

Our ref: SLG1001L
Your ref: _____

Date: 29 DEC 2020

Direct Settlement

To: MS First Capital

Singapore _____

Attn: Motor Claims Department

Re: Accident Involving Motor Vehicle Nos. SLG1001L & SHC284L
At/Along Queensway On 4 SEP 2020 @ 1020

I am the owner of vehicle no. SLG1001L that was involved in an accident with your insured vehicle no. SHC284L of the above accident.

As the accident was caused by your insured negligent/inconsiderate driving, thus I am claiming from you for the following: -


1. Cost of Repairs	\$ <u>24902.99k</u>
2. Loss of Use / Rental (<u>15</u> days @ \$ <u>107</u> per day)	\$ <u>1605 k</u>
3. LTA/GIA Search Fee	\$ _____
4. GIA Report Fee	\$ _____
5. Others	\$ _____
Total:	\$ <u>26507.99k</u>

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: 67714336 (Mr Mr Go Chee Han) / 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: Mr Go Chee Han/ Ms Amanda Ang
E-mail: cheehan.go@cyclecarriage.com.sg / amanda.ang@cyclecarriage.com.sg
Fax No. 67795383



Mercedes-Benz

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
MS FIRST CAPITAL INSURANCE LIMITED	Cust No/Name /Tan Suan Peow
MOTOR CLAIM DEPARTMENT	Reg No/Reg Date SLG1001L / 20/10/2016
36 ROBINSON ROAD #16-01	Date In/Mileage 18/09/2020/ 100288
CITY HOUSE	Chassis No WDD2053402F363274
SINGAPORE 068877	Engine No 27491030647613
Contact No 65073848	Make/Model MB/MB C 180 COUPE (C205)
	Colour/Trim 027 799 Diamond Whi/ 041 101 ARTICO Blac



Account No	Terms	Date/Time Printed	CSE	Operator	WIP No	Invoice/Credit Note No	
WF001862	Credit	15/12/2020/ 13:03	CH	371 / Go Chee Han	44921	28168526	
Description of Goods / Services					Qty	Unit Price S\$	Amount S\$
Z REQUEST							
Customer Request							F.O.C.
M BPNSUN							
POLICY NO/ACC DATE : PNPV2017-00008210-02 // 4-9-2020							
DRIVE IN/TP VEH NUMBER : 14-9-2020 // SHC284L - FIRST CAPITAL							
DATE IN/DATE SURVEY: 18-9-2020@1100 // STEVE - LKK							
DIRECT SETTLEMENT BY: 15-9-2020@1629 // MERINA - FIRST CAPITAL							3840.00
A BPILAB							
STRAIGHTEN, REMOVE SUPPORT ASSY FROM FRAME IMPACT							
DISASSEMBLE AND REPLACE ATTACHED DAMAGED PARTS & REFINISH.							2700.00
A BPIRES							
RESPRAY REAR BUMPER & TRUNK LID & END PANEL					0.10		380.00
A BPILAB							
USING XENTRY DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO							
IDENTIFICATION STANDARD. NETT							120.00
A BPILAB							
CHECK REAR LIGHTING SYSTEM AND WATER TEST FOR ANY LEAKAGE. NETT							480.00
A 54124001							
PARTIALLY REMOVE FUSE AND RELAY MODULE IN REAR WELL COMPARTMENT FOR							
NECESSARY AND INSTALL.NETT					0.07		1000.00
A BPILAB							
PLACE VEHICLE ON-TO CELLETTE BENCH & CONDUCT CHASSIS ALIGNMENT. NETT							480.00
A BPILAB							
TRANSFER TRUNK LID MECHANICAL & ELETRICAL COMPONENT TO NEW TRUNK LID.							
NETT							60.00
S BPNSUB							
SUPPLY 1 PC NO PLATE							960.00
A BPILAB							
REMOVE & REFIT LUGGAGE COMPARTMENT,TRIM, GARNISH-							
CARPET FOR NECESSARY REPAIR.NETT							1920.00
A BPILAB							
REMOVE CARRIAGE ASSY FROM FRAME, IMPACT.REPLACE AND ASSEMBLE							
WHEEL BASE & ADJUST TO VEHICLE.							

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



Mercedes-Benz - are registered trademarks of Daimler, Stuttgart, Germany



Mercedes-Benz

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

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WF001862	Credit	15/12/2020/ 13:03	CH	371 / Go Chee Han	44921	28168526	
Description of Goods / Services					Qty	Unit Price S\$	Amount S\$
A BPILAB							540.00
TO INSPECT & CONDUCT WHEEL ALIGNMENT.NETT							
X	REAR BUMPER				1.00	1457.45	1457.45
X	LOWER BLACK TRIM BUMPER				1.00	349.10	349.10
X	REAR BUMPER CHROME MOULDING				1.00	264.29	264.29
X	REAR SWITCH MODULE CODE A				1.00	126.22	126.22
X	REAR SWITCHING MODULE CODE B				1.00	126.22	126.22
X	REAR SWITCHING MODULE				1.00	318.51	318.51
X	REAR SWITCHING MODULE BRACKET				1.00	43.07	43.07
X	ELECTRICAL WIRING HARNESS				1.00	153.05	153.05
X	LEFT REFLECTOR LENSE				1.00	29.00	29.00
X	RIGHT REFLECTOR LENSE				1.00	29.00	29.00
X	CTR/LOWER COVER BUMPER AREA				1.00	108.57	108.57
X	LH/BOTTOM BRACKET				1.00	37.82	37.82
X	RH/BOTTOM BRACKET				1.00	38.23	38.23
X	LH/DAMPING, SIDE WALL				1.00	27.08	27.08
X	RH/DAMPING, SIDE WALL				1.00	24.16	24.16
X	RIVET FOR BUMPER				10.00	4.59	45.90
X	SPACER RING				6.00	6.35	38.10
X	TRUNK LID				1.00	2273.75	2273.75
X	C180 MODEL PLATE				1.00	91.04	91.04
X	TRUNK LID MERCEDES STAR				1.00	95.12	95.12
X	GROMMET				3.00	2.61	7.83
X	REAR CROSS MEMBER				1.00	712.25	712.25
X	RH/LOWER COVER, REAR-END FLOOR				1.00	50.95	50.95
X	LOAD COMPARTMENT WELL				1.00	556.81	556.81
X	EXPANSION RIVET				8.00	5.87	46.96
X	REAR END PANEL				1.00	1166.28	1166.28
X	BLIND RIVET 6.4 X 12				14.00	1.35	18.90
X	BLIND RIVET W CSK. HEAD				6.00	1.95	11.70
X	ONE-COMPONENT ADHESIVE				1.00	156.83	156.83
X	TS TWO-COMPONENT ADHESIVE				1.00	776.81	776.81
X	TWO-COMPONENT ADHESIVE				1.00	102.00	102.00

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WF001862	Credit	15/12/2020/ 13:03	CH	371 / Go Chee Han	44921	28168526	
Description of Goods / Services					Qty	Unit Price S\$	Amount S\$
X	WHITE SEAM SEALING COMPOUND				1.00	104.99	104.99
X	LICENSE PLATE LAMP				2.00	27.46	54.92
X	SHIELDING				1.00	164.36	164.36
X	RIGHT OUTER REAR LAMP COMBINATION				1.00	630.75	630.75
X	SPRING DAMPER				2.00	10.15	20.30
X	DISTANCE SENSOR				2.00	178.75	357.50
X	TRIM PANEL LOADING SPACE				1.00	72.72	72.72
X	TRIM, LOAD COMPARTMENT				1.00	72.72	72.72
X	CABLE DUCT				1.00	16.40	16.40
X	HEXAGON NUT W COLLAR				4.00	2.58	10.32
X	TAPPING SCREW				2.00	2.92	5.84

Guarantee Your Warranty, Maintain with Cycle & Carriage!

Parts	10,793.82	Nett	23,273.82
Labour	12,420.00	7% GST on	1629.17
Standard Menu	0.00		
Specialist Job	60.00	Total Payable	24,902.99
Diagnostics Job	0.00	Paid	0.00
Sundry/Others	0.00	Total Due	24,902.99
Total(w/o GST)	23,273.82		

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CHAN'S & SONS ENTERPRISE

363 Sembawang Road
Singapore 758379
Tel: 67532536 Fax: 67567565
GST Reg No: 51-936900-M

chan's
www.chans.com.sg

han

TAX INVOICE**TAN SUAN PEOW**

INVOICE : AR2010-0063
DATE : 05/10/2020
TERMS : C.O.D
STAFF ID : AMIRA
AGREEMENT NO. : HA202009-0086

ATTN : ACCOUNTS PAYABLE

DESCRIPTION	AMOUNT (SGD)
Vehicle Reg No : SMR5365R	1,500.00
Make / Model :	
Rental Dates : Rental Billing From 18/09/2020 To 02/10/2020 (INCLUSIVE)	
Period : 15 days	
Rental Rate : S\$ 107.00 Per Day (Including GST)	
Reference No : SLG1001L	

AMOUNT : S\$
ONE THOUSAND SIX HUNDRED FIVE DOLLARS
ONLY

NON-TAXABLE VALUE : 0.00
TAXABLE VALUE : 1,500.00
GST 7% : 105.00
TOTAL S\$: 1,605.00

Please make your cheques payable to : **CHAN'S & SONS ENTERPRISE**

For Official Use Only

Payment Date :	F / Amt
CS / CC / CH :	
CS / CC / CH :	

RENTAL AGREEMENT

202009 - 0086

Hirer's Name TAN SUAN PEOW		Date of Birth 01. DEC 1969	Passport/ Nric No. S6941941J	Nationality
Address 31 HOLLANDS CLOSE		Occupation	Driving Licence No.	Date of Expiry
Postal Code 10-227		Contact No. 977031	Mobile Phone No. 97461001	
Joint Hirer's / Guarantor's Name CHENY HEE		Date of Birth 06.02.2000	Passport/ Nric No.	Nationality
Address		Occupation	Driving Licence No. 9	Date of Expiry
Postal Code		Contact No.	Mobile Phone No. 96548089	

CHECK OUT

Date 18.9.20	Time 10.10am	Mileage KM	E 1/4 1/2 3/4 F
Date 2.10.20	Time 6pm	Mileage KM	Remarks 1st CAR

IMPORTANT NOTES:-

- Car is restricted to SINGAPORE use. See clause 1(f) for non-compliance.
- No refund will be given for vehicle that returns early.
- Own Damage Liability - First \$1500 for damage to vehicle plus loss of earnings while damaged vehicle is under repair.
- Third Party Liability - First \$2000 for any Third Party Accident Claim.
- Additional Excess of \$3000 for drivers under 24yrs old or above 70yrs and/or less than 2yrs driving experience.
- Hirer is responsible for all parking fines & traffic summons.
- Extension:- One day's advance notice is required otherwise no extension will be allowed.
- Vehicle should be returned at the same time as collection except on Saturday where return time is before 10am.
- Vehicle returned after office hour will be charged to the next working day.
- Hourly extension is charged at 1/5 of the daily rate.
- As preventive maintenance, please check water & engine oil daily.
- Please check that you have not left any of your personal belongings in the vehicle. Our company and staff will not be responsible for any loss of belongings after the vehicle is returned.
- For the comfort of other users, please refrain from smoking, eating or carrying of pets in the car. A cleaning charge of \$200 will be imposed for smoky, smelly or dirty vehicle.
- Carrying of PASSENGERS in commercial vehicle is strictly prohibited. Only WORKERS covered under hirer's workmen compensation are allowed.

	UNIT		RATE (\$)	TOTAL (\$)
RATE	15	@	100 + GST	1500
DISCOUNT				
GST @ 7%				105
TOTAL				1605
EXTENSION			AR2010 - 0063	
ASL				
SLH (001)				
DEPOSIT (refundable) S\$				
CHANGED OVER FROM VEH.				DATE



I/We have read and agree to the terms and conditions of the rental agreement above and as set overleaf.
I/We declare that all information given on this form is true and accurate.

[Signature]

Hirer's Signature

Joint Hirer's/ Guarantor's Signature

[Signature]

for CHAN'S & SONS ENTERPRISE

VEHICLE NO.	SMR 5365 n	MODEL	
FROM		RETURN	

*Estimate Date. For actual return see CHECK IN

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	07/09/2020 15:54
Date Of Accident	04/09/2020 10:20
Exact Location Of Accident	ALONG QUEENSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG1001L
Insured/Policyholder	
Name Of Registered Owner	TAN SUAN PEOW
NRIC No	SXXXX941J
Email Address	GARYTANSP@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97461001
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180-1.6 (A)
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2017-00008210-02
Cover Note Number	

Driver

Name of Driver	CHERYL LEE
NRIC No	TXXXX052F
Date Of Birth	06/02/2000
Occupation	INDOOR
Date Of Driving Pass	29/07/2020
Driving Experience	0 YEAR AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96848089
Fax Number	
Contact Number	
EEmail Address	CHERYLLEE0602@GMAIL.COM

Address	BLK 31 HOLLAND CLOSE #10-237
Postcode	270031
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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)	2
Passenger 1	NAME: : YEO ZHI YU JOEL
	GENDER: : MALE

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	SHC284L
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SOH KWEE SENG
NRIC/Passport Number	SXXXX946H
Contact Number	9386 7395
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO: SLG1001L
ACCIDENT DATE: 4th Sep 2020

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. 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.
7. 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, acknowledge, 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:
 - (i) 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) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/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 claims 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.

NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

Policyholder's Signature

Date & Time: 5 Sep 2020
1300 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 5 Sep 2020
2015 pm

CHARN'S CUSTOMCRAFT

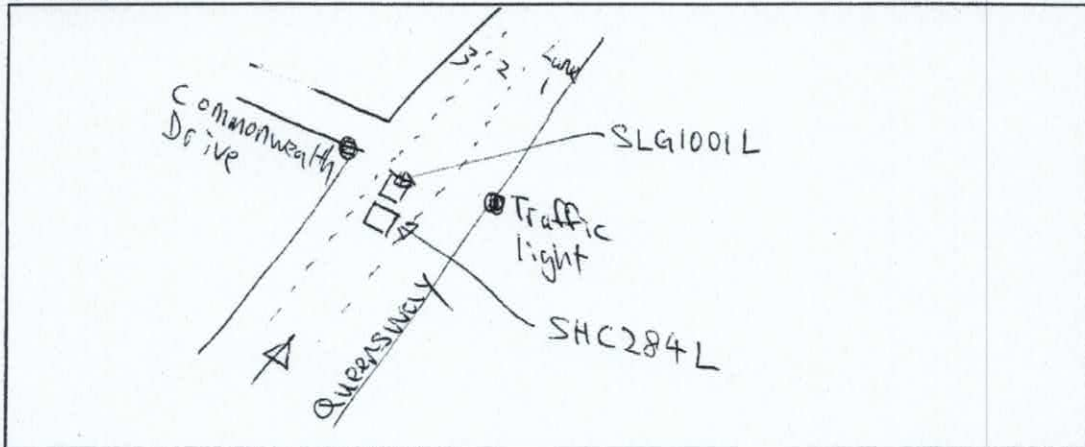
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The incident occurred just before the intersection of Commonwealth Drive and Queensway.

I was driving along Queensway in the second lane (middle lane). I had applied brakes to stop at the junction as the traffic light had turned amber. The taxi (SHC284L) was originally on the third lane (left lane) before he filtered to the second lane and rear-ended my vehicle.

OWN DAMAGE () 3RD PARTY CLAIM (✓) REPORTING ONLY () OWN WORKSHOP ()

DECLARATION

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

Policyholder's Signature

Date & Time: 5 Sept 2020
1300pm

Driver's Signature

(If driver is not the policyholder)
Date & Time: 5 Sept 2020
2015pm

CHARN'S CUSTOMCRAFT

Reporting Centre Personnel's Signature

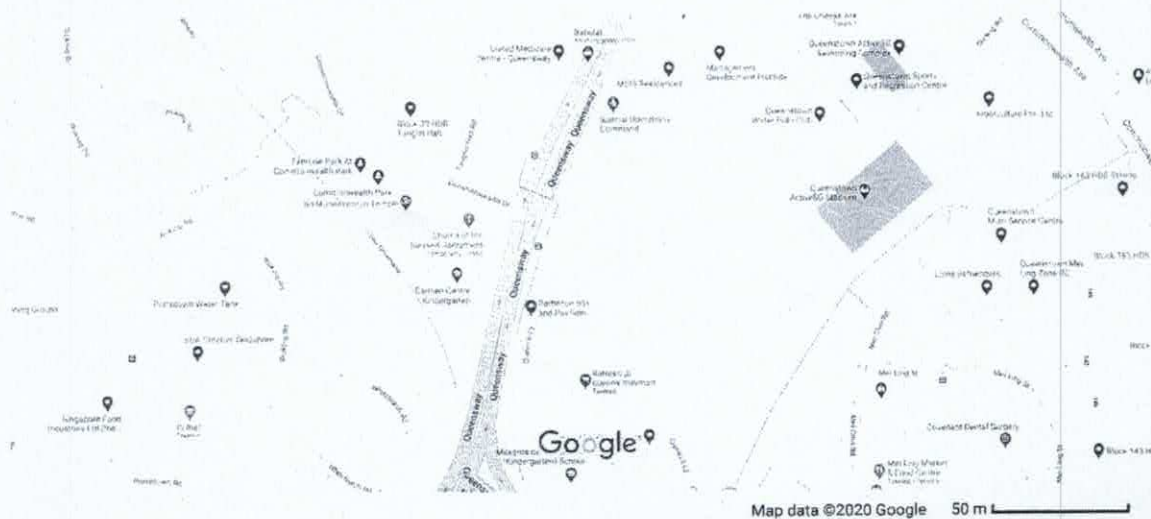
Name:
NRIC/FIN No.:

Accident Sketch Plan Pg. 1

9/7/2020

Google Maps

Google Maps



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S6941941J**
Name:

TAN SUAN PEOW

Birth Date: **01 Dec 1969**

Issue Date: **02 Sep 2003**



FOR C&C USE ONLY

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

- | | |
|----------|--|
| Class 2B | Motorcycles not exceeding 200 cc |
| Class 2A | Motorcycles between 201 cc and 400 cc |
| Class 2 | Motorcycles exceeding 400 cc |
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms |

PASS DATE
14 Aug 1992
14 Dec 1994
08 Apr 1997
15 Jul 1995

FOR C&C USE ONLY

NP 428A

