



Our Reference: SLP3085J/7013129
Your Reference: SGU5036X

By Email / Mail

05 April 2018

MSIG INSURANCE (SINGAPORE) PTE LTD
Attn: Third Party Claim Department -

ACCIDENT INVOLVING SLP3085J & SGU5036X ON 22 Jan 2018.

Dear Officer,

We wish to inform you that the repairs to our client vehicle have been completed.

We hereby submit the claims as follows:

Details	Remarks	Amount (SGD)
Cost of Repairs		4,654.50
Loss Of Rental	128.40 x 5 days	642.00
Others		
TOTAL		5,296.50

Kindly let us have your offer to Christine.yow@wearnes.com

Your soonest reply is much appreciated. Thank you.



Yours faithfully
Christine Yow
D (65) 6430 4899
Wearnes Automotive Pte Ltd
Bodyshop and Paint Division
249 Alexandra Road
Singapore 159935

This is a computer generated printout, no signature is required.

PAYMENT BREAKDOWN

701 309.

Insured Vehicle No.	: SLP3085J	Model:	XC60
TP Vehicle No.	: SGU5036X	M816	
Date of Accident	: 22nd Jan 2018		

Global Sum Settlement : **YES** **NO**
Liability : **100%** (Agreed / Assessed)

Repair Estimate	: \$6,687.50		
Final Repair Cost	: \$4,654.50 ✓		
Loss of Use	:	days at	per day
Rental (If Any)	: \$642.00 ✓	5 days at	128.40 (Inclusive of GST) per day
Others	:		
	:		
	:		
Final Settlement Sum	: \$5,296.50		

Remarks :

Payment Instruction: Payee's Breakdown		
1) Wearnes Automotive Pte Ltd	:	\$5,296.50
2)	:	
3)	:	
4)	:	

SERVICE TAX INVOICE

0 - M00002	SL: MSIG INSURANCE (SINGAPORE) PTE LTD	GST Reg.No:M28920628X
MSIG INSURANCE (SINGAPORE) PTE LTD		
16 RAFFLES QUAY #24-01	Inv.No. . : B&P 7013129	Page 1
HONG LEONG BUILDING	Inv.date. : 28/03/2018	
SINGAPORE 048581	WIP No. . : 49907	
	Veh.In/Out: 12/03/2018 19/03/2018	
	*Tel.No. . : 62209644	
	Reg.No. . : SLP3085J	
Closed by : Michelle Ong Siew Be	Reg.date .: 06/08/2010	
Svc Consultant : ACC	Mileage ..: 104,458	
Remarks : Mr Victor Leong	Chassis No: YV1DZ445BB2144567	

Parts/Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPAIR REAR LH FENDER	0	2400.00	0		2,400.00	S
800	TO PUTTY SPRAY PAINT ON REAR	0	700.00	0		700.00	S
LH FENDER							
802	TO REMOVE & INSTALL INTERIOR	0	800.00	0		800.00	S
PARTS							
280	TO CHECK WIRING INCLUDE	0	450.00	0		450.00	S
RESETTING OF ALL ELECTRICAL							
MODULES							

			Gross Total.	4,350.00
Labour	Total	4,350.00	Net.....	4,350.00
Parts	Total	0.00	GST @ 7.0%	304.50
Package	Total	0.00	Total.....	4,654.50
			Paid.....	0.00
			Please Pay..	4,654.50

GST: S=StdRated; O=OutOfScope; Z=ZeroRated
 Enquiries must be lodged within 14 days from the invoice date
 This is a computer generated invoice. No signature is required.

**Wearnes Automotive Pte. Ltd.**

Co Reg No. 199501400R / GST Reg No. M28920628X
28 Leng Kee Road, Singapore 159105
Telephone: +65 6876 5063
www.wearnesleasing.com

MSIG INSURANCE (SINGAPORE) PTE. LTD
4 SHENTON WAY #21-01
SGX CENTRE 2
Singapore 068807

Tax Invoice

Inv No. : R1800591
Inv Date : 29 Mar 2018
Ref :
Terms : 90 Days

Rental Information

Agreement No. : RA18/00260
Billing Period : 12/03/2018 09:30 - 17/03/2018 09:30
Driver Name : Victor Leong

Car Information

Registration No. : SKQ3360X
Make : VOLVO
Model : S80 T5 2.0 A/T ABS
D/AIRBAG 2WD

#	Description	Qty	UOM	Unit Price	Amt
1	Being Rental Payment for the Period Stated Above	5.00	Days	120.00	600.00

Remarks:

SLP3085J_MSIG_Michelle

Payment method:

Interbank Giro: deduction will take place between 9th to 13th of the month.
Credit Card payments: deduction will take place between 5th to 10th of the month.

Cheque payments: all cheques should be crossed and made payable to "Wearnes Automotive Pte Ltd".

Bank Transfers:

Oversea-Chinese Banking Corporation Limited
Bank Code: 7339
Branch Code: 501
Bank Account Name: Wearnes Automotive Pte Ltd
Bank Account: 296727-001
SWIFT CODE: OCB CSGSG

Subtotal : S\$ 600.00
GST 7.0% : S\$ 42.00
Total : S\$ 642.00

Please note that late payment interest will be imposed at a rate of 2% per month commencing from the date the payment is due, compounded daily, plus an administrative fee of \$50 each time.

This is a computer generated document. No signature is required.

AUTHORIZATION TO ACT

I, Chua Xiao Wei Tammy ("the third party Claimant")
of 1B Cantonment Rd #38-55 W9 085501 (address),
owner of SLP 3085J (vehicle no.)
hereby authorize Wearnes Automotive Pte Ltd ("The workshop")
to act for me with respect to my claim for repair costs and / or rental and / or loss of use
("claim") for my Vehicle No. SLP 3085J that was damaged
pursuant to the accident which occurred on 22 Jan 2018 (date) along
Cantonment Close (Infront of Cantonment Pr Sch) (location)
involving Vehicle No/s SG15036X ("The accident").

I further authorize the workshop to sign the discharge voucher on my behalf to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver / owner / insurers of the other vehicle/s is concerned.

Date this 22 day of Jan (month) 20 18 (year)



Signed by "the third party claimant"



Signed by "the workshop"

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 ability.
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	22/01/2018 13:05
Date Of Accident	22/01/2018 07:40
Exact Location Of Accident	CANTONMENT CLOSE (INFRONT OF CANTONMENT PR SCHOOL)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP3085J
Insured/Policyholder	
Name Of Registered Owner	CHUA XIAO WEI TAMMY
NRIC No	S8008996A
Email Address	COMANCH3@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90619822
Alternative Phone No	OFFICE-90619822

Vehicle Particulars

Manufacturer	VOLVO
Model	XC60-2.0 T5 (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	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPC17A00591000
Cover Note Number	

Driver

Name of Driver	LEONG YEN POK VICTOR
NRIC No	S7119218J
Date Of Birth	03/06/1971
Occupation	INDOOR
Date Of Driving Pass	18/03/2003
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 1B CANTONMENT RD #38-55 (085501)
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured SPOUSE
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance?
 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: : WIFE
 GENDER: : FEMALE

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 PLANS

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGU5036X
 Vehicle Make/Model/Colour MIT LANCER
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

Describe Circumstances of the Accident

On 22/01/18 at around 7:40 am, I drove to Cantonment close (Cantonment Primary School) to send my children to school. I parked my car (head-in) at the drop off point outside the school. After sending my children to school while getting into my car, I noticed a lady sitting inside her car on the right side of my car still using her phone hogging the place for drop off. I proceed to reverse my car to the left and then turn right forward to get out of the drop off point. When I was right behind the lady's car (9GU 5036X), the cars in front of mine stopped so I had to stop. The lady in the white car (9GU 5036X) did not notice that my car was behind and she reversed straight into my car. Her right rear bumper hit my left rear fender above the wheel and dented my car.

Declaration

We declare the foregoing particulars are true in every respect.

Anna Xiao Wei Tammy
S8008996A

Policyholder's Signature / Date & Time

 22/01/18
1:25 pm

Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel
B. K. Ng
020094911

Sketch Plan Pg. 2

SKETCH PLAN

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 willful 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 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.
- 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.

Chua Xiao Wei Tammy
8808996A

[Signature] 22/01/18
1:25 pm



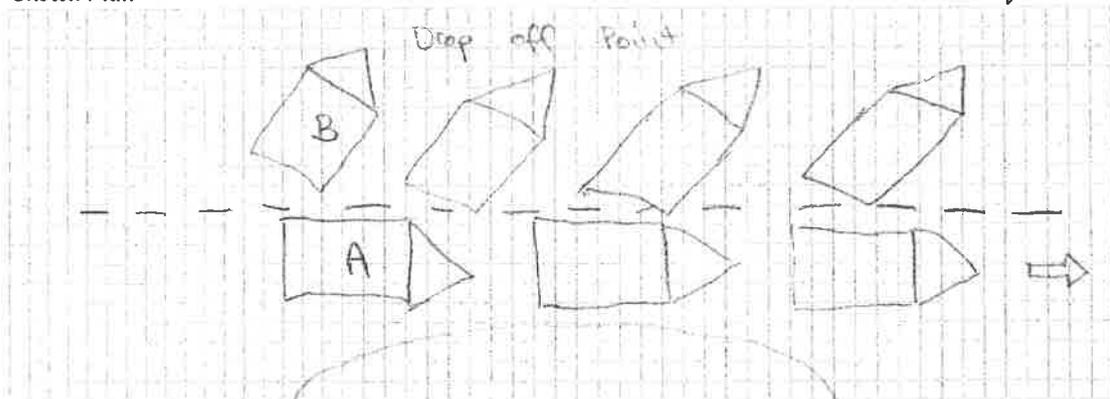
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

020084911
B.K.Ng

Sketch Plan



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7119218J**
 Name:
LEONG YEN POK VICTOR

Exp. Date: **03 Jun 1971**
 Issue Date: **18 Mar 2003**

000314412K



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7110218J**



Name
LEONG YEN POK VICTOR

梁元博

Race
CHINESE

Date of Birth: **03-06-1971** Sex: **M**

Country of Birth
SINGAPORE

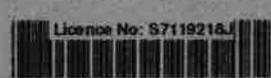



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Mar 2003

NP 428A

Licence No: S7119218J



1816234



NRIC No: **S7119218J**



Blood Group: **B+** Date of issue: **25-01-1994**

1E CANTONMENT ROAD #38-55
SINGAPORE 085501

NRIC No: **S71102191** Date: **01/08/2010** No: **6491801**

Michelle Ong Siew Bee

From: Veron Chen (LKKAuto) <veronchen@lkkauto.com>
Sent: Friday, March 23, 2018 10:16 AM
To: Michelle Ong Siew Bee; Rasul (LKKAuto)
Cc: SUR
Subject: RE: FINAL BILL for SLP3085J

Dear Michelle,

Confirmed finalize amount \$4350 before GST

No of days: 5 days

Final invoice and all supporting documents sent over to MSIG

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

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

From: Michelle Ong Siew Bee [mailto:michelle.ong@wearnes.com]
Sent: Thursday, 22 March 2018 8:52 PM
To: Rasul (LKKAuto) <Rasul@lkkauto.com>
Cc: SUR <sur@lkkauto.com>
Subject: FINAL BILL for SLP3085J

Dear Rasul,

Please refer to Final Bill as attached.

Best regards,

Michelle Ong
Service Consultant
Bodyshop & Paint



Wearnes Automotive Pte. Ltd.
249 Alexandra Road Singapore 159103
M (65) 9129 4556 F (65) 6264 7137
www.wearnes.com michelle.ong@wearnes.com

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Please do not copy it or use it for any purpose, or disclose its contents or any attachment to any other person. Thank you.*

From: Catherine Thia [mailto:catherine_thia@sg.msig-asia.com]
Sent: Monday, 5 February, 2018 4:09 PM
To: Richmond Ho
Subject: RE: Direct Settlement For SLP3085J & SGU5036X

Dear Richmond

- Without Prejudice -

Liability is clear, pending insured concurrence on damages and quantum

We can proceed to do direct settlement.

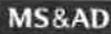
Thanks

Best Regards

Catherine Thia
Senior Executive, Claims Services (Motor)
Direct line +65 6594 2545 | Direct fax +65 6225 7402 | catherine_thia@sg.msig-asia.com



MSIG Insurance (Singapore) Pte. Ltd. 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | Tel +65 6220 9644 | Fax +65 6225 6371 | Co. Reg. No. 200412212G | www.msig.com.sg | Follow us on    

A member of  INSURANCE GROUP

From: Richmond Ho [mailto:richmond.ho@wearnes.com]
Sent: Monday, 5 February, 2018 9:29 AM
To: Catherine Thia <catherine_thia@sg.msig-asia.com>
Subject: FW: Direct Settlement For SLP3085J & SGU5036X

Hi Catherine,

Can we settle direct for this case

Richmond Ho
Senior Service Consultant
Body & Paint – Insurance Claim



Wearnes Automotive Pte Ltd
249 Alexandra Road Singapore 159935
D (65) 6430 4890 M (65) 9176 8543
www.wearnesauto.com richmond.ho@wearnes.com

This email, including any attachment, is confidential and may also be privileged.

SERVICE ESTIMATE

95032 - C00001
 Mr Victor Leong
 1e Cantonment Rd,
 #38-55

SL: SERVICE SALES - PC

Singapore 085501

Closed by : Richmond Ho
 Svc Consultant :
 Remarks : Mr Victor Leong

GST Reg.No:M28920628X
 Inv.No. . . : B&P 0 Page 1
 Inv.date. . : 24/01/2018
 WIP No. . . : 41810 49907
 Veh.In/Out: 24/01/2018
 *Tel.No. . . : Mobile: 90619822
 Reg.No. . . : SLP3085J
 Reg.date . . : 06/08/2010
 Mileage ... : 0
 Chassis No: YV1DZ445BB2144567

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPAIR REAR LH FENDER,ETC	0	3200.00	0		3,200.00 S 2400	
800	TO PUTTY SPRAY PAINT ON REAR LH FENDER,ETC	0	1000.00	0		1,000.00 S 700	
802	TO REMOVE & INSTALL INTERIOR P	0	1600.00	0		1,600.00 S 800	
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	450.00	0		450.00 S	

Rasul
Hp 90010068
5 days
13/03/18 @ 0930

LKK Auto Consultants hence the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice"
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
 Signature: _____
 Date: _____

Labour Total	6,250.00
Parts Total	0.00
Package Total	0.00

Gross Total.	6,250.00
Net.....	6,250.00
GST @ 7.0%	437.50
Total.....	6,687.50
Paid.....	0.00
Please Pay..	6,687.50

GST: S=StdRated; O=OutOfScope; Z=ZeroRated