

Our Reference: **SCN666U/7015063**
Your Reference: **SFY5005B**

By Email / Mail

11 January 2019

LONPAC INSURANCE BHD C/O LKK AUTO CONSULTANTS
Attn: Third Party Claim Department -

ACCIDENT INVOLVING SCN666U & SFY5005B ON 01 Jan 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		5,896.63
Loss Of Rental	139.10 x 4 days	556.40
Others		
TOTAL		6,453.03

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	:	SCN 666V	(Insd veh)	Model	:	JAGUAR F-PACE
	:	SFY 5005B	(TP veh)			
Date of Accident	:	01/11/2018				

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

Repair Estimate	:	\$ 12660.80	
Final Repair Cost	:	\$ 5896.63	
Loss of Use	:	\$	days at \$ per day
Rental (if any)	:	\$ 556.40	04 days at \$ 139.10 (incl of GST) per day
Others	:	\$	
	:	\$	
	:	\$	
	:	\$	
Final Settlement Sum	:	\$	

Remarks:	
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Payment Instruction: Payee's Breakdown			
1)	WEARNES AUTOMOTIVE PIE LTD	:	\$
2)		:	\$
3)		:	\$
4)		:	\$

SERVICE TAX INVOICE

0 - L00002	SL: LONPAC INSURANCE BHD	GST Reg.No:M28920628X
LONPAC INSURANCE BHD		Inv.No. . : B&P 7015063 Page 1
300 BEACH ROAD		Inv.date. : 19/12/2018
#17-04/07 THE CONCOURSE		WIP No. . : 36366
SINGAPORE 199555		Veh.In/Out: 19/11/2018 23/11/2018
		*Tel.No. . : 62507388
		Reg.No. . : SCN666U
Closed by : Paul Ong Qing Yong		Reg.date .: 29/09/2017
Svc Consultant : ACC		Mileage ... : 24,906
Remarks : Adamas Bathroom Pte		Chassis No: SADCA2AN0HA053369

Parts/Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BUMPER, REAR EXHAUST ASSY, ETC		0	1800.00	0		1,800.00	S
800	TO PUTTY SPRAYPAINT ON REAR BUMPER		0	800.00	0		800.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES		0	486.00	0		486.00	S
T4A7390LML	COVER-BUMPER	1.0	EA	1436.20	10		1,292.58	S
T4A13535	SILENCER-EXH RR ASSY	1.0	EA	1258.10	10		1,132.29	S

				Gross Total.	5,510.87
Labour	Total	3,086.00	Net.....	5,510.87	
Parts	Total	2,424.87	GST @ 7.0%	385.76	
Package	Total	0.00	Total.....	5,896.63	
				Paid.....	0.00
				Please Pay..	5,896.63

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.

**Wearnes Automotive Pte. Ltd.**

Co Reg No. 199501400R / GST Reg No. M28920628X
28 Leng Kee Road, Singapore 159105
Telephone: +65 6876 5063
www.wearnesleasing.com

Tax Invoice**LONPAC INSURANCE BHD**

100 BEACH ROAD
#19-00 SHAW TOWER
Singapore 189702

Inv No. : R1802399
Inv Date : 28 Nov 2018
Ref :
Terms : 90 Days

Rental Information

Agreement No. : RA18/01515
Billing Period : 19/11/2018 09:00 - 23/11/2018 09:00
Driver Name : Adamas Bathroom Pte Ltd

Car Information

Registration No. : SKQ1583H
Make : VOLVO
Model : XC90 T5

#	Description	Qty	UOM	Unit Price	Amt
1	Being Rental Payment for the Period Stated Above	4.00	Days	130.00	520.00

Remarks:

SCN666U_Lonpac_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\$ 520.00
GST 7.0% : S\$ 36.40
Total : S\$ 556.40

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 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	02/11/2018 14:07
Date Of Accident	01/11/2018 18:00
Exact Location Of Accident	BKE TOWARDS WOODLANDS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCN666U
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Insured/Policyholder

Name Of Registered Owner	ADAMAS BATHROOM PTE LTD
Co Reg No	199700807C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62973523

Vehicle Particulars

Manufacturer	JAGUAR
Model	F-PACE-2.0 P RWD (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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	C0076305

Driver

Name of Driver	LIM CHWEE HOCK
NRIC No	S1214168H
Date Of Birth	21/03/1956
Occupation	INDOOR
Date Of Driving Pass	25/01/1979
Driving Experience	39 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96791019
Fax Number	
Contact Number	OFFICE-96589815
Email Address	NOEMAIL

Address	62 CHESTNUT AVENUE #07-07
Postcode	679518
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	1

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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFY5005B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

AUTHORIZATION TO ACT

I, ADAMAS BATHROOM PTE LTD ("the third party Claimant")
of 201 JALAN BESAR (address),
owner of SCN666U (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. SCN666U that was damaged
pursuant to the accident which occurred on 01/11/2018 (date) along
BKE Towards WOODLANDS (location)
Involving Vehicle No/s SFY 5605 B ("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 _____ day of _____ (month) 20 _____ (year)



A blue circular stamp for Adamas Bathroom Pte Ltd is placed over the signature.

Signed by "the third party claimant"



A blue circular stamp for Wearn's Automotive Pte Ltd is placed over the signature.

Signed by "the workshop"

Paul Ong Qing Yong

From: Vic (LKKAUTO) <vicalpeh@lkkauto.com>
Sent: Monday, 12 November, 2018 1:47 PM
To: Paul Ong Qing Yong
Cc: Admin A; assignments; Vic (LKKAUTO)
Subject: RE: TP Claim - Our Client SCN666U; TP Vehicle SFY5005B Our Ref: 18/18/18/VP05/021094 LKK REF CC4/LPC18020017/hb3

Sensitivity: Confidential

WITHOUT PREJUDICE

Dear Paul,

We refer to the above matter.

Please be informed that basing on the accident statements submitted by both party, the liability is clear subject to the BOLA guideline settlement.

Please note that this e-mail is on without prejudice basis which does not amount to an authorisation of repair to your client's vehicle and admission of any liability to our Insured's part. The final repair cost is subjected to the consistency of the damages according to the nature of the accident. And the days of LOU/ LOR will be based on the number of days of repair as recommended by our surveyor and approved by our principal.

Kindly forward the LOD and all supporting documents to us if available to proceed with the settlement.

Thank you.

Best Regards,

Vic Alpeh | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2096 | email: vicalpeh@lkkauto.com | fax: 6741-4108

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



Auto
Consultants
Pte Ltd

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From: Vic (LKKAUTO)
Sent: Wednesday, 7 November, 2018 4:52 PM
To: 'paul.ong@wearnes.com'
Cc: Admin A; assignments; Vic (LKKAUTO)
Subject: RE: TP Claim - Our Client SCN666U; TP Vehicle SFY5005B Our Ref: 18/18/18/VP05/021094 LKK REF CC4/LPC18020017/hb3
Sensitivity: Confidential

Without Prejudice

Dear Paul,

We refer to your below email.

Please be informed that we are still pending for our Insured's GIA report.

We will follow up and will get back to you for an update.

Thank you.

Best Regards,

Vic Alpeh | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2096 | email: vicalpeh@lkkauto.com | fax: 6741-4108

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



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From: Admin-D (LKKAuto)

Sent: Wednesday, 7 November, 2018 2:47 PM

To: 'Paul Ong Qing Yong'; Vic (LKKAuto)

Cc: Admin A; assignments

Subject: RE: TP Claim - Our Client SCN666U; TP Vehicle SFY5005B Our Ref: 18/18/18/VP05/021094

Sensitivity: Confidential

Dear Paul,

Thank you for your email.

Dear Vic,

Kindly assist . Our Ref: CC4/LPC18020017/hb3

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Paul Ong Qing Yong [<mailto:paul.ong@wearnes.com>]

Sent: Wednesday, 7 November, 2018 2:44 PM

To: assignments@lkkauto.com; Catherine Chong (LKK Auto) <admin-d@lkkauto.com>

Subject: RE: TP Claim - Our Client SCN666U; TP Vehicle SFY5005B Our Ref: 18/18/18/VP05/021094

Sensitivity: Confidential

Can advise liability status?

Thanks.

Best Regards,

Paul Ong

Service Consultant
Bodyshop & Paint



Wearnes Automotive Pte Ltd

249 Alexandra Road Singapore 159935

M (65) 8126 1237 **D** (65) 6378 9336

www.wearnesauto.com paul.ong@wearnes.com

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From: ONG LI LI [<mailto:llong@lonpac.com>]

Sent: Monday, 5 November, 2018 9:33 AM

To: Paul Ong Qing Yong; assignments@lkkauto.com; Catherine Chong (LKK Auto)

Cc: MT_Claim_SG

Subject: RE: TP Claim - Our Client SCN666U; TP Vehicle SFY5005B Our Ref: 18/18/18/VP05/021094

Sensitivity: Confidential

Without Prejudice

Dear Paul

Pleas liaise with LKK Auto Consultants Pte Ltd for survey and liability.

Dear Catherine/Nivitha

fya

Regards,

Ong Li Li

Senior Claims Executive | Lonpac Insurance Bhd

300 Beach Road #17-04/07 The Concourse Singapore 199555

Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706

From: Paul Ong Qing Yong [<mailto:paul.ong@wearnes.com>]

Sent: Monday, 5 November, 2018 9:04 AM

To: MT_Claim_SG

Subject: TP Claim - Our Client SCN666U; TP Vehicle SFY5005B

Sensitivity: Confidential

Attached for TP Claim,

Please advise if can settle direct.

Best Regards,

Paul Ong

Service Consultant
Bodyshop & Paint



Wearnes Automotive Pte Ltd
249 Alexandra Road Singapore 159935
M (65) 8126 1237 **D** (65) 6378 9336
www.wearnesauto.com paul.ong@wearnes.com

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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:

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

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: 01/11/18 Time: 1801
Exact Location of Accident	BKE TWDS WOODLAND

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCN666V
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INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	ADAMPA BATHROOM PTE LTD
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
- Not Applicable	A9700809C

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer JAG Model F-PACE
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 checked="" 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 *	LIBERTY
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	C0076305
Motor CI	

DRIVER

	<input type="radio"/> Same as Insured above	
Name of Driver	LIM CHWE HOCK	
Personal Identification - NRIC (Singaporean/PR)	S1214168H	
- FIN/Passport Number		
Date of Birth	21 dd/ 03 mm/ 56 /yy	
Driving Date Pass	25 dd/ 01 mm/ 79 /yy	
Year of Driving Experience	Year(s)	Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number / Mobile Phone / Fax No.	9679 1019 / 9658 9815 KAH HUI	

Address of Driver	
	Postcode ()
Email Address	
Was driver an employee of the Insured's Company?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No
If No, Relationship of the Driver with the Insured	
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 checked="" type="radio"/> Yes <input type="radio"/> No
Number of Passengers (Including Driver)	01

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 type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	8FY 5005 B
Vehicle Make/ Model/ Colour	TOYOTA VIOS
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)

I was driving along BKE and the traffic was slow, As the vehicle ahead of me slow down, I begin to slow down as well. All of a sudden, there was an impact to the rear of my vehicle.

(refer to video)

I/We declare the foregoing particulars are true in every respect.

Date & Time:

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Motor Cover Note

Name of Producer:

WEARNES AUTOMOTIVE PTE LTD (A1716)

Date of Issue:

28 Sep 2017

Cover Note No.:

C0076305

Quotation/ Proposal/ Policy No.:

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

Details of Schedule**Name of Insured:**

ADAMAS BATHROOM PTE LTD

Period of Insurance:

From: 29 Sep 2017 00:00

To: 28 Sep 2019 23:59

Registration No.:

SCN666U

Make and Model:

JAGUAR F-PACE 2.0D PRESTIGE

Type of Body:

SUV

Capacity/Tonnage:

1999

Year of Manufacture/Registration:

2017/2017

Chassis No.:

SADCA2AN0HA053369

Engine No.:

160308W0081204DTD

Sum Insured:

MARKET VALUE AT TIME OF LOSS

Name of Finance Company:

OVERSEA-CHINESE BANKING CORPORATION LTD

Type of Plan:

Comprehensive

Excess:

AS AGREED



The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189), Motor Vehicles (Third Party Risks and Compensation) Rules, 1960, Road Transport Act, 1987 (Malaysia), Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), and any subsequent revisions to the above Acts and Agreements.

I/We hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Not valid unless counter-signed by authorized person.



Date: 28 Sep 2017 18:30


For and on behalf of
LIBERTY INSURANCE PTE LTD**IMPORTANT NOTICE**

Administrative Charge is payable for Cover Note issued and Policy not taken up.

Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1214168H



Name

LIM CHWEE HOCK

林 水 福

Race

CHINESE

Date of birth

21-03-1956

Country/Place of birth

SINGAPORE

Sex

M

S1214168H

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number

S1214168H

Name

LIM CHWEE HOCK


Birth Date

21 Mar 1956

Issue Date

16 Dec 2003

001052673B



5497832



NRIC No. S1214168H



Date of Issue

16-07-2015

Address

62 CHESTNUT AVENUE
#07-07
SINGAPORE 679518

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Jan 1979
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	23 Feb 1981

NP 428A

Licence No: S1214168H



SERVICE ESTIMATE

69688 - C00001 SL: SERVICE SALES - PC

Adamas Bathroom Pte Ltd

Mr Lim

201 Jalan Besar

Singapore 208887

GST Reg.No:M28920628X

Inv.No. : B&P 0 Page 1

Inv.date. : 02/11/2018

WIP No. : 36366

Veh.In/Out:

*Tel.No. : Mobile: 96589815

Reg.No. : SCN666U

Reg.date. : 29/09/2017

Mileage : 0

Chassis No: SADCA2AN0HA053369

Closed by : Paul Ong Qing Yong

Svc Consultant :

Remarks : Adamas Bathroom Pte

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BUMPER, REAR EXHAUST ASSY, ETC	0	3600.00	0		3,600.00	S
800	TO PUTTY SPRAYPAINT ON REAR BUMPER, REAR BOOTLID, ETC	0	2400.00	0		2,400.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	486.00	0		486.00	S
	COVER-BUMPER	1.0 EA	1436.20			1,436.20	S
	BRACKET-BUMPER	1.0 EA	96.50			96.50	S
	BRACKET-BUMPER	1.0 EA	96.50			96.50	S
	MOUNTING-BRACKET	1.0 EA	129.90			129.90	S
	MOUNTING-BRACKET	1.0 EA	129.90			129.90	S
	MOUNTING-BRACKET	1.0 EA	190.80			190.80	S
	SENSOR	4.0 EA	248.20			992.80	S
	SILENCER-EXH RR ASSY	1.0 EA	1258.10			1,258.10	S
	BADGE	1.0 EA	171.60			171.60	SX
	BADGE	1.0 EA	175.30			175.30	SX

1800

800

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	BRACKET-BUMPER	1.0 EA	96.50			96.50	S
	BRACKET-BUMPER	1.0 EA	96.50			96.50	S
	MOUNTING-BRACKET	1.0 EA	129.90			129.90	S
	MOUNTING-BRACKET	1.0 EA	129.90			129.90	S
	MOUNTING-BRACKET	1.0 EA	190.80			190.80	S
	SENSOR	4.0 EA	248.20			992.80	S
	SILENCER-EXH RR ASSY	1.0 EA	1258.10			1,258.10	S
	BADGE	1.0 EA	171.60			171.60	SX
	BADGE	1.0 EA	175.30			175.30	SX

Tanglin 97495749

WP' 14/11/18 @ 2pm

4 days

sure/transport Resing before paint

SERVICE ESTIMATE

69688 - C00001 SL: SERVICE SALES - PC

Adamas Bathroom Pte Ltd

Mr Lim

201 Jalan Besar

GST Reg.No:M28920628X

Inv.No. : B&P 0 Page 2

Inv.date. : 02/11/2018

WIP No. : 36366

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Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
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	BADGE	1.0 EA	119.80			119.80	S X
	ADHESIVE SEALER FL2	1.0 EA	549.10			549.10	S X

Gross Total. 11,832.50

Labour Total	6,486.00
Parts Total	5,346.50
Package Total	0.00

Net.....	11,832.50
GST @ 7.0%	828.28
Total.....	12,660.80
Paid.....	0.00
Please Pay..	12,660.80

GST: S=StdRated; O=OutOfScope; Z=ZeroRated