

ALIT'DIVERKE ALIT'OMOTIVE

8 KAKI BUKIT AVENUE 4 PREMIER @ KAKI BUKIT #05-01/02 SINGAPORE 415875
TELEPHONE NO.: +65 6282 4292 / +65 9091 0000 / +65 8711 7995

To : LONPAC Insurance BHD

Address:

(Your Insured motor vehicle no: GY 7797 Z)

Dear Sirs

Claimant name: MUHAMMAD NOR ASRI BIN AZMAN

Address: BLK 676C #02-1944 YISHUN RING ROAD PARK GROVE SINGAPORE 763676

(Claimant motor vehicle no: FBF 3126 X)

We are representing the above mention claimant to claim damages against you in connection with an accident on (DOA-05-10-2018) along (Location:MANDAI ROAD TOWARDS YISHUN (NEAR ZOO) involving vehicle registration numbers (FBD 3126 X-GY 7797 Z) driven by your client at the material time of the accident.

Letter of demand

- 1) GIA Search Fees – \$29.00
- 2) Rental / Loss of used – \$150
- 3) Final repair cost – \$3210.00(INCLUDING GST)

In compliance with the protocol, we have engaged your panel of surveyor for the damages claim to the said amount. Do refer to attachment and we hope to have an amicable settlement reply soon.

With Regards,

LETTER OF AUTHORISATION

To : AUTOWERKE AUTOMOTIVE PTE LTD

RE: ACCIDENT INVOLVING VEHICLE NOS. FBF 3126 X & GY 7797 Z

ALONG _____

ON 04/10/2018

I/We MUHAMMAD NOR ASRI BIN AZMAN NRIC / Passport No. : S88099566

of NA

the owner of vehicle no. FBF 3126 X hereby authorise you to commence repair to the said vehicle forthwith. In consideration of you repairing my/our vehicle at my / our request:-

- (1) I/We hereby irrevocably authorise you to demand, claim, settle (in any manner you deem fit), receive whatever amount settled/payable by the insurance and/or third party or to commence legal proceedings, if necessary, in my/our name for the cost of repair and loss of use, etc and to appoint any solicitor to act for me/us in respect of the claim and all or 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 claim to you and my/our Solicitors (to be appointed by you on my/our behalf) shall accept this as my/our irrevocable authorisation to pay the amount compensate direct to you after deduction of their costs on a solicitor and client basis. I/We undertake to co-operate fully with you and my/our solicitors to see the claim to a successful conclusion.
- (2) If the third party claim is unsuccessful or in your discretion inappropriate for any reason, I/We hereby instruct and authorise you to claim direct from my/our insurance company on my/our behalf for all monies due to you. I undertake to pay you for the Excess applicable under my policy and to reimburse you all costs, fees and expenses incurred by you in pursuing the claim on my/our behalf.

(3) If the own insurers' claim is not applicable and/or the third party claim fails and/or either of the aforesaid is inadequate, I/we undertake to pay you for your expenses, costs and fees immediately.

(4) I undertake to pay you the cost of repair of my vehicle and all costs, fees and expenses incurred by you in pursuing the claim on my/our behalf, in the event the contents of my accident report is untrue or inaccurate or not believed by the court.

I/We also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claim in my/our absence. I/We irrevocable authorise you to appoint such a firm of Solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.


I/We undertake to inform you and /or the Solicitors appointed by you on my behalf in the event the third party's insurance company communicate with me/us directly, orally or 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.

Upon settlement of the third party claim and in case the settlement monies is sent to me/us by the third party's insurers, I/we undertake to pay you and my/our solicitor the cost of repair settled and related expenses, costs and disbursement incurred.

My/Our insurer is/are NTUC Income

Policy No. 5054029814 - 06 Expiry Date : 02/05/2019

Date : _____ Excess : _____



Owner's Signature/Co's Stamp (if applicable)



Witness Signature/Name

Date: _____

Attn: Motor Claims Department

Dear Sir / Madam,

ACCIDENT INVOLVING MOTOR VEHICLES NO. FBF3126X 8 GY7797Z
ALONG MANDAI ROAD (Before Zoo T-junction) ON 04/10/2018

I/We, the registered owner of vehicle registration no. FBF3126X which was
involved in the above accident with vehicle no. GY7797Z, insured by
you hereby authorize that any payment due to me/us from the above said claim be paid to

AUTOWERKE AUTOMOTIVE PTE LTD

I/We hereby indemnify AUTOWERKE AUTOMOTIVE PTE LTD against all claims and/or
damages which may arise from all actions taken for or on my/our behalf.

Yours faithfully



Owner Signature (company stamp if applicable)

Name in Full: _____

NRIC / FIN / UEN No: _____

Address: _____



LONPAC INSURANCE BHD

CLAIM NO : 18/18/18/VC05/020989

DATE : 12/05/2020

DISCHARGE VOUCHER

I/We, **MUHAMMAD NOR ASRI BIN AZMAN** confirmed acceptance from **M/s LONPAC INSURANCE BHD** and/or the owner **GY7797Z** the sum of Singapore Dollars **THREE THOUSAND THREE HUNDRED ONLY. (\$3,300.00)** 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 vehicle, **FBF3126X** on **04 OCTOBER 2018** along/at **MANDAI ROAD TOWARDS YISHUN**.

I /We hereby agree to indemnify and keep indemnify (**KIM TIONG HUAT CONTRACTOR PTE LTD (YAR MUI HONG) /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 **AUTOWERKE AUTOMOTIVE 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.

30/5/2020

Signature of vehicle owner/Date

MUHAMMAD NOR ASRI 30/5/2020

Name of vehicle owner/Date

Signed without prejudice for
any claim for personal injury

AUTOWERKE AUTOMOTIVE PTE. LTD.

8 KAKI BUKIT AVENUE 4 #05-01/02

PREMIER @ KAKI BUKIT SINGAPORE

(415875)

SINGAPORE

Singapore 415875

looi@acumenbizcorp.com.sg

GST Registration No. : 201805776K

AUTOWERKE AUTOMOTIVE

Tax Invoice

INVOICE TO

FBF3126X

INVOICE NO. A315R

DATE 09/06/2019

DUE DATE 08/08/2019

TERMS Net 60

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
09/06/2019	LUMP SUM REPAIR BASIS AS RECOMMENDED & AGREED WITH SURVEYOR		1	3,000.00	3,000.00

SUBTOTAL	3,000.00
GST TOTAL	210.00
TOTAL	3,210.00
BALANCE DUE	S\$3,210.00

GST SUMMARY

RATE	GST	NET
GST @ 7%	210.00	3,000.00



RECORDS MANAGEMENT CENTRE

**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-18-154627

Date of Request: 05/10/2018

Your Ref No: WALK IN JAYEN LEE

AUTOWERKE AUTOMOTIVE PTE LTD
8 KAKI BUKIT AVE 4, #05-01/02, PREMIER BUILDING
SINGAPORE 415875

Dear Sir/Madam,

Your Vehicle No: FBF3126X

Date of Accident: 04/10/2018

Place of Accident: MANDAI RD

Involving Vehicle No: GR5681Z,GY7797Z

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque



**GENERAL
INSURANCE
ASSOCIATION**

RECORDS MANAGEMENT CENTRE

**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-18-154628

Date of Request: 05/10/2018

Your Ref No: WALK IN JAYEN LEE

AUTOWERKE AUTOMOTIVE PTE LTD
8 KAKI BUKIT AVE 4, #05-01/02, PREMIER BUILDING
SINGAPORE 415875

Dear Sir/Madam,

Date of Accident: 04/10/2018

Vehicle No: FBF3126X

Place of Accident: MANDAI ROAD TOWARDS YISHUN (NEAR ZOO)

Involving Vehicle No: GY7797Z

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
GY7797Z	MANDAI ROAD TOWARDS YISHUN (NEAR ZOO)	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☐ GIRO ☒ Cash ☐ Cheque

Khanchna (LKK Auto)

From: GERALD POH WEE BIN <geraldpoh@lonpac.com>
Sent: Friday, March 20, 2020 12:39 PM
To: Khanchna (LKK Auto)
Cc: MT_Claim_SG
Subject: RE: Mandate Request - Accident between FBF 3126X & GY 7797Z (OI: LPC -18/18/18/VC05/020989) on 04/10/2018 [External Confidential]

Lonpac External - Confidential

Dear Khanchna,

Kindly proceed as prosposed.

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: Khanchna (LKK Auto) [mailto:khanchna@lkkauto.com]
Sent: Tuesday, 10 March 2020 4:25 pm
To: MT_Claim_SG <mt_claim@lonpac.com>
Cc: Admin A <admin-a@lkkauto.com>
Subject: Mandate Request - Accident between FBF 3126X & GY 7797Z (OI: LPC -18/18/18/VC05/020989) on 04/10/2018

LPC ref: 18/18/18/VC05/020989
LKK REF: CC4/LPC18018198/Kwa3

Dear Sir/Madam,

We refer to the above matter.

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

Head to rear collision. We opine that BOLA 27 is applicable and liability is down against Insured.

Summary to offer to third party repairer "AUTOWERKE AUTOMOTIVE PTE LTD" as follows: -

	Claimed Amount	Revised Amount
1. Cost of Repair (w/GST)	\$ 17,871.46	\$ 3,210.00
2. Loss of Use (5 days x 30)	\$ 150.00	\$ 100.00 (5 days x \$20)
3. LTA Search Fee	\$ 29.00	\$ 29.00
Total	\$ 18,050.46	<u>\$ 3,339.00</u>

**5 days recommendation for repair

The above is for your approval.

Thank you.

Best Regards,

Khanchna | Case Handler

LKK Auto Consultants Pte Ltd

DID: **6841 2360** | email: Khanchna@lkkauto.com | Fax: 6741-4108

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

Khanchna (LKK Auto)

Subject: FW: Re: Accident involving Vehicle FBF 3126X & GY 7797Z on 04/10/2018- resend
Attachments: 09062020121921.pdf

----- Forwarded Message -----

Subject: Re: Accident involving Vehicle FBF 3126X & GY 7797Z on 04/10/2018- resend

Date: Tue, 9 Jun 2020 12:22:15 +0800

From: Autowerke <claims@autowerke.com.sg>

To: Khanchna (LKK Auto) <khanchna@lkkauto.com>

CC: Admin A <admin-a@lkkauto.com>

Hi,

Attached as per request, Please note that we have move our office, please send the chq to:

18 Howard Road

#08-06

Novelty bizcentre

s369585

Thanks.

Anna