

ASSIGNMENT

17/5/18

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJN 9394L
LOW JIA JUN

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A.:

14/5/2018

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

181878VP05020612
218VP0507444
Subaru Impreza
Kohun Ave 3 & 2

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability: % Final ? Yes / No

SLB1433A



INSRS:

WSP:

Tel:

Liability:

RMKS:

BH Ato.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

14/6

NL

SLB1433A
SJN 9394L
181878VP05020612 : D.O.A. 14/5/18

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA :

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

21/05/18

BULK LIABILITY UNCOVERED

23/05/18

TP WITHDRAWN CLAIM.
BULK LPC TO CHECKED CLERK.
TO CHECKED CLERK.

23-05-18 TO CANCEL FILE, NO SURVEY DONE.

4

PRELIMINARY ADVICE		Date/Time:	Sent By:	Post-Repair Photos:		
FINALIZATION		Date/Time:	Confirm with:	Others:		
Repair Cost:	S\$	(days)	Reduction:	%	Email	Call
FINAL SETTLEMENT		Date/Time:	Confirm with:	Email	Call	
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:		If NO or B 28, Ass. Lia:		
Repair Cost:	S\$					
Loss of Rental (LOR):	S\$	(days)				
Loss of Use (LOU):	S\$	(\$ x days)				
Loss of Income (LOI):	S\$	(\$ x days)				
LOR only	<input type="checkbox"/>	LOU only	<input type="checkbox"/>	LOR + LOU	<input type="checkbox"/>	LOR + LOI
GIA/LTA Search	S\$					
Medical:	S\$					
Disbursement:	S\$	(e.g. Tow/ Independent)				
Legal Cost	S\$					
Total:	S\$	Global Sum S\$:				
FINAL PAYMENT		Date/Time:	Confirm with:	Email	Call	
Payee 1:	S\$	Name 1:				
Payee 2: (Strike if N.A.)	S\$	Name 2:				
Payee 3: (Strike if N.A.)	S\$	Name 3:				

CANCELED
NO REPORT TP WITHDRAWN1) Claim status: Normal/Reject/Private Settle
2) Report Format:
3) Survey fee:

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	15/05/2018 16:53
Date Of Accident	14/05/2018 21:00
Exact Location Of Accident	ALONG YISHUN AVE 2 RIGHT TURN TWDS NGEE SOON CC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB1433A
Insured/Policyholder	
Name Of Registered Owner	LIM CHYE KIM
NRIC No	S1416193G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81399729
Alternative Phone No	OFFICE-81399729

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X HYBRID CVT ABS D/AIRBAG 2WD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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

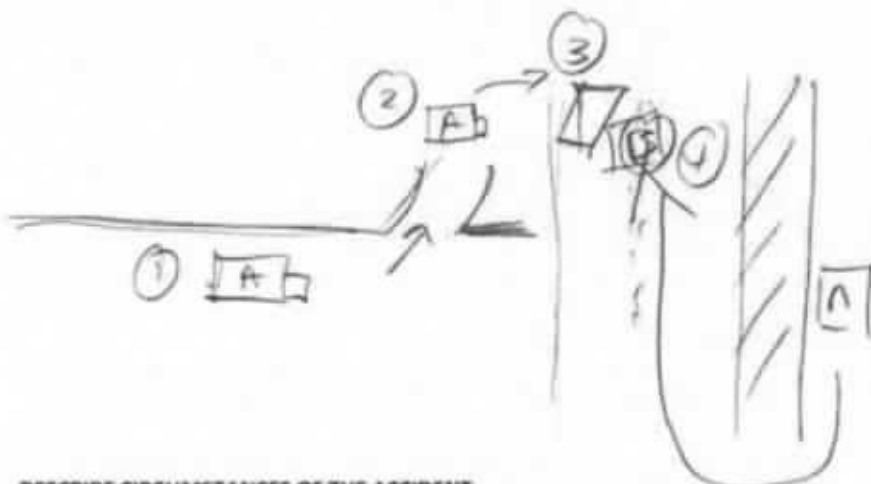
Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPC18A00071802
Cover Note Number	

Driver

Name of Driver	CHIA XIAN JUN
NRIC No	S8405455J
Date Of Birth	28/02/1984
Occupation	INDOOR
Date Of Driving Pass	13/11/2003
Driving Experience	14 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96545439
Fax Number	
Contact Number	OFFICE-96545439
Email Address	NOEMAIL

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- TRAVELLING ALONG YISHUN AVE 2
- MADE A LEFT TURN TOWARDS YISHUN AVE 3 (NTEE COOP CC)
- ~~MANOUEVED TO DONOT~~
- MADE A RIGHT EXIT (DIDNT SAW ANY INCOMING VEHICLES)
- SUDDENLY HEAR A VERY LOUD ACCELERATED ENGINE WHICH KNOCKED TO MY CAR (DREW FRONT-SIDE CAR)

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: _____

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

Common Statement

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident: 14 MAY 2018
Time: 9 pm

Location of Accident: ALONG XISHUN RD (NEE RIGHT TURN TOWARDS HYES BOON CC)

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SLB 1433A
Name of Policyholder: Lim Chee Kim
NRIC/ Fin Passport/ ROC (if Policyholder is company): B1416193G
Address:
Contact Number: 8139 9727
Occupation:

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model:
Type of Vehicle:
Exact Purpose for which vehicle was being used at the time of accident:
Are you claiming under your own insurance policy?

Vehicle category:

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company:
Type of Policy:
Fleet Policy:
Policy Number:

☒ Motor ☐ MPV ☐ Car ☐ Van ☐ Lorry ☐ Bus ☐ Motorcycle ☐ Others

Private use only.

☒ Yes ☐ No ☐ Remarks: TP
☒ Private ☐ Commercial ☐ Motorcycle

☒ Comprehensive ☐ TP Fire & Theft ☐ Third party
☐ Yes ☒ No

MPC15A00071502.

DRIVER

Name of Driver: CHA XIN JUN.
NRIC/ Fin/ Passport: S8405455J.
Date of Birth: 28/02/1984.
Occupation: INDOOR.
Driving Pass Date: 13/11/2003.
Gender: Male
Contact Number: 9654 5439.
Address:
Email Address:
Was driver an employee of the Insured's Company?
If No, relationship of Driver with the Insured:
Vehicle Number of Driver's Own Vehicle (if applicable):
Insurance of Driver's Own Vehicle (if applicable):
GENERAL INFORMATION OF THE ACCIDENT
Type of Collision (if applicable):
Weather Conditions:
Road Surface:
Damage Area:

☒ Male ☐ Female
Tel: 9654 5439.

☐ Yes ☒ No

☐ Clear ☐ Rainy ☐ Others
☐ Wet ☐ Dry ☐ Others

OTHER INFORMATION

Was there any foreign vehicle(s) involved?
Was anybody injured in the accident? (including witness)
Was any other vehicle(s) or property damaged?
Was there any camera video footage (in car)?

☒ No ☐ Yes
☒ No ☐ Yes
☒ No ☐ Yes
☒ No ☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?
If Yes, please state which police station & Report No.
Was notice of intended Prosecution given?
If Yes, against whom?

☒ No ☐ Yes
☒ No ☐ Yes

JUN@PYTHEAS-TRAVEL

Driving License



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8405455J



CHIA XIANJUN
(XIE XIANJUN)

謝 益 峻

12

DINERS

Journal of Management Inquiry

2001-03-27 17:58:41

© 2007 The Authors
Journal compilation © 2007 Blackwell Publishing Ltd

REFERENCES

1998年12月15日



☎ 88403475



27-03-2016

APT 614 E FOR PHYON LONDON 2
10-192
SINGAPORE DISBURS

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	15/05/2018 17:01
Date Of Accident	14/05/2018 21:00
Exact Location Of Accident	ALONG YISHUN AVE 3 & YISHUN AVE 2 JUNC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN9394L
Insured/Policyholder	
Name Of Registered Owner	LOW JIA JUN
NRIC No	S8920361I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98225023
Alternative Phone No	OTHERS-98225023

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	LONPAC INSURANCE BHD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	Z18VP05017444
Cover Note Number	

Driver

Name of Driver	LOW JIA JUN
NRIC No	S8920361I
Date Of Birth	23/06/1989
Occupation	INDOOR
Date Of Driving Pass	05/12/2015
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98225023
Fax Number	
Contact Number	OTHERS-98225023
Email Address	NOEMAIL

Accident Sketch Plan


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 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.


Policyholder's Signature
Date & Time:


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

 13/05/18
Reporting Centre Personnel's Signature
Name:
NRIC/TIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Status of Driving Licence

QUALIFIED DRIVING LICENCE

Qualified Driving Licence No. :	S89203611
Status of Qualified Driving Licence :	Valid
Class of Qualified Driving Licence :	3
Expiry Date :	Valid for life unless revoked, suspended or disqualified.

PROVISIONAL DRIVING LICENCE

Provisional Driving Licence No. :	S89203611
Status of Provisional Driving Licence :	Expired (Click here for explanation)
Class of Provisional Driving Licence :	2B,3
Expiry Date :	12/02/2016

The above information is accurate as at 17/05/2018 12:01 AM.

Vic (LKKAUTO)

From: BHAS - Jacelyn Loh <jacelyn.loh@bhauto.com.sg>
Sent: Wednesday, 23 May, 2018 1:01 PM
To: Hsiao Tong (LKKAUTO); Vic (LKKAUTO); Bevan Lim (LKK Auto); Admin A; Admin-D (LKKAUTO)
Cc: BHAS - Janice Koh; BHAS - Anthony Lau; BHAS - Moo Wen Zheng
Subject: RE: Our Ref: 181818VP05020612 RE: pre repair inspection (OUR VEHICLE - SLB1433A / YOUR VEHICLE - SJN9394L) *** LKK REF: CC4/LPC18008965/ha3

To: the officer in charge

Dear sir, mdm,

Please take note our client mention withdrawn this third party claim.

Thank You & Best Regards,

Jacelyn Loh

 **BH AUTO SERVICES PTE LTD**

Address: Blk 1, Sector C, Sin Ming Industrial Estate

#01-111/113/115/117 Singapore: 575636

(T) +65-6559 8944 / 8940 (F) +65-6515 3144 / +65-6269 2404

Email: jacelyn.loh@bhauto.com.sg

Website: <http://www.bhauto.com.sg>

From: Hsiao Tong (LKKAUTO) [mailto:chewht@lkkauto.com]
Sent: Thursday, 17 May 2018 2:52 PM
To: BHAS - Jacelyn Loh <jacelyn.loh@bhauto.com.sg>
Cc: BHAS - Janice Koh <janice.koh@bhauto.com.sg>; BHAS - Anthony Lau <anthony.lau@bhauto.com.sg>; BHAS - Moo Wen Zheng <wenzheng.moo@bhauto.com.sg>; Vic (LKKAUTO) <vicalpeh@lkkauto.com>; Bevan Lim (LKK Auto) <bevanlim@lkkauto.com>; Admin A <admin-a@lkkauto.com>
Subject: RE: Our Ref: 181818VP05020612 RE: pre repair inspection (OUR VEHICLE - SLB1433A / YOUR VEHICLE - SJN9394L) *** LKK REF: CC4/LPC18008965/ha3

Without Prejudice

Hi,

We refer to the above matter.

Please be informed that liability is unclear. Based on both parties report, your client was coming out from slip road and our insured was travelling on main road. Under motor accident guide, vehicle approaching main road should exercise greater caution.

(on behalf on Vic)

Vic (LKKAUTO)

From: Vic (LKKAUTO)
Sent: Wednesday, 23 May, 2018 1:45 PM
To: ONG LI LI
Cc: Admin A; Vic (LKKAUTO); Bevan Lim (LKK Auto); MT_Claim_SG
Subject: RE: Our Ref: 181818VP05020612 RE: pre repair inspection (OUR VEHICLE - SLB1433A / YOUR VEHICLE - SJN9394L) LKK REF CC4/LPC18008965/ha3
Attachments: RE: Our Ref: 181818VP05020612 RE: pre repair inspection (OUR VEHICLE - SLB1433A / YOUR VEHICLE - SJN9394L) *** LKK REF: CC4/LPC18008965/ha3

Dear Li Li,

We refer to the above matter.

Please be informed that TP repairer had informed us that the owner had withdrawn the TP claim (see attached email).

Since no survey was done to TP vehicle, we will proceed to cancel this matter.

Thank you.

Best Regards,

Vic Alpeh | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2096 | email: vicalpeh@lkkauto.com | fax: 6741-4108

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



Save the Earth. Print only when necessary.

This e-mail contain confidential and privileged material, and are for the sole use of the intended recipient. Use or distribution by an unintended recipient is prohibited, and may be a violation of law. If you believe that you received this e-mail in error, please do not read this e-mail or any attached items. Please delete the e-mail and all attachments, including any copies thereof, and inform the sender that you have deleted the e-mail, all attachments and any copies thereof. Thank you.

From: ONG LI LI [<mailto:long@lonpac.com>]

Sent: Thursday, 17 May, 2018 12:18 PM

To: Admin-D (LKKAUTO) <admin-d@lkkauto.com>; assignments <assignments@lkkauto.com>

Cc: MT_Claim_SG <mt_claim@lonpac.com>; Admin A <admin-a@lkkauto.com>

Subject: RE: Our Ref: 181818VP05020612 RE: pre repair inspection (OUR VEHICLE - SLB1433A / YOUR VEHICLE - SJN9394L)

Dear Nivitha

Please see attached for the GIA report of Insured & TP.

We look forward to receiving your report soon.

Regards,

Ong Li Li

Senior Claims Executive | Lonpac Insurance Bhd

300 Beach Road #17-04/07 The Concourse Singapore 199555
Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706

From: Nivitha (LKK Auto) [<mailto:admin-d@lkkauto.com>]
Sent: Wednesday, 16 May, 2018 12:58 PM
To: ONG LI LI; assignments@lkkauto.com
Cc: MT_Claim_SG; admin-a@lkkauto.com
Subject: RE: Our Ref: 181818VP05020612 RE: pre repair inspection (OUR VEHICLE - SLB1433A / YOUR VEHICLE - SJN9394L)

Dear Sir/Mdm,

Thank you for the assignment.

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

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: ONG LI LI [<mailto:llong@lonpac.com>]
Sent: Wednesday, 16 May 2018 12:46 PM
To: BHAS - Jacelyn Loh <jacelyn.loh@bhauto.com.sg>; assignments@lkkauto.com; 'SUR' (sur@lkkauto.com) <sur@lkkauto.com>
Cc: BHAS - Janice Koh <janice.koh@bhauto.com.sg>; BHAS - Anthony Lau <anthony.lau@bhauto.com.sg>; BHAS - Moo Wen Zheng <wenzheng.moo@bhauto.com.sg>; MT_Claim_SG <mt_claim@lonpac.com>
Subject: Our Ref: 181818VP05020612 RE: pre repair inspection (OUR VEHICLE - SLB1433A / YOUR VEHICLE - SJN9394L)

Without Prejudice

Dear Jacelyn

Please liaise with LKK Auto Consultants Pte Ltd for the survey.

In future, please send survey request to mt_claim@lonpac.com.

Dear Catherine

Fya - New case

Thank you.

Regards,

Ong Li Li

Senior Claims Executive | Lonpac Insurance Bhd

300 Beach Road #17-04/07 The Concourse Singapore 199555

Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706

From: BHAS - Jacelyn Loh [<mailto:jacelyn.loh@bhauto.com.sg>]
Sent: Wednesday, 16 May, 2018 9:47 AM
To: ONG LI LI; ONG LI LI
Cc: BHAS - Janice Koh; BHAS - Anthony Lau; BHAS - Moo Wen Zheng
Subject: RE: pre repair inspection (OUR VEHICLE - SLB1433A / YOUR VEHICLE - SJN9394L)

RESEND

To: the officer in charge

Dear sir, mdm,

I would like to arrange surveyor on of the above mentioned accident vehicle.

Ps- vehicle currently not in our workshop.

Appreciate awaiting for your favourable reply asap. Please kindly assist.

Greatly appreciate it. Thank you and have a nice day

Thank You & Best Regards,

Jacelyn Loh

BH AUTO SERVICES PTE LTD

Address: Blk 1, Sector C, Sin Ming Industrial Estate

#01-111/113/115/117 Singaopre:575636

(T) +65-6559 8944 /8940 (F) +65-6515 3144 / +65-6269 2404

Email: jacelyn.loh@bhauto.com.sg

Website: <http://www.bhauto.com.sg>

From: BHAS - Jacelyn Loh

Sent: Tuesday, 15 May 2018 6:07 PM

To: 'llong@lonpac.com' <llong@lonpac.com>; 'ONG LI LI' <llong@lonpac.com>

Cc: BHAS - Janice Koh <janice.koh@bhauto.com.sg>; BHAS - Anthony Lau <anthony.lau@bhauto.com.sg>; BHAS - Moo Wen Zheng <wenzheng.moo@bhauto.com.sg>

Subject: pre repair inspection (OUR VEHICLE - SLB1433A / YOUR VEHICLE - SJN9394L)

To: the officer in charge

Dear sir, mdm,

I would like to arrange surveyor on of the above mentioned accident vehicle.

Ps- vehicle currently not in our workshop.

Appreciate awaiting for your favourable reply asap. Please kindly assist.

Greatly appreciate it. Thank you and have a nice day

Thank You & Best Regards,

Jacelyn Loh

BH AUTO SERVICES PTE LTD

Address: Blk 1, Sector C, Sin Ming Industrial Estate

#01-111/113/115/117 Singaopre:575636

(T) +65-6559 8944 /8940 (F) +65-6515 3144 / +65-6269 2404

Email: jacelyn.loh@bhauto.com.sg

Website: <http://www.bhauto.com.sg>