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TC AutoClinic Pte. Ltd.
25 Leng Kee Road
Singapore 159097
Tel: 6703 8511
Fax: 6479 3965
BRN 199105199R

BREAKDOWN OF PAYMENT

Attn: Motor Claims Department

Dear Sir/ Madam,

Accident involving vehicle SGD905K and SHC323H on 14/09/2020

The accident was caused solely by your insured's negligence. We therefore, seeking compensation from you for my financial loss as itemised below:

a)	Repair Cost/-Excess	S\$ 3049.97
b)	Loss of Use/-Rental of vehicles for <u>5</u> day(s) @ S\$ <u>100</u> per day	S\$ 500.00
c)	LTA/ GIA Search Fees	S\$ 7.45
d)	Towing Fees	S\$ NA
e)	Others	S\$ NA
TOTAL		S\$ 3557.42

I enclose herewith copy of the following: (please tick the appropriate boxes)

<input checked="" type="checkbox"/>	Repair Invoice
<input type="checkbox"/>	Policy Excess Invoice
<input checked="" type="checkbox"/>	Discharge Voucher
<input type="checkbox"/>	Rental Invoice
<input checked="" type="checkbox"/>	Certificate of Insurance
<input type="checkbox"/>	Towing Invoice

<input checked="" type="checkbox"/>	LTA/ GIA Search Receipt
<input checked="" type="checkbox"/>	NRIC/ Driving License
<input checked="" type="checkbox"/>	Letter Of Authority
<input checked="" type="checkbox"/>	GIA Report
<input type="checkbox"/>	Survey Report
<input type="checkbox"/>	Medical Invoice



All payment should be payable to TC AUTOCLINIC PTE LTD (TCAC) and the said payment as full and final settlement of my claim.

Please acknowledge receipt and let me have your favourable reply soon.

*Contact person: Sayedinah Ali
HP: 92992693 DID: 67038515
FAX: 64793965
Email: sayedinah@tanchong.com



LETTER OF AUTHORITY AND INDEMNITY

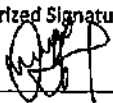

- ☐ Tan Chong Motor Sales Pte Ltd, 913, Bukit Timah Road, Singapore 589623
☐ Tan Chong Motor Sales Pte Ltd, 17, Lorong 8, Toa Payoh, Singapore 319254
☐ Autolution Industrial Pte Ltd, 19, Ubi Road 4, Singapore 408623
☒ TC Autoclinic Pte Ltd, 25, Leng Kee Road, Singapore 159097
☐ TC Autoclinic Pte Ltd, 1, Sixth Lok Yang Road, Singapore 628099

Type of Claim:

- ☒ Third Party (Direct Settlement)
☐ Own Damage (Recovery Claim)

ACCIDENT INVOLVING VEHICLE REGISTRATION No. SGD905K AND SHC323H
ON 14/09/2020 AT AYE TOWARDS TUAS AFTER NUH FLYOVER

- I, the owner of vehicle no. SGD905K hereby instruct you and authorise you to act for me with respect to the following:-
 - To submit my claims for all losses including uninsured loss, rental car charges, medical fees, excess payment and cost of repairs.
 - To settling my claim as they deem fit, including settling the matter on basis of my contributory negligence if any.
 - To receive payment for settlement of my claim where all payment is to be made payable to the repair workshop for cost of repairs and other uninsured losses.
 - To sign discharge voucher on my behalf.
- I further acknowledge that any settlement that workshop may reach on my behalf is on a without prejudice basis and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle is concerned.
- In the event that I am required to attend meetings, interviews, court and/or provide statements or any information in connection with my claim, I shall render full cooperation.
- In the event that my claim against the third party or his insurers is not successful or cannot be proceeded with or if any settlement is not honoured or satisfied by the third party or his insurers, I authorise you to revert to my own insurers for the cost of repairs and any losses recoverable under my policy of insurance. In this respect, I understand and accept that the excess amount applicable under the policy of insurance shall be borne by me.
- If for whatever reason, my insurers reject my claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I agree and undertake to pay the difference between what was claimed and paid out by the insurers or the full amount of my repair bill and survey fees and any other expenses reasonably incurred on my behalf or to pay you the difference in amount, as the case may be.
- I undertake to state truthfully and to make full and frank disclosure of all facts leading up to and of the accident and of any action and/or omissions in connection with my part in the accident. If any facts stated are inaccurate and my claim cannot be paid out or fails, I agree that I shall be liable to you for the repair and other costs incurred by you.
- I further undertake to sign any document or discharge voucher that is required for the purposes of my claim and if as a result of my failure to do so, my claim cannot be paid out or is delayed, I agree that I shall be liable to you for the repair and other costs incurred by you.
- I understand that the claim for loss of use of my vehicle will be based on the number on the days estimated by the surveyor in his report for the required repair. The actual number of days may be more due to unavailability of parts, weekend, holidays and other operational exigencies and I accept that it may not be possible to claim for these extra days. In addition, any contributory negligence part of my claim can also affect portion of my claim for loss of usage.
- I shall keep you informed of any correspondence and/or summons that I may receive in connection with the accident before agreeing to pay or receive any monies due under this claim.
- In the event, the insurers pay the claimed amount to me instead of you, I will inform you as soon as possible and reimburse you for the repair and other costs incurred by you.
- For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of upfront payment.
 - For upfront Excess payment by credit card, the refund shall be credited to the respective Credit Card Account via Credit Card Company handling the transaction.
 - For Excess payment by cash, the workshop shall refund the amount to the claimant via cheque payment.

Claimant's Particulars		Authorized Workshop
Name <u>MEREDITH YUENG TSZ LING</u>		Company Name <u>TC AUTOCLINIC PTE LTD</u>
Address <u>86 CORPORATION ROAD</u>		Claim Officer's Name <u>SAYEDILIAH ALI</u>
<u>#07-11 S(649822)</u>		
Telephone No <u>83225296</u>		Telephone No <u>92992693</u>
Date <u>26/09/2020</u>	Email	Date <u>26/09/2020</u>
Company Stamp (For Co Regn Vehicle)	Authorized Signature 	Claim Officer Signature 

DISCHARGE RECEIPT

CLAIM REFERENCE : D20003754MFSH
ACCIDENT DATE : 14/09/2020 18:20
ACCIDENT LOCATION : AYE TOWARDS JURONG AFTER BUONA VISTA EXIT
INSURED : CITYCAB PTE LTD
INSURED DRIVER : QUEK CHEE YONG FRANKY
INSURED VEHICLE : SHC323H
INVOLVED PARTY : SGD905K
SETTLEMENT SUM : **\$ 3,457.42**

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 : MEREDITH YEUNG TSZ LING

Signature and Date

 5/4/21

WITNESS : 

Signature and Date :

 01/2021


Service Centres
1 Sixth Lok Yang Road, Singapore 628099 Tel: 62622212
25 Leng Kee Road, Singapore 159097 Tel: 67038511/12/13
913 Bukit Timah Road, Singapore 589623 Tel: 64694091/2/3
Regn No.: 199105199R GST Regn No.: 19-9105199-R

TAX INVOICE

NAME : MS FIRST CAPITAL INSURANCE LIMITED
ADDRESS : 36 ROBINSON ROAD
TELEPHONE : #16-01 CITY HOUSE S(068877)
MODEL : 65073848
ENGINE NO : JDRNRRZT32EWA-----
CHASSIS NO : MR20723761B
VEHICLE NO : JN1JANT32Z0000530
SGD905K

CO. REG: 19-9105199-R
INVOICE NO :
INVOICE DATE : WE2103721
TERMS : 24-SEP-2020
DATE REC'D : CREDIT
SA/SE : 21-SEP-2020
JOB NO : SAY
MILEAGE : EG169762
YOUR REFERENCE : 099463
120/IC/TCAC/SAY/20

ITEMS	JOB DESCRIPTION	AMOUNT
1	LABOUR	
1	SUPPLY & INSTALL NUMBER PLATE & HOLDER INCLUDING PARTS	NC
2	PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL	NC
3	REPLACE REVERSE SENSOR, NECESSARY ADJUSTMENT & FUNCTION TEST	55.00
4	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA	NC
5	CONDUCT TP CLAIM MS FIRST CAP DATE:14/09/2020 TIME:1750HRS LOCATION:AYE TOWARDS TUA NUH FLYOVER	NC
6	REPAIR/REPLACE REAR BUMPER,RR ENDPANEL , LH FENDER,RH FENDER & TAILGATE	780.00
7	RESPRAY REAR BUMPER,ENDPANEL,LH RR FENDER, RG RR FENDER & TAILGATE	800.00
8	REMOVE& REFIX REAR WINDSCREEN	NC
9	SUPPLY & INSTALL REAR WINDSCREEN TINTED FILM	NC
	SUBTOTAL	1635.00
	PARTS	
1	EMBLEM LETTERING	51.92
	Qty:1 @ \$64.90 each (Disc:20.00% After Disc:\$51.92each)	

DOLLARS:


WORKSHOP MANAGER

The General Terms and Conditions of Service (the "Conditions") printed overleaf or attached to this Invoice shall apply to all Services set out above. Any claims relating the Services shall be subject to the Conditions. Any objections to the charges in this Invoice must be made within seven (7) days from the date of this Invoice, otherwise it shall be assumed that this Invoice has been accepted as correct and conclusive.

CUSTOMER

TO SECURITY GUARD

PLEASE TEAR ALONG PERFORATED LINE

DATE

TIME

VEHICLE NO :

RELEASE BY

SIGNATURE



www.tanchong.com

TC AutoClinic Pte. Ltd.

Service Centres

1 Sixth Lok Yang Road, Singapore 628099 Tel: 62622212
25 Leng Kee Road, Singapore 159097 Tel: 67038511/12/13
913 Bukit Timah Road, Singapore 589623 Tel: 64694091/2/3
Regn No.: 199105199R GST Regn No.: 19-9105199-R



TAX INVOICE

CO. REG: 19-9105199-R

NAME : MS FIRST CAPITAL INSURANCE LIMITED
ADDRESS : 36 ROBINSON ROAD
TELEPHONE : #16-01 CITY HOUSE S(068877)
MODEL : 65073848
ENGINE NO : JDRNRRZT32EWA-----
CHASSIS NO : MR20723761B
VEHICLE NO : JN1JANT32Z0000530
SGD905K

INVOICE NO :
INVOICE DATE : WE2103721
TERMS : 24-SEP-2020
DATE REC'D : CREDIT
SA/SE : 21-SEP-2020
JOB NO : SAY
MILEAGE : EG169762
YOUR REFERENCE : 099463
120/IC/TCAC/SAY/20

ITEMS	JOB DESCRIPTION	AMOUNT
2	EMBLEM LOGO Qty:1 @ \$110.00 each (Disc:20.00% After Disc:\$88.00each)	88.00
3	FACE-RR BUMPER Qty:1 @ \$693.10 each (Disc:20.00% After Disc:\$554.48each)	554.48
4	BRACKET-BUMPER LH (SUPP) Qty:1 @ \$38.80 each (Disc:20.00% After Disc:\$31.04each)	31.04
5	PROTECTOR ASSY (SUPP) Qty:1 @ \$162.50 each (Disc:20.00% After Disc:\$130.00each)	130.00
6	SENSOR-REVERSE 4 EYES Qty:2 @ \$180.00 each (Special Nett Item)	360.00
	SUBTOTAL	1215.44
REMARKS		
Insurance Co : FIRST CAPITAL INSURANCE LTD REFER MS FIRST		
Policy No....: 2100416126-05		
Claim Type ...: DIRECT SETTLEMENT / THIRD PARTY CLAIM		
DOA.....: 14-SEP-2020		
Our Ref.....: 120/IC/TCAC/SAY/2020		
Surveyor.....: SURVEYOR FROM INSURANCE CO		
	LABOUR	1635.00
	PARTS	1215.44
	SUBTOTAL	2850.44
	TOTAL	2850.44
	GST(7%)	199.53
	AMOUNT DUE	3049.97

(NB : NC=No Charge;P=Included in Package;W=Warranty Goodwill)
DOLLARS: THREE THOUSAND FORTY NINE AND CENTS
NINETY SEVEN ONLY.



WORKSHOP MANAGER

The General Terms and Conditions of Service (the "Conditions") printed overleaf or attached to this Invoice shall apply to all Services set out above. Any claims relating the Services shall be subject to the Conditions. Any objections to the charges in this Invoice must be made within seven (7) days from the date of this Invoice, otherwise it shall be assumed that this Invoice has been accepted as correct and conclusive.

CUSTOMER

TO SECURITY GUARD

PLEASE TEAR ALONG PERFORATED LINE

DATE

TIME

VEHICLE NO :

SGD905K (EG169762/WE2103721)

RELEASE BY

NAME: MS FIRST CAPITAL INSURANCE LIMITED

SIGNATURE

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 15 Sep 2020 / 14:59:01

Receipt Date/Time : 15 Sep 2020 / 14:59:01

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200915-002376

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 - SHC323H				
As at 14 Sep 2020/17:50:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SHC323H			
	Enquiry Fee	7.00	0.49	7.49
	20200915145714540367			
	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				
	418238XXXXXX6877	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.

Hsiao Tong (LKKAuto)

From: Hsiao Tong (LKKAuto)
Sent: Thursday, 7 January 2021 8:29 AM
To: 'Merina Chia'
Cc: Admin A
Subject: RE: MANDATE REQUEST ON QUANTUM AND LIABILITY - SURVEY ASSESSMENT - D20003754MFSH/1 // EXPRESS SETTLEMENT VIA LKK - Accident Involving SHC323H (OI : FCI - TBA) and SGD905K (TP : LKK REF - CC4/FCI20009957/Eka3) on 14/09/2020

Dear Sirs/Mdm,

We refer to the above matter.

We have settled the matter at **\$3,457.42(all-in)** with third party repairer.

We are currently pending for signed DV from third party and will proceed to close file once DV received. Thanks.

Best Regards,

Hsiao Tong, Chew (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6742-3197 | Email: chewht@lkkauto.com | Fax: 6741 4108

HQ : Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 |

S(408933)

From: Merina Chia <MerinaChia@msfirstcapital.com.sg>
Sent: Monday, 4 January 2021 2:47 PM
To: Hsiao Tong (LKKAuto) <chewht@lkkauto.com>
Cc: Admin A <admin-a@lkkauto.com>
Subject: RE: MANDATE REQUEST ON QUANTUM AND LIABILITY - SURVEY ASSESSMENT - D20003754MFSH/1 // EXPRESS SETTLEMENT VIA LKK - Accident Involving SHC323H (OI : FCI - TBA) and SGD905K (TP : LKK REF - CC4/FCI20009957/Eka3) on 14/09/2020

Dear Hsiao Tong,

Please proceed to negotiate from **\$3,457.42-\$3,557.42.**

- Loss of use - \$80-\$100 x 5 days

Thank you.

Best Regards,

Merina Chia (Ms)

Motor Claims Department

As a response to the COVID19 outbreak, we are observing staggered working hours and some of us are on Work From Home arrangement. However, we are actively working to support our clients and partners. We have access to e-mails and will work to respond in a timely manner. We appreciate your kind understanding. Stay safe.

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.

Confidentiality Notice: This e-mail is confidential. It may also be legally privileged. If you are not the addressee or to whom it is intended, you may not copy, forward, disclose or use any part of it. If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail.

From: Khanchna (LKK Auto) <khanchna@lkkauto.com>
Sent: Monday, 21 December 2020 9:13 AM
To: Merina Chia <MerinaChia@msfirstcapital.com.sg>
Cc: Admin A <admin-a@lkkauto.com>; Hsiao Tong (LKKAuto) <chewht@lkkauto.com>
Subject: FW: MANDATE REQUEST ON QUANTUM AND LIABILITY - SURVEY ASSESSMENT - D20003754MFSH/1 // EXPRESS SETTLEMENT VIA LKK - Accident Involving SHC323H (OI : FCI - TBA) and SGD905K (TP : LKK REF - CC4/FCI20009957/Eka3) on 14/09/2020

YOUR REF: D20003754MFSH/1
LKK REF: CC4/FCI20009957/Eka3

Dear Ms Merina,

We refer to mandate request dated 06/11/2020.

Third party is chasing us for offer.

Please let us have your instruction/approval.

Kindly be informed that this matter is now handled by my colleague Hsiao Tong.

Thank you.

"Best Wishes for Merry Christmas & Happy New Year 2021"

Best Regards,

Khanchna | Case Handler

LKK Auto Consultants Pte Ltd

DID: **6841 2360** | email: Khanchna@lkkauto.com | Fax: 6741-4108

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

From: Khanchna (LKK Auto)
Sent: 6 November 2020 3:08 PM
To: Merina Chia <MerinaChia@msfirstcapital.com.sg>
Cc: Admin A <admin-a@lkkauto.com>
Subject: MANDATE REQUEST ON QUANTUM AND LIABILITY - SURVEY ASSESSMENT - D20003754MFSH/1 // EXPRESS SETTLEMENT VIA LKK - Accident Involving SHC323H (OI : FCI - TBA) and SGD905K (TP : LKK REF - CC4/FCI20009957/Eka3) on 14/09/2020

YOUR REF: D20003754MFSH/1
LKK REF: CC4/FCI20009957/Eka3

Dear Ms Merina,

We refer to the above matter.

Liability: 100% (BOLA 27)

Remarks: Insured driver reported as 3 vehicle chain collision, Insured vehicle is last, but TP alleged head to rear collision and claiming for rear damage.

We seek your approval to offer third party repairer "TC AUTOCLINIC PTE LTD" at **\$3,557.42 (all in)**.

The summary is as follows: -

	Claimed Amount	Revised Amount
1. Cost of Repair (W/GST)	\$ 11,593.19	\$ 3,049.97
2. Loss of Use (5 days x \$100)	\$ 500.00	\$ 500.00 (5 x \$100)
3. LTA Search Fee	\$ 7.45	\$ 7.45
Total	\$ 12,100.64	<u>\$ 3,557.42</u>

Surveyor recommended 5 days for repair

Enclosed herewith all the documents for your perusal.

Kindly let us have your approval/instruction.

Thank you.

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.

Best Regards,

Khanchna | Case Handler

LKK Auto Consultants Pte Ltd

DID: **6841 2360** | email: Khanchna@lkkauto.com | Fax: 6741-4108

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

From: Jaslin Kok (LKK Auto) <jaslinkok@lkkauto.com>

Sent: Wednesday, September 23, 2020 5:42 PM

To: Merina Chia <MerinaChia@msfirstcapital.com.sg>

Cc: Admin A <admin-a@lkkauto.com>; Khanchna (LKK Auto) <khanchna@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D20003754MFSH/1 // EXPRESS SETTLEMENT - Accident Involving SHC323H (OI : FCI - TBA) and SGD905K (TP : LKK REF - CC4/FCI20009957/Eka3) on 14/09/2020

YOUR REF: D20003754MFSH

LKK REF: CC4/FCI20009957/Eka3

Dear Sir / Madam,

We refer to the above matter.

We have inspected TP vehicle SGD 905K on a WP basis and TP repairer proposed for express settlement.

Enclosed for your perusal is:

- Estimated cost of repair
- Preliminary advice

Please take note that the case handler in-charge is Khanchna and she can be contacted at DID: 6841 2360

To check availability of the case handler, you may contact the undersigned.

**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.*

Thank you.

Best Regards,

Jaslin Kok | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841 2157 | email: JaslinKok@lkkauto.com | fax: 6741 4108

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

From: Admin-D (LKKAuto) <admin-d@lkkauto.com>

Sent: Thursday, 17 September 2020 8:48 AM

To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>; Admin A <admin-a@lkkauto.com>

Cc: MERINACHIA@MSFIRSTCAPITAL.COM.SG

Subject: RE: SURVEY ASSESSMENT - D20003754MFSH/1

Dear Sir/Madam,

Thank you for the assignment.

Please be informed that vehicle currently not in the workshop, repairer will arrange.

Best Regards,

Summer Lee | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park,
Ubi Avenue 1, #02-25 | S(408933)

From: Claim Workflow System <cwsmotorclaims@msfirstcapital.com.sg>

Sent: Wednesday, 16 September, 2020 5:59 PM

To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; MERINACHIA@MSFIRSTCAPITAL.COM.SG

Subject: PRI: SURVEY ASSESSMENT - D20003754MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Note: All the accident reports are uploaded into CWS for your perusal.

Best Regards,

Admin Team

Claim Workflow System

Motor Claims Department

MS First Capital Insurance Limited

Tel : 6507 3848

Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.