

Our ref:

Your ref:

Date:

To:

Attn:

YP 6526H
SKK 8423Y
27 MAY 2019

Direct Settlement

Singapore

Motor Claims Department

Re: Accident Involving Motor Vehicle Nos. SKK 8423Y & YP 6526H
At/Along S/M Toa Payoh Tolls On 07/04/18 @ 12:15
Ang.

I am the owner of vehicle no. SKK 8423Y that was involved in an accident with your insured vehicle no. YP 6526H of the above accident.

As the accident was caused by your insured negligent/inconsiderate driving, thus I am claiming from you for the following: -

1. Cost of Repairs	\$ 4,869.09
2. Loss of Use / Rental (3 days @ \$ 60 per day)	\$ 180.00
3. LTA/GIA Search Fee	\$ 2.00
4. GIA Report Fee	\$
5. Others	\$
Total: \$ 5,051.09	

I hereby give you fourteen (14) days to comply with the above, failing which, I shall instruct my solicitor to commence legal action against you. If you have any queries, please contact the representative of **CYCLE & CARRIAGE INDUSTRIES PTE LTD** at Telephone No: 67714401 (Mr Vincent Seah) / 67714304 (Ms Amanda Ang).

I hereby give full authority to **CYCLE & CARRIAGE INDUSTRIES PTE LTD** and their representative to negotiate/comprise settlement of the above claim on my behalf.

Your co-operation and immediate attention to the above is greatly appreciated. I hereby look forward to hearing from you soon.

Yours faithfully

Name & Signature

Address: C/o. 188 Pandan Loop Singapore 128378
Cc: Mr Vincent Seah/ Ms Amanda Ang
E-mail: vincent.seah@cvclecarriage.com.sg / amanda.ang@cvclecarriage.com.sg
Fax No. 67795383



Mercedes-Benz

Cycle & Carriage
Industries Pte Limited
Authorised Dealer
Company No. 196400367W
GST Reg No. MR-8500111-X

TAX INVOICE

Invoice Name & Address	Owner Name & Vehicle Info
C/O AXA INSURANCE PTE LTD	Cust No/Name /Tan Hwee Leng (Chen Huiling)
MOTOR CLAIM DEPARTMENT	Reg No/Reg Date SKK8423Y / 29/03/2012
8 SHENTON WAY #24-01	Date In/Mileage 15/04/2019/ 90041
SINGAPORE 068811	Chassis No WDD2120472A578180
Contact No	Engine No 27186030419067
	Make/Model MB/E 250 CGI SEDAN (W212)
	Colour/Trim 027 755 Tenorite Gr/ 042 Leather Black/C



Account No	Terms	Date/Time Printed	CSE	Operator	WIP No	Invoice/Credit Note No
CSI00001	Cash	16/05/2019/ 16:40	VS	356 / Vincent Seah	32382	28153775

Description of Goods / Services	Qty	Unit Price S\$	Amount S\$
M BPNSUN			F.O.C.
POLICY NO/ACC DATE : 29009811QMY // 07.04.19			
DRIVE IN/EXCESS : 08.04.19 // TP CAR NO YP6526H-AXA INS			
DATE IN/DATE SURVEY: 08.04.19 // 15.04.19 15:45PM RASUL-LKK			
DIRECT SETTLEMENT: ASHER SNG-LKK			
A BPILAB		0.10	380.00
"USE XENTRY TO CHECK CONTROL UNITS & RESET MEMORY TO STANDARD SETTINGS.NETT"			
A BPILAB			960.00
REMOVE & REPLACE ON REAR BUMPER			
A BPIRES			600.00
RESPRAY ON REAR BUMPER			
X REAR BUMPER	1.00	1634.76	1634.76
X LEFT REAR BUMPER CHROME MOULDING	1.00	132.65	132.65
X RIGHT REAR BUMPER CHROME MOULDING	1.00	132.65	132.65
X REAR LOWER BUMPER	1.00	531.91	531.91
X REAR BUMPER CENTRE CHROME MOULDING	1.00	178.58	178.58

Cycle & Carriage celebrates 120 years.
Visit www.cyclecarriage.com/120 for more info!

Parts	2,610.55	Nett	4,550.55
Labour	1,940.00	7% GST on	4550.55
Standard Menu	0.00		
Specialist Job	0.00		
Diagnostics Job	0.00	Total Payable	4,869.09
Sundry/Others	0.00	Paid	0.00
Total(w/o GST)	4,550.55	Total Due	4,869.09

Payment should be made strictly by cash, NETS or credit cards. Thank you.

Any dispute to the invoice must be made within 3 days. This is a computer generated document, no signature is required.

Pandan Loop Service Center
188 Pandan Loop
Singapore 128378
Tel: 6777 8388
Fax: 6779 5383
www.mercedes-benz.com.sg



Mercedes-Benz - are registered trademarks of Daimler, Stuttgart, Germany



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-19-054482
Date of Request: 08/04/2019

Your Ref No: Online Purchase

Cycle & Carriage Industries Pte Ltd
188 Pandan Loop
Singapore 128378

Dear Sir/Madam,

Enquiry Date 08/04/2019
Enquiry By Lim Xin Yi
TP Vehicle No. YP6525H
Accident Date 07/04/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
YP6525H	AXA Insurance Pte Ltd	13/07/2018-12/07/2019	6338 7288

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



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TAX INVOICE

Our Ref No: GR-19-054482
Date of Request: 08/04/2019

Your Ref No: Online Purchase

Cycle & Carriage Industries Pte Ltd
188 Pandan Loop
Singapore 128378

Dear Sir/Madam,

Enquiry Date 08/04/2019
Enquiry By Lim Xin Yi
TP Vehicle No. YP6525H
Accident Date 07/04/2019

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

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	08/04/2019 14:06
Date Of Accident	07/04/2019 12:15
Exact Location Of Accident	JLN TOA PAYOH TWDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK8423Y
Insured/Policyholder	
Name Of Registered Owner	TAN SEE BEE
NRIC No	S0570737D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96937377
Alternative Phone No	OFFICE-96937377

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250

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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	29009811QMY
Cover Note Number	

Driver

Name of Driver	TAN SEE BEE
NRIC No	S0570737D
Date Of Birth	04/11/1946
Occupation	INDOOR
Date Of Driving Pass	06/06/1964
Driving Experience	54 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96937377
Fax Number	
Contact Number	OFFICE-96937377
Email Address	NOEMAIL

Address	37A SURIN AVE
Postcode	535628
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?	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

I WAS TRAVELLING ALONG JLN TOA PAYOH AND CAR B (YP6525H) HIT INTO MY REAR PORTION. MODERATE TRAFFIC.

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	YP6525H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SHI ZHAOYANG
NRIC/Passport Number	G2998027L
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident 07.04.19
 Time Of Accident 12:14PM
 Exact Location Of Accident JLN TOA PAYOH TWDS CHINAGI *Chang*
 Country/State of Loss Singapore/ Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKK 8423 Y

Insured/Policyholder

Name Of Registered Owner TAN SEE BEE
 NRIC No S0570737D
 Email Address
 Mobile Phone No 96937377
 Alternative Phone No

Vehicle Particulars

Manufacturer MERCEDES-BENZ
 Model E250
 Exact Purpose for which vehicle was being used at time of accident Private use ☒ Commercial use ☐ Hire & reward ☐
 Others - Please specify
 Are you claiming under your own insurance policy for repair to your vehicle? Yes ☐ No ☒ Other
 If No, Please state action to be taken
 Third Party Claim ☒ Reporting Only ☐
 Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company MSIG INS
 Type Of Coverage Comprehensive Others
 Fleet Policy Yes ☐ No ☒
 Policy Number 29009811QMY
 Cover Note Number

Driver

Name of Driver TAN SEE BEE
 NRIC No S0570737D
 Date Of Birth 04/11/1946
 Occupation Indoor ☒ Outdoor ☐
 Date Of Driving Pass 06/06/1964
 Driving Experience 55yrs
 Gender Male ☒ Female ☐
 Mobile Number 96937377
 Fax Number
 Contact Number
 Email Address
 Address 37A SURIN AVE
 Postcode 535628

Was driver an employee of the Insured's Company
If No, Relationship of the Driver with the Insured

Yes ☐ No ☒
Owner ☒ Paid Driver ☐ Relative ☐ Friend ☐ Parent ☐
Spouse ☐ Children ☐ Sibling ☐ Other: _____

Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

REAR PORTION

Weather Conditions

Clear ☒ Raining ☐ Others

Road Surface

Dry ☒ Wet ☐ Others

Details of Injured Persons

Was anybody injured in the Accident?

No ☒ Yes ☐

Name

Address

Injuries Sustained

If vehicle Occupants, state in which vehicle?

Were seat belts worn?

No ☐ Yes ☒

Was injured conveyed to hospital by ambulance?

No ☒ Yes ☐

Other Information

Was any foreign vehicle involved in this accident?

No ☒ Yes ☐

Number of vehicles involved in the accident

2

Was any other material or property damaged?

No ☐ Yes ☒

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

No ☒ Yes ☐

Number of Passengers (Including Driver)

1

Passenger 1

Male ☐ Female ☐

Passenger 2

Male ☐ Female ☐

Passenger 3

Male ☐ Female ☐

Passenger 4

Male ☐ Female ☐

Passenger 5

Male ☐ Female ☐

Details of Police Action

Was the accident reported to the police?

No ☒ Yes ☐

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

No ☒ Yes ☐

NO If Yes, against whom?

Circumstances of Accident

--

Attachment(s)

Are accident photos available for attachment? No ☐ Yes ☒

Was there any video captured by Car Camera? No ☐ Yes ☒

Was there any audio recorded? No ☒ Yes ☐

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP	6525	H
Vehicle Make/Model/Colour	LORRY		
Details Of Properties			
Vehicle Category			
Name of Driver	SHI ZHAOYANG		
NRIC/Passport Number	G2998027L		
Contact Number			
Address			
Postcode	AXA		
Insurance Company Name			
Nature Of Damage	FRONT		
No. Of Passenger (Including Driver)	1		

DETAILS OF OTHER VEHICLE PROPERTY 2

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

Details of Witness

Was there any witness? No ☒ Yes ☐

Name

Phone Number

Email Address

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 08.04.19 12:40PM



Driver's Signature

(If driver is not the policyholder)

Date & Time

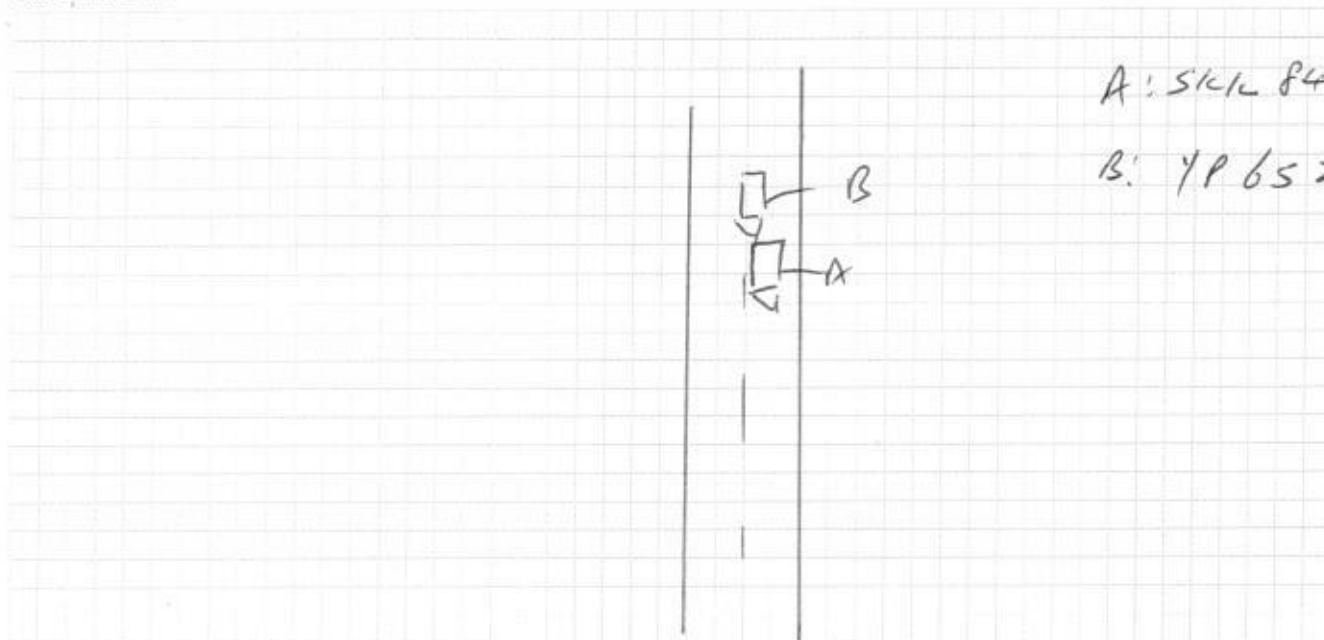
Vincent Seah
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Centre
DID: 6771 4401 HP: 8332 0062 Fax: 6872 1272
Email: vincent.seah@cyclecarriage.com.sg

Reporting Centre Personnel

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG JLN TOA PAYOH AND VEHICLE HIT INTO MY CAR REAR PORTION . MODERATE TRAFFIC

^
B

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature
Date & Time 08.04.19 12:40PM

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

DD6771 4401
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Centre
HP: 8332 0062 Fax: 8332 1272
Email: vincent.seah@cyclesandcarriages.com.sg
Vincent Seah
Reporting Centre Personnel's
Name:
NRIC/FIN No.:

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1
Individual Ownership

MOTOR MAX PLUS
Comprehensive

Certificate No. A 29009811 QMY

Excess : SGD750
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SKK8423Y

2. Name of Policyholder
Tan See Bee

3. Effective Date of the Commencement of Insurance for the purposes of the Act
29/09/2018

4. Date of Expiry of Insurance
28/09/2019

5. Persons or Classes of Persons entitled to drive*

Tan See Bee
Tan Tong Joo
Tan Hwee Leng

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or 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*

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


* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

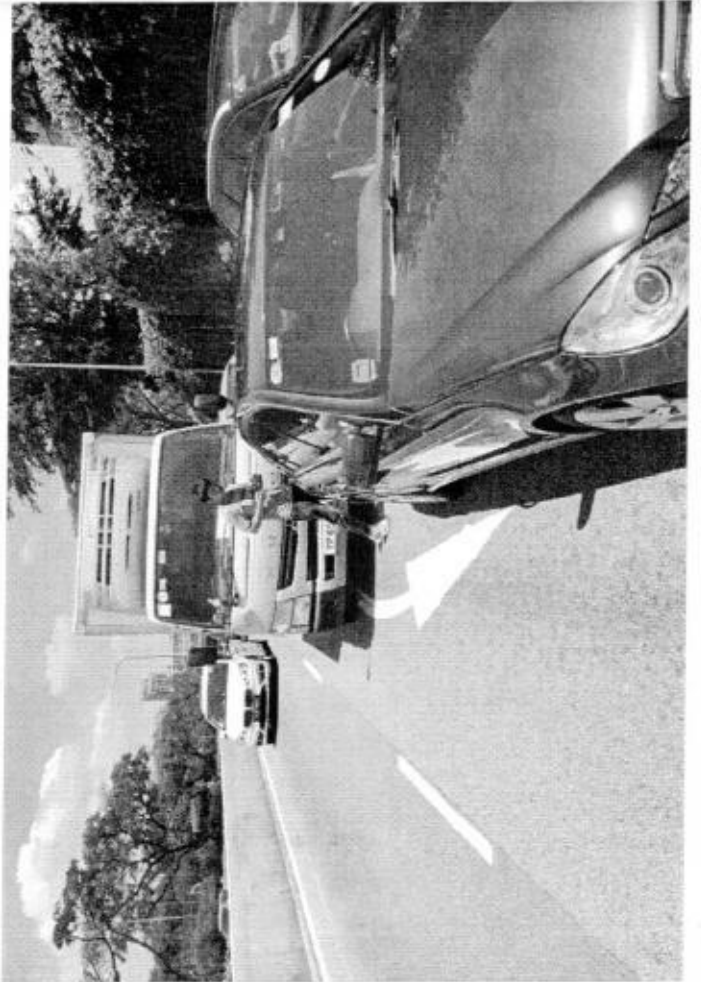
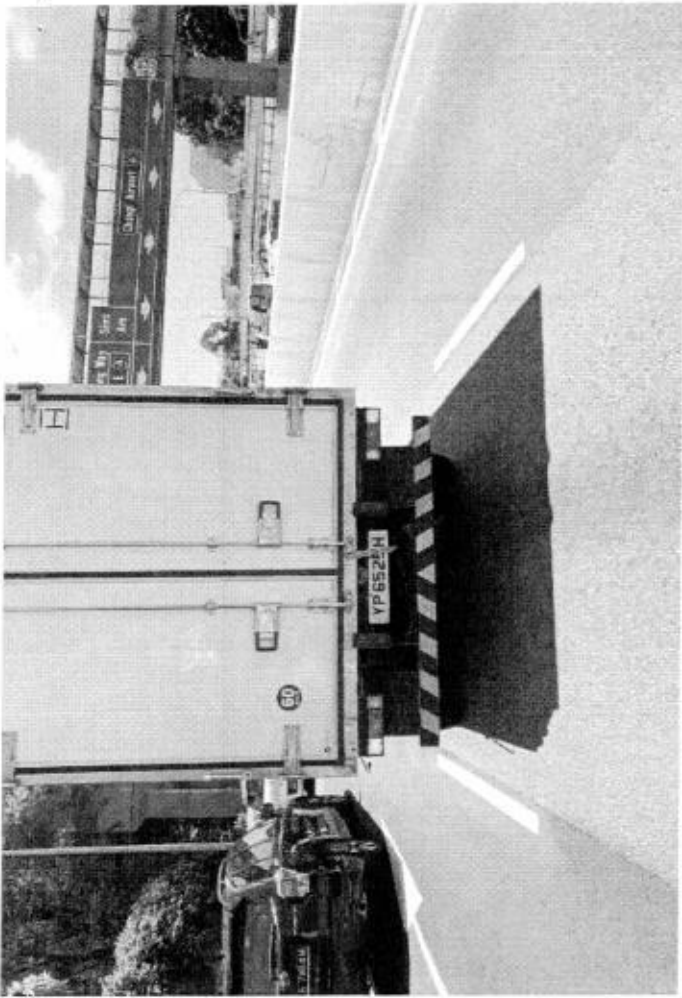
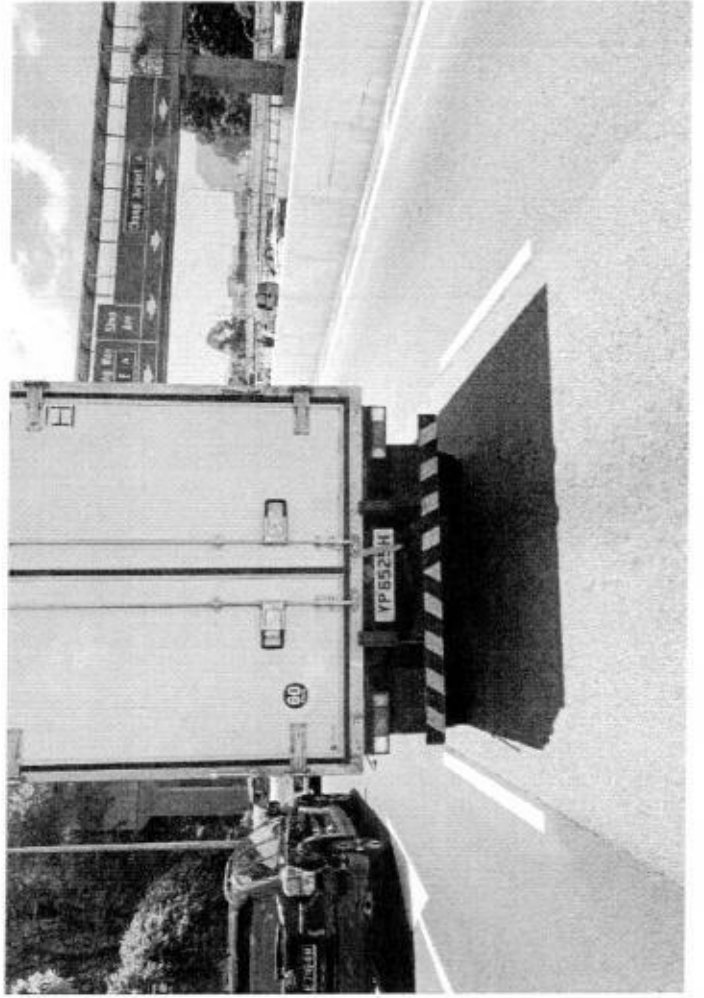
PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers


for Chief Executive Officer



Vincent Seah

From: Asher Sng (LKKAuto) <AsherSng@lkkauto.com>
Sent: Friday, 12 April 2019 5:10 PM
To: Vincent Seah
Cc: assignments; Shu Pei (LKKAuto)
Subject: RE: SKK8423Y//YP6526H= DIRECT SETTLEMENT ***LKK REF:CC4/ASM19006277/eb3

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 approval from our principal

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

-----Original Message-----

From: Vincent Seah <vincent.seah@cyclecarriage.com.sg>
Sent: Friday, 12 April 2019 4:14 PM
To: Asher Sng (LKKAuto) <AsherSng@lkkauto.com>
Cc: assignments <assignments@lkkauto.com>; Shu Pei (LKKAuto) <shupe@lkkauto.com>
Subject: RE: SKK8423Y//YP6526H= DIRECT SETTLEMENT ***LKK REF:CC4/ASM19006277/eb3
Importance: High

Afternoon All

Kindly revert liability

Urgent

Tks

Vincent Seah