Asher Sng (LKKAuto)

From:

GERALD POH WEE BIN <geraldpoh@lonpac.com>

Sent:

Wednesday, 3 July 2019 2:23 PM

To:

Asher Sng (LKKAuto)

Cc:

MT Claim SG

Subject:

RE: [MANDATE REQUEST] Your Ref: 18/18/18/VP05/020803, Accident involving SKZ

3530A and SJS 598Z on 01/08/2018 [External Confidential]

Follow Up Flag:

Follow up

Flag Status:

Completed

Lonpac External - Confidential

Dear Asher,

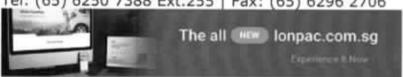
Kindly proceed as proposed.

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



Lonpac External - Confidential data is for use by authorised external parties only.

From: Asher Sng (LKKAuto) [mailto:AsherSng@lkkauto.com]

Sent: Tuesday, 2 July, 2019 9:15 AM To: GERALD POH WEE BIN: ONG LI LI

Cc: MT_Claim_SG

Subject: [MANDATE REQUEST] Your Ref: 18/18/18/VP05/020803, Accident involving SKZ 3530A and SJS 598Z on

01/08/2018

Dear Sirs.

We refer to the above matter

We have highlighted to your good office on 10/08/2018 of Third-Party's request to do Direct Settlement with our Principal, Lonpac Insurance Bhd.

The accident occurred when our insured rear ended third party vehicle.

Basing on the reports of the circumstance of the accident, we propose to settle third-party claim at 100% liability.

Summary to offer to repairer AUTOWORX HOUSE is as follows: -

| | Claimed Amount | Revised Amount |
|---|----------------|---------------------------|
| Cost of Repair | \$ 5,494.67 | \$ 2,400.00 |
| 2. Loss of Rental w/GST (6days x \$115) | \$ 738.30 | \$ 642.00 (6days x \$100) |
| 3. LTA/GIA Search Fee | \$ 2.00 | \$ 2.00 |
| Total | \$ 6,234.97 | \$ 3,044.00 |

^{**4} days recommendation for repair.

Relevant supporting claim documents are attached herewith for your perusal and reference.

The above is for your approval please.

Thank You.

Best Regards.

Asher Sng | Case Handler

LKK Auto Consultants Pte Ltd

phone: 6841-6051 | email: <u>ashersng@likkauto.com</u> | fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

MATO PASSAGE

1.65

AUTOWORX HOUSE

176 Sin Ming Drive, #02-01 Sin Ming Autocare Singapore 575721

Direct Settlement THIRD PARTY CLAIM

Your ref:

Our ref: SKZ3530A

LONPAC INSURANCE BHD

Attn: Officer In Charge (Motor Claim Department)

15/02/2019

Dear Sir.

RE: ACCIDENT INVOLVING SKZ3530A AND SJS598Z AT KING GEORGE'S AVENUE ON 01/08/2018.

We have been authorized by EKZM, the registered owner of vehicle number SKZ3530A, which was involved in the above accident and at the material time to make a 3rd party claims against vehicle number SJS598Z.

The accident was clearly caused by your insured's negligence. We, therefore seeking compensation from you for our client financial losses as itemized below:

| Repair cost | SS | 2,400.00 |
|---|-----|----------|
| Rental Fee (6 days x \$115.00 + 7% GST) | S\$ | 738.30 |
| Search Fee | SS | 2.00 |
| Total | S\$ | 3,140.30 |

We have enclosed copies of relevant documents to support our claims.

Please settle this matter within 7 days.

Your prompt settlement of our claim would be much appreciated.

Do contact us at 64528211 for any clarification.

Thank you,

Yours faithfully.

Autoworx House

To: Autoworx House SINGAPORE

Date this 01 day of ANGWIT

Letter of Authorisation

| AL | : ACCIDENT ONG/AT | 149 0 | VING V | tz31 | 309 | 5/0 | RIVE | JYZ. | | | |
|------------|---|---|---|---|--|--|---|--|---|--|----------------------|
| ON | DHORIS | dy. | EKZM | | | | | | | | |
| 1. | I/We, owner/driver | of | motor | vehicle | no. | _\$ | (NRI | C No. | <u>53</u> | 33244 residing | D |
| | respectively repairing my repair and los said service company for Summons on claim is succ assistance as | our veh ss of use of a so payment my/our essful or | icle, I/we fur licitor to of the san behalf and not, all le | thereby a ther confi proceed ne and in d in my/o gal costs | irm and with r the eve ur name incurre | e you to author negotiate ont negotiate e/s to co d shall | to claim of rise you to ion with stiation fail laim for the | the defaults, to instrume same. In | behalf in r name, ting part act the s respect | for the cost s to engage rty's insur- olicitor to in ive whether | anc ssu th |
| 2. | I/We underst reasonable as Court to give request from costs, other in payment from | and that ssistance evidence you, you | by signing to you in the to enable u shall be a costs and | g this Le cluding s e the clair entitled | etter of signing m to su to clair | Authorall rele | If I/we fa me/us the | rt's docum iled or neg repair cos | ent and lected to sts toge | attendance o do so des ther with le | e in spita ega |
| l | party and/or h authorised to settlement as full authority insurance com | is insure sign any full and to to collec | rs on such Discharge final disch t all compo any other | terms as Voucher arge of m ensation r | you de or any y/our c nonies | em fit. docum laim, or pertaini | Upon sett ent to con my/our b ing to the | lement of n firm my acceptable. You above-ment | ny/our o ceptance a also ha | claim, you a e of the ave my/our | ire |
| | In the event the deducing all co your discretion | osts and | disbursem | ents incu | rred sho | tained a | gainst the drawn in | defaulting your name | party, por my/o | payment aft our name/s (| er (at |
| | This letter of A | Authorise | ation is irre | evocable. | | | | | | ¥0 | |
| gna | ture: | EKZM | ÷ . | V V | | | | | | | |
| ame RIC | | 33149 | D. | | | | | | | | |

20 18



LONPAC INSURANCE BHD

CLAIM NO

: 18/18/18/VP05/020803

DATE

: 18 JULY 2019

DISCHARGE VOUCHER

I/We, EKZM confirmed acceptance from M/s LONPAC INSURANCE BHD and/or the owner SJS 598Z the sum of Singapore Dollars THREE THOUSAND AND FORTY FOUR ONLY. (\$3,044.00) in full and final satisfaction, liquidation and discharge of all property losses competent to me/us upon the said M/s LONPAC INSURANCE BHD in respect of all property losses sustained by me/us whether now or hereafter to become manifest, arising either directly or indirectly from an accident involving, SKZ 3530A on 01/08/2018 along/at KING GEORGE'S AVENUE.

I /We hereby agree to indemnify and keep indemnify (TAY ZHI YONG /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 AUTOWORX HOUSE

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

15/8/17

Name of vehicle owner/Date

THIS VOUCHER IS SIGNED WITHOUT PREJUDICE TO ANY INJURY CLAIMS ARISED FROM THIS SAID ACCIDENT. PAYMENT TO BE MADE FOR THIS VOUCHER SHALL BE DEEM AS

AGREED TO MY/OUR TERMS.

AUTOWORX HOUSE

C/O.176 SIN MING DRIVE #02-01 SINGAPORE 575721 TEL: 64528211 FAX: 64517423 Registration No. 5296929B

INVOICE

5353

LONPAC INSURANCE BHD

15/2/2019

| QUANTITY | PARTICULARS | AMOUNT (\$) |
|----------|--|----------------|
| | RE: SKZ 3530 A / TOYOTA ALTIS | |
| | Lump sum repair for the above mentioned vehicle. | 2,400.00 |
| | | Total 2,400.00 |
| | | |
| | | |
| | | |



友 立 旅 遊 服 務 私 人 有 限 公 司 UNIQUE TOURIST SERVICE (PTE) LTD

Mr Koh ZhenMing Edwin 24 Mimosa Place Singapore 805549

20, Sin Ming Lane, #08-51, Midview City Singapore 573968

Hochor Centre Singapore 180001
Tel: 6292 7656 Fax: (65) 6293 9720
E-mail: uniqtour@singnet.com.sg
STB LIC TA/00076

1, Rochor Road, #02-574,

Co. Reg. No.: 197401067R GSTReg. No.: M2-0019671-6

TAX INVOICE

NO. WP2017448

Tel: 6292 7656 08.08.2018

Singapore,

| DATE | PARTICULARS | e | \$ | cts |
|------|---|-------------------|-------------------------------------|-----|
| | Rental of one unit Toyota Vios 1.5 Auto Registration no. SLC 4902 M self driven as from 02.08.2018 at 1500 hrs to 07.08.2018 at 1820 hrs. | | | |
| | 6 days at \$115.00 per day Add GST at 7% Amount Due | \$_ \$_ \$_ | 690.00 690.00 48.30 738.30 | |
| | (SIN DOLLARS: SEVEN HUNDRED THIRTY EIGHT AND THIRTY CE | NTS ONLY) |) | |
| | Standard Rated Supplies:\$ Total Amount of GST:\$ | 690.00 48.30 | | |

AUTHORISED SIGNATURE



UNIQUE TOURIST SERVICE (PTE) LTD.

20, Sin Ming Lane, #08-51, Midview City, Singapore 573968 TEL: 6292 7656 EMAIL: uniqtour@singnet.com.sg

> COMPANY REG NO: 197401067R GST REG NO: M2-0019671-6

CAR RENTAL AGREEMENT RA No. 21622

VEHICLE NO.

A DA NAM MAKE/MODEL - TOVA TA

| | 16 4409 | (-) | 1010 VIUS | | |
|---|---|---|--|---------------|---------|
| 34 | | TING EDWIN | DATE OUT 030818 | TIME OUT /50 | 00 |
| ADDRESS | MIMDSA P | SINGAPORE 805549 | DATEIN 0708/8 | | O HRS |
| OFFICE TEL NAMED DRIVER | HESTEL ZHAN | MING EDWIN | PETROL IN E 1/4 RENTAL RATES | 1/2 3/4 \$ | 0 |
| PASSPORT/NRIC S 9 | 88886 | NATIONALITY S PORTON | MONTHLY 3 5 | | |
| | 2 DOKT 888 | DATE PASSIEN 160011 | COW, FEE | 690 | 00 |
| ADDITIONAL NAMED DRIVER | | | PETROL CONSUMPTION DELIVERY CHARGE COLLECTION CHARGE | | |
| ADORESS | | SINGAPORE | SUB-TOTAL | 110 | 30 |
| OCCUPATION | RES TEL | NATIONALITY | RENTAL DEPOSIT | 73 | 3.8 |
| PASSPORT / NRIC | | DATE OF BIRTH | TOTAL | 738 | 30 |
| PLACE OF ISSUE BY INITIATING MARK: "X" HIRES | AGREE TO PAY THE FOLLOW | DATE PASSIEXPIRY | ревосит | REFUND | |
| A COLLISION DAMAGE WAIVER B. SUBCHARGE OF \$ | | PER DAY / WEEK / MONTH "X" | PAYMENT BY: BILL OO LOREDIT | CARD CASH | 1 |
| . THE HIRER IS RESPONSIBLE | FOR ANY DAMAGES UP TO COST OF RECOVERY OF VE | THE EXTENT OF TOTAL LOSS OF PRICE IF THE CAR IS DRIVEN INTO | OF UNIQUE TOURIST SERVICE (F | TE) LTD | |
| COMPULSORY EXCESS, DOLL | AR B | S00+ | DECLA | RATION | LIOTO P |

NOTE

HIRER IS LIABLE FOR ALL PARKING & TRAFFIC VIOLATIONS.

YOUR ATTENTION IS DRAWN TO TERMS & CONDITIONS

PRINTED OVERLEAS.

FOR SINGAPORE DRIVE ONLY

DATE:

SIGNATURE OF HIRER

HEREBY DECLARE THAT NO MOTOR ACCIDENT HAD OCCURED DURING MY HIRE OF YOUR MOTOR VEHICLE AS STATED IN THE ABOVE MENTIONED SCHEDULE * OR TO ANY SUBSTITUTED VEHICLE AS STATED IN THE MEMORANDUM DATED.

REPLACEMENT VEHICLE NO:

| 1 | ON | TIME | |
|----|----|------|--|
| 2 | ON | TIME | |
| 3. | ON | TIME | |

DATE:

SIGNATURE OF HIRER



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-18-118605

Date of Request:

02/08/2018

Your Ref No:

Online Purchase

Supreme Auto Service Pte Ltd 176 Sin Ming Drive #02-01 Sin Ming Autocare Singapore 575721

Dear Sir/Madam,

Enquiry Date

02/08/2018

Enquiry By

Bee Galk Har

TP Vehicle No.

SJS598Z

Accident Date

01/08/2018

Enquiry Possilt

| TP Vehicle No. | Insurer | Period of Insurance | Insurer Tel. No. |
|----------------|----------------------|-----------------------|------------------|
| SJS598Z | Lonpac Insurance Bhd | 07/08/2018-06/06/2019 | +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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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-18-118605

Date of Request:

02/08/2018

Your Ref No:

Online Purchase

Supreme Auto Service Pte Ltd 176 Sin Ming Drive #02-01 Sin Ming Autocare Singapore 575721

Dear Sir/Madam,

Enquiry Date

02/08/2018

Enquiry By

Bee Gaik Har

TP Vehicle No.

SJS598Z

Accident Date

01/08/2018

| 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