

Our Reference: **SKS9728U/7014388**
Your Reference: **SH6418Y**

By Email / Mail

21 September 2018

MS FIRST CAPITAL INSURANCE LIMITED C/O LKK AUTO CONSULTANTS
Attn: Third Party Claim Department -

ACCIDENT INVOLVING SKS9728U & SH6418Y ON 16 Jul 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		17,714.57
Loss Of Rental	139.10 x 9 days	1,251.90
Others		
TOTAL		18,966.47

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)

Vehicle No	:	SKS 9728V	(Insd veh)	Model	:	RR SPORT
	:	SH 6418Y	(TP veh)			
Date of Accident	:	16/07/18				

Global Sum Settlement	:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Liability	:	100 %	(Agreed/Assessed)

Repair Estimate	:	\$ 32,031.50	
Final Repair Cost	:	\$ 1774.57	
Loss of Use	:	\$	days at \$ per day
Rental (if any)	:	\$ 1251.90	09 days at \$ 139.10 (incl of GST) per day
Others	:	\$	
	:	\$	
	:	\$	
	:	\$	
Final Settlement Sum	:	\$ 18966.47	

Remarks: _____

Payment Instruction: Payee's Breakdown			
1)	NFARN'S AUTOMOTIVE PIK LTD	:	\$ 18966.47
2)		:	\$
3)		:	\$
4)		:	\$

SERVICE TAX INVOICE

0 - F00003 SL: FIRST CAPITAL INSURANCE LTD
 FIRST CAPITAL INSURANCE LTD GST Reg.No:M28920628X
 36 ROBINSON ROAD Inv.No. . : B&P 7014388 Page 1
 #16-01, CITY HOUSE Inv.date. : 07/09/2018
 SINGAPORE WIP No. . : 16908
 Singapore 068877 Veh.In/Out: 02/08/2018 17/08/2018
 *Tel.No. . :
 Reg.No. . : SKS9728U
 Closed by : Paul Ong Qing Yong Reg.date .: 18/05/2015
 Svc Consultant : ACC Mileage ..: 33,451
 Remarks : Mr Sam Lee Chassis No: SALWA2VE1FA525216

Parts/Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BUMPER, BOOTLID, REAR TOW COVER, ETC	0	2400.00	0		2,400.00	S
800	TO PUTTY SPRAYPAINT ON REAR BUMPER, BOOTLID, ETC	0	2000.00	0		2,000.00	S
802	TO REPLACE REAR WINDSCREEN	0	1200.00	0		1,200.00	S
0080	TO INSTALL REAR WINDSCREEN FIL	0	280.00	0		280.00	S
802	TO REMOVE & REFIT BOOTLID PART	0	500.00	0		500.00	S
280	TO CHECK WIRING INCLUDE RESETTNG OF ALL ELECTRICAL MODULES	0	486.00	0		486.00	S
LR063195	BUMPER COVER REAR RR	1.0 EA	1910.20	10		1,719.18	S
LR071406	TAILGATE - LESS HING	1.0 EA	4913.00	10		4,421.70	S
LR044113	WINDSCREEN REAR RRS3	1.0 EA	2193.60	10		1,974.24	S
LR078295	ADHESIVE AND SEALER	2.0 EA	116.10	10		208.98	S
001161824	*D* PRIMER GLASS & P	1.0 EA	37.40	10		33.66	S
LR045014	BADGE 'RANGE' REAR R	1.0 EA	211.30	10		190.17	S
LR045015	BADGE 'ROVER' REAR R	1.0 EA	183.20	10		164.88	S

SERVICE TAX INVOICE

0 - F00003 SL: FIRST CAPITAL INSURANCE LTD
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 Svc Consultant : ACC Mileage : 33,451
 Remarks : Mr Sam Lee Chassis No: SALWA2VE1FA525216

Parts/Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
LR062123	LLR053808/BADGE OVAL	1.0	EA	91.20	10		82.08	S
LR096082	NAME PLATE - PLASTIC	1.0	EA	181.60	10		163.44	S
LR076848	ADHESIVE SEALER FL2	1.0	EA	425.40	10		382.86	S
VPLWB0140	TOW BAR COVER DEPLOY	1.0	EA	387.20	10		348.48	S

				Gross Total.	16,555.67
Labour Total	6,866.00	Net.....	16,555.67		
Parts Total	9,689.67	GST @ 7.0%	1,158.90		
Package Total	0.00	Total.....	17,714.57		
				Paid.....	0.00
				Please Pay..	17,714.57

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.

AUTHORIZATION TO ACT

I, LEE SAM ("the third party Claimant")
of 41 PASIR PANJANG HILL (address),
owner of SKS 9728U (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. SKS 9728U that was damaged
pursuant to the accident which occurred on 16/07/18 (date) along
PASIR PANJANG ROAD (location)
involving Vehicle No/s SH 6418Y ("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 17 day of 08 (month) 20 18 (year)


Signed by "the third party claimant"


Signed by "the workshop"

Tax Invoice

FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD
#16-01, CITY HOUSE
Singapore 068877

Inv No. : R1801583
Inv Date : 17 Aug 2018
Ref :
Terms : 90 Days

Rental Information

Agreement No. : RA18/00958
Billing Period : 02/08/2018 09:50 - 11/08/2018 09:50
Driver Name : Sam Lee

Car Information

Registration No. : SMC4184G
Make : VOLVO
Model : XC60 T5

#	Description	Qty	UOM	Unit Price	Amt
1	Being Rental Payment for the Period Stated Above	9.00	Days	130.00	1,170.00

Remarks:

SKS9728U_First Capital_Paul

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: OCBCSGSG

Subtotal : S\$ 1,170.00
GST 7.0% : S\$ 81.90
Total : S\$ 1,251.90

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.

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	17/07/2018 08:13
Date Of Accident	16/07/2018 14:00
Exact Location Of Accident	ALONG PASIR PANJANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS9728U
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Insured/Policyholder

Name Of Registered Owner	LEE SAM
NRIC No	S7755976J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87192515
Alternative Phone No	OFFICE-87192515

Vehicle Particulars

Manufacturer	LAND ROVER
Model	RANGE ROVER SPORT-3.0 (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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100415582-03
Cover Note Number	

Driver

Name of Driver	YONG PEI SHAN
NRIC No	S8139945Z
Date Of Birth	15/12/1981
Occupation	INDOOR
Date Of Driving Pass	26/05/2006
Driving Experience	12 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-87192515
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	41 PASIR PANJANG HILL #05-077
Postcode	118862
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 - HEAD TO REAR
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: THEA LEE
	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 ATTACHED

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	SH6418Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filling.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident	Date: 16/07/18 Time: 1400
Exact Location of Accident	ALONG PASIR PANJANG ROAD

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS 9728U
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INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	LEE SAM
Personal Identification - NRIC (Singaporean/PR)	S77559763
- FIN/Passport Number	
- Not Applicable	

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer _____ Model RR SPORT
Type of Vehicle*	<input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others, _____
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?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If No, Pls select: <input type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *	ALG
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	2100415582-03
Motor CI	

DRIVER

	<input type="radio"/> Same as Insured above
Name of Driver	YONG PRAISHAN
Personal Identification - NRIC (Singaporean/PR)	S81399452
- FIN/Passport Number	
Date of Birth	15 dd/ 12 mm/ 81 /yy
Driving Date Pass	26 dd/ 05 mm/ 06 /yy
Year of Driving Experience	Year(s) _____ Month(s) _____
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	8719 2515

Address of Driver		Postcode ()	
Email Address			
Was driver an employee of the Insured's Company?		<input type="radio"/> Yes	<input checked="" type="radio"/> No
If No, Relationship of the Driver with the Insured		SPOUSE	
Vehicle Registration Number of Driver's Own		<input type="radio"/> Yes	<input type="radio"/> No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)			
Insurance Company of Driver's Own Vehicle (if applicable)			
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)		HEAD-REAR	
Weather Conditions		<input checked="" type="radio"/> Clear	<input type="radio"/> Raining <input type="radio"/> Others, _____
Road Surface		<input checked="" type="radio"/> Dry	<input type="radio"/> Wet <input type="radio"/> Others, _____
OTHER INFORMATION			
Was any foreign vehicle involved in this accident?		<input type="radio"/> Yes	<input checked="" type="radio"/> No
Was any body injured in the accident?		<input type="radio"/> Yes	<input checked="" type="radio"/> No
Was any other vehicle or property damaged?		<input checked="" type="radio"/> Yes	<input type="radio"/> No
Was there any video captured by Car Camera?		<input type="radio"/> Yes	<input checked="" type="radio"/> No
Number of Passengers (Including Driver)		02 THALEE (F)	
DETAILS OF POLICE ACTION			
Was the Accident reported to the Police?		<input type="radio"/> Yes	<input type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name			
Police Station Address			
Police Station Contact		Tel No.	Fax No.
Was notice of intended Prosecution given?		<input checked="" type="radio"/> Yes	<input type="radio"/> No (If Yes, against whom?)
DETAILS OF OTHER VEHICLE / PROPERTY 1			
Vehicle Registration Number		SH 6418 Y	
Vehicle Make/ Model/ Colour			
Details of Properties			
Name of Driver			
Personal Identification - NRIC (Singaporean/PR)			
- FIN/Passport Number			
Contact Number			
Address			
Name of Insurance Company			
Nature of Damage			
No. of Passenger (Including Driver)			
(Note - Please use page 6 if you need to add more vehicles)			

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: 16/7/18

3:05pm

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

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was
* Driving along Pasir Panjang Road towards Pasir Panjang Hill
after picking up my daughter from school.
The lorry in front of ~~mine~~ my car stopped due to a temporary
traffic light (road works) so I stopped my vehicle as well.
The taxi behind rear-ended my vehicle as he did not stop.

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: 10/7/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

3:07 pm



CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (LAND ROVER) PRIVATE VEHICLE

Name of Policyholder	: LEE SAM	Vehicle No.	: SKS9728U
Period of Insurance	: 18 May 2018 To 17 May 2019	Policy No.	: 2100415582-03
Engine No.	: 15030202590306PS	Endorsement No.	:
Chassis No.	: SALWA2VE1FA525216	Issued Date	: 27 Apr 2018

ABOUT THE COVER

Make/Model	: LANDROVER RANGE ROVER SPORT 3.0 S/C DYNAMIC HSE/AUTOBIOGRAPHY				
Engine Capacity/Tonnage	: 2,995.00 CC	Sum Insured	: Market Value	First Year of Registration	: 2015
Driver Restriction	: NA	Off Peak Car	: No	Insuring with COE/PAFF	: Yes

Person or Classes of Persons Entitled to Drive* :

- a) The Policyholder
b) Any other person who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

Only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 2000cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
Fire - \$0 Own Damage - \$1100 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

LEE SAM - \$1100 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1 Wearnes Automotive Pte Ltd Add: 45 Leng Kee Road Singapore 159103 63789333

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503486621

WEARNES AUTOMOTIVE - DVL(J)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSCNFY

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8139945Z



Name

YONG PEISHAN

杨佩珊

Race

CHINESE

Date of birth

15-12-1981

Sex

F

Country of birth

SINGAPORE

S8139945Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8139945Z

Name:

YONG PEISHAN
(YANG PEISHAN)

Birth Date: 15 Dec 1981

Issue Date: 26 May 2006



001421594G

5086096



NRIC No. S8139945Z



Date of Issue

21-07-2012

41 PASIR PANJANG HILL #05-07
SINGAPORE 118862

NRIC No: S8139945Z

Date: 30/05/2015

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

PASS DATE

Class 3A Motor cars without clutch pedals (Auto) \leq 3000kg
with \leq 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals \leq 2500kg

26 May 2006



Licence No: S8139945Z

NP 428A

Paul Ong Qing Yong

From: Claim Workflow System <cwsmotorclaims@msfirstcapital.com.sg>
Sent: Wednesday, 18 July, 2018 2:07 PM
To: Paul Ong Qing Yong
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG;
EILEENLEE@MSFIRSTCAPITAL.COM.SG
Subject: SURVEYOR APPOINTED; OUR REF : D18005475MFSH ; YOUR REF: SKS9728U

Dear Sir/Madam

PRI Request For **SKS9728U** Accident Involving **SH6418Y** On 16-07-2018 AT 14:00:00HRS.

Please find below details for your reference

- **Claim number** : D18005475MFSH
- **Insured vehicle number** : SH6418Y
- **Accident date** : 16-07-2018
- **Third-party vehicle number** : SKS9728U
- **Assignment type** : DIRECT SETTLEMENT
- **Surveyor** : LKK AUTO CONSULTANTS PTE LTD
- **Officer-in-Charge** : EILEEN LEE

PS: This is a system generated mail. Please do not reply to this mail.

Regards,
Admin Team
Claim Workflow System
Motor Claims Department
MS First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849