

(Joy)



WEARNES

Our Reference: SLF4131E/7016001  
Your Reference: GBG1678C

By Email / Mail

28 May 2019

EQ INSURANCE COMPANY LIMITED C/O LKK AUTO CONSULTANTS  
Attn: Third Party Claim Department -

ACCIDENT INVOLVING SLF4131E & GBG1678C ON 01 Feb 2019.

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		19,676.43
Loss Of Rental	139.10 x 6 days	834.60
Others		
<b>TOTAL</b>		<b>20,511.03</b>

Kindly let us have your offer to [Christine.yow@wearnes.com](mailto: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.

# **SERVICE TAX INVOICE**

0 - E00004	SL: EQ INSURANCE COMPANY LTD	GST Reg.No:M28920628X
EQ INSURANCE COMPANY LTD		Inv.No. : B&P 7016001 Page 1
5 MAXWELL ROAD		Inv.date. : 21/05/2019
#17-00 TOWER BLOCK		WIP No. : 52013
MND COMPLEX		Veh.In/Out: 04/03/2019 26/03/2019
SINGAPORE 069110		*Tel.No. : 62239433
		Reg.No. : SLF4131E
Closed by .... : Paul Ong Qing Yong		Reg.date : 25/08/2016
Svc Consultant : ACC		Mileage .. : 50,531
Remarks ..... : Mr Ho Chee Yon		Chassis No: SALCA2AQ9GH566213

Parts/Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BUMPER, REAR BOOTLID, REPAIR REAR LH QTR PANEL	0		4800.00	0		4,800.00	S
800	TO PUTTY SPRAYPAINT ON REAR BUMPER, REAR BOOTLID, REAR QTR PANEL	0		3000.00	0		3,000.00	S
802	TO TRANSFER REAR BOOTLID PARTS	0		500.00	0		500.00	S
802	TO REPLACE REAR WINDSCREEN	0		600.00	0		600.00	S
0080	TO INSTALL REAR WINDSCREEN FIL	0		280.00	0		280.00	S
280	TO CHECK WIRING INCLUDE	0		486.00	0		486.00	S
RESETTING OF ALL ELECTRICAL MODULES								
419	WHEEL ALIGNMENT	0		280.00	0		280.00	S
800	TO PUTTY SPRAY PAINT	0		200.00	0		200.00	S
REAR LH RIM								
LR073071	BUMPER COVER REAR DS	1.0	EA	1928.20	10		1,735.38	S
LR027255	TRIM CLIP BLUE EVOQU	3.0	EA	9.90	10		26.73	S

# **SERVICE TAX INVOICE**

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 5 MAXWELL ROAD  
 #17-00 TOWER BLOCK  
 MND COMPLEX  
 SINGAPORE 069110

GST Reg.No:M28920628X

Inv.No. : B&P 7016001 Page 2

Inv.date. : 21/05/2019

WIP No. : 52013

Veh.In/Out: 04/03/2019 26/03/2019

\*Tel.No. : 62239433

Reg.No. : SLF4131E

Reg.date. : 25/08/2016

Mileage : 50,531

Chassis No: SALCA2AG9GH566213

Closed by .... : Paul Ong Qing Yong

Svc Consultant : ACC

Remarks ..... : Mr Ho Chee Yon

Parts/Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
LR028939	TRIM CLIP WHITE EVOQ	2.0	EA	2.60	10		4.68	S
001161824	*D* PRIMER GLASS & P	1.0	EA	37.40	10		33.66	S
LR061391	TAILGATE PANEL DSPOR	1.0	EA	3281.50	10		2,953.35	S
LR013135	TRIM CLIP WHITE EVO	10.0	EA	4.20	10		37.80	S
LR075803	REAR WINDSCREEN DSPO	1.0	EA	1125.20	10		1,012.68	S
LR078295	ADHESIVE AND SEALER	2.0	EA	122.10	10		219.78	S
LR077792	BUMPER - COVER	1.0	EA	432.10	10		388.89	S
LR102042	FOG LAMP REAR LH DSP	1.0	EA	350.80	10		315.72	S
LR079579	LAMP - REAR, STOP AN	1.0	EA	646.40	10		581.76	S
LR061130	D PILLAR FINISHER LH	1.0	EA	109.30	10		98.37	S
LR063644	BADGE REAR "DISCO" D	1.0	EA	172.20	10		154.98	S
LR063647	BADGE REAR "VERY" DS	1.0	EA	154.50	10		139.05	S
AJ86484	NAME PLATE - PLASTIC	1.0	EA	186.40	10		167.76	S
LR024211	BADGE OVAL REAR RR3	1.0	EA	91.70	10		82.53	S
LR095540	MOULDING - REAR WHEE	1.0	EA	322.30	10		290.07	S

Gross Total. 18,389.19

Labour Total 10,146.00  
 Parts Total 8,243.19  
 Package Total 0.00

Net..... 18,389.19  
 GST @ 7.0% 1,287.24  
 Total..... 19,676.43  
 Paid..... 0.00  
 Please Pay.. 19,676.43

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.

## (PAYMENT BREAKDOWN)

Vehicle No	:	SH4131E	Model	:	D. SPORT
	:	QBG 1678C			
Date of Accident	:	01/02/19			

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

Repair Estimate	:	\$ 38,150.65	
Final Repair Cost	:	\$ 19,676.43	
Loss of Use	:	\$	days at \$ per day
Rental (if any)	:	\$ 834.60	06 days at \$ 139.10 (incl of GST) per day
Others	:	\$	
	:	\$	
	:	\$	
	:	\$	
Final Settlement Sum	:	\$ 20511.03	

Remarks: \_\_\_\_\_

### Payment Instruction: Payee's Breakdown

1)	WEARNES AUTOMOTIVE PTE LTD	:	\$ 20511.03
2)		:	\$
3)		:	\$
4)		:	\$



**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

**EQ INSURANCE COMPANY LTD**

5 MAXWELL ROAD  
#17-00 TOWER BLOCK  
MND COMPLEX  
Singapore 069110

**Tax Invoice**

Inv No. : R1900542  
Inv Date : 26 Mar 2019  
Ref :  
Terms : 90 Days

**Rental Information**

Agreement No. : RA19/00277  
Billing Period : 04/03/2019 10:00 - 10/03/2019 10:00  
Driver Name : Ho Chee Yon

**Car Information**

Registration No. : SGE2180R  
Make : LAND ROVER  
Model : RANGE ROVER  
EVOQUE 2.0 AT ABS  
4WD HID

#	Description	Qty	UOM	Unit Price	Amt
1	Being Rental Payment for the Period Stated Above	6.00	Days	130.00	780.00

**Remarks:**

SLF4131E\_EQ\_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\$ 780.00  
GST 7.0% : S\$ 54.60  
**Total : S\$ 834.60**

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.*

Paul Ong Qing Yong

49 847

**From:** Joy Irene (LKKAuto) <JoyIrene@lkkauto.com>  
**Sent:** Monday, February 18, 2019 11:29 AM  
**To:** Paul Ong Qing Yong  
**Cc:** Admin A  
**Subject:** RE: SLF 4131E GBG 1678C 01/02/2019

**WITHOUT PREJUDICE**

Dear Paul,

With reference to the subject.

Please be informed that basing on the accident statements submitted by parties involved and video, the liability is clear.

The final repair cost is subject to the consistency of the damages according to the nature of the accident and approval of our principal insurer.

The days for losses(use/income/rental) will be based on the number of days of repair recommended by our surveyor and our principal's approval.

Please note that this e-mail is on without prejudice basis and does not amount to an authorisation of repair to your client's vehicle. Contents herein should not be construed as an admission of any liability, confirmation of damages whatsoever to the insured/insurer's part.

Furthermore, this e-mail should not be regarded as a waiver by EQ Insurance of their rights to repudiate the claim should there be future discovery of any breach of policy terms and conditions committed by their driver or insured.

Best Regards,  
Joy Irene | Case Handler  
LKK Auto Consultants Pte Ltd  
DID: 6841-2409 | email: [joyirene@lkkauto.com](mailto:joyirene@lkkauto.com) | Fax: 6741-4108  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** Paul Ong Qing Yong [mailto:[paul.ong@wearnes.com](mailto:paul.ong@wearnes.com)]  
**Sent:** Monday, 18 February 2019 11:22 AM  
**To:** Joy Irene (LKKAuto) <JoyIrene@lkkauto.com>

**Cc:** Admin A <admin-a@lkkauto.com>  
**Subject:** RE: SLF 4131E GBG 1678C 01/02/2019  
**Importance:** High

Hi Joy,

Received above.

Sending the video in a dropbox link below:

<https://www.dropbox.com/sh/a68i8evwsqoia4a/AACtvvFXbKXt50N7QZhi3YUua?dl=0>

please allow some time for the link to sync if there's an error message.

**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](http://www.wearnesauto.com) [paul.ong@wearnes.com](mailto:paul.ong@wearnes.com)

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Please do not copy it or use it for any purpose, or disclose its contents or any attachment to any other person. Thank you.*

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**From:** Joy Irene (LKKAuto) <joylrene@lkkauto.com>  
**Sent:** Monday, February 18, 2019 11:09 AM  
**To:** Paul Ong Qing Yong <paul.ong@wearnes.com>  
**Cc:** Admin A <admin-a@lkkauto.com>  
**Subject:** SLF 4131E GBG 1678C 01/02/2019

WITHOUT PREJUDICE

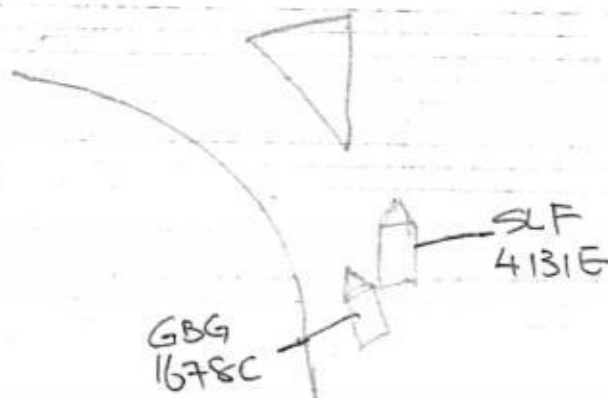
Dear Paul,

We refer to our tele-con earlier.

Kindly send us the reported video of your client.

Our insured reported that your client SLF 4131E cut lane.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle SLF 4131E suddenly cut into my lane
I quickly brake but still collided with
SLF 4131E near (LH) corner

Best Regards,  
Joy Irene | Case Handler  
LKK Auto Consultants Pte Ltd  
DID: 6841-2409 | email: [joyirene@lkkauto.com](mailto:joyirene@lkkauto.com) | Fax: 6741-4108  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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## 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	01/02/2019 13:32
Date Of Accident	01/02/2019 08:40
Exact Location Of Accident	ALONG KEPPEL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF4131E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO CHEE YON
NRIC No	S2537148H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93821919
Alternative Phone No	OFFICE-93821919

### Vehicle Particulars

Manufacturer	LAND ROVER
Model	DISCOVERY SPORT-2.0 HSE (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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100480502-02
Cover Note Number	

### Driver

Name of Driver	HO CHEE YON
NRIC No	S2537148H
Date Of Birth	05/09/1952
Occupation	INDOOR
Date Of Driving Pass	15/03/1975
Driving Experience	43 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93821919
Fax Number	

Address	123 JALAN JURONG KECHIL #05-26
Postcode	5989680
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 (including own vehicle) 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)	2
Passenger 1	NAME: : NGAI KOK LEONG GENDER: : MALE

#### 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	GBG1678C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

## 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.

x 

Policyholder's Signature  
Date & Time:

x 

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

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

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

## DECLARATION

✓ Check

✓ Shree

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 filing.
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: 01/02/19 Time: 0840
Exact Location of Accident	SF H31E ALONG KEPPEL RD
<b>DETAILS OF OWN VEHICLE</b>	
Vehicle Registration Number	SF H31E
<b>INSURED / POLICYHOLDER (OWN VEHICLE)</b>	
Name of Registered Owner (See Insurance Cert.)	HO CHEE YON
Personal Identification - NRIC (Singaporean/PR)	S2737148H
- FIN/Passport Number	
- Not Applicable	
<b>VEHICLE PARTICULARS (OWN VEHICLE)</b>	
Vehicle Make / Model	Manufacturer _____ Model D. SPORT
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 type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
<b>INSURANCE COMPANY (OWN VEHICLE)</b>	
Name of Insurance Company *	ALG
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	2100480502-02
Motor CI	
<b>DRIVER</b>	<input checked="" type="radio"/> Same as Insured above
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Date of Birth	05 dd/ 09 mm/ 52 /yy
Driving Date Pass	15 dd/ 03 mm/ 75 /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.	93821919

Address of Driver		
Email Address	Postcode ( )	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
If No, Relationship of the Driver with the Insured	OWNER	
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)		
<b>GENERAL INFORMATION OF THE ACCIDENT</b>		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	DAMAGED WHILE STATIONARY	
Weather Conditions	<input checked="" type="radio"/> Clear	<input type="radio"/> Raining <input type="radio"/> Others, _____
Road Surface	<input type="radio"/> Dry	<input type="radio"/> Wet <input type="radio"/> Others, _____
<b>OTHER INFORMATION</b>		
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 type="radio"/> Yes	<input type="radio"/> No
Number of Passengers (Including Driver)	02 NGAI KOK LEONG (M)	
<b>DETAILS OF POLICE ACTION</b>		
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 type="radio"/> No (If Yes, against whom?)
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>		
Vehicle Registration Number	GBG1678C	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver		
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
Contact Number	9844 1411 ARIZU	
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.)		





# CERTIFICATE OF INSURANCE

## WEARNES AUTO PROTECTOR (LAND ROVER) PRIVATE VEHICLE

**Name of Policyholder** : HO CHEE YON  
**Period of Insurance** : 25 Aug 2018 To 24 Aug 2019  
**Engine No.** : 01515922562204PT  
**Chassis No.** : SALCA2AG9GH566213

**Vehicle No.** : SLF4131E  
**Policy No.** : 2100480502-02  
**Endorsement No.** :  
**Issued Date** : 11 Aug 2018

### ABOUT THE COVER

**Make/Model** : LANDROVER DISCOVERY SPORT SI4 SE/HSE  
**Engine Capacity/Tonnage** : 1,999.00 CC  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2016  
**Insuring with COE/PAFF** : Yes

a) The Policyholder  
b) Any other person who is driving on the Policyholder's order or with his/her permission.  
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

**Age Condition** : All Age Condition

**Limitation as to use\*** :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

**Loss of Use 2000cc:**

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

### EXCESS

**Section 1**  
Fire - \$0 Own Damage - \$900 Theft - \$0 Flood Cover - \$0

**Section 2**  
Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)

HO CHEE YON - \$900 (Own Damage)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Wearn's Automotive Pte Ltd. Add: 45 Leng Kee Road Singapore 159103 63789333

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503486613

WEARNES AUTOMOTIVE - DJT (J)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


*Manile*


AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

SSPEMC

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2537148H





Name

HO CHEE YON

何 啟 文

Race

CHINESE

Date of Birth

05-09-1952

Sex

M


Country of Birth

MALAYSIA

S2537148H

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number

S2537148H

Name

HO CHEE YON


Birth Date

05 Sep 1952

Issue Date

28 Jul 2003

000692630A



8356594





NRIC No.

S2537148H

Nationality

MALAYSIAN

Blood Group

B+

Date of issue

06-05-2000

123 JALAN JURONG KECHIL #05-26

SINGAPORE 598680

NRIC No:

S2537148H

Date:

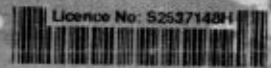
04/12/2018

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	15 Mar 1975
Class 2A Motorcycles between 201 cc and 400 cc	15 Mar 1975
Class 2 Motorcycles exceeding 400 cc	15 Mar 1975
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	15 Mar 1975

NP 428A

Licence No: S2537148H





## AUTHORIZATION TO ACT

I, HO CHEE YON ("the third party Claimant")  
of 123 JALAN JURONG KECIL #05-26 (address),  
owner of SFH31E (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. SFH31E that was damaged  
pursuant to the accident which occurred on 01/02/19 (date) along  
KEPPEL ROAD (location)  
Involving Vehicle No/s GBG1678C ("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 01 day of 02 (month) 20 19 (year)

[Signature]

Signed by "the third party claimant"

[Signature] 

Signed by "the workshop"