# Joy Irene (LKKAuto)

From:

GERALD POH WEE BIN <geraldpoh@lonpac.com>

Sent:

Friday, 8 February 2019 2:24 PM

To:

Joy Irene (LKKAuto)

Cc:

MT\_Claim\_SG

Subject:

RE: 17/18/18/VP05/020672 ( SGT 8602Y) ON 13.06.18 / TP SLM 8928K

Dear Irene,

Kindly proceed as proposed.

Best Regards Gerald Poh

Senior Claims Executive | Lonpac Insurance Bhd

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

Tel: (65) 6250 7388 Ext.255 | Fax: (65) 6296 2706



From: Joy Irene (LKKAuto) [mailto:JoyIrene@lkkauto.com]

Sent: Thursday, 7 February, 2019 5:31 PM

To: GERALD POH WEE BIN

Cc: MT\_Claim\_SG; Admin A; CS A Team

Subject: Ref: 17/18/18/VP05/020672 ( SGT 8602Y) ON 13.06.18 / TP SLM 8928K

Ref: 17/18/18/VP05/020672

Dear Gerald,

This is 5 vehicle chain collision scenario where our insured vehicle was second in line. BOLA 28.

Summary to offer to repairer M/s AUTO INSURE PTE LTD is as follows:

	TP CLAIMED	OUR REVISED TO OFFER
Cost of Repairs	\$ 8,056.72 (estimate)	\$ 1,625.54 (with GST)
Loss of Rental	\$ 720.00 (\$120 x 6 days)	\$ 355.00 (\$71 x 5 days)
Loss of Income	\$ 1,200.00 (\$200 x 6 days)	\$ 250.00 (\$50 x 5 days)
Other Incidentals	\$ 200.00	\$ 0.00
GIA/LTA Search Fee	\$ 31.00	\$ 31.00
TOTAL	\$ 10,207.72	\$ 2,261.54

PRI + PUBLIC HOLIDAY (JUN15) + WEEKEND.

Relevant supporting claim documents attached for your perusal and reference.

For your approval.

Thank you.

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

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## Auto Insure Pte. Ltd.

6 Marsiling Lane Singapore (739145) E: claims@autoinsure.com.sg W: www.autoinsure.com.sg T. 3157 2626 F: 6368 0081 GST No.; 201437380M

Our Ref:

SLM8928K

WITHOUT PREJUDICE

Your Ref:

SGT8602Y

Accident Date:

13-Jun-18

25-Sep-18

## ATTENTION: MOTOR CLAIMS DEPT

Email: mt\_claim@lonpac.com

Lonpac Insurance BHD 300 Beach Road, #17-04/07 The Concourse, Singapore 199555

### CLAIMANT: LCRF PTE LTD

## ACCIDENT INVOLVING SLM8928K & SGT8602Y ALONG PIE TWDS TUAS BEFORE KPE EXIT ON 13/06/2018.

We are instructed by LCRF PTE LTD to claim damages against your insured in connection with a road accident ON involving our client's motor registration number and motor vehicle registration number driven by you or your authorised driver at the material time.

We are instructed that your negligent driving and/or management of your vehicle caused the accident. As a result of the accident, our client's vehicle was damaged and our client was put to loss and expense, particulars of which are as follows;

	TOTAL:	\$ 3,776.54
6) Loss of Income	(6 days x \$200)	\$ 1,200.00
5) Towing		\$
4) Other incidentals		\$ 200.00
3) LTA/GIA Search Fees		\$ 31.00
2) Loss of Rental (Includes	loss of PRS and loss of Sun & PHs ) (6 days x \$120)	\$ 720.00
1) Cost of Repair (with GST	) after surveyor final esti.	\$ 1,625.54

A copy of each of the following supporting documents is enclosed:

- 1) GIA report of our Insured
- 2) Repairer's Invoice
- 3) Letter of Authorization
- 4) LTA/GIA Search Receipt
- 5) Hiring Agreement

Please note that if you are insured and wish to claim under your insurance policy, you should immediately pass this letter to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence claims against you without further notice to you or your insurer.

Please note that if you have a counterclaim against our client arising out of accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

For any further enquiry, kindly contact us via email to claims01@autoinsure.com.sg or call Sam at 3157.2628 directly.

Yours Faithfully,

Jasen Heng Auto Insure Pte Ltd Claims Director

# LETTER OF AUTHORISATION

RE: ACCIDENT ON	13/06/2018 10:00	INVOLVING VEHICLE NOS:
SLM8928K	& SGT8602Y	ALONG PIE TWDS TUAS BEFORE
KPE EXIT		

- I. I/We hereby irrevocably authorise you to demand claims settle receive whatever amount settled/payable by the insurance and/or third party or to commence proceeding, if necessary, in my name for the costs of repair and loss of use, etc and to you appointing any Workshop to act for me in respect of the accident claims and all an any amount claimed, received and/or settled shall belong absolutely to you. I/We agree to assign the whole proceeds of my/our third-party claims to you and my/our Workshops (to be appointed by you on my/our behalf) shall accept this as my/our irrevocable authorisation to pay the amount compensated direct to you after deduction of their costs on a Workshop & Client basis. I/We undertake to co-operate fully with you and my/our Workshops to see the claims to as successful conclusion.
- I/We also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary
  papers in connection with the above claims in my/our absence. I/We irrevocable authorise you to
  appoint such a firm of workshop on my/our behalf as you shall deem fit for the purpose of the third
  party/own insurer's claim.
- 3. I/We undertake to inform you and/or the Workshops appointed by you on my behalf in the event the third party's insurance company communicate with me/us directly, orally and in writing and I/We further undertake not to accept any monies or offer of settlement from the third party's insurers without first communicating with you and obtaining your consent.
- 4. My vehicle is repaired by the repairer on my own will without any inducement, threat or promise.
- Upon settlement of the third-party claims and in ease the settlement monies were sent to me/us by the
  third party's insurers, I/We undertake to pay you and my/our Workshops the cost of repairs settled and
  related expenses and disbursement incurred.

Witness Signature/Name

Owner's Signature

(Company's Stamp If applicable)

My execution of this Discharge Voucher is only for my claim for property damage and not prejudicial to any other claims arising from the same accident.

\*Kindly note that w.e.f 21st Mar 2017, we will relocated to: 6 Marsiling Lane \$739145 tel: (65) 3157 2626 Please mail all future correspondence to stated address.\*



# LONPAC INSURANCE BHD

CLAIM NO : 17/18/18/VP05/020672 DATE : 14 FEBRUARY 2019

# DISCHARGE VOUCHER

I/We, LCRF PTE LTD confirmed acceptance from M/s LONPAC INSURANCE BHD and/or the owner of SGT 8602Y the sum of Singapore Dollars Two Thousand Fifty Six and Cents Fifty Four Only (\$2,056.54) in full and final satisfaction, liquidation and discharge of property claim competent to me/us upon the said M/s LONPAC INSURANCE BHD in respect of property claim sustained by me/us whether now or hereafter to become manifest, arising either directly or indirectly from an accident to my/our vehicle, SLM 8928K on 13 JUNE 2018 along PIE

I /We hereby agree to indemnify and keep indemnify (KENNETH KONG JUN WEN/LONPAC INSURANCE BHD) against all claims and any claims whatsoever made by any person/persons on our behalf in respect of the said accident.

I/We further authorize you to pay the above settlement sum directly to M/S AUTO INSURE PTE, LTD.

I/We hereby acknowledge that this payment is made on a without admission of liability basis and without prejudice to all related claims and in respect of our insured's recovery action.

Signature of vehicle owner/Date

LCRF PTE LTD

Name of vehicle owner/Date



Auto Insure Pte. Ltd.
6 Marsiling Lane
Singapore (739145)
E: disims@autoinsure.com.sg
W: www.autoinsure.com.sg
T: 3157 2626 F: 6368 0081
GST No.: 201437380M

TAX INVOICE

Invoice No.: AI-3288-2191 Date: 24/09/2018

Terms: 30 DAYS Ref: C2961

BILLING DETAILS

NAME LION CITY RENTALS PTE LTD

VEH REG. NO. SLM8928K

ADDRESS

ATTENTION TO LONPAC INSURANCE BHD

TEL

EMAIL

5/N	DATE	CODE	DESCRIPTION	PRICE w/o GST	GST AMT	AMOUNT (5)
700	10-1-10		Lump Sum Repair Cost: To supply and replace parts, labour	\$1,519.20	106.34	\$1,625.54
1	13-Jun-18		charges for repair, panel beating, welding and respary painting.		The section of	110000000000000000000000000000000000000

Autilisure

Cheque Payment should be crossed and issued in favour of AUTO INSURE PTE. LTD. No Receipt will be issued. Thank you for your patronage. SUBTOTAL \$1,519.20

ADD GST 7.00 % 5 106.34

TOTAL AMOUNT (\$) \$ 1,625.54

This is a computerized document. No signature is required.



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm GST Registration No: M400017735

# Third Party Insurer Enquiry

Our Ref No:

GR-18-090542

Date of Request:

13/06/2018

Your Ref No:

Online Purchase

Auto Insure Pte Ltd 6 Marsiling Lane Singapore 739145

Dear Sir/Madam,

**Enquiry Date** 

13/06/2018

Enquiry By

Ngiaw Jie Ling

TP Vehicle No.

SGT8602Y

Accident Date

13/06/2018

**Enquiry Result** 

mindan, income			
TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SGT8602Y	Lonpac Insurance Bhd	30/11/2017-20/12/2018	+65 62507388

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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6/13/2018 Invoice



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

## TAX INVOICE

Our Ref No:

GR-18-090542

Date of Request:

13/06/2018

Your Ref No:

Online Purchase

Auto Insure Pte Ltd 6 Marsiling Lane Singapore 739145

Dear Sir/Madam,

**Enquiry Date** 

13/06/2018

Enquiry By

Ngiaw Jie Ling

TP Vehicle No.

SGT8602Y

Accident Date

13/06/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[X] GIRO [] Cash [] Cheque



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Operating Hours: Monday to Friday 9am to 5pm GST Registration No: M400017735 Phone: +65 6224 0010 Fax: +65 6224 0030 6 Raffles Quay #18-00, Singapore 048580

# SEARCH RESULTS

Date of Request: Our Ref No:

GR-18-091211

Your Ref No:

Online Purchase

Auto Insure Pte Ltd Singapore 739145 6 Marsiling Lane

14/06/2018

Dear Sir/Madam,

Your Search Criteria:

Place of Accident: Date of Accident:

ALONG PIE TWDS TUAS BEFORE KPE 13/06/2018

SLM8928K

Client Vehicle No:

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria

ACCIDENT DATE 13/06/2018 09:40 ACCIDENT LOCATION PIE TWDS LORNIE REQ. VEHICLE SGT8602Y

Thank You.

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# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm GST Registration No: M400017735

# TAX INVOICE

Date of Request: Our Ref No:

Auto Insure Pte Ltd

Singapore 739145

6 Marsiling Lane

14/06/2018

GR-18-091211

Your Ref No:

Online Purchase

Dear Sir/Madam,

Your Search Criteria: Date of Accident:

Place of Accident: Client Vehicle No:

ALONG PIE TWDS TUAS BEFORE KPE 13/06/2018

SLM8928K

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	
GST Amount	
Total Amount Due (GST Inclusive)	

15.00

14.02 0.98

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

[X] GIRO [] Cash [] Cheque

Invoice



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm 6 Raffles Quay #18-00, Singapore 048580 GST Registration No. M400017735

# TAX INVOICE

GR-18-091213 Date of Request: Our Ref No:

14/06/2018

Your Ref No:

Online Purchase

Auto Insure Pte Ltd 6 Marsiling Lane

Dear Sir/Madam,

Singapore 739145

Date of Accident. Vehicle No:

13/06/2018

ALONG PIE TWDS TUAS BEFORE KPE EXIT SLM8928K

Involving Vehicle No:

Place of Accident

SGT8602Y

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	αTY	AMOUNT (S\$)
SGT8602Y	ALONG PIE TWDS TUAS BEFORE KPE EXIT	14.0	101	13.
GST Amount				0
Total Amount Due (GST Inclusive)	sive)			14.

92 92

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Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[X] GIRO [] Cash [] Cheque

### **SCHEDULE 1A**

1. Rental Plan

6 Month Rates

2. Deposit

Please refer to your deposit invoice

- Rental Fee & Charges
  - (a) The Rental Fee per week is S\$ 497
  - (b) Weekly Payment Fee: All weekly rental payments are due the following Wednesday at 17:00hrs and if the Wednesday falls on a Public Holiday, then the due date will be the next working day at 17:00hrs.
  - (c) Late Payment Fee: All outstanding payments after the above mentioned day will be subject to a late payment fee of <u>\$\$60</u>.
  - (d) Cleaning Fee: \$\$300. Not limited to Cigarette odour.
  - (e) Vehicle Damage Fee: In cases where the Vehicle has been involved in an accident requiring repairs to the Vehicle, the Hirer will be responsible for the actual cost of repair to the Vehicle up to a maximum of S\$2,200 per accident.

## 4. Insurance Excess

In the event of an accident resulting in a claim made against or reported to LCR's insurers for damage to third party property (including other vehicles), the Hirer will be liable for any insurance excess\* ("Insurance Excess") payable as a result.

The Insurance Excess is payable in addition to any other amounts that may be applicable under this Agreement.

<sup>\*</sup> S\$2,140 or such other amount as notified to the Hirer by LCR from time to time

### SCHEDULE 1

NG ZHONG WEI	587	18587G	
(Hirer's Name)	(1)	IRIC/ Passport No.)	(Nationa
125 PENDING RD #08-30 SI	NGAPORE 670125		
(Address)			
(Mailing address, if diffe	erent from above)		
(Email address)	erent from above)		
	erent from above)	16/06/87	
	(Mobile No.)	16/06/87 (Date of Birth d	id/mm/yy)
(Email address)	(Mabile Na.)		- 335

## 2. Vehicle Description

Make & Model	Colour	Registration No.
KIA K3	GREY	SLM8928K

# 3. Commencement Date and Minimum Rental Period

The	Minimum	Rental	Period	is	for	26 Weeks	and commences on
30/01	/18	the (t		date	of oc	ellection of the Vel	hicle from LCR by the

For the avoidance of doubt, the Minimum Rental Period is exclusive of any period where the Vehicle is being repaired due to an accident and the Hirer is not offered a Replacement Vehicle by LCR during such period. For example, if a Hirer has completed 2 weeks of the Minimum Rental Period, and the Vehicle is sent for repair for 2 weeks due to an accident, then only 2 weeks of the Minimum Rental Period has been fulfilled. As a result, the Hirer must still fulfill an additional 2 weeks to complete the Minimum Rental Period.