase report receipt

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 hearing from you soonest.

Thank you.

Best Regards,



Paulo (Claim Dept)
Vermogen ACE PTE LTD
Tel: 9128 8559 | Fax: 6694 4929
Email: paulo.b@vermogen-group.com



Vermogen Ace Pte Ltd
60 JALAN LAM HUAT #03-35
Singapore 737869
+65 66944919
ace@vermogen-group.com
GST Registration No. : 20160623C
Company Registration No. 201606023-C

Tax Invoice

BILL TO

INDIA INTERNATIONAL
INSURANCE PTE LTD
64 Cecil Street
#04-05 IOB Building
049711

INVOICE NO. 1082**DATE 27/07/2020****CAR PLATE**

SGV1627L

MAKE/MODEL

MAZDA 5

D.O.A

20 JUN 2020

Sales

Lumpsum Repair

QTY	RATE	GST	AMOUNT
-----	------	-----	--------

1	2,800.00	7% SR	2,800.00
---	----------	-------	----------

Please indicate invoice number(s) in your payment advice
Kindly make payment in favour to " Vermogen Ace Pte Ltd"
Bank Name:Oversea-Chinese Banking Corporation
Bank Account No. : 695-364-851-001
PayNow : 201606023C

SUBTOTAL	2,800.00
GST TOTAL	196.00
TOTAL	2,996.00
BALANCE DUE	S\$2,996.00

**VMG Auto Pte Ltd**

1 Bukit Batok Crescent #04-52 WCEGA Plaza Singapore 658064


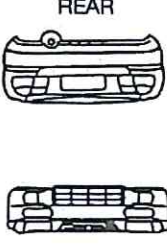



Tel: +65 6694 2456 Fax: +65 6694 3191

Email: joeyvermogen@gmail.com

VRA No.: 0660

ROC No: 201713576D

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR Name: (as in I/C) <u>KELLY KOH PHOEE LENG</u> NRIC/PASSPORT No: _____ Address (Res) <u>BLK 33 TEBAN GARDENS</u> <u>PO # 02-265</u> Name & Address of Employer _____ Occupation: _____ Driving Exp: _____ Driving Licence No: _____ D/L Type: Local / International Issue Date: _____ Date of Birth: _____ Tel: (O): _____ (R) _____ HP <u>88 000 803</u>		Vehicle No: <u>SGN1627L</u> Replace Veh No: <u>SMQ 4659L</u> Mileage Out: _____ Mileage Out: _____ Make & Model: <u>Hyundai Avante</u> Auto / Manual: _____ Group: _____ Out : Date <u>23/6/2020</u> Time: <u>11 am</u> HIRE / PERIOD EXPIRY _____ Time: _____ Accident Excess Singapore Section 1 = \$2000 Section 2 = \$2000 Malaysia Section 1 = \$2500 Section 2 = \$2500																																														
ADDITIONAL DRIVER'S PARTICULARS Name: (as in I/C) _____ NRIC/PASSPORT No: _____ Address (Res) : _____ Driving Licence No: _____ D/L Type: <u>Local</u> / International Issue Date: _____ Date of Birth: _____ Occupation: _____ Driving Exp: _____		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3">CHARGES</th> <th></th> <th></th> </tr> <tr> <td>Daily</td> <td>@\$</td> <td>per day</td> <td></td> <td></td> </tr> <tr> <td>Weekly</td> <td>@\$</td> <td>per week</td> <td></td> <td></td> </tr> <tr> <td>Monthly</td> <td>@\$</td> <td>per month</td> <td></td> <td></td> </tr> <tr> <td>Hours</td> <td>@\$</td> <td>per hour</td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td>@\$</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3">Deposit</td> <td></td> <td></td> </tr> <tr> <td colspan="3">Delivery/Collection Service</td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUB-TOTAL \$</td> <td></td> <td></td> </tr> </table>		CHARGES					Daily	@\$	per day			Weekly	@\$	per week			Monthly	@\$	per month			Hours	@\$	per hour			Others	@\$				Deposit					Delivery/Collection Service					SUB-TOTAL \$				
CHARGES																																																
Daily	@\$	per day																																														
Weekly	@\$	per week																																														
Monthly	@\$	per month																																														
Hours	@\$	per hour																																														
Others	@\$																																															
Deposit																																																
Delivery/Collection Service																																																
SUB-TOTAL \$																																																
VEHICLE CHECK LIST INDICATE: D - DENTS A - ACCIDENTS S - SCRATCHES (Out Car)		PETROL LEVEL <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Out</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> <td></td> </tr> <tr> <td>In</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> <td></td> </tr> </table>		Out	E	1/4	1/2	3/4	F		In	E	1/4	1/2	3/4	F																																
Out	E	1/4	1/2	3/4	F																																											
In	E	1/4	1/2	3/4	F																																											
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  RIGHT </div> <div style="text-align: center;">  FRONT </div> <div style="text-align: center;">  TOP </div> <div style="text-align: center;">  LEFT </div> </div>		EXTENSION Misc. _____ TOTAL CHARGES \$ _____																																														
ACCESSORIES CHECK <input type="checkbox"/> Ashtray <input type="checkbox"/> Cig Lighter <input type="checkbox"/> S/Tyre <input type="checkbox"/> STD Tools <input type="checkbox"/> Jack <input type="checkbox"/> Hub Caps <input type="checkbox"/> Radio/Cass <input type="checkbox"/> CD <input type="checkbox"/> Cartridges		Hirer's Signature  Additional Driver's Signature _____																																														

I have read and agree to the terms and condition on both sides of the agreement. If i have presented a charge/credit card for payment. I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given VMG Auto Pte Ltd in connection with this agreement is true.

*** IMPORTANT**

- ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE AND WEST MALAYSIA ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY VMG AUTO PTE LTD.
- THE HIRER SHALL TAKE PROPER CARE OF THE VEHICLE. IN PARTICULAR, THE HIRER SHALL ENSURE THAT THE VEHICLE: -
HAS SUFFICIENT OIL, WATER, AND TYRE PRESSURE AT ALL TIMES. THE HIRER AGREES THAT A PUNCTURED TYRE, EMPTY PETROL TANK, LOSS OF KEY OR LOCKED KEYS INSIDE OF VEHICLE, BY ITSELF, DOES NOT CONSTITUTE A BREAKDOWN AND THAT IN THE EVENT THE OWNER'S 24-HOURS EMERGENCY SERVICE IS CALLED UPON TO RESPOND TO SUCH OCCURRENCE, THE HIRER SHALL BEAR THE COST OF SUCH RESPONSE AT \$60.00 PER TRIP;
- THE REFUNDABLE DEPOSIT OF S\$100.00 IS PAYABLE BY THE RENTER TO VMG AUTO PTE LTD ON DELIVERY OF THE CAR. ANY AMOUNT WHICH MAY STAND AT VMG AUTO PTE LTD'S CREDIT ON TERMINATION OF THIS RENTAL CONTRACT WILL BE DEDUCTED FROM THE REFUNDABLE DEPOSIT.

RETURN OF VEHICLE. THE HIRER/DRIVER IS REQUIRED TO SIGN IN THE COLUMN " SINGAPORE OF HIRER / DRIVER " FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO VMG AUTO 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.



VMG Auto Pte Ltd
Company ID : 201713576D

1 Bukit Batok Crescent #04-52
WCEGA Plaza
Singapore 658064
Singapore

INVOICE

#VMG/TI/2020/07/000567

Balance Due
SGD960.00

Bill To
Vermogen Ace Pte Ltd
1 Bukit Batok Crescent #05-23 WCEGA Plaza
S658064
Singapore

Invoice Date : 02 Jul 2020
Terms : Due on Receipt
Due Date : 02 Jul 2020

#	Item & Description	Qty	Rate	Amount
1	KELLYN KOH PHWEE LENG / SGV1627L 23 Jun 2020 - 1 Jul 2020 8 Days SMQ4059L / HYUNDAI AVANTE	1.00	960.00	960.00

Sub Total 960.00

Total SGD960.00

Balance Due SGD960.00

Notes

Kindly make payment in favour to " VMG Auto Pte Ltd"
Bank Name:UNITED OVERSEAS BANK LTD
Bank Account No. : 360 - 309 - 602 - 7

Thanks for your business.



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 23 Jun 2020 / 11:46:12

Receipt Date/Time : 23 Jun 2020 / 11:45:26

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200623-001422

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 - SHA3402D As at 20 Jun 2020/13:20:00 Insurance Co: INDIA INT'L INS PTE LTD			
1	Insurance Enquiry - SHA3402D Enquiry Fee 20200623113938749732	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			
	558860XXXXXX2553	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.

SGV 1627L LTA SEARCH



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735**TAX INVOICE**

Our Ref No: GR-20-073961

Date of Request: 23/06/2020

Your Ref No:

Online Purchase

Vermogen Ace Pte Ltd
60 Jalan Lam Huat
Singapore 737869

Dear Sir/Madam,

Date of Accident: 20/06/2020

Vehicle No: SGV1627L

Place of Accident: SEMBAWANG ROAD

Involving Vehicle No: SHA3402D

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SHA3402D	SEMBAWANG ROAD	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

SEARCH RESULTS

Our Ref No: GR-20-073912

Date of Request: 23/06/2020

Your Ref No:

Online Purchase

Vermogen Ace Pte Ltd
60 Jalan Lam Huat
Singapore 737869

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 20/06/2020

Place of Accident: SEMBAWANG ROAD

Client Vehicle No: SGV1627L

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria:

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
SHA3402D	ALONG SEBAWANG ROAD	20/06/2020 13:20

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

☐ This is a computer generated document and requires no signature.

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-073912
Date of Request: 23/06/2020

Your Ref No: Online Purchase

Vermogen Ace Pte Ltd
60 Jalan Lam Huat
Singapore 737869

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 20/06/2020
Place of Accident: SEMBAWANG ROAD
Client Vehicle No: SGV1627L

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [] Cash ☐ [] Cheque



Vermogen ACE Pte Ltd
1 BUKIT BATOK CRESCENT #05-23 WCEGA PLAZA 5(658064)
TEL : 6694 4919 FAX : 6694 4929
Email : vermogenace@gmail.com
REG No : 201606023C

LETTER OF AUTHORITY & INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. SGV1627L & SHA3402D ON 20/06/2020
AT 13.20 HRS SEMBAYANG ROAD

I/We KELLYN KOH PHWEE LING UEN/NRIC NO. S76194326

owner of Vehicle No. SGV1627L, hereby authorize M/S Vermogen ACE Pte Ltd to commence repairs to my vehicle and to forward the claim for damages sustained in the above accident to the third party driver and /or his employer and /or the vehicle owner and /or the insurer concerned. I/We agree that in consideration of you giving up your repairer's lien. I/We agree to assign the whole proceeds of my/our third party claim to you and if applicable, our solicitors (to be appointed by you on my /our behalf) shall accept this as my /our irrevocable authority to pay the amount compensated direct to you after deduction of their costs on a solicitor & client basis. I/We undertake to co-operate fully with you and our solicitors to see, the claim to a successful conclusion.

If third party driver and and/or his employer and/or the vehicle owner and/or insurer reject liability, I/We will fully be responsible for the repair costs and other incidentals.

I/We also authorize you to sign all discharge vouchers/indemnity forms and all necessary paper in connection with the above claim in my/our absence.

I/We authorize you to appoint such a firm of solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.

I/we undertake to inform you and/or the solicitors appointed by you on my/our behalf in the event of the third party's insurance company communicate with me/us directly by telephone or in writing and I/We further undertake not to accept any monies or offer of settlement from the third party's insurers without first communicating with you.

My/our vehicle is repaired by the repairer on my/our will without any inducement, threat and/or promise.

In the event that the repairer is compelled to enforce this undertaking, I/We agree that I/shall pay for the legal costs incurred by the repairer on a solicitor and client's full indemnity basis.

Owner Signature

(Company Stamp if applicable)

TO:

Dear Sirs,

CLAIMANT:

ACCIDENT INVOLVING SGV1627L & SHA3402D on 20/6/2020 at 17:20 Hrs
SEK BAWANG ROAD.

I/WE KELLYN KOH PHWE LENG am/are the registered Owner of Vehicle No. SGV1627L.

Please note that I have assigned all compensation monies due -to me/us in the above said accident to **Vermogen ACE Pte Ltd**.

I/We, hereby authorize you to release **all** compensation monies pertaining to the above said accident to **Vermogen ACE Pte Ltd** and forward your settlement cheque to **Vermogen ACE Pte Ltd** whom I/we had authorized to collect the said compensation monies..

Thankyou.



Signature of Claimant

(company Stamp, if applicable)

Name : KELLYN KOH PHWE LENG

NRIC No. : S7619432G

Date : _____