

Focus Auto Pte Ltd  
UEN No. 201004495R  
GST Reg. No. 201004495R  
Tel : 6886 9097 Fax : 6481 9095  
Email : claims@focusauto.com.sg

Date : 22/09/2020

BY E-MAIL / MAIL

Your ref: SHA7897H  
Our ref: SMN4073K

WITHOUT PREJUDICE

M/S First Capital Insurance Limited  
36 Robinson Road, #16-01 City House  
Singapore 068877

Dear Sir/Madam,

ACCIDENT INVOLVING : ( SMN4073K & SHA7897H ) ALONG COMPASSVALE WALK TOWARDS COMPASSVALE ROAD

DOA: 04/09/2020 TIME: 1830 HOURS

We refer to the above matter and write on behalf of HIPPO LEASING PTE LTD, the registered owner of SMN4073K 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 SHA7897H collided onto the rear portion of our client vehicle SMN4073K. 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	(\$5200 + 7% GST)	\$	5,564.00
2. Loss of Rental	(12 days × \$120)	\$	1,440.00
3. Buy 3rd party's GIA report		\$	29.00

<b>Total Amount:</b>	<b>\$</b>	<b><u>7,033.00</u></b>
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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 (SHA7897H)
- 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

DATE : 04/09/2020

To : \_\_\_\_\_

RE: ACCIDENT INVOLVING VEHICLE NO. SMN 4073 K & SNA 7897 H

ALONG COMPASSUKE WALK TOWARDS COMPASSUKE ROAD ON 04/09/2020

I / WE HIPPO LEASING PTE LTD of (NRIC / ROC NO.) 2019090756

OF 210 TURF QUARTERS #L17 AB 6 THE GRANDSTAN MALL SINGAPORE 287925.

Owner of vehicle no. SMN 4073 K in consideration of M/S **FOCUS AUTO PTE LTD** repairing my / our vehicle SMN 4073 K 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 : \_\_\_\_\_  
(Company's chop – if any)

Name of Owner : HIPPO LEASING PTE LTD

NRIC No : 2019090756



**DISCHARGE RECEIPT**

Provide always that this discharge of my claim for damages relating to the damage to my vehicle shall not prejudice or affect or preclude me from making a further claim for general and special damages for my personal injuries sustained in the same accident.

CLAIM REFERENCE : D20003599MFSH  
ACCIDENT DATE : 04/09/2020  
ACCIDENT LOCATION : COMPASSVALE WALK TWRDS COMPASSVALE ROAD  
INSURED : COMFORT TRANSPORTATION PTE LTD  
INSURED DRIVER : YEU KIM SENG  
INSURED VEHICLE : SHA 7897H  
INVOLVED PARTY : SMN 4073K  
SETTLEMENT SUM : \$ 6,390.00

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 : HIPPO LEASING PTE LTD

Signature and Date :



WITNESS :

**Focus Auto Pte Ltd**  
No.1 Kaki Bukit Ave 6 Auto Bay  
#02-50 Singapore 417883  
Tel: 66349695

Signature and Date :

**Jenny Koh**  
Claims Executive  
HP: 8139 9800  
11/01/2021

## **Focus Auto Pte Ltd**

Business Reg. No: 201004495R

GST Reg. No: 201004495R

No 1 Kaki Bukit Ave 6 Autobay

#02-50 Singapore 417883

Date: 22/09/2020

### **MS FIRST CAPITAL INSURANCE LTD**

36 ROBINSON ROAD  
#16-01 CITY HOUSE  
SINGAPORE 068877

MOTOR VEHICLE NO : SMN4073K

TOYOTA SIENTA HYBRID 1.5 A

REPAIR CLAIM

\$ 5,200.00

### **LUMP SUM**

Sub- total : \$ 5,200.00

7% GST : \$ 364.00

Total : \$ 5,564.00

SINGAPORE DOLLARS : FIVE THOUSAND FIVE HUNDRED AND SIXTY-FOUR ONLY.

("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.

4. **DEPOSIT**

Amount: S\$\_\_\_\_\_ (exclusive of GST)

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

The Company will be responsible for the road tax, maintenance and servicing of the Vehicle. You agree to pay the sum of S\$\_\_\_\_\_ on Commencement Date for the Company to arrange the following insurance coverage for the Vehicle. The full details of the insurance policy will be provided to you and you undertake to strictly comply with the terms and conditions of the insurance policy.

Excess Amount : S\$ 3500 (per accident per claim) in Singapore  
Insurance Coverage : Third Party Injury and Death Only /  
Third Party Injury, Death and Damage Only /  
Comprehensive Insurance Policy /  
Others \_\_\_\_\_ (specify)\*

Coverage Amount : S\$ \_\_\_\_\_ (specify)

\* delete where not applicable

6. **PURPOSE OF USE**

Personal social domestic use / others\*  
If others, please specify : GRAB / GO JEK / OTHERS

\* delete where not applicable

7. **EARLY TERMINATION**

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

8. **PAYMENT**

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.

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

Signed for and on behalf of  
**HIPPO LEASING PTE LTD**



\_\_\_\_\_  
Name:  
Designation:  
Company Stamp:



\_\_\_\_\_  
Name:  
Designation:  
Company Stamp:



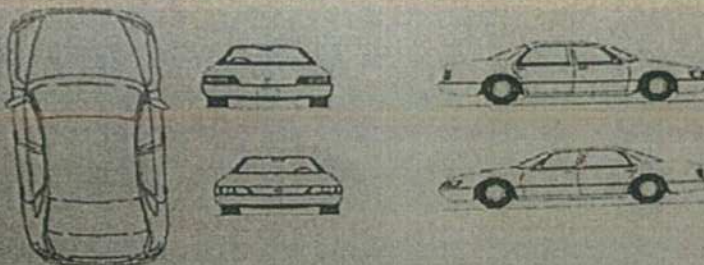


# HIPPO LEASING PTE LTD

210 TURF CLUB ROAD, THE GRAND STAND CAR MALL LOT A66, SINGAPORE 287995  
 CO REG : 2019090780 TEL : 64680030 FAX : 64680037  
 EMAIL : LEASING@GMAIL.COM.SG

## VEHICLE RENTAL AGREEMENT

<b>Hirer's Particular</b> Name: (as in I/C) <u>LOW SIA POH</u> NIRC / PASSPORT No: <u>S1345402G</u> Address (Res): <u>31K 228B Compassvale Walk</u> <u>#13-312 S542228</u> Name & Address of Employer: _____ Occupation: _____ Driving Exp: <u>25yr</u> O/A No: _____ O/V Type: Local/International Pass Date: _____ Date of Birth: <u>12/02/1959</u> Tel: (O) _____ (R) _____ (HP) <u>96315747</u>		Veh No: <u>S14N4073K</u> Replace Veh No: <u>S14M66484</u> Mileage Out: _____ Mileage Out: _____ Make & Model: <u>TOYOTA SIENNA</u> Make & Model: <u>TOYOTA SIENNA</u> Auto/Manual: <u>HYBRID 1.5A</u> Auto/Manual: <u>HYBRID 1.5A</u> OUT : Date <u>04/09/2020</u> OUT : Date _____ OUT : Time _____ OUT : Time <u>11:00am</u>	
<b>ADDITIONAL DRIVER'S PARTICULARS</b> Name: (as in I/C) _____ NIRC / PASSPORT No: _____ Pass Date: _____ Date of Birth: _____ Address (Res): _____ Tel/HP: _____			
<b>RENTAL CHARGES</b>			
Daily		\$120	00
Weekly			
Monthly			
Hours			
Others			
CDW			
PAI			
Delivery Service			
		Sub - Total \$	1440 00
Refundable Deposit :			



COLLECTION OF VEHICLE			RETURN OF VEHICLE			
CHECKED OUT BY	MILEAGE OUT IN KM	FUEL LEVEL	IN DATE	TIME A/V/M	MILEAGE IN KM	FUEL LEVEL
		%				%
			CHECKED IN BY			
Hirer's Signature <u>[Signature]</u>			Addition Driver's 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 Licence(s) is/are current and not disqualified from driving.

### \*IMPORTANT

- ONLY PERSONS ABOVE 25 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY.

### TW PREMIUM AUTOMOBILE PTE LTD

### 3. IN THE EVENT OF AN ACCIDENT, THE HIRER OR AUTHORIZED DRIVER:

- shall report all accidents involving the said vehicle to the Owner immediately;
- shall take immediate steps to complete and sign Form MAR 1 (Motor Accident Report Form) and do all other acts required in compliance with the "NON-INJURY MOTOR ACCIDENT REPORT SCHEME" (the form will be made available when the accident is report to the Owner);
- shall report to the police within 24 hours from the occurrence, following types of accident :-
  - Injury case;
  - non-injury case involving a Government vehicle, or damage to Government property;
  - non-injury case involving a foreign vehicle (to obtain their motor insurance policy, Passport no./Name of driver, Vehicle number, Log card and Vehicle road tax information);
  - non-injury case involving a pedestrian or cyclist

RETURN OF VEHICLE - THE HIRER/DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER/DRIVER" DURING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO TW PREMIUM PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARK	DEPOSIT REFUND	SIGNATURE OF HIRER/DRIVER
15/09/20	5:10pm				NIL	<u>[Signature]</u>

**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-20-106665

Date of Request: 07/09/2020

Your Ref No: SMN4073K

Focus Auto Pte Ltd  
1 Kaki Bukit Ave 6  
#02-48/50 Autobay  
Singapore 417883

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 04/09/2020

Place of Accident: COMPASSVALE WALK

Client Vehicle No: SMN4073K

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



**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-20-106669

Date of Request: 07/09/2020

Your Ref No: SMN4073K

Focus Auto Pte Ltd  
1 Kaki Bukit Ave 6  
#02-48/50 Autobay  
Singapore 417883

Dear Sir/Madam,

Date of Accident: 04/09/2020

Vehicle No: SMN4073K

Place of Accident: COMPASSVALE WALK TWRDS COMPASSVALE ROAD

Involving Vehicle No: SHA7897H

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\$)
SHA7897H	COMPASSVALE WALK TWRDS COMPASSVALE 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:

☒ [X] GIRO ☐ [ ] Cash ☐ [ ] Cheque

**FW: Our Ref : D20003599MFSH / FW: [MANDATE REQUEST] EXPRESS SETTLEMENT VIA LKK // ACCIDENT INVOLVING SHA 7897H AND SMN 4073K ON 04/09/2020**

Lim Gan Koon (Chris) <ChrisLim@msfirstcapital.com.sg>

Mon 1/4/2021 3:20 PM

To: Asher Sng (LKKAUTO) <AsherSng@lkkauto.com>

Cc: Admin A <admin-a@lkkauto.com>; Karen Tan <karentan@msfirstcapital.com.sg>

Dear Asher,

Pls offer as per below :

COR - \$5,564

LOR - \$600 to \$800 (\$100 x 6 to 8 days)

GIA Report - \$29

Total - \$6,193 to \$6,393

Regards

Chris Lim

Motor Claims Dept.

MS First Capital Insurance Ltd | 36 Robinson Road, City House #16-01 Singapore 068877

| Tel: 6507 3848 | DID : 6507 3853 | Fax No. : 6507 3849 | Email: [ChrisLim@msfirstcapital.com.sg](mailto:ChrisLim@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:** Asher Sng (LKKAUTO) <[AsherSng@lkkauto.com](mailto:AsherSng@lkkauto.com)>

**Sent:** Thursday, 31 December 2020 10:42 am

**To:** Lim Gan Koon (Chris) <[ChrisLim@msfirstcapital.com.sg](mailto:ChrisLim@msfirstcapital.com.sg)>

**Cc:** Karen Tan <[karentan@msfirstcapital.com.sg](mailto:karentan@msfirstcapital.com.sg)>

**Subject:** [MANDATE REQUEST] EXPRESS SETTLEMENT VIA LKK // Re: Our Ref : D20003599MFSH // ACCIDENT INVOLVING SHA 7897H AND SMN 4073K ON 04/09/2020

Your ref : **D20003599MFSH**

Our ref : CC4/FCI20009655/Ues3q2

Dear Sirs,

**ACCIDENT INVOLVING SHA 7897H (OI) AND SMN 4073K (TP) ON 04/09/2020**

We refer to the above matter.

The accident occurred when our insured make a right turn at the T-Junction and hit third party vehicle.

Basing on the reports of the circumstance of the accident, we propose to settle third-party claim at 100% liability.

We seek your approval to offer repairer "**FOCUS AUTO PTE LTD**" at **\$6,393.00 (all-in)**.

-  
The summary is as follows: -

	Amount Claimed	Amount Revised
1. Cost of Repairs (w/GST)	\$ 11,547.71	\$ 5,564.00
2. Loss of Rental (12days x \$120)	\$ 1,440.00	\$ 800.00 (8days x \$100)
3. LTA Search Fee	\$ 29.00	\$ 29.00
<b>Total</b>	<b>\$ 13,016.71</b>	<b>\$ 6,393.00</b>

Surveyor recommended 6days for repair.

Enclosed here with all the relevant documents for your perusal.

**Kindly let us have your approval / instruction.**

Thank You.

Best Regards,

**Asher Sng** | Case Handler

**LKK Auto Consultants Pte Ltd**

email: [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com) | fax: 6741-4108 | did: 6841-6051

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



*Note: We are on work from home arrangement. All correspondence should be made via email. Submission of claim related documents will be in softcopy. Any inconvenience caused is much regretted.*

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**From:** Lim Gan Koon (Chris) <[ChrisLim@msfirstcapital.com.sg](mailto:ChrisLim@msfirstcapital.com.sg)>

**Sent:** Tuesday, December 15, 2020 9:38 AM

**To:** Asher Sng (LKKAuto) <[AsherSng@lkkauto.com](mailto:AsherSng@lkkauto.com)>

**Cc:** Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>; Karen Tan <[karentan@msfirstcapital.com.sg](mailto:karentan@msfirstcapital.com.sg)>

**Subject:** FW: Our Ref : D20003599MFSH // ACCIDENT INVOLVING SHA 7897H AND SMN 4073K ON 04/09/2020

Dear Asher,

Liability is clear. Pls proceed with ES.

Regards

Chris Lim  
Motor Claims Dept.

MS First Capital Insurance Ltd | 36 Robinson Road, City House #16-01 Singapore 068877

| Tel: 6507 3848 | DID : 6507 3853 | Fax No. : 6507 3849 | Email: [ChrisLim@msfirstcapital.com.sg](mailto:ChrisLim@msfirstcapital.com.sg) | Company Regn. No. 195000106C

**A Member of**  **Insurance Group**



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**From:** Asher Sng (LKKAuto) <[AsherSng@lkkauto.com](mailto:AsherSng@lkkauto.com)>

**Sent:** Monday, 14 December 2020 4:59 pm

**To:** Lim Gan Koon (Chris) <[ChrisLim@msfirstcapital.com.sg](mailto:ChrisLim@msfirstcapital.com.sg)>

**Cc:** Karen Tan <[karentan@msfirstcapital.com.sg](mailto:karentan@msfirstcapital.com.sg)>

**Subject:** Claim No:D20003599MFSH // ACCIDENT INVOLVING SHA 7897H AND SMN 4073K ON 04/09/2020

Claim No:D20003599MFSH

LKK Ref:CC4/FCI20009655/Ues3q2

Dear Sir/Madam,

**ACCIDENT INVOLVING SHA 7897H AND SMN 4073K ON 04/09/2020**

-  
We refer to the above matter.

Liability: 100%

Remark: B:9d OID MAKE A RIGHT TURN AT T-JUNCTION HIT TP

Kindly let us have your approval on liability.

Thank You.

Best Regards,

**Asher Sng** | Case Handler

**LKK Auto Consultants Pte Ltd**

email: [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com) | fax: 6741-4108 | did: 6841-6051

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



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