Dated: 3/10/18

Lonpac Insurance

c/o Charn's Customcraft
Blk 1010 Bukit Merah Lane 3
#01-105
Singapore 159724
Tel: 6271 7054
Fax: 6273 6676

By Fax: _____

WITHOUT PREJUDICE

Dear Sir/Madam,

ACCIDENT INVOLVING: SLF1850H & SJH4342B / SJW5812B / SJS8487XOH 29/11/18 @ AYE towards Tuas

I, the owner of motor vehicle no: SLF1850H wish to inform you that my vehicle was involved in the above said accident which was caused by the carelessness of the driver of your insured vehicle no: SJH4342B.

The details of how the accident occurred are stated in the Singapore Accident Statement and a copy of which is enclosed for your attention.

I shall be most grateful if you could kindly arrange your appointed surveyor to survey my vehicle at ***CHARN'S CUSTOMCRAFT*** of **BLK 1010, Bukit Merah Lane 3, #01-105, Singapore 159724** within TWO working days from the date of this letter, **failing which I have no alternative but to instruct the workshop to proceed with the independence survey, necessary repair and send you the total bill for payment.**

As per MCF, kindly revert the liability within 14 working days after the survey was done by your appointed surveyor.

Your immediate attention to the above matter is greatly appreciated.

Yours faithfully,

.....

Name:

kindly revert liability @ the same time.

Thanks
Shawn
3/10/18

CHARN'S CUSTOMCRAFT
Accident Claim Repair, Corrosion Welding, Body Dent Repairs, Spray-Painting, Mechanical Repair And Customizing of Cars
BLOCK 1010, BUKIT MERAH LANE 3, #01-105, SINGAPORE 159724
BLOCK 1009, BUKIT MERAH LANE 3, #01-82, SINGAPORE 159723
TEL: 62717054, 62733304 FAX: 62736876 EMAIL: charns@singnet.com.sg
Bus. Reg. No. 251513/00M

CHINA/LONPAC
DOA: 29/11/2018@1040

LONPAC INSURANCE LTD 03/12/2018

ATTN: THE MOTOR CLAIMS DEPT

THIRD PARTY CLAIM
ESTIMATE COST OF REPAIR FOR VEHICLE NO:
SLF 1850 H - LEXUS IS250 AUTO STD FL
CHASSIS NO: JTHBK262605086763 (01/2009)

1 pc	Front grille chrome	$ 257.90
1 pc	Front grille	$ 501.50
1 pc	Front bumper	$ 766.30
1 pc	Front bumper sponge	$ 105.70
1 pc	Rear boot	$ 758.40
1 pc	Rear boot emblem 'LEXUS'	$ 78.60
1 pc	Rear boot emblem 'IS250' emblem	$ 76.10
1 pc	Rear boot lower garnish	$ 529.80
1 pc	Rear bumper	$ 801.70
1 pc	Rear bumper sponge	$ 106.70
1 pc	Rear bumper reinforcement	$ 461.90
		$ 4,444.60
	LESS 10%	$ 444.46
		$ 4,000.14
1 pc	Reverse sensor (S/NETT)	$ 200.00
1 pc	Front no.plate (S/NETT)	$ 35.00
	Remove necessary parts: jacking, panel beating, repair and straightne front inner panel, front support panel, front bonnet and front bumper.	$ 400.00
	Putty and respray front inner panel, front bonnet, front bumper and front support panel.	$ 480.00
	Remove necessary parts: jacking, panel beating, repair and straighten rear inner panel, rear end panel, rear boot, rear boot garnish and rear bumper.	$ 480.00

創 CHARN'S CUSTOMCRAFT
Accident Claim Repair, Corrosion Welding, Body Dent Repairs, Spray-Painting, Mechanical Repair And Customizing of Cars
BLOCK 1010, BUKIT MERAH LANE 3, #01-105, SINGAPORE 169724
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TEL: 62717054, 62733304 FAX: 62736676 EMAIL: charns@singnet.com.sg
Bus. Reg. No. 251513/00M

SLF 1850 H - LEXUS IS250 AUTO STD FL

Putty and respray rear inner panel, rear end panel, rear boot, rear boot garnish and rear bumper.	$ 650.00
	$ 6,245.14
ADD 7% GST	$ 437.16
	$ 6,682.30

Note: The above is an estimate only. IF other parts requested during the course of repair, we will inform you accordingly.

All parts are subject to availability.

CHARN'S CUSTOMCRAFT

.....

MNA418164730 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 29/11/2018 16:01
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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	29/11/2018 16:01
Date Of Accident	29/11/2018 10:40
Exact Location Of Accident	AYE TOWARDS TUAS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLF1860H
Insured/Policyholder	
Name Of Registered Owner	NG KONG WAH
NRIC No	S2706884D
Email Address	STEVENS@MASTERTECH.COM.SG
Mobile Phone No	(LOCAL) +65-96333877
Alternative Phone No	OTHERS-96333877
Vehicle Particulars	
Manufacturer	TOYOTA
Model	LEXUS-2.5 IS250 (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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3086581801
Cover Note Number	
Driver	
Name of Driver	STEVENS TAN YI REN
NRIC No	S0107141F
Date Of Birth	17/05/1983
Occupation	INDOOR
Date Of Driving Pass	09/10/1978
Driving Experience	42 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96333877
Fax Number	
Contact Number	OTHERS-96333877
EMail Address	STEVENS@MASTERTECH.COM.SG

Address	5 TAMPINES STREET 86 #03-20
Postcode	528585
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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

PLEASE REFER TO SKETCH PLAN

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	SJH4342B
Vehicle Make/Model/Colour	MITSUBISHI LANCER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD SUPIAN BIN MD YUSUP
NRIC/Passport Number	
Contact Number	84994160
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKS8487X

Vehicle Make/Model/Colour	NISSSAN SYLPHY
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)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJW5812B
Vehicle Make/Model/Colour	LEXUS 250
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JAMIE
NRIC/Passport Number	
Contact Number	97816387
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

VEHICLE NO: SBF1820H
ACCIDENT DATE: 29/11/18 @ 10:40am

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 policyholder 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 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.
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 this 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.

NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

29/11/2018

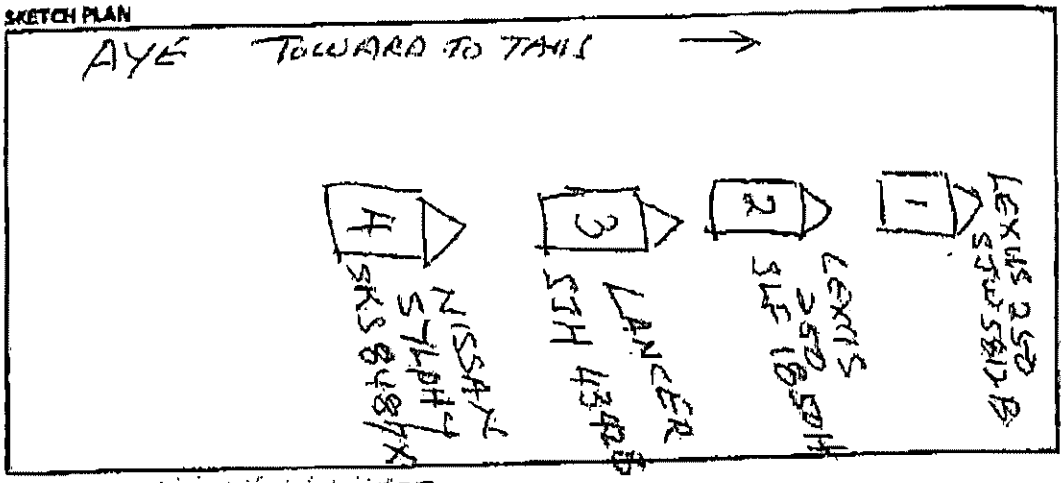
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

@ 10:40 AM I WAS TRAVEL ALONG AYE TOWARD TAIS. ALL THE SUDDEN TAXI IN FRONT STOP STW 5812B JAM BACK. I HAVE TO BRAKE MY CAR. THE CAR BEHIND ME IS 5TH 4342B THAT HIT MY CAR. IT'S FORCE MY TO HIT THE CAR IN FRONT OF ME WHICH STW 5812B

OWN DAMAGE ( ) 3RD PARTY CLAIM (✓) REPORTING ONLY ( ) OWN WORKSHOP ( )

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

29/4/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	6894D
Vehicle Details	
Vehicle No.:	SLF1850H
Vehicle to be Exported:	Yes
Intended Deregistration Date:	31 Dec 2018
Vehicle Make:	TOYOTA
Vehicle Model:	LEXUS IS250 AUTO STD FL
Primary Colour:	Grey
Manufacturing Year:	2008
Engine No.:	4GR0516953
Chassis No.:	JTHBK262605086763
Maximum Power Output:	153.0 kW (205 bhp)
Open Market Value:	$37,374.00
Original Registration Date:	14 Jan 2009
First Registration Date:	14 Jan 2009
Transfer Count:	2
Actual ARF Paid:	$37,374.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Jan 2019
PARF Rebate Amount:	$18,687.00
Intended COE Rebate Details	
COE Expiry Date:	13 Jan 2019
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	$6,889.00
COE Rebate Amount:	$17.00
Total Rebate Amount:	**$18,704.00**

The information contained herein is correct as at 01 Dec 2018

OK

中国太平 CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
3 Anson Road #16-00 Springleaf Tower Singapore 079909
Tel: 6560 8111 Fax: 6222 1033
Website: www.tpcnsing.com
Co. Reg. No. 200308304E

ORIGINAL THE SCHEDULE

Agency	AN0420A	Class of Policy	MOTOR PRIVATE CAR	Policy Number	DMPCSN1028661801
Account	AN0420A	Issued on	10/01/2018 in SINGAPORE	Replacing Policy no.	DMPCSN1028661600
Client	3197933	Acceptance Date	10/01/2018		

Period of Insurance from 14/01/2018 to 13/01/2019 , both dates inclusive

Insured's Name.... NG KONG WAH
Address. BLK 353 WOODLANDS AVENUE 1
#04-756
SINGAPORE 730353

Business/Occupn... DIRECTOR
Financial interest HONG LEONG FINANCE LTD AS HP OWNER

Premium	Base Annual Premium.....	S$2,200.00			
	Less 5% Loyalty Discount.....	S$110.00-			
	Less 35% Autosafe Scheme.....	S$759.10-			
	No Claim Discount 10.00%	S$140.79-			
	Promotion Discount.....	S$200.00-			
	Total Annual Premium	S$1,067.11	Premium Due		S$1,067.11
			Premium GST		S$74.70
			Total Due		S$1,141.81

Risk No. 001 MOTOR PRIVATE CAR
ORIGINAL REGISTRATION DATE: 14-01-2009

1. Registration	SLV1850K	Make/Model ..	LEXUS IS 250		
Type of Cover	Comprehensive	No. of seats	5	Body Type	SALOON
Engine No. ..	4GR0816963	Capacity cc's	2500	Yr of Manuf/Regn	2008/2009
Chassis No...	JTHBK262605086763				
				Certificate Ref.	MK1B

Sum Insured, Market value at the time of loss
Named Drivers Mr Suet, Y ..... S$1,500.00
Additional Mr Other than Named Drivers:
Mr Suet, Y - Age <- 25..... S$3,000.00
Mr Suet, Y - Age >- 26..... S$500.00
* Age as at date of accident
MK ON WINDSCREEN ..... S$100.00
Named Drivers THE INSURED

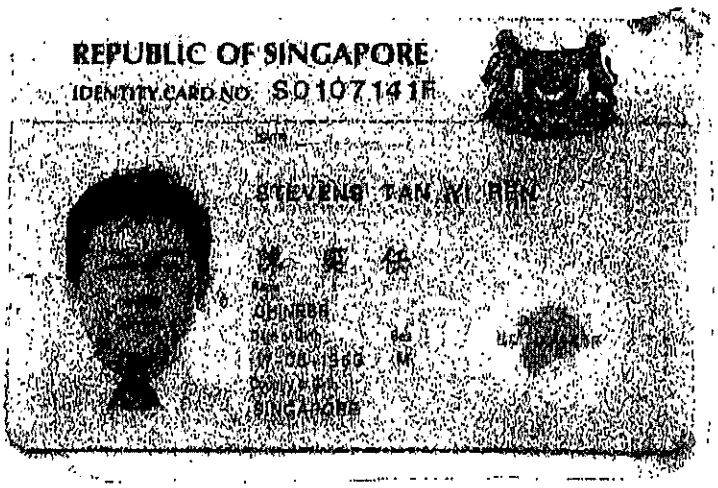
The following clauses and endorsements apply to this policy
Subject to Endts. 2, 25, 57, 72, N A W(united).
AUTOSAFE SCHEME (W)
In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section 2 of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

One Time Waiver of Excess Clause - Own Damage Claim (Insured and Named Drivers only)
Notwithstanding anything contained to the contrary, we will waive up to the first S$1,000.00 (for Insured and Named Drivers only) under the Excess for the first claim lodged under this Policy year

Continued on page 2


REPUBLIC OF SINGAPORE DRIVING LICENCE


REPUBLIC OF SINGAPORE
IDENTITY CARD NO: S0107141F
STEVENS TAN YI REN
M
SINGAPORE