

Our Reference: **SKQ4505P/7015491**
Your Reference: **SHG8733E**

By Email / Mail

09 April 2019

INDIA INTERNATIONAL INSURANCE PTE LTD C/O LKK AUTO CONSULTANTS
Attn: Third Party Claim Department -

ACCIDENT INVOLVING SKQ4505P & SHG8733E ON 07 Dec 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		1,262.60
Loss Of Use-issue to owner	60.00 x 3 days	180.00
Others		
TOTAL		1,442.60

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

Insured Vehicle No.	:	SPQ4505P	Model:	Fluence
TP Vehicle No.	:	SHC8733E		
Date of Accident	:	7th Dec 2018		

Global Sum Settlement : ☐ YES ☒ NO

Liability : 100% (Agreed / Assessed)

Repair Estimate	:	7731-40		
Final Repair Cost	:	1262-60		
Loss of Use	:	180.00	3 days at	60.00 per day
Rental (If Any)	:		days at	(Inclusive of GST) per day
Others	:			
	:			
	:			
Final Settlement Sum	:	1442-60		

Remarks	:	
	:	
	:	
	:	

Payment Instruction: Payee's Breakdown

1) Wearnes Automotive Pte Ltd	:	1262-60
2) BC Cycle	:	180.00
3)	:	
4)	:	

Lkk

SERVICE TAX INVOICE

0 - I00012 SL: INDIA INTERNATIONAL INSURANCE
INDIA INTERNATIONAL INSURANCE
64 CECIL ST
#04-05 IOB BUILDING
SINGAPORE 049711

GST Reg.No:M28920628X
Inv.No. : B&P 7015491 Page 1
Inv.date. : 08/03/2019
WIP No. : 56401
Veh.In/Out: 04/03/2019 07/03/2019
*Tel.No. : 6347 6100
Reg.No. : SKQ4505P
Reg.date : 28/11/2014
Mileage : 127,407
Chassis No: VF1LZLFOE51746547

Closed by : Michelle Ong Siew Be
Svc Consultant : ACC
Remarks : Mr Chin Mun Leong

Parts/Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE FRONT BUMPER, ETC.	0	450.00	0		450.00	S
800	TO PUTTY SPRAY PAINT ON FRT BUMPER, ETC	0	400.00	0		400.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	330.00	0		330.00	S

Gross Total. 1,180.00

Labour Total 1,180.00
Parts Total 0.00
Package Total 0.00

Net..... 1,180.00
GST @ 7.0% 82.60
Total..... 1,262.60
Paid..... 0.00
Please Pay.. 1,262.60

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, BC Cycle ("the third party Claimant")
of BK 818A Choa Chu Kang Ave1 #18-108 (S) 681818 (address),
owner of SKQ 4505P (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. SKQ 4505P that was damaged
pursuant to the accident which occurred on 7th Dec 2018 (date) along
Northbridge Road (location)
involving Vehicle No/s STC 8733E ("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 12th day of Dec (month) 20 18 (year)

BC CYCLE

Signed by "the third party claimant"

Signed by "the workshop"

Michelle Ong Siew Bee

From: Asher Sng (LKKAuto) <AsherSng@lkkauto.com>
Sent: Saturday, January 26, 2019 8:58 PM
To: Michelle Ong Siew Bee
Cc: Admin A
Subject: Re: Direct Settlement - Our Ref: SKW4505P ; Your Insured SHC8733E DOA 07/12/2018

'WITHOUT PREJUDICE'
SAVE AS TO COSTS

Hi Sir/Mdm,

We refer to the above matter.

Please be informed that basing on the accident statements submitted by both parties, the liability is clear / under BOLA (subject to BOLA guideline settlement) and shall proceed with direct settlement for the above mentioned case.

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.

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 base on the number of days of repair as recommended by our surveyor.

Kindly take note that the case handler in-charge is Asher and she can be contacted at her DID 6841 6051

In order to expedite the claim process, please forward all relevant documents to us (**LKK**) to proceed on negotiate settlement.

Thank You.

Best Regards,

Asher Sng | Case Handler

LKK Auto Consultants Pte Ltd

phone: 6841-6051 | email: ashersng@lkkauto.com | fax: 6741-4108

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

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	10/12/2018 17:16
Date Of Accident	07/12/2018 23:00
Exact Location Of Accident	NORTHBRIDGE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ4505P
Insured/Policyholder	
Name Of Registered Owner	BC CYCLE
Co Reg No	53311169B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96986509
Alternative Phone No	OFFICE-96986509

Vehicle Particulars

Manufacturer	RENAULT
Model	FLUENCE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101186622
Cover Note Number	

Driver

Name of Driver	CHIN MUN LEONG
NRIC No	S8103709D
Date Of Birth	03/02/1981
Occupation	INDOOR
Date Of Driving Pass	10/09/2007
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96986509
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 818A CHOA CHU KANG AVE 1 #18-108
Postcode	681818
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 - 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	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)	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 ATTACHMENT

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	SHC8733E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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:

BC CYCLE

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

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

Sketch Plan #2

SKETCH PLAN



Taxi Rolled back
~~forward~~ and collided
onto my car.

Driver was not in taxi.

SKQ 4505P was stationary

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 7th December, 2302 hrs. While driving my car (SKQ 4505P) on the extreme left lane (lane 4) on North Briden Rd, shortly after making a left turn from Seah St, a Hyundai i40 Comfort Taxi (SHC 8733E) overtook my car and came to an abrupt stop between Lanes 3 & 4 forcing me to perform an emergency brake to AVOID COLLISION. To this point, our vehicles did not make contact. Driver of Taxi exited his Taxi to confront me, his taxi then rolled backwards and collided onto the front right side of my car. Only me was inside my car, taxi was empty of passengers or driver. There was no injuries. My car was stationary at moment of impact. I have video footage of said incident.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

BC CYCLE 10/Dec/2018 *BC CYCLE*

Policyholder's Signature

Date & Time:

BC CYCLE

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5101186622

Cover : drive CLASSIC

- | | |
|---|--------------------|
| 1. Index mark and Registration Number of Vehicle | : SKQ4505P |
| Chassis Number | : VF1ZLF0E51746547 |
| 2. Name of Policyholder | : BC CYCLE |
| 3. Effective Date of Insurance | : 05 Jun 2018 |
| 4. Expiry Date of Insurance | : 27 May 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : I INSURANCE AGENCY (00000572538)

Date of issue : 04 Jun 2018 15:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8103709D



Name
CHIN MUN LEONG
甄 文 龙

Race
CHINESE

Date of birth
03-02-1981

Country/Place of birth
SINGAPORE

Sex
M

5190283

43287
REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8103709D

Name
CHIN MUN LEONG

Birth Date: 03 Feb 1981

Issue Date: 09 Jan 2003

000101300H

5190283



NRIC No. S8103709D



Date of issue
20-06-2013

APT BLK 818A CHOA CHU KANG AVENUE 1 #18-108
SINGAPORE 681818

NRIC No: S8103709D Date: 19/08/2016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	PASS DATE
Class 2B Motorcycles <= 200 CC	23 Sep 2006
Class 2A Motorcycles between 201 CC and 400 CC	09 Jan 2003
Class 2 Motorcycles > 400 CC	03 May 2005
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	10 Sep 2007

S8103709D S / No. 9000074064

Licence No: S8103709D

