

Our Ref

: SDH9280J / T221120 : D20004567MFSH

Main Office: Mova Building No. 22, Jalan Kilang, Singapore 159419

Singapore 159419 Tel: **(65) 6476 3333** Fax: (65) 6271 5891

WITHOUT PREJUDICE
Www.mova.com.sg
Workshop Dept:
Block 1008,

Block 1008, Bukit Merah Lane 3, #01-04/06/08/94 Singapore 159722

Tel: **(65) 6272 3892** Fax: **(65)** 6270 8314

Co. Reg. 198904033G GST Reg. M2-0088864-2

Your Ref

Date

: 16 March 2021

MS FIRST CAPITAL INSURANCE LTD 36 Robinson Road #16-01 City House Singapore 068877.

**ATTN: MOTOR CLAIMS DEPT** 

Dear Sir/Mdm

ACCIDENT INVOLVING: SDH9280J & SHC1800R

DATE OF ACCIDENT: 05 NOVEMBER 2020

**ALONG: YISHUN AVENUE 1 BEFORE YISHUN DAMP** 

#### We refer to the above.

We are claiming as per below:

Grand Total	\$ 11,631.89
Loss of Income (\$ x days)	\$
E-Day License	\$
LTA /GIA Search Fee	\$ 7.49
Medical Fee	\$ 357.30
Towing Fee	\$
Loss of Rental (\$ <u>120.00</u> x <u>34</u> days)	\$ 4,365.60
Loss of Use (\$ x days)	\$
Cost of Repairs	\$ 6,901.50

Documents enclosed:

Car date in: 06/11/2020 Car date out: 10/12/2020

Authorized Repair Days: 10 (TP/OD/WS/Recovery of Incidental Costs)

X	Invoice		Certificate of Insurance
	Excess Invoice	X	LTA/GIA Search Bill
	Power of Attorney		Taxi Bill
	Police Investigation Report/GIA	X	Medical Bill (photocopy)
	Copies of NRIC/License of Owner/Driver		Income Statement
X	Rental Bill/Rental Agreement		E-Day License receipt (photocopy)
	Survey Report with Photographs		Towing Fee (photocopy)
	Vehicle Registration Card/COE		Witness Statement
	Letter from Supplier		Traffic Police Investigation Result

<sup>\*</sup> This is a computer generated letter and does not need a signature.





Please issue the payment of S 11,631.89 in favor of MOVA AUTOMOTIVE PTE LTD.

If you have any enquires, please call or email Suann Chiu - Suann@mova.com.sg

Thank you.

Yours faithfully,

For Claims Manager

Claims Department

**Main Office:** Mova Building

Mova Building No. 22, Jalan Kilang, Singapore 159419 Tel: **(65) 6476 3333** Fax: (65) 6271 5891 www.mova.com.sg

**Workshop Dept:** 

Block 1008, Bukit Merah Lane 3, #01-04/06/08/94 Singapore 159722

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NOTE: # Please note that the Loss of Use/Rental will be paid based on negotiation and on the Co. Reg. 198904033G GST Reg. M2-0088864-2 NIMA Protocol (Court Guideline).

# As of 01.06.08 all claims scenario will be based on the BOLA, Barometer Of Liability, set by GIA, General Insurance Association of Singapore.

\* This is a computer generated letter and does not need a signature.







Main Office: Mova Building, No. 22 Jalan Kilang, Singapore 159419. Tel: (65) 6476 3333 Fax: (65) 6271 5891 Website: www.mova.com.sg Workshop: Block 1008, Bukit Merah Lane 3, #01-04/06/08/94, Singapore 159722 Tel: (65) 6272 3892 Fax: (65) 6270 8314

### **POWER OF ATTORNEY**

ACCIDENT INVOLVING (Owner's Vehicle No.) SDff 92807 and (Thir
Party's Vehicle No.) SHC 1800P on 05 (11/2027) alon
Fisher Ave 1Before Yishun Daup
BY THIS POWER OF ATTORNEY, *I/We, Jee Check Seng
*NRIC/Passport No(Address)
a company incorporate in Singapore and having its registered office a
(Address)* owner of Vehicle Registered No
hereby irrevocably appoint MOVA AUTOMOTIVE PTE LTD
(MOVA) a company incorporated in Singapore and having its registered office at Block 1008 Bukit Mera
Lane 3 #01-04/06/08 its agents or any person authorized by MOVA to be *my/our Attorney and in *my/our person authorized by MOVA to be *my/our Attorney and in *my/our person authorized by MOVA to be *my/our Attorney and in *my/our person authorized by MOVA to be *my/our Attorney and in *my/our person authorized by MOVA to be *my/our Attorney and in *my/our person authorized by MOVA to be *my/our Attorney and in *my/our person authorized by MOVA to be *my/our Attorney and in *my/our person authorized by MOVA to be *my/our Attorney and in *my/our person authorized by MOVA to be *my/our Attorney and in *my/our person authorized by MOVA to be *my/our Attorney and in *my/our person authorized by MOVA to be *my/our Attorney and in *my/our person authorized by MOVA to be *my/our Attorney and in *my/our person authorized by MOVA to be *my/our
name(s) and on *my/our behalf to do all or any of the following:
1. To submit, resolve and make any claim(s) (including the commencement of legal proceedings which *I/we may have against the other *party/parties to the Accident and under the insurance *policy/policies taken up by such *party/parties or alternatively under Insurance Policy Note taken up by *me/us (subject to approval by me/us taken up by *me/us (subject to approval by me/us taken up by *me/us (subject to approval by me/us taken up by *me/us (subject to approval by me/us taken up by *me/us (subject to approval by me/us taken up by *me/us (subject to approval by me/us taken up by *me/us (subject to approval by me/us taken up by *me/us (subject to approval by me/us taken up by *me/us (subject to approval by me/us taken up by *me/us (subject to approval by me/us taken up by *me/us (subject to approval by me/us taken up by *me/us (subject to approval by me/us taken up by *me/us
<ul> <li>Insurance Company) in respect of the cost of repairs, loss of use/rental and all other costs an expenses, etc suffered by *me/us arising from the Accident (loss and damage).</li> <li>2. For the purpose of such claim(s) as aforesaid, to appoint solicitors on *my/our behalf as *my/our Attorne shall in MOVA absolute discretion, deem fit.</li> <li>3. To collect payment(s) due in respect of any such claim(s) for the loss and damage, such payment</li> </ul>
to be made by way of cheque in favor of MOVA AUTOMOTIVE PTE LTD and to give a valid receipt and discharge thereof.  4. For any of the purposes aforesaid, to execute, sign, seal and deliver all documents whatsoever in the purposes aforesaid.
relation thereto. 5. Generally do all such acts as it shall deem necessary for the purpose of settling such claim(s) an 6. To agree to any settlement at the absolute discretion of MOVA.
*I/We hereby declare that all acts, instruments and documents done by virtue of this Power of Attorney of *my/our behalf by the Attorney, its agents or any person authorized by MOVA in its behalf shall be as good valid and effectual to all intents and purposes whatsoever as it is the same had been done or executed by * me/our own proper person(s) and *I/we hereby ratify and confirm, all acts, instruments and documents done of executed by virtue of the authority and powers hereby conferred.
*I/We hereby further declare that the powers and authority hereby conferred shall remain irrevocable.
*I/We further comfirm that the acceptance by MOVA of the settlement amount in respect of such constitute the full discharge of my/our claim(s) in respect of such loss and damage.
*IN WITNESS WHEREOF. *I/We have hereunto to set *my/our hand and seal this day of the month of, Year Two Thousand (20).
Signed, Sealed & Delivered By

Customer's Name: Tee Check Sens NRIC No: S 1230 (04 I
Co's Rubber Stamp, where applicable.

Workshop Address: Blk 1008, Bukit Merah Lane 3

# 01-04/06/08 Singapore 159722



### "WITHOUT PREJUDICE"

Your Ref

: D20004567MFSH

Our Ref

: SDH9280J / T221120

Date

: 17 June 2021

MS FIRST CAPITAL INSURANCE LTD 36 Robinson Road #16-01 City House Singapore 068877.

ATTN: MOTOR CLAIMS DEPT

Dear Sir / Madam,

# ACCIDENT INVOLVING SDH9280J & SHC1800R ON 05/11/2020 ALONG YISHUN AVE 1 BEFORE YISHUN DAMP

We refer to the above.

Enclosed herewith are documents for your attention and actions.

Please issue payment in favor of **MOVA AUTOMOTIVE PTE LTD**.

If you have any enquiries, please contact us at 6272 3892 or alternatively:

- Ms Enny, <u>enny@mova.com.sg</u> for feedback, workshop & claims matters, Lawyer Cases and all Own Damages & Windscreen matters.
- 2. Ms Suanne Chiu, suann@mova.com.sg for all Third Party matters.

Thank you.

Note: Enclosed tax invoice & discharge voucher.

Yours faithfully For Claims Manager Claims Department

Tel: 62723892 Fax: 627083149

<sup>\*</sup>This is a computer generated letter and does not require a signature.



MS First Capital Insurance Limited Co.Reg. No. 195000106C GST Reg. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580

Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore

#### DISCHARGE RECEIPT

CLAIM REFERENCE

D20004567MFSH

ACCIDENT DATE

05/11/2020

**ACCIDENT LOCATION** 

YISHUN AVE 8

**INSURED** 

COMFORT TRANSPORTATION PTE LTD

**INSURED DRIVER** 

TAN CHEE GUAN

**INSURED VEHICLE** 

SHC 1800R

**INVOLVED PARTY** 

**SDH 9280J** 

SETTLEMENT SUM

\$8,764.29

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: TEE CHECK SENG

Signature and Date:

WITNESS :

MOVA AUTOMOTIVE PTE LTD Bik 1008, BUKIT MERAH LANE 3

#01-04 (S) 159722

Tel: 6272 3892 Fax: 6270 8314

GST Reg No: M2-0088864-2

Signature and Date:



**Main Office:** 

Mova Building

Mova Building No. 22, Jalan Kilang, Singapore 159419 Tel: **(65) 6476 3333** Fax: (65) 6271 5891

www.mova.com.sg

TOYOTA COROLLA 1.5M Block 1009

M Block 1008, Bukit Merah Lane 3, #01-04/06/08/94

Singapore 159722

Tel: (65) 6272 3892 Fax: (65) 6270 8314

Co. Reg. 198904033G GST Reg. M2-0088864-2

T221120 ACC. Date :-05/11/20

:- SDH9280J

CK635936

C.O.D

Terms

Page #

Veh#

Tax#

JOB#

Remarks

Veh Model :-

No. Description

Attention :- XA026

Tax Invoice

17/06/2021

36 Robinson Road

#16-01 City House

Singapore 068877.

MS FIRST CAPITAL INSURANCE LIMITED

Qty

**U.Price** 

139478

Amounts S\$

Lump Sum Amount

6,450.00

E. & O.E

**AMOUNT S\$** 

6,450.00

GST @ 7 %

451.50

AMOUNT DUE S\$

6,901.50

Customer's Signature/Co. Stamp MOVA AUTOMOTIVE PTE LTD



**TAX Invoice** 

Veh:

SMH1719H

Prof:

RK507722

11-Dec-20

TAN CHECK SENG

RA:

113057

From:

6/11/2020

To:

10/12/2020

**Workshop Dept:** Block 1008, Bukit Merah Lane 3, #01-04/06/08/94 Singapore 159722

Main Office:

Tel: **(65) 6272 3892** Fax: **(65)** 6270 8314

Co. Reg. 198904033G GST Reg. M2-0088864-2

Attention: Mova - claims Dept

Description	Qty	U.Price			
Rental Chargres			<u> </u>	Amount S\$	
FROM 6/3/2020 TO 6/12/2020 FROM 6/12/2020 TO 10/12/2020 HYUNDAI AVANTE 1.6 GLS: SMH1719H RENTAL AGREEMENT: I13057 Driven by: TAN CHECK SENG Your ref: SDH9280J		1 MTH 4 DAYS	\$3,600 \$120	\$3,600.00 \$480.00	

Mova Automotive Pte Ltd

Non - GST amount

**GST 7% Total Amount**  \$4,080.00 \$285.60

\$4,365.60



Website: www.mova.com.sg

Co. Reg. No.: 198904033G

**Automotive Pte Ltd** 

Main Office: No. 22 Jalan Kilang, Singapore 159419 **Bukit Merah Branch:** 

Bilk 122 Bukit Merah Lane 1 #01-50, Singapore 150122

Fan Yoong Branch: No. 15 Fan Yoong Road, Singapore 629792

Tel: (65) 6476 3333 Fax: (65) 6270 8314

24 Hours Breakdown Service: (65) 9799 8888

Bedok Branch: 219 Bedok Central #01-138, Singapore 460219

Tel: (65) 6604 7877

RENTAL AGREEMENT

RANO.: I 13057

RECEIVED ( DEC MAR

RENTAL DETAILS			INSURANCE EXCESS AMOUNT		
Vehicle Make/Model:	hicle Make/Model: AVANTE Vehicle NoSMH1719H		Singapore	Malaysia	Signature
Date/Time Out:	06/11/20	1505 +1842	s\$ 2,500	s\$ 3,500	0
Petrol Level Out:	E 1/8 1/4 3/8 1/2	5/8 3/4 7/8 F	Per Accident	Per Accident	A
Date/ Time In:	10/12/20	1342	Ch	arges	
Petrol Level In:	E 1/8 1/4 3/8 1/2	58 3/4 7/8 F	/ Months @\$ 3	How Per Month	3600
Change Over 1:	Date:	Initial:	Weeks @\$	Per Week	
Change Over 2:	Date:	Initial:	4 Days @\$ /	20 Per Day	480
KM Out: 2048	31 KM In: 2	2141	Hours @\$	Per Hour	
	HIRER DETAILS		Sub	-Total	4080
Named Hirer			Less Discount	%	
me:	Tee Check S	eng	Rental	Charges	
Address:	The Check S BIK 96 Yuan C	Ching Read		per day / week / month	
	#12-72.361	8649.	PAI @\$ Petrol Top-Up	per day / week / month	
			Misc Charges		
Identity Card No:	S1230104I	·	GST 7%		285-60
Date of Birth:			Т	otal	4365-60
Driving License:		1	VISA / MASTER CARD / AMEX	CASH / COMPANY BILLING / OTHERS	
Country of Issue:			Pre-F	ayment	
Tel:	(HP) 98642955	(O)	Downpaymen	t and Deposit	
Nationality:			Amount Refur	nded/ Due	
Effective Date:			Signature of F	Refund	
Additional Hirer			Remarks:		
Name:			Mitha 1004	19280J/Cla	me
Address:			Nillia   Sur	112800 / 0101	
			Invoice No:		Ref. No:
		# 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Checked Out By:	Checked In By:	Checked By:
Identity Card No:					
Date of Birth:					
Driving License:			Sales-I	n Charge:	
Country of Issue:			Past 3 years accider	nts YES NO	
Tel:	(HP)	(O)			
Nationality:					
Effective Date:					
I fully understand and agre	eed to the terms and condition ap	pended on both sides of this Vehicle or traffic infringements during my per	Rental Agreement. I also	agreed that if there is any or	utstanding amount payable

credit card voucher given above. All above information given by me are true in connection to this agreement.

A		
Hirer's Signatory / Company Stamp (if corporate hirer)	Authorised Manager Signature	Date & Time

#### IMPORTANT

- 1. Only authorized drivers with valid driving license of minimum 2 years may drive the rental vehicle.
  2. All rental vehicles are strictly for Singapore use only, and may not be driven outside Singapore without prior approval of MOVA Automobile.
  3. In any accident, the Hirer must report to MOVA Automobile immediately. The Hirer shall endeavor to assist in all manners possible.
  4. The Hirer shall be liable for all excess charges (if any) for late return at the hourly rate shown, inclusive of CDW and PAI. Late return of more than 4 hours will be considered
- as a day rental.

  5. All traffic infringements and summons (if any) are the responsibility of the Hirer.

**Enquire Vehicle Insurance Details** 

Vehicle No. Incident Date/Time

Search Status Insurance Company Code

SHC1800R 05 Nov 2020 / 20:30:00 Successful

F03

Insurance Company Name

MS FIRST CAPITAL INSURANCE LIMITED

**Previous** 

ОК



Chiu Nyet Fah has successfully logged out.

Your last login date and time was 06 Nov 2020, 12:48:54.

To return to ONE.MOTORING, please click here

For security reasons, please CLEAR YOUR CACHE after each session.

# **Session Transaction History**

S/No.	Asset Type	Asset ID	Asset Owner ID®	Transaction Type=	Transaction Amount (S\$)	Log Date/Time
1	Vehicle	SHC1800R	-	18.32 Insurance Enquiry	7.49	06 Nov 2020 /
				(GIRO Payment)		12:49:15

# RafflesHospital

CHELSEA SIA S9742572H

961 BUKIT TIMAH ROAD #07-19 THE NEXUS SINGAPORE 589655

DOB:24-NOV-1997 22YR/F 91156540 (HP)



The above mutitored patient was seen in AMG on 7/11/20 for neck par after sh was involved in a road traffic accident on 5/11/20. She was a front sunt passerryw of a car whose car was hit from buhind by anoth Xrays performed on her cervical spine Aid not reveal any fractures. She was discharge with oval analysia.

Dirgnosis: Cervical necle sprain

RafflesHospital
24 HR EMERGENCY
2585 North Bridge Road
585 North Bridge Road
Raffles Hospital #01-00 Singapore 188770
Raffles Hospital #01-00 Fax: (65) 6311 1162
Tel: (65) 6311 1555 Fax: (65) 6311 1162
Tel: (65) 6311 1111 Fax: 6311 2390

Comin Tan MCR 110. 14719B



Print Date:

## ATTENDANCE SLIP

Patient Name: CHELSEA SIA Employee No: NRIC No: Alternate ID: S9742572H Visit Date: 07-Nov-2020 Visit No: G09820030167 Contract Code: This is to certify that the above names was at the clinic at 14: 53 hours and left at 16: 28 hours. REVIEW WHEN NECESSARY Your next appointment will be on (Date) at (Time)

Issue Staff Name: DAFINAH BINTE ABDUL HAMID

07-Nov-2020 16:11

RafflesHospital
24 HR EMERGENCY
585 North Bridge Road
Raffles Hospital #01-00 Singapore 188770
Tel: (65) 6311 1355 Fax: (65) 6311 1162

RAFFLES HOSPITAL 585 NORTH BRIDGE ROAD SINGAPORE 188770 . T:63111555

Raffles Medical Group Ltd | Company Registration No: 198901967K | GST Registration No: M9-0000467-N



### MEDICAL CERTIFICATE

NRIC

: S9742572H

VISIT DATE

: 07 Nov 2020 (14:57)

NAME

: CHELSEA SIA

VISIT NO

: G09820030167

This is to certify that the above mentioned has been given:

OUTPATIENT SICK LEAVE for 3 days from 07 Nov 2020 to 09 Nov 2020

DOCTOR

: Devin Tan Kian Jin (M14719B)

CLINIC

: 24 HR EMERGENCY CLINIC

ADDRESS

: 585 NORTH BRIDGE ROAD LEVEL -01-00 RAFFLES HOSPITAL 188770

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated,

Printed: 07 Nov 2020, 04:23PM

\*This certificate is electronically generated. No signature is required.



Download RafflesConnect to:

- . Teleconsult with our GP Doctor
- . Request eQueue before coming to GP clinic
- . Book an appointment for GP phone consult
- . More features ...



Medicine Delivery Service:

. Scan QR Code to request online.

RafflesHospital
24 HR EMERGENCY
586 North Bridge Road
Raffles Hosoital #01-00 Singapore 188770
Tel: (65) 0511 1555 Fax: (65) 6311 1162

Raffles Medical Group Ltd | Company Registration No: 198901967K | GST Registration No: M9-0000467-N



#### TAX INVOICE

GST REGN NO. : M9-0000467-N **PAGE** : 1 of 1 : PATIVNOUT VISIT NO. : G09820030167 **BILL TYPE** VISIT DATE/TIME : 07-NOV-2020 02:53PM BILL DATE : 07-NOV-2020 : CHELSEA SIA PATIENT NAME : PG09820030167-1 INVOICE NO. PAY BY : SELF PATIENT ID NO. : \*\*\*\*\*572H POLICY NO. PAYER NAME : CHELSEA SIA

: 961 BUKIT TIMAH ROAD THE NEXUS #07-19 SINGAPORE 589655 **ADDRESS** S\$ S\$ DESCRIPTION QTY CONSULTATION 135.00 MEDICAL REPORT/LETTER 15.00 MEDICAL LETTER (STANDARD MEMO) 1.0 15.00 **PHARMACEUTICAL** CELECOXIB 200MG CAP 10.0 14.14 40.0 15.81 PARACETAMOL 500MG TAB 29.95 PRACTICE COST 1.0 30.00 PRACTICE COST 30.00 **RADIOLOGY** 72.00 CERVICAL SPINE XRAY (2 VIEWS) 1.0 GEN RADIOGRAPHER AFTER OFFICE HRS 1.0 52.00 SURCHARGE 124.00 SUB-TOTAL 333.95 TOTAL CHARGES BEFORE GST 333.95 GST @ 7% 23.38 357.33 TOTAL CHARGES AFTER GST (0.03)LESS ROUNDING ADJUSTMENT (357.30)TOTAL AMOUNT PAID

> RafflesHospital 24 HR EMERGENCY 585 North Bridge Road

REG2001042532 - 07/11/2020 - AMEX

TOTAL BALANCE DUE

Raffles Hospital #01-00 Singapore 188770 Tel: (65) 0311 1355 Fax: (65) 6311 1162 357.30

0.00

585 NORTH BRIDGE ROAD #01-00 RAFFLES HOSPITAL SINGAPORE 188770 T:63111555

Raffles Medical Group Ltd | Company Registration No: 198901967K | GST Registration No: M9-0000467-N

# [MANDATE GIVEN] [EXPRESS SETTLEMENT via LKK] MSFCIL REF: D20004567MFSH - RE: SDH9280J & SHC1800R on 5/11/20

Vic Alpeh S. Sanghilan < VicSanghilan@msfirstcapital.com.sq>

Tue 6/1/2021 10:23 AM

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

Cc: Admin A <admin-a@lkkauto.com>

Dear Jaslin,

We refer to your below email and the contents were noted.

You have our mandate to settle the matter from \$8,550.29 - \$8,764.29 (all in).

Please start to offer LOR @ \$100 x 12-14 days + GST.

Thank you.

Kind Regards,

Vic Sanghilan

Motor Claim Department

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

| Tel: 65073848 | DID : 65073846 | Fax No. : 65073849 | Email: <u>vicsanghilan@msfirstcapital.com.sg</u> | Company Regn. No. 195000106C

A Member of MS&AD 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 <a href="http://www.msfirstcapital.com.sg">http://www.msfirstcapital.com.sg</a> 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.

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.

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

**Sent:** Tuesday, 1 June 2021 9:58 am

To: Vic Alpeh S. Sanghilan < VicSanghilan@msfirstcapital.com.sg>

Cc: Admin A <admin-a@lkkauto.com>

Subject: Re: [EXPRESS SETTLEMENT via LKK] MSFCIL REF: D20004567MFSH - RE: SDH9280J & SHC1800R on

5/11/20

Dear Vic

TP confirm that they are claiming for **Medical Bills only** and **no further injury claim** for this accident.

Kindly let us have your mandate approval soon.

Thank you.

Best Regards,

Jaslin Kok | Case Handler

#### LKK Auto Consultants Pte Ltd

Phone: 6841 2157 | email: <u>JaslinKok@lkkauto.com</u> | fax: 6741 4108

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

From: Jaslin Kok (LKK Auto)

Sent: Friday, May 21, 2021 9:59 AM

To: Vic Alpeh S. Sanghilan < <u>VicSanghilan@msfirstcapital.com.sg</u>>

Cc: Admin A <admin-a@lkkauto.com>

Subject: RE: [EXPRESS SETTLEMENT via LKK] MSFCIL REF: D20004567MFSH - RE: SDH9280J & SHC1800R on

5/11/20

#### WITHOUT PREJUDICE

Dear Vic

TP not yet reply. We will send reminder again.

Thank you.

Best Regards,

Jaslin Kok | Case Handler

#### **LKK Auto Consultants Pte Ltd**

Phone: 6841 2157 | email: <u>JaslinKok@lkkauto.com</u> | fax: 6741 4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Vic Alpeh S. Sanghilan < <u>VicSanghilan@msfirstcapital.com.sg</u>>

Sent: Friday, 21 May 2021 9:57 AM

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

Cc: Admin A <admin-a@lkkauto.com>

Subject: RE: [EXPRESS SETTLEMENT via LKK] MSFCIL REF: D20004567MFSH - RE: SDH9280J & SHC1800R on

5/11/20

Dear Jaslin,

Please advise update on the matter.

Kindly follow up TP if no response from them yet.

Thank you.

Kind Regards,

Vic Sanghilan Motor Claim Department

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

| Tel: 65073848 | DID : 65073846 | Fax No. : 65073849 | Email: <u>vicsanghilan@msfirstcapital.com.sg</u> | Company Regn. No. 195000106C

A Member of MS&AD 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 <a href="http://www.msfirstcapital.com.sg">http://www.msfirstcapital.com.sg</a> for details of PDPA Personal Data Collection Statement.

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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.

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

Sent: Thursday, 22 April 2021 5:39 pm

To: Vic Alpeh S. Sanghilan < <a href="mailto:VicSanghilan@msfirstcapital.com.sg">VicSanghilan@msfirstcapital.com.sg</a>>

Cc: Admin A <a driver like and admin-a@lkkauto.com >

Subject: RE: [EXPRESS SETTLEMENT via LKK] MSFCIL REF: D20004567MFSH - RE: SDH9280J & SHC1800R on 5/11/20

Dear Vic

Please be informed that we are still pending reply from TP workshop.

Thank you.

Best Regards,

Jaslin Kok | Case Handler

**LKK Auto Consultants Pte Ltd** 

Phone: 6841 2157 | email: <u>JaslinKok@lkkauto.com</u> | fax: 6741 4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Vic Alpeh S. Sanghilan < VicSanghilan@msfirstcapital.com.sg>

Sent: Thursday, 22 April 2021 5:38 PM

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

Cc: Admin A <a href="mailto:admin-a@lkkauto.com">admin-a@lkkauto.com</a>>

Subject: RE: [EXPRESS SETTLEMENT via LKK] MSFCIL REF: D20004567MFSH - RE: SDH9280J & SHC1800R on 5/11/20

Dear Jaslin,

We refer further to our below email.

Please check and confirm with TP that they are claiming for **Medical Bills only** and **no further injury claim** for this accident.

Thank you.

Kind Regards,

Vic Sanghilan

Motor Claim Department

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

| Tel: 65073848 | DID : 65073846 | Fax No. : 65073849 | Email: <u>vicsanghilan@msfirstcapital.com.sg</u> | Company Regn. No. 195000106C

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From: Vic Alpeh S. Sanghilan

Sent: Monday, 5 April 2021 3:29 pm

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

Cc: Admin A <admin-a@lkkauto.com>

Subject: RE: [EXPRESS SETTLEMENT via LKK] MSFCIL REF: D20004567MFSH - RE: SDH9280J & SHC1800R on 5/11/20

Dear Jaslin,

We refer to your below email.

Please check and confirm with TP that they are claiming for Medical Bills only and **no further injury claim** for this accident.

Thank you.

Kind Regards,

Vic Sanghilan

**Motor Claim Department** 

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

| Tel: 6507 3848 | DID : 6507 3846 | Fax No. : 6507 3849 | Email: <u>vicsanghilan@msfirstcapital.com.sg</u> | Company Regn. No. 195000106C

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

Sent: Monday, 5 April 2021 3:21 pm

To: Vic Alpeh S. Sanghilan < <u>VicSanghilan@msfirstcapital.com.sg</u>>

Cc: Admin A < admin-a@lkkauto.com >

Subject: RE: [EXPRESS SETTLEMENT via LKK] MSFCIL REF: D20004567MFSH - RE: SDH9280J & SHC1800R on 5/11/20

Dear Vic

We refer to our mandate request on 17/03/2021.

Kindly let us have your approval / instruction.

Thank you.
Best Regards,

Jaslin Kok | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841 2157 | email: <u>JaslinKok@lkkauto.com</u> | fax: 6741 4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Jaslin Kok (LKK Auto)

Sent: Wednesday, 17 March 2021 5:37 PM

To: Vic Alpeh S. Sanghilan < <a href="mailto:VicSanghilan@msfirstcapital.com.sg">VicSanghilan@msfirstcapital.com.sg</a>>

Cc: Admin A <admin-a@lkkauto.com>

Subject: RE: [EXPRESS SETTLEMENT via LKK] MSFCIL REF: D20004567MFSH - RE: SDH9280J & SHC1800R on 5/11/20

Dear Sirs/Mdm,

#### ACCIDENT INVOLVING SHC 1800R (FCI) AND SDH 9280J (TP) ON 05/11/2020

We refer to the above matter.

We seek your approval to offer repairer "MOVA AUTOMOTIVE PTE LTD" at \$8,566.29

The summary is as follows: -

	Amount Claimed	<b>Amount Revised</b>
1. Cost of Repair (w/GST)	\$ 9,560.99	\$ 6,901.50 (\$6,450.00 +7%GST)
2. Loss of Rental (34days x \$120.00)	\$ 4,365.60	\$ 1,300.00 (13 days x \$100.00)
3. Medical Fees	\$ 357.30	\$ 357.30
4. LTA Report fee	\$ 7.49	\$ 7.49
Total	\$ <u>14,291.38</u>	<u>\$ 8,566.29</u>

Surveyor recommended 10 days for repair + 1 Sunday + 2 PRS = 13 days

Enclosed here with all the relevant documents for your perusal.

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

Thank you.

Best Regards,

Jaslin Kok | Case Handler

**LKK Auto Consultants Pte Ltd** 

Phone: 6841 2157 | email: <u>JaslinKok@lkkauto.com</u> | fax: 6741 4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Vic Alpeh S. Sanghilan < VicSanghilan@msfirstcapital.com.sg>

Sent: Wednesday, 17 March 2021 4:55 PM

To: 'Suann' < <a href="mailto:suann@mova.com.sg">suann@mova.com.sg</a>; Jaslin Kok (LKK Auto) < <a href="mailto:jaslinkok@lkkauto.com">jaslinkok@lkkauto.com</a>>

Cc: Admin A <a href="mailto:admin-a@lkkauto.com">admin-a@lkkauto.com</a>

Subject: [EXPRESS SETTLEMENT via LKK] MSFCIL REF: D20004567MFSH - RE: SDH9280J & SHC1800R on 5/11/20

Without Prejudice

Dear Suanne,

We refer to your below email and the contents were duly noted.

Please be informed that this matter is handled by LKK on behalf of us and they will get back to you for an update/offer in due course.

Thank you.

Dear Jaslin,

FYNA please.

Thank you.

Kind Regards,

Vic Sanghilan

Motor Claim Department

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

| Tel: 6507 3848 | DID : 6507 3846 | Fax No. : 6507 3849 | Email: <u>vicsanghilan@msfirstcapital.com.sg</u> | Company Regn. No. 195000106C

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From: Jason Tea <JasonTea@msfirstcapital.com.sg>

Sent: Tuesday, 16 March 2021 4:34 pm

To: 'Suann' <<u>suann@mova.com.sg</u>>; Motor Claims <<u>MotorClaims@msfirstcapital.com.sg</u>>

**Subject:** FW: SDH9280J & SHC1800R on 5/11/20

#### **Without Prejudice**

Dear Motor Claims,

For your necessary action to redirect to the OIC taking over.

Dear Sir,

I have forwarded your request to Motor Claims to assist.

Jason Tea

MS First Capital Insurance Ltd | 6 Raffles Quay #21-00 Singapore 048580 | Email: jasontea@msfirstcapital.com.sg | : 6222 3547 | Company Regn. No. 195000106C

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From: Suann < suann@mova.com.sg>

Sent: 16 March 2021 16:22

To: Jason Tea < <u>JasonTea@msfirstcapital.com.sg</u>> Subject: SDH9280J & SHC1800R on 5/11/20

Dear Jason

Your ref: D20004567MFSH

Enclosed is our letter of demand for your attention & action.

Thank you

**Best Regards Suanne Chiu** Claims Asst.Manager **MOVA Automotive Pte Ltd** 

Tel: +65 6272 3892 Fax: +65 6270 8314



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