

Our Reference: SCZ9999L/7014940

Your Reference: PC1530A

By Email / Mail

#### **12 December 2018**

# CHINA TAIPING INSURANCE (SINGAPORE) PTE. C/O LKK AUTO CONSULTANTS

Attn: Third Party Claim Department -

#### ACCIDENT INVOLVING SCZ9999L & PC1530A ON 22 Oct 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		9,149.50
Loss Of Use	120.00 x 13 days  (9days-Pending liability clear)	1,560.00
Others		-
TOTAL		10,709.50

Kindly let us have your offer to <a href="mailto:Christine.yow@wearnes.com">Christine.yow@wearnes.com</a>

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)

(TP veh)		
7118		
	7118	

Global Sum Settlement Liability		□ YES	NO	
		100 9	6 (Agreed/As	sessed)
Repair Estimate	:	\$ 13,733.55		
Final Repair Cost	:	1 - 10 3		
Loss of Use	:	\$ 480	O4 days at \$	120 per day
Rental (if any)	:	\$	days at \$	(incls of GST) per day
Others		¢		

+9days x \$120,00

MODITIONAL LOU PERO LIABILITY: \$ 1080

Pay	ment Instruction: Payee's Breakdown		
1)	WEARNES ANDMOTIVE PIELTO	1:	\$ 9149.50
2)	LEE ENG LIN	:	\$ 1560
3)		:	\$
4)		:	\$



### SERVICE TAX INVOICE

0 - C00010 SL: CHINA TAIPING INSURANCE (SINGAPORE)

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD GST Reg.No:M28920628X

3 ANSON ROAD Inv.No. . : B&P 7014940 Page 1

#16-00, SPRINGLEAF TOWER Inv.date.: 03/12/2018

SINGAPORE 079909 WIP No. . : 34219

Veh.In/Out: 29/10/2018 05/11/2018

\*Tel.No. : 63896111 Reg.No. : 3CZ9999L

Closed by ....: Paul Ong Qing Yong Reg.date .: 31/03/2017

Svc Consultant : ACC Mileage ..: 69,066

Remarks .....: Mr Lee Eng Lin Jason Chassis No: SAJAB4ANXHCP06260

Parts/Op.No	Description	Mech Qty	Price Disc%	okg Amount G
	REPLACE FRT LH FENDER,	0	1800.00 0	1,800.00 S
,	FRT LH WING MIRROR, ETC	0	1/00 00 0	1 /00 00 0
	PUTTY SPRAYPAINT ON R, FRT LH DOOR,	Ų	1600.00 0	1,600.00 S
LH WING MIRRO	· ·			
	TRANSFER LH DOOR PART	0	500.00 0	500.00 S
280 TO	CHECK WIRING INCLUDE	0	486.00 0	486.00 S
RESETTING OF	ALL ELECTRICAL			
MODULES				
T4N2637	PANEL FENDER FRT LH	1.0 EA	670.60 10	603.54 S
T4N2633	DOOR PANEL LHF XE	1.0 EA	1492.30 10	1,343.07 \$
T4N16035	FINISHER-VENT	1.0 EA	259.50 10	233.55 \$
T4N3110	SEAL-DOOR	1.0 EA	232.30 10	209.07 S
T2H3019	DOOR MIRROR LH XE	1.0 EA	791.00 10	711.90 S
C2S6858	BUMPER NUT XF	15.0 EA	4.40 10	59.40 S
VPLYB0354	ADHESIVE SEALER FL2	1.0 EA	549.10 10	494.19 S
T2R4357	BAFFLE-FENDER	1.0 EA	66.90 10	60.21 S



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3 ANSON ROAD

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Remarks .....: Mr Lee Eng Lin Jason Chassis No: SAJAB4ANXHCP06260

Parts/Op.No Description Mech Qty Price Disc% Pkg Amount G

XR858419 SOUND DEADENING PAD 2.0 EA 250.00 10 450.00 S

Gross Total. 8,550.93 4,386.00 Labour Total Net..... 8,550.93 GST @ 7.0% 598.57 4,164.93 Package Total 0.00 Total..... 9,149.50 Paid..... 0.00 Please Pay.. 9,149,50

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 ENG LIN	("the third party Claimant")
of ST PASIR RIS DRIVE 1 #11-01  owner of SCZ9999L	5/9530 (address),
owner ofSC29999L	(vehicle no.)
hereby authorize Wearnes Automotive Pte L	
to act for me with respect to my claim for repair costs and /	or rental and / or loss of use
("claim") for my Vehicle NoSCZ9999 L	that was damaged
("claim") for my Vehicle No SCZ2799 L  pursuant to the accident which occurred on 221101	(date) along
COLLYER QUAY	(location)
01 1-7 5	("The accident").
workshop.  I further acknowledge that any settlement the workshop prejudice and without admission of liability basis insofar as vehicle/s is concerned.	
Date this day of OC+ (month) 20	year)

#### 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 witholding 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. 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	22/10/2018 14:23
Date Of Accident	22/10/2018 09:00
Exact Location Of Accident	COLLYER QUAY
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SCZ9999L
Insured/Policyholder	
Name Of Registered Owner	LEE ENG LIN
NRIC No	S8039997I
Email Address	YINGRENLI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86689900
Alternative Phone No	OTHERS-86689900
Vehicle Particulars	
Manufacturer	JAGUAR
Model	XE-2.0 (A)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	HL ASSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MP307095
Cover Note Number	31.03.2018 TO 30.03.2019
Driver	
Name of Driver	LEE ENG LIN
NRIC No	S8039997I
Date Of Birth	22/12/1980
Occupation	OUTDOOR
Date Of Driving Pass	04/01/2000
Driving Experience	18 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86689900
Fax Number	
Contact Number	OTHERS-86689900
EMail Address	YINGRENLI@GMAIL.COM

Address 55 PASIR RIS DRIVE 1

#11-01

Postcode 519530

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

**General Information of the Accident** 

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2
Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

was any injured conveyed to n ambulance? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: DIANA TAN

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**

On 22/10/2018 at about 0900hrs, I was driving my vehicle (A: SCZ9999L) on the centre lane along Collyer Quay towards NTUC building. I already complete change lane into second lane from left, slowed down and stop due to vehicle in front stopped. Suddenly I felt an impact from my vehicle's left portion and realised that a vehicle (B: PC1530A) which was travelling along the extreme left lane (Bus Lane), change lane and hit onto my vehicle's left portion. Nobody was injured in this accident. Vehicle A (SCZ9999L) - 1 female adult passenger on board. Vehicle B (PC1530A) - unaware number of passenger on board.

#### Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number PC1530A

Vehicle Make/Model/Colour SCANIA

Details Of Properties BUS

Vehicle Category BUS

Name of DriverQIAO ZIKUINRIC/Passport NumberG2391849NContact Number9380 6180

Address Postcode Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

RIGHT FRONT PORTION

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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- 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.
- 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)

Lunderstand, 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:
  - 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' Signiture

Date & Time: 77/11

Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature

NRIC/FIN No.

016864052R

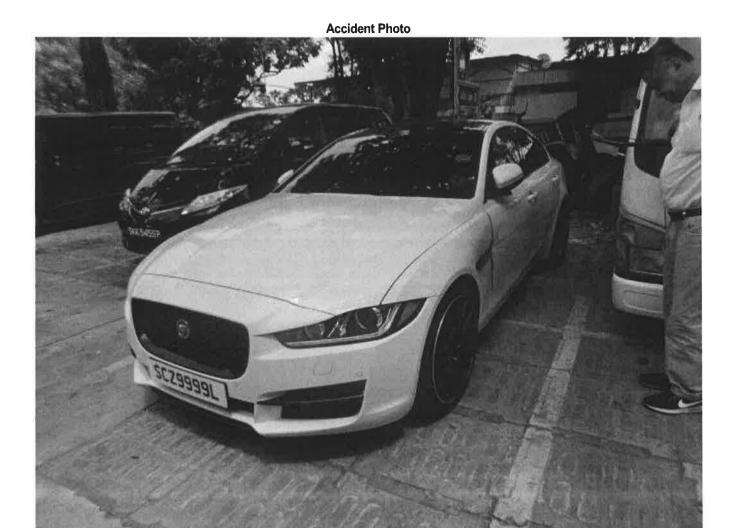
# Sketch Plan Pg. 2

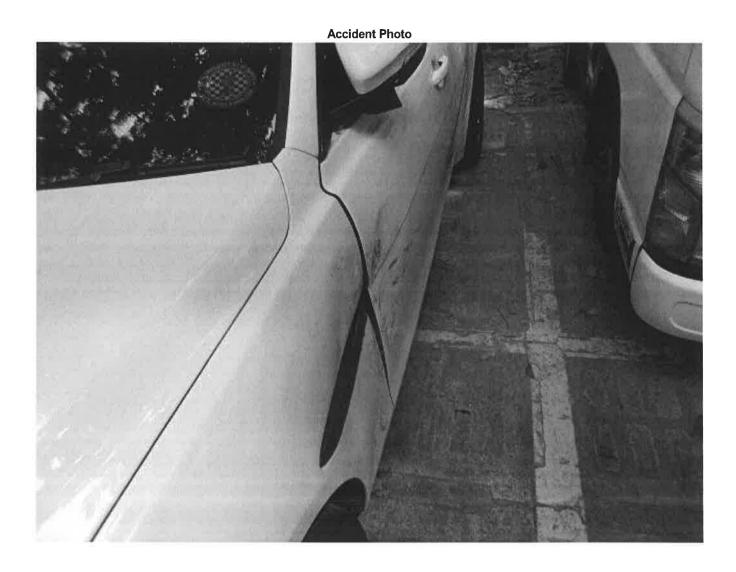
ETCH PLAN
Refer 6 Scene photo
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT
poler to GI/A report
ECLARATION  We declare the foregoing particulars are true in every respect.
Driver's Signature  All Control of the Personnel's Signature  Reporting Centre Personnel's Signature  Reporting Centre Personnel's Signature  Name: Can Will Shuy  Date & Time:  OI 440 MA  Date & Time:  OI 6864652 C

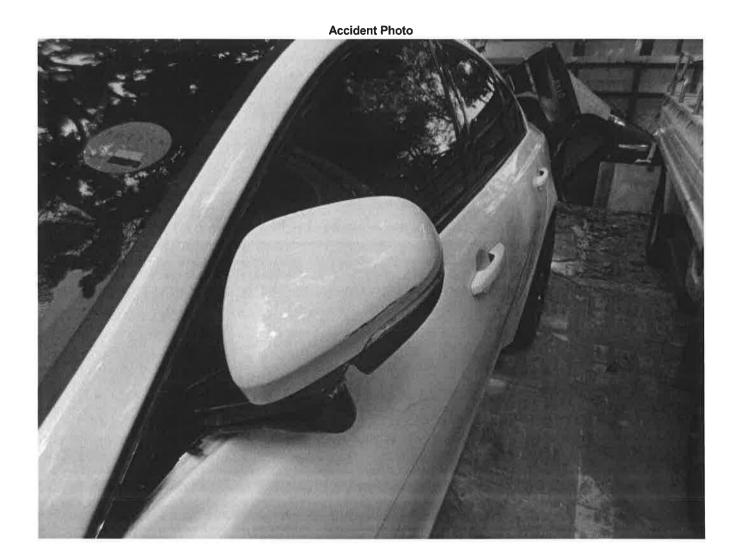














# **Accident Photo**





SERVICE ESTIM	di in	alla, lun.	
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89133 - C00001 SL: SERVICE SALES - F Mr Lee Eng Lin Jason 55 Pasir Ris Orive 1 #11-01 Singapore 519530	PC C	GST Reg : B&P : 22/10/2 : 34219	OIO			
Closed by : Paul Ong Qing Yong Svc Consultant : Remarks : Mr Lee Eng Lin Jason		. 31/03/2	017	P06260		
Op.No Description	Mech Qty	Price Di	sc%	Pkg Amount	G	
802 TO REPLACE FRT LH FENDER, & FRT LH DOOR, FRT LH WING MIRROR, ETC 800 TO PUTTY SPRAYPAINT ON FRT LH FENDER, FRT LH DOOR,	0	3600.00	0	3,600.00	S	1800,
FRT LH DOOR, FRT LH WING MIRROR, ETC  800 TO PUTTY SPRAYPAINT ON  FRT LH FENDER, FRT LH DOOR,  800NET, LH WING MIRROR, ETC	0	3200.00	0	3,200.00	S	1600.
302 TO TRANSFER LH DOOR PART	0					
1 PANEL FENDER FRT LH 2 MOUNTING-BRACKET	1.0 EA 1.0 EA 1.0 EA 2.0 EA 1.0 EA	27.70 66.90 1492.30 250.00 259.50 232.30		27.70 66.90 1,492.30 500.00 259.50	888888	bt ne -

Taylor 9749 5749.

27/10/18@330

04 days

Permy bythe part

sur Philauto.com



SERVICE ESTIMATE

89133 - C00001 SL: SERVICE SALES - PC

Mr Lee Eng Lin Jason

GST Reg.No:M28920628X Inv.No. : B&P 0 Page 2

55 Pasir Ris Drive 1 #11-01

Inv.date. : 22/10/2018

WIP No. . : 34219

Veh. In/Out:

Closed by .... : Paul Ong Qing Yong

\*Tel.No. . : Mobile: 86689900

Reg.No. . : SCZ9999L

Singapore 519530

Reg.date.: 31/03/2017

Svc Consultant :

Mileage .: 0

Remarks .... : Mr Lee Eng Lin Jason

Chassis No: SAJAB4ANXHCP06260

Op.No Description Mech Qty Price Disc% Pkg Amount G

> 166.90 S Ry MIRROR COVER LH XF R 1.0 EA 166,90 40.30 5 7 DOOR MIRROR LAMP LH 40.30 1.0 EA 252.50 S? 252.50 MIRROR MOTOR LH XJ 1.0 EA ADHESIVE SEALER FL2 1.0 EA 549 10 549.10 SWL

Gross Total. 12,835.10 Labour Tobal 7.786.00 12,835.10 Net.... Parts. Tobal 5,049,10 GST @ 7.0% 898,46 Total..... 13,733.55 Packer karone Total 0.00 Paid..... 0.00 Please Pay.. 13,733.55 GST: S=StdRated; O=OutOfScope; Z=ZeroRated