

## Joy Irene (LKKAuto)

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**From:** Francis Ng <francis.ng@eqinsurance.com.sg>  
**Sent:** Wednesday, 6 June 2018 4:11 PM  
**To:** Joy Irene (LKKAuto)  
**Cc:** Admin A; CS A Team  
**Subject:** RE: (EQ-SKG6749S) AND ( TP-SKG5279M) ON 10.12.2017; DM17HO02795/FN  
**Attachments:** SURVEY REPORT.PDF; LOD.PDF; RE-INSPECTION PHOTOS.PDF; INSPECTION PHOTOS.PDF

Dear Joy,

Agreed. Please proceed as proposed in your email below.

Regards,  
**Francis Ng**  
Executive | Claims



**EQ Insurance Company Limited**  
5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
did 65 6496 9115 | tel 65 6223 9433 ext 115 | fax 65 6223 4190  
www.eqinsurance.com.sg



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**From:** Joy Irene (LKKAuto) [mailto:JoyIrene@lkkauto.com]  
**Sent:** Friday, June 1, 2018 1:52 PM  
**To:** Francis Ng <francis.ng@eqinsurance.com.sg>  
**Cc:** Admin A <admin-a@lkkauto.com>; CS A Team <cs-a@lkkauto.com>  
**Subject:** (EQ-SKG6749S) AND ( TP-SKG5279M) ON 10.12.2017; DM17HO02795/FN

Policy : DMPPHQ17-004696

Dear Francis,

This a 6 vehicle chain-collision whereby insured vehicle was 3<sup>rd</sup> in-line. BOLA 28-100% , Assessed: 0%.

Insured agreed to settle and aware NCD issue.

Our summary to offer to repairer M/s **COMPLETE VMS PTE LTD** is as follows:

	TP CLAIMED	OUR REVISED TO OFFER
Cost of Repairs	\$ 29,027.96 (per estimate)(no GST)	\$ 18,190.00 (GST included)

Loss of Rental	\$ 2,550.00 (\$150 x 17 days)	\$ 1,950.00 (\$150 x 13 days)
GIA/LTA Search Fee	\$ 5.35	\$ 5.35
<b>TOTAL</b>	<b>\$ 31,583.31</b>	<b>\$ 20,145.35</b>

9 days recommendation for repair+ DOA + PRI + weekends

Relevant supporting claim documents attach for your perusal and reference.

For your approval.

Best Regards,  
Joy Irene | Case Handler  
LKK Auto Consultants Pte Ltd  
DID: 6841-2409 | email: [joyirene@lkkauto.com](mailto:joyirene@lkkauto.com) | Fax: 6741-4108  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**COMPLETE VMS PTE LTD** *The Premier One-Stop Vehicle Accident Claims Centre*  
176 Sin Ming Drive, #03-14 / 07, Sin Ming Autocare Complex, Singapore 575721  
Tel: 6455 0012 | Fax: 6554 0012 | Email: main@completevms.com.sg  
Web: www.completevms.com.sg | Social: www.fb.com/completevms

Your Ref : SKG6749S

Our Ref : TPDS18028 - SKG5279M

6th April 2018

By Postage

**EQ INSURANCE COMPANY LTD**  
5 Maxwell Road #17-00 Tower Block  
MND Complex  
Singapore 069535

Attention: Motor Claims Department

Dear OIC,

**ACCIDENT INVOLVING VEHICLE: SKG5279M AND SKG6749S ALONG PIE TOWARDS  
CHANGI BEFORE EXIT 9 ON 10/12/2017**

We are the authorized repair workshop for the owner of motor vehicle no. **SKG5279M**, which is involved in the captioned accident with your insured vehicle **SKG6749S**. The vehicle owner has requested and authorized us to assist him in presenting his/her claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of driving, we are submitting these claims for your consideration on behalf of the owner-claimant.

1	Cost of Repair	S\$ 18,190.00	(inclusive GST)
2	17Days Loss of Rental @ \$150	S\$ 2,550.00	
3	LTA search fee	S\$ 5.35	
		<u>S\$ 20,745.35</u>	

We enclosed herewith the following documents to support the claims:-

- a. GIA Report
- b. Proforma invoice
- c. LTA search fee

Kindly look into the matter and let us hear from you on the settlement of our customer's claims as soon as possible.

**Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/claimant.**

Thank you  
Yours Faithfully

**Chiu Siong Lim**  
6455 0012  
For Complete VMS Pte Ltd

## Joy Irene (LKKAuto)

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**From:** Joy Irene (LKKAuto)  
**Sent:** Saturday, 21 April 2018 2:49 PM  
**To:** 'chennansg@gmail.com'  
**Subject:** ACCIDENT INVOLVING SKG 6749S AND SKG 5279M AND OTHERS ON 10/12/2017 ALONG PIE TOWARDS CHANGI

Our Ref: CC4/EQI17023586/Kjb3

### **CHEN NAN**

Policy Holder

Dear Sir,

### **ACCIDENT INVOLVING SKG 6749S AND SKG 5279M AND OTHERS ON 10/12/2017 ALONG PIE TOWARDS CHANGI**

We refer to the above accident where we are acting for EQ INSURANCE COMPANY LIMITED to resolve the claim against you under the Auto Insurance policy taken up with them.

Pursuant to the above said accident wherein you had amongst other information given us your version of how the accident had occurred, we as the appointed agent of your insurers shall proceed to negotiate for an amicable settlement with third party claimant.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

You are aware that your No-Claim Discount (NCD – if applicable) will be withheld for the time being. Pending for final allocation of liability in settlement by our principal EQ INSURANCE COMPANY LIMITED.

Please call us if you have further queries.

Yours faithfully,

Best Regards,  
Joy Irene | Case Handler  
LKK Auto Consultants Pte Ltd  
DID: 6841-2409 | email: [joyirene@lkkauto.com](mailto:joyirene@lkkauto.com) | Fax: 6741-4108  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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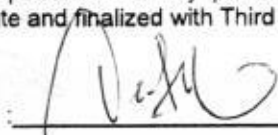
To: Complete VMS Pte Ltd  
176, Sin Ming Drive,  
#03-14, Sin Ming Autocare Complex  
Singapore 575721

### LETTER OF AUTHORIZATION

RE: ACCIDENT BETWEEN SKG5279M / SKG6749S / SLK277F (Vehicle Numbers)  
ON 10/12/2017 (Date of Accident) AT PIE towards Changi before exit 9

1. I/We, the owner of vehicle no. SKG5279M hereby appoint you to act for me to repair and recover damages sustained to my vehicle in the above accident from the third party driver and / or his / her insurers.
2. In this respect, I/We have authorized you to repair, correspond, negotiate and settle on my behalf, all claims against the parties involved in the subject accident. All final financial awards in my favor pertaining to the subject accident claim are to be paid to Complete VMS Pte Ltd.
3. By way of this Letter of Authorization, I/We also further authorized you to sign all Discharge Vouchers and any other related documents in settlement of the subject accident claims. I/We hereby undertake to ratify and reaffirm such signing of Discharge Vouchers and/or documents from any third party insurers by us.
4. During the settlement process with the third party insurers / drivers, you may act fully on my behalf and all negotiations and correspondences given by you to the third party insurers / driver are as if given directly from me. With regards to the settlement of the above subject accident claim, I/We agree and undertake to ratify all correspondences and negotiations given by you to the third party insurers / driver and further agree and undertake to be bound by all acts performed or carded out by you.
5. I/We understand that should the subject accident claims fail or not able to reach an amicably settlement with the third party insurers or driver, I/We will have to appointed a solicitors by way of signing a warrant to act in present of the appointed solicitor to further pursue the matter and to commence legal proceedings in Court in my/our name against the third party driver and/or his employers (if applicable). I/We further agrees that should I/We fails or disagrees to appoint a solicitors at that stage, I/We shall be fully liable for all costs incurred to you until that point of time.
6. I/We further confirm my/our understanding that I/We shall render my/our full co-operation pertaining to the settlement of the subject accident and method of repair adopted shall be in accordance to the standard practices of the industry and will be at the full discretion of you.
7. I/We hereby agree that upon settlement of the above subject accident claim, I/We are required to sign Discharge Voucher/s issued by the third party insurers. After which all settlement monies shall be used to settle all costs and fee incurred to carry out the above subject accident repairs and claims. This settlement monies shall constitute a full discharge of your payment obligation to us.
8. Any indemnity / discharge voucher signed by the workshop is without prejudice to my rights to claim for compensation for my personal injury (if any). Complete VMS Pte Ltd is only authorized to negotiate and finalized with Third Party for my property damages

Signature




Name

Choo Guan Phock

Date

11/12/2017

Witness's Name & Signature



Company Stamp (if applicable) : \_\_\_\_\_

Email: \_\_\_\_\_

EQ Insurance Company Limited  
22 Gemmill Lane  
Singapore 069257  
Tel: (65) 6223 9433 Fax: (65) 6223 4190

## DISCHARGE VOUCHER

Claim No: DM17HO02795

In consideration of the offer/payment of the sum of **SINGAPORE DOLLARS: Twenty Thousand Only (S\$ 20,000.00)** by EQ Insurance Company Limited, I/we hereby accept such sum in full and final settlement of all claims (present or future), losses of or use/injuries that I/we have or may have against **EQ Insurance Co. Ltd and/or CHEN NAN (the insurer, owner and driver of vehicle No. SKG 6749S)** in connection with or in any way arising from the accident along/at PIE TOWARDS CHANGI on 10/12/2017 involving SKG 5279M (your client) and SKG 6749S (Insured with EQ Insurance Co Ltd).

It is further agreed that this offer is not to be deemed as an admission of liability on the part of **EQ Insurance Co. Ltd. and/or CHEN NAN (the insurer, owner and driver of vehicle No. SKG 6749S)**.

Dated this 9 day of 6 2018

### CLAIMANT

Name : choo Suan Phock  
Signature : [Signature]  
Address : Blk 245 Kimkeat  
Link #03-131 S(310245)  
NRIC No. : S1354310J

### WITNESS

Name : Daven chiu kay meng  
Signature : [Signature]  
Address : 176 Sin ming Autocare  
#03-14 S57521  
NRIC No. : S8021898M

This indemnity is signed without prejudice  
to my rights to claim for compensation  
for my personal injury.

# COMPLETE VMS PTE LTD

176 Sin Ming Drive, #03-14 / 07, Sin Ming Autocare Complex, S575721  
Tel: 6455 0012 Fax: 6554 0012 Email: main@completevms.com.sg  
Business Reg. No. 200416180E GST Reg. No.: 200416180E



EQ INSURANCE COMPANY LIMITED  
5 MAXWELL ROAD, #17-00 TOWER BLOCK  
MND COMPLEX SINGAPORE 069110

Contact : 62239433 Fax No. : 62234190

Tax Invoice : VM013452

Invoice Date : 09/06/2018  
Vehicle Num. : SKG5279M  
Make/Model : BMW 520IA  
Mileage(Km) :  
PO/WO/RO# :  
Ref./Remark : DM17HO02795

S/N	Quantity	Particular	Unit Price	Amount S\$
COST OF REPAIR AS AGREED AT				17,000.00

SingDollars : Eighteen Thousand One Hundred Ninety Only

A handwritten signature in black ink, appearing to be a stylized 'C' or 'Q' followed by a flourish.

COMPLETE VMS PTE LTD

Total S\$ : 17,000.00  
GST S\$ : 1,190.00  
Amount Due S\$ : 18,190.00  
=====

Terms : 30 Days

# COMPLETE VMS PTE LTD

176 Sin Ming Drive, #03-14 / 07, Sin Ming Autocare Complex, S575721  
Tel: 6455 0012 Fax: 6554 0012 Email: main@completevms.com.sg  
Business Reg. No. 200416180E GST Reg. No.: 200416180E



EQ INSURANCE COMPANY LTD  
5 MAXWELL ROAD, #17-00 TOWER BLOCK  
MND COMPLEX SINGAPORE 069535

Attention : MOTOR CLAIMS DEPT

## Proforma Invoice : TP006227

Date : 06/04/2018  
Vehicle Num. : SKG5279M  
Make/Model : BMW 520IA-2012  
Chassis/Eng# : WBAXG12000DX48332/A0460146N20B20  
Accident Date : 10/12/2017  
Claim No. :  
Reference :  
Policy No. :

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	Amount S\$
COST OF REPAIR AS AGREED	17,000.00

SingDollars : Eighteen Thousand One Hundred Ninety Only

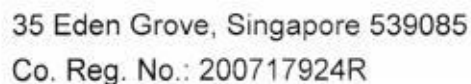
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Total S\$ :	17,000.00
GST S\$ :	1,190.00
Amount Due S\$ :	18,190.00

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COMPLETE VMS PTE LTD





## No: 2033

Vehicle No: SLM6001Y

\$2,550.00

for COMPLETE LEASING PTE LTD

Order checked &amp; accepted by



35 Eden Grove, Singapore 539085  
Co.Reg. No.: 200717924R

# VEHICLE RENTAL AGREEMENT

STA No: 001948

## HIRER'S PARTICULAR

Name : (as in I/C) Choo Juan Phock  
NRIC / Passport No: 81354310 J  
Address: B/K 245, Kim Keat Link  
#03-131, (310245)

## ADDITIONAL DRIVER'S PARTICULARS

Name : (as in I/C) Khoo Guan Hua  
NRIC / Passport No: 87074486 D  
Address: B/K 245, Kim Keat Link  
#03-131, (310245)

## REMARKS

Veh. No: SLM6001 Y Replace Veh. No: \_\_\_\_\_  
Mileage Out: \_\_\_\_\_ Mileage Out: \_\_\_\_\_  
Out : Date 11/12/2017 Out : Date \_\_\_\_\_  
Out : Time 10am Out : Time \_\_\_\_\_

RENTAL CHARGES		
Daily	<u>17</u> @ \$ <u>155</u>	\$ <u>2635.00</u>
Monthly	@ \$	
Delivery Charges @ \$		<u>For</u>
Others @ \$		
SUB TOTAL \$		<u>2635.00</u>

PETROL: Empty, 1/8, 1/4, 3/8, 1/2, 5/8, 3/4, 7/8, Full

## INSURANCE EXCESS PAYABLE ON CLAIM

Hirer is responsible for the first \$ \$2500 - excess  
for Collision / Damages to 1st party (i.e.) COMPLETE LEASING P/L  
vehicle (inc. windscreen) and also first \$ \$2000 - excess  
for Collision / Damages to 3rd party's vehicle for each and every  
accident / damages.

Hirer'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 license(s) is/are current and not disqualified from driving.

## IMPORTANT

- ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORIZED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- VEHICLE IS STRICTLY FOR USE IN SINGAPORE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT FROM THE COMPANY COMPLETE LEASING PTE LTD
- IN THE EVEN OF AN ACCIDENT, THE HIRER OF AUTHORIZED DRIVER;
  - shall report all accidents involving the said vehicle to the owner immediately,
  - shall NOT admit liability or sign any settlement documents with any 3rd parties
- THIS AGREEMENT IS SUBJECT TO THE CONDITIONS PRINTED ON THE REVERSE SIDE

DATE IN	TIME IN	CHECKED BY	SIGNATURE OF HIRER / DRIVER
<u>11/12/2017</u>	<u>4.45pm</u>	<u>[Signature]</u> *	



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 11 Dec 2017 / 11:44:11

Receipt Date/Time : 11 Dec 2017 / 11:44:11

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-171211-000746

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SKG6749S

As at 10 Dec 2017/00:00:01

Insurance Co. EQ INSURANCE COMPANY LTD

1 Insurance Enquiry - SKG6749S

Enquiry Fee

20171211114318469928

5.00 0.35 5.35

Sub-Total 5.00 0.35 5.35

Total Before Rounding 5.00 0.35 5.35

Rounding Difference 0.00

Total Amount Payable 5.35

Paid By

xxxxxxxxxxxx5909	Credit Card:	5.35
	Visa/MasterCard	

Total 5.35

Cash Change 0.00

Tendered Amount 5.35

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.