Our ref: 04 - 85356262 A	Our refiQuires in a refigure
Your ref:	
2 0 AUG 2020 Date:	Direct Settlement
To: MB First Capital	
Singapore	
Attn: Motor Claims Department	
	affic On 6 4 6 2 1345 at was involved in an accident with your cident.
As the accident was caused by your insured negligen from you for the following: -	nt/inconsiderate driving, thus I am claiming
1. Cost of Repairs 2. Loss of Use / Rental (3) days @ \$ 170 per d 3. LTA/GIA Search Fee 4. GIA Report Fee 5. Others	\$ \$ \$
	Total: \$ 27,785.57

I hereby give you fourteen (14) days to comply with the above, failing which, I shall instruct my solicitor to commence legal action against you. If you have any queries, please contact the representative of CYCLE & CARRIAGE INDUSTRIES PTE LTD at Telephone No: 67714353 (Mr Yik Chan Hoe) / 67714304 (Ms Amanda Ang).

I hereby give full authority to CYCLE & CARRIAGE INDUSTRIES PTE LTD and their representative to negotiate/comprise settlement of the above claim on my behalf.

Your co-operation and immediate attention to the above is greatly appreciated. I hereby look forward to hearing from you soon.

Yours faithfully

Name & Signature

Address:

C/o. 188 Pandan Loop Singapore 128378

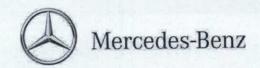
Cc:

E-mail:

Mr Yik Chan Hoe/ Ms Amanda Ang

chanhoe.vik@cyclecarriage.com.sg / amanda.ang@cyclecarriage.com.sg

Fax No. 67795383

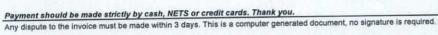


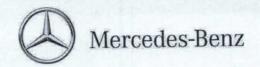
Cycle & Carriage Industries Pte Limited Authorised Dealer Company No. 196400367W GST Reg No. MR-8500111-X

TAX INVOICE

Invoice Name & Address		Owner Name & Vehicle Info
	Cust No/Name	WCV35835/Lim Seo Hong
MS FIRST CAPITAL INSURANCE LIMITED	Reg No/Reg Date	SJJ6262A / 25/06/2018
MOTOR CLAIM DEPARTMENT	Date In/Mileage	16/07/2020/ 41364
36 ROBINSON ROAD #16-01	Chassis No	WDD2130422A402422
CITY HOUSE SINGAPORE 068877	Engine No	27492031352453
	Make/Model	MB/MB E 200 2.0 SEDAN (W213) "AVANTGARDE
Contact No 65073848	Colour/Trim	029 997 Kallaite Gr/ 042 214 LeatherHaze

Account No	Terms	Date/Time Prin	ted	CSE	Operator		WIP No	Invoice/Cred	it Note No
WF001862	Credit	18/08/2020/	09:39	YK	395 / Yik Chan Hoe		43648	28165833	
	SALES OF			s / Services		Qty	Unit Price S\$	AP, May and the	Amount S
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Customer	r Request							7	F.0.C
M BPNSUN				107 10000					1.0.0
POLICY N	NO/ACC DATE	: MT/0065666	9 // 06,	/07/2020	FOCD FIRST CAR INC				
DRIVE IN	N/EXCESS	: 09/07/2020	1145	VEH NU SHAY	526R FIRST CAP. INS.				
DATE IN	DATE SURVE	Y: 16-7-2020	1145 //	// EDIC WO	O EIRST CAPITAL				
	RIZED ON	: DIRECT SET	ILEMENT	// ERIC WO	O FIRST CAPITAL				300.0
S BPNSUB	AND THETALL	1 PC HUPER C	DTIK WI	MDOM					
	: REAR WING		LIIK MI	NDOW					
A BPILAB	. KEAR WINL	JOCKELI							4800.0
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	NELS WITH F								0100 (
A RPIRES									2100.0
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END PANI								0.10	380.0
A BPILAB								0.10	300.1
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	D SETTINGS	. NETT							120.0
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								0.07	560.0
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A BPILAB	EAR W/SCREI	LIN						- 34	960.0
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SEATS C	USHTONS FO	R NEC. REPAIRS	S						
A BPILAB	051110110 1 0	1120							420.
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	. REPAIRS.								1920.0
A BPILAB									1920.
REMOVE	UNDERCARRI.	AGE FROM VEHI	CLE FOR	THE REPLACE	EMENT OF COMPONENTS				





Cycle & Carriage Industries Pte Limited Authorised Dealer Company No. 196400367W GST Reg No. MR-8500111-X

TAX INVOICE

Invoice Name & Address		Owner Name & Vehicle Info			
	Cust No/Name	WCV35835/Lim Seo Hong			
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	Make/Model	MB/MB E 200 2.0 SEDAN (W213) "AVANTGARDE			
Contact No 65073848	Colour/Trim	029 997 Kallaite Gr/ 042 214 LeatherHaze			

Account No	Terms	Date/Time Printed	CSE	Operator		WIP No	Invoice/Credit Note No
WF001862	Credit	18/08/2020/ 09:39	YK	395 / Yik Chan Hoe		43648	28165833
MI 001002	Ol Cult	Description of Good	s / Services		Qty	Unit Price S\$	
A DDTI AD		Doddingston of Cour					540.0
A BPILAB	· CONDUCT	OPTICAL WHEEL ALIGNME	NT NETT				
	a CONDUCT	OFFICAL WILLE ALIGNIE					60.0
S BPNSUB	O DEMOVE	AND INSTALL 1PC TYRE F	POM RIM (F	RIIN FLAT)			
LABOUR I	U REMUVE F	THETALL NEW VALVE HE	D KING (
	LANCE AND	INSTALL NEW VALVE HEA	ND .				540.0
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		OPTICAL WHEEL ALIGNME	MI (ZND II	ASPECTION)	1.00	759.71	759.7
X RIGHT RE	AR DISK W	IEEL			1.00	1651.86	1651.8
	AR WHEEL				1.00	470.99	470.9
	AR WHEEL F				1.00	249.19	249.1
	AR SPRING	LINK ARM			1.00	1477.30	1477.3
X REAR W/S					2.00	156.83	313.6
	ONENT ADHE	ESIVE			1.00	2296.77	2296.7
X RIGHT RE	AR FENDER				1.00	2021.87	2021.8
X REAR BUM					1.00	776.81	776.8
X TS TWO-C	COMPONENT	ADHESIVE				107.87	107.8
X RIGHT RE	AR PUSHING	G STRUT ARM			1.00		237.6
X RIGHT RE	AR CAMBER	ARM			1.00	237.62	185.7
X RIGHT RE	AR STRUT	ARM			1.00	185.70	216.0
	AR TIE RO	D			1.00	216.01	23.7
X COLLAR N					1.00	23.72	104.9
X SEAM SEA					1.00	104.99	
		NT ADHESIVE			1.00	102.00	102.0
X RIGHT RE	AP RIMPER	SIDE STABILITY			1.00	83.62	83.0
	THE DOME LIK	SIDE OTTIBLETT			1.00	1.26	-1.3
	TVET				6.00	1.35	8.
		UEAD			2.00	1.95	3.9
	IVET W CSK	. HEAD			1.00	104.99	104.
X SEAM SEA					1.00	4.46	4.
X MOUNTING	J CLIF						
		Guarantee Your Warı	ranty, Mair	ntain with Cycle & Carri	uge!		
		11,202	40			Net	t 23,902.4
Parts					7% GST on	23902.4	0 1673.1
Labour		12,340					
Standard			.00		Т.	otal Payabl	e 25,575.5
Specialis		360				Pai	
Diagnosti			.00			Total Du	
Sundry/Ot			.00			, ocu, bu	
Total(w/c	GST)	23,902	.40				

Payment should be made strictly by cash, NETS or credit cards. Thank you.

Any dispute to the invoice must be made within 3 days. This is a computer generated document, no signature is required.

Pandan Loop Service Center 188 Pandan Loop Singapore 128378 Tel: 6777 8388 Fax: 6779 5383 www.mercedes-benz.com.sg

FLEXI-DRIVE ENTERPRISE

3556060A

Blk 8 Kaki Bukit Avenue 4 Premier@kaki bukit gate 2 #06-33 lobby C Singapore 415875

Tel: (65) 6292 5455 Fax: (65) 6292 2866 e-mail: sales@wellscope.com.sg

H/Phone: 9667 5455 (24 Hrs)

YIK

INVOICE

RA: 09226

V. A. No.	Vehicle Regn. No.	397	Model Type	a Cay	MIC	Renting	bocation	2 Pand	an Loop
Reference	He set much studen water	or 5 time sometiments on when	comma licono considerativo	Agreed Rel	urn Date	augusti atti		5 Hours = 1 Day R	makarawallov, arti mi,
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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 witholding 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.

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.
- eby consent to the archiving of this report at the centre and to copies of the report being made available

By the lodgement of this report to the insurers, yo aforesaid.	u hereby consent to the archiving of this report at the centre and to copies of the	
	ACCIDENT STATEMENT	
Date Of Report	07/07/2020 09:34	
Date Of Accident	06/07/2020 13:45	
Exact Location Of Accident	INFRONT NUH TRAFFIC LIGHT	
Country/State of Loss	SINGAPORE	
TO THE OWNER WHEN THE PARTY OF	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJJ6262A	
Insured/Policyholder		
Name Of Registered Owner	LIM SEO HONG	
NRIC No	SXXXX518D	
Email Address	EZENINT@OUTLOOK.COM	
Mobile Phone No	(LOCAL) +65-92723833	

Alternative Phone No **Vehicle Particulars**

MERCEDES-BENZ Manufacturer

E200 AVG-2.0 (R18 LED) (A) Model

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

OTHERS-92723833

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

MT/00656669 Policy Number

Cover Note Number

Driver

LIM SEO HONG Name of Driver SXXXX518D NRIC No 29/05/1965 Date Of Birth **INDOOR** Occupation 29/12/1983 **Date Of Driving Pass**

36 YEARS AND 6 MONTHS **Driving Experience**

FEMALE Gender

(LOCAL) +65-92723833 Mobile Number

Fax Number

OTHERS-92723833 Contact Number

EZENINT@OUTLOOK.COM **EMail Address**

Address

BI K 75 PASIR PANJANG HILL #05-01

Postcode

118885

OWNER

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle

Vehicle Registration Number of Driver's Own

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?

NO

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)

1

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

PLEASE REFER TO THE ACCIDENT SKETCH PLAN AND ADDITIONAL ADDENDUM STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

SD CARD DROP INTO CENTRE CONSOLE

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHA9526R

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

WONG KEE HUEN

NRIC/Passport Number

SXXXX304D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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. The 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.
- By the lodgment 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, admowledge, agree and consent that:

- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of the purpose(s).
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) sill insurer(s) who have insured vehicle(s) involved in this accident and the insurers' (awyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile dalms history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: (1777) Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: N G BOON SWEE

bone

NRIC/FIN No.:

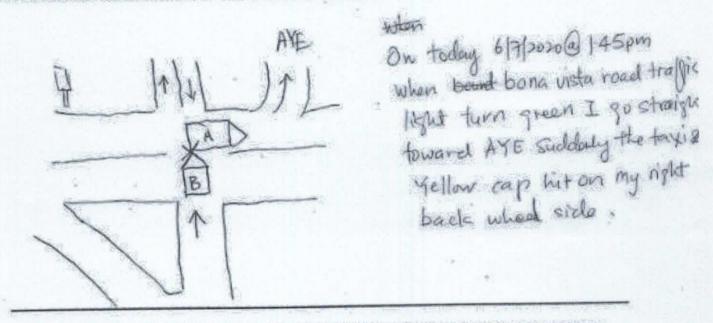
Accident Toolkit

Sketch plan

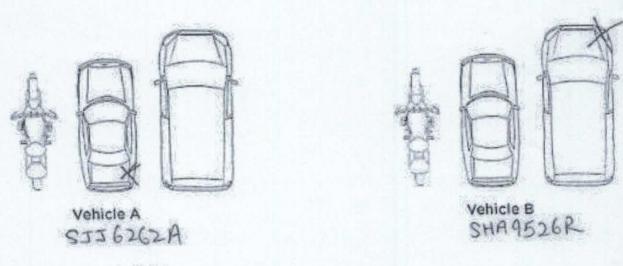
Sketch of accident scene:

Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

If safe, please take photos or videos from all angles.



Please indicate on vehicle A (your vehicle) and, vehicle B(third party vehicle), the point of impact and area(s) of visible damage with an arrow.





Call us direct

Customer Care

6665 5555

Claims Support 24/7 Hotiles

6532 1818

Certificate Of Insurance



Contact us at

Hotline: (65) 6532 2888

E-mail: CustomerService@DirectAsia.com

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
Road Transport Act, 1987 (Malaysia)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.

: MT/00656669

Type of Coverage / Driver Plan

: Car Comprehensive (Value Plus Plan)

1) Vehicle Registration No.

: S136262A

Chassis No.

WDD2130422A402422

2) Name of Policy Holder

: Lim, Seo Hong

3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act

25/06/2019 00:00

4) Date/Time of Expiry of Insurance

: 24/06/2020 23:59

5) Persons or Classes of Persons Entitled to Drive

(a) Any named person under the policy who is driving on the Policyholder's permission.

(b) Any authorised person, provided such person is aged 30 and above and holds a valid driving licence of 2 years or more, who is driving on the Policyholder's permission

The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.

6) Limitations as to use

Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business. Private car-pooling arrangements where you commute with passengers and split the fuel expense is covered under the standard policy. Grab Hitch will only be covered if this is the declared usage stated on your Policy Schedule. Only two rides are permitted a day. Other forms of commercial car-pooling or any ride halling services (e.g. Grab, Go-Jek etc.) are not

'Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.

Sum Insured

Market Value

Own Damage Excess

S\$ 1,000.00 (before any applicable GST)

Windscreen Excess

S\$ 100.00 (before any applicable GST)

Choice of workshop

DirectAsia approved workshops

Finance company / Hire Purchase

Main driver

Lim, Seo Hong

Named driver

None

Important Note: This policy does not cover the Policyholder/drivers below the age of 30 and Policyholder/drivers who hold a valid driving licence of less than 2 years with the exception of the main/named drivers above.

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Com pensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Issued on:

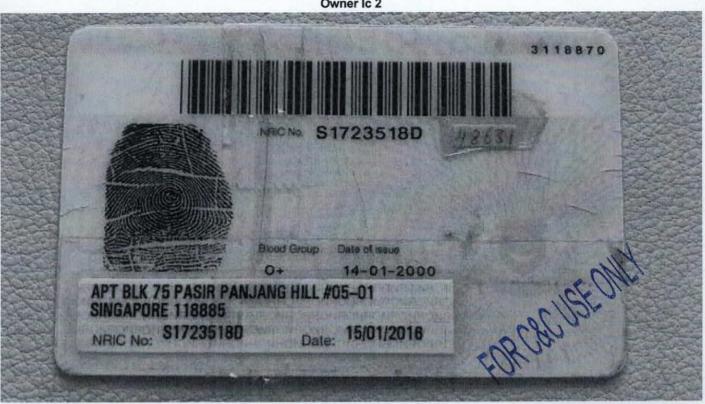
20/06/2019

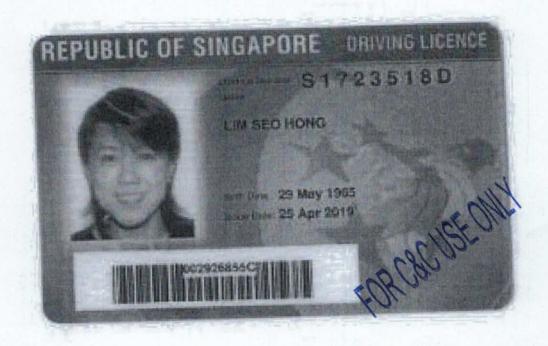
Direct Asia Insurance (Singapore) Pte. Ltd. Oku

Edip Okur (Chief Underwriting Officer)

Direct Asia Insurance (Singapore) Pte Ltd 20 Anson Road #08-01 Twenty Anson Singapore 079912 www.DirectAsia.com







Close 3 Motor cars with unipden weight == 3000kg with << 7 29 Dec 1983 wehicles with unipden weight == 3000kg with << 7 29 Dec 1983 wehicles with unipden weight <= 2500kg