

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MNA1814771**

Date In: 11/11/13	Job description	Date & Time Completed	Done by
Ref No: NA/DA7801986/24	SAS e-filing		
Veh No: JKR1329B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 3/10/18 - 15:30	i-Motor Claim Form		
OD TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: YP4071K	INC () / Non-INC ()	
Owner / Driver: ()		Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: ()		Date: ()	Time: ()
Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]			
Year of Registration: () Warranty: YES () / NO ()			
Excess: (\$) Loading: \$1,000 () / \$2,000 ()			

General Remarks:-

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1803091	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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 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.

ACCIDENT STATEMENT

Date Of Report	01/11/2018 13:11
Date Of Accident	30/10/2018 15:30
Exact Location Of Accident	BLK 122 GEYLANG EAST CENTRAL CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR1327B
Insured/Policyholder	
Name Of Registered Owner	CHUA, HONG CHOR
NRIC No	S8518018E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91998287
Alternative Phone No	OFFICE-91998287

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B180 (R16 BI)
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00398481
Cover Note Number	

Driver

Name of Driver	CHUA HONG CHOR (CAI HONGZUO)
NRIC No	S8518018E
Date Of Birth	23/06/1985
Occupation	INDOOR
Date Of Driving Pass	29/04/2005
Driving Experience	13 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91998287
Fax Number	
Contact Number	OFFICE-91998287
Email Address	NOEMAIL

Address	134 PUNGGOL WALK #06-23
Postcode	828778
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	DRIZZLING
Road Surface	WET

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 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)	0

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

MY CAR WAS PARKED IN A LOT AT BLK 122 GEYLANG EAST CENTRAL CARPARK. AT ABOUT 4:30PM, MY SISTER WENT TO COLLECT MY CAR AND SAW A NOTE LEFT ON THE FRONT WINDSCREEN. I CALLED A GUY NAME SIRA AND HE TOLD ME THAT HIS DRIVER DOING REVERSING ACCIDENTALLY HIT THE FRONT LEFT HAND SIDE OF MY CAR.

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	YP4072K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN CHEE KEONG
NRIC/Passport Number	S7604833I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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.

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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

To be signed by BOTH drivers

1 Date of accident 30/10/18	Time 1528hrs	2 Exact location of accident Blk 122 Geylang East Central Carpark	3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input type="checkbox"/> Yes <input type="checkbox"/>	5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)

Registration No. (VEHICLE A) SKR32TB

6 Insured / policyholder (see insurance cert.)
Name Chua Hongchor
(capital letters)
Address 134 Punggol Walk
#06-23 S828778
NRIC / Passport no. S8618018E
Tel no. (from 9am till 5pm) 9199 8287
HP

7 Vehicle
Make, type Mercedes

8 Insurance company
Direct Asia
Does the policy cover damage to vehicle A?
No ☐ Yes ☒

Policy No. (if available)

9 Driver (See driving licence)
(if different from Insured A above)
Name Tan Chua Keong
(capital letters)
NRIC / Passport no. S7604833I
Class of licence

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

1	parked / stopped (at the roadside)
2	leaving a parking space / opening the door (at the roadside)
3	entering a parking space (at the roadside)
4	emerging from a car park, from private grounds, from a minor road
5	entering a car park, private grounds, a minor road
6	entering a roundabout or similar traffic system
7	circulating in a roundabout or similar traffic system
8	striking the rear of the other vehicle while going in the same direction and in the same lane
9	going in the same direction but different lane
10	changing lanes
11	overtaking
12	turning to the right, making a U-turn (official U-turn)
13	turning to the left
14	reversing
15	encroaching in the opposite traffic lane
16	coming from the right (at road junctions)
17	not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) YP4072K

6 Insured / policyholder (see insurance cert.)
Name
(capital letters)
Address
NRIC / Passport no.
Tel no. (from 9am till 5pm)
HP

7 Vehicle
Make, type
Insurance company NTUC
Does the policy cover damage to vehicle B?
No ☐ Yes ☐

Policy No. (if available)

9 Driver (See driving licence)
(if different from Insured B above)
Name Tan Chua Keong
(capital letters)
NRIC / Passport no. S7604833I
Class of licence

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred 13

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

Alternatively, please make reference to one of the sketches on page 4: ☐

15 Signatures of drivers

A

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

14 My remarks

B

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For Insured's Individual Statement (Part II) see overleaf →

INDIVIDUAL STATEMENT (Part II)

To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop. (Use a separate sheet of paper where necessary)

Insured	1 Occupation (if more than one, state all) <u>analyst</u>		Email: <u>chua-hc-85@hotmail.com</u>													
	2 Vehicle registration no. <u>SKR137B</u> C.C.		If commercial vehicle, state permissible carrying capacity													
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state the vehicle number and name of insurer of driver's own vehicle (where applicable)															
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Others - please specify															
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present <u>Blunvel Automotive No. 61452088 Service P/L</u>															
Of which vehicle are you the owner? <input type="checkbox"/> A <input type="checkbox"/> B	6 Are you claiming under your own insurance policy for repair to your vehicle? If no, state action to be taken <u>claim against 3P Insurance</u>															
	7 Date of birth <u>23/06/1985</u>	Occupation (if more than one, state all)	Years of driving experience <u>13 years</u>	Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability															
	9 Full details of all driving convictions including pending prosecutions in the last 36 months															
	<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					Date	Offence	Penalty								
Date	Offence	Penalty														
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)												
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station															
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom?															
Accident details	14 Weather conditions <u>Clear</u> <input checked="" type="checkbox"/> <u>Raining</u> <input type="checkbox"/> <u>Others</u> <u>drizzling</u>															
	15 Road surface <u>Wet</u> <input checked="" type="checkbox"/> <u>Dry</u> <input type="checkbox"/> <u>Others</u>															
	16 Speed of vehicles <u>A</u> <u>3</u> km/hr <u>B</u> km/hr															
	17 What warnings were given by driver or other party?															
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>															
	19 What lights were displayed on your vehicle/the other vehicle(s)?															
	20 If your vehicle is commercial, state weight of load carried at time of accident															
Declaration	21 State how accident happened, width of roads, speed limits, etc (use separate sheet of paper where necessary) <u>My car (A) was parked in a lot at BKK2 Gearying East Central carpark. At about 4:30 pm, my sister went to collect my car and saw a note left on the front windscreen. I called a guy named 'Siva' and he told me that his driver was doing reversing accidentally hit the front left side of my car (A).</u>															
	I/We declare the foregoing particulars are true in every respect. Policyholder's signature <u>[Signature]</u> Date <u>31/10/18</u> Insurer's signature (if driver is not the policyholder) <u>[Signature]</u> Date <u>31/10/18</u>															

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8518018E



Name

CHUA HONG CHOR
(CAI HONGZUO)

蔡 鴻 佐

Race

CHINESE

Date of birth

23-06-1985

Sex

M

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: S8518018E

Name:

CHUA HONG CHOR
(CAI HONGZUO)

Birth Date: 23 Jun 1985

Issue Date: 29 Apr 2005



5542474



NRIC No. S8518018E



Date of issue

21-12-2015

134 PUNGGOL WALK #06-23
SINGAPORE 828778

NRIC No: S8518018E

Date: 27/11/2016

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

PASS DATE

Class 3

Motor cars =< 3000 kg with =< 7 passengers,
exclusive of the driver; and motor tractors
/vehicles =< 2500 kg

29 Apr 2005

NP 428A



CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	:	MT/00398481
Type of Coverage / Driver Plan	:	Car Comprehensive (Value Plan)
1) Vehicle Registration No.	:	SKR1327B
Chassis No.	:	WDD2462422J289331
2) Name of Policy Holder	:	Chua, Hong Chor
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	:	20/09/2017 00:00
4) Date/Time of Expiry of Insurance	:	19/09/2018 23:59
5) Persons or Classes of Persons Entitled to Drive		
(a) The Insured		
(b) Any person who is named on the policy who is driving on the Insured's order or with his permission.		
The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.		
6) Limitations as to use*		
Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business.		
*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.		
Sum Insured	:	Market Value
Own Damage Excess	:	S\$ 900.00 (before any applicable GST)
Windscreen Excess	:	S\$ 100.00 (before any applicable GST)
Choice of workshop	:	DirectAsia approved workshops
Finance company / Hire Purchase	:	OCBC BANK LTD
Main driver	:	Chua, Hong Chor
Ref	:	
Named driver (1)	:	Named Driver Date of Birth
	:	Lim, Easterina, Yong Wei 17/01/1985
Important Note: This policy is on a named driver basis. Any unnamed drivers will not be covered.		

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Issued on: 29/06/2017

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer

POLICY AMENDMENT

Chua, Hong Chor
134 PUNGGOL WALK
ECOPOLITAN
Singapore 828778

Policy number : MT/00398481
Date : 12/07/2018

This document forms part of and amends your contract with us. It should be read together with your Certificate of Insurance and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Motor Car Insurance

Policy number	:	MT/00398481
Amendment number	:	1
Period of cover	:	Policy begins 20/09/2017 and runs until 19/01/2019 (both dates inclusive)
Amendment effective date	:	12/07/2018
Amendment premium	:	S\$ 374.62
Revised total premium	:	S\$ 1,479.37

The following amendment(s) take effects on 12/07/2018:

Your Period of Insurance has been amended from (20/09/2017 - 19/09/2018) to (20/09/2017 - 19/01/2019).

All other information in your Certificate of Insurance and Policy Schedule remains unchanged.

For more information, you may also view the revised copy of the policy document by logging onto 'My Account' via www.DirectAsia.com.

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer

TAX INVOICE

GST Registration No : 200822611G

Chua, Hong Chor

134 PUNGGOL WALK
ECOPOLITAN
Singapore 828778

Policy Number : MT/00398481
Tax Invoice No. : MT/00398481-1
Invoice Date : 12/07/2018

PAID

DESCRIPTION	AMOUNT (SGD)
Motor Car Insurance - Endorsement	
Premium before GST	S\$ 350.11
GST (7%)	S\$ 24.51
Total premium	S\$ 374.62
Premium paid	S\$ 374.62
Outstanding Balance	S\$ 0.00

Thank you for paying your premium in full. This tax invoice is also your receipt and requires no further action.

A gentle reminder that you are on Convenient Renewal mode. This means there is no risk of you forgetting to renew your policy and being left without insurance cover.

We will send your renewal notice about 45 days before your policy expires. If the information you previously provided is unchanged, your coverage with us will continue without you having to do anything. Otherwise, please contact us to inform us if you do not want to renew your policy without any penalty.

LKK Paya Ubi

From: Jin Hao Tan <jinhao.tan@directasia.com>
Sent: Thursday, 1 November 2018 1:00 PM
To: rspu@lkkauto.com
Cc: bluwei2088@yahoo.com.sg; chua_hc_85@hotmail.com
Subject: RE: [EXT] Fwd: SKR1327B Ins cert
Attachments: Certificate of Insurance - MT 00398481 - Chua Hong Chor.pdf; Endorsement Note - MT 00398481 - Chua Hong Chor.pdf

Hi Jackson,

Please refer to the attached for Cert of insurance and Endorsement that show period of insurance till 19/01/19.

Please note we do not issue a new certificate of insurance as endorsement is adequate.

Thank you.

Best Regards,

Tan Jin Hao / Claims Specialist
Direct: +65 6603 3665

DirectAsia Insurance
Customer Service: +65 6665 5555
Office: 20 Anson Road, #08-01, S(079912)
www.directasia.com



****Our Service Centre at South Bridge Road has closed.**
Pls call our Customer Service hotline for appointment or assistance.

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From: Erin Goh
Sent: Thursday, 1 November, 2018 12:55 PM
To: Jin Hao Tan
Subject: FW: [EXT] Fwd: SKR1327B Ins cert

From: chua hongchor [mailto:chua_hc_85@hotmail.com]
Sent: Thursday, 1 November, 2018 12:54 PM
To: Erin Goh <erin.goh@directasia.com>
Subject: [EXT] Fwd: SKR1327B Ins cert

Sent from my iPhone

Begin forwarded message:

From: Bluwel2088 <bluwel2088@yahoo.com.sg>
Date: 1 November 2018 at 11:12:43 AM SGT
To: "chua_hc_85@hotmail.com" <chua_hc_85@hotmail.com>
Subject: Fw: SKR1327B Ins cert

Dear Mr Chua

The report centre needs the Certificate Of Insurance.

Kindly forward us the Certificate to us asap. Sorry for the inconvenience caused to you.
Thank you.

Best Regards,
Sally Lim
1 KAKI BUKIT AVE 6 #01-28/37/53/55/56
SINGAPORE 417883
Tel: 67452088 Fax: 68412088
Suspicious URL to be analyzed

----- Forwarded message -----

From: LKK Paya Ubi <rspu@lkkauto.com>
To: 'Bluwel2088' <bluwel2088@yahoo.com.sg>
Sent: Thursday, 1 November 2018 11:05:27 +08
Subject: RE: SKR1327B Ins cert

Hi

I need certificate of insurance.

Best Regards,

Jackson Ho | Admin

National Assessment Centre Services (LKK Group)

Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315

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

From: Bluwel2088 [mailto:bluwel2088@yahoo.com.sg]
Sent: Thursday, 1 November 2018 10:59 AM
To: LKK Paya Ubi <rspu@lkkauto.com>
Subject: SKR1327B Ins cert

Dear Sir

Please refer to attachment. Thank you.

Best Regards,

Sally Lim

1 KAKI BUKIT AVE 6 #01-28/37/53/55/56

SINGAPORE 417883

Tel: 67452088 Fax: 68412088

Suspicious URL to be analyzed

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