

Christine Yow



Our Reference: **SMF6298H/7016278**
Your Reference: **SHD6731T**

By Email / Mail

02 August 2019

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

ACCIDENT INVOLVING SMF6298H & SHD6731T ON 26 Apr 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		6,312.21
Loss Of Rental	160.50 x 6 days	963.00
Others		
TOTAL		7,275.21

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	:	4MF 6298H (Insd veh)	Model	:	Volvo XC40
	:	44D 6731T (TP veh)			
Date of Accident	:	26.04.19			

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

Repair Estimate	:	\$ 11841.15	
Final Repair Cost	:	\$ 6312.21	
Loss of Use	:	\$	days at \$ per day
Rental (if any)	:	\$ 763.00	06 days at \$ 160.50 (incl of GST) per day
Others	:	\$	
	:	\$	
	:	\$	
	:	\$	
Final Settlement Sum	:	\$ 7275.21	

Remarks:	

Payment Instruction: Payee's Breakdown		
1)	weanes automotive p/l	\$ 7275.21
2)		\$
3)		\$
4)		\$

SERVICE TAX INVOICE

D - 100012 SL: INDIA INTERNATIONAL INSURANCE
 INDIA INTERNATIONAL INSURANCE
 64 CECIL ST
 #04-05 IOB BUILDING
 SINGAPORE 049711

GST Reg.No:M28920628X
 Inv.No. : B&P 7016278 Page 1
 Inv.date : 28/06/2019
 WIP No. : 11396
 Veh.In/Out: 20/06/2019 26/06/2019
 *Tel.No. : 6347 6100
 Reg.No. : BMF6298H
 Reg.date : 19/11/2018
 Mileage : 10,125
 Chassis No: YV1XZACADK20805c1

Closed by : Derek Oh Siong Wee
 Svc Consultant : ACC
 Remarks : Mr Chua Seok Yin

Parts/Op.No	Description	Mech	Dty	Price	Disc	Pkg	Amount	G
802	TO REPLACE FRONT BUMPER,FRT RH FENDER,FRT RH FENDER TRIM, FRT RH DOOR,FRT RH DOOR TRIM, FRT RH DOOR SEAL,ETC	0		1600.00	0		1,600.00	S
800	TO PUTTY SPRAY PAINT ON FRT RH FENDER,FRT RH DOOR,ETC	0		1400.00	0		1,400.00	S
031	TO REPLACE FRONT RH RIM	0		50.00	0		50.00	S
10	COMPUTERISED WHEEL ALIGNMENT	0		280.00	0		280.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0		480.00	0		480.00	S
031651218	FENDER FRT RH XC40 1	1.0	EA	1180.80	10		1,062.72	S
031448325	MUDGUARD WIDENER FRT	1.0	EA	94.10	10		84.69	S
031448317	DOOR TRIM MOULDING F	1.0	EA	184.60	10		166.14	S
003541113	BUMPER CLIP 8x8.5	10.0	EA	5.40	10		48.60	S
031650265	ALLOY RIM 7.5x18" 5-	1.0	EA	807.90	10		727.11	S

Gross Total: 5,899.26

Labour Total 3,810.00
 Parts Total 2,089.26
 Package Total 0.00

Net..... 5,899.26
 GST @ 7.0% 412.95
 Total..... 6,312.21
 Paid..... 0.00
 Please Pay 6,312.21

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, Uma Soek Yin ("the third party Claimant")
of UD Mount Sinai Lane #05-15 9(277053) (address),
owner of Surf 6298H (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. Surf 6298H that was damaged
pursuant to the accident which occurred on 26.04.19 (date) along
Along AYE and B Lily (location)
involving Vehicle No/s SAD 67317 ("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 26 day of 04 (month) 20 19 (year)

Signed by "the third party claimant"



Signed by "the workshop"

Derek Oh Siong Wee

From: Zuhaidah Samsuri <aida@iii.com.sg>
Sent: Friday, 3 May 2019 9:17 AM
To: Derek Oh Siong Wee; Motor Claim - III
Subject: RE: DIRECT SETTLEMENT FOR SMF6298H AND SHD6731T - MCT19040725

WITHOUT PREJUDICE

Dear Derek,

We refer to your below email.

Without admission of liability, we are agreeable for Direct Settlement, subject to the consistency of damages assessed by the surveyor.

Please liaise with LKK.

Best Regards
Aida Samsuri
Motor Claims Dept
India International Insurance Pte Ltd
64 Cecil Street #04/#05 IOB Building
Singapore 049711
Tel: 6347 6100 Ext 257 Fax: 6224 4174
Email: aida@iii.com.sg
Co. Reg Number: 198703792K

From: Derek Oh Siong Wee [mailto:derek.oh@wearnes.com]
Sent: Friday, 3 May, 2019 9:02 AM
To: Zuhaidah Samsuri <aida@iii.com.sg>; Motor Claim - III <motorclaim@iii.com.sg>
Subject: RE: DIRECT SETTLEMENT FOR SMF6298H AND SHD6731T
Importance: High

FYA

Best Regards,

Derek Oh
Service Consultant
Bodyshop & Paint



Wearnes Automotive Pte Ltd
249 Alexandra Road Singapore 159935
D (65) 6430 4895 M (65) 9818 7217
www.wearnes.com derek.oh@wearnes.com

**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

INDIA INTERNATIONAL INSURANCE

64 CECIL ST
#04-05 IOB BUILDING
Singapore 049711

Tax Invoice

Inv No. : R1901065
Inv Date : 26 Jun 2019
Ref :
Terms : 90 Days

Rental Information

Agreement No. : RA19/00630
Billing Period : 20/06/2019 09:30 - 26/06/2019 16:13
Driver Name : Chua Seok Yin

Car Information

Registration No. : SKR1798A
Make : VOLVO
Model : XC90 T5

#	Description	Qty	UOM	Unit Price	Amt
1	Being Rental Payment for the Period Stated Above	6.00	Days	150.00	900.00

Remarks:

SMF6298H_India International_Derek

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\$ 900.00
GST 7.0% : S\$ 63.00
Total : S\$ 963.00

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

To Submit

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: 26.04.19 Time: 0840
Exact Location of Accident	Along AYE Lds City

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF 6298H
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INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	CHUA SEOK YIN @ CHUA XIN BEI
Personal Identification - NRIC (Singaporean/PR)	S1581527B
- FIN/Passport Number	
- Not Applicable	

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer Volvo Model XC40 T4
Type of Vehicle*	<input type="radio"/> Saloon <input type="radio"/> MPV <input checked="" 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	4011A
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input checked="" type="radio"/> No (if No, P/s 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 *	AIU
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	
Motor CI	

DRIVER

	<input checked="" type="radio"/> Same as Insured above	
Name of Driver	CHUA SEOK YIN @ CHUA XIN BEI	
Personal Identification - NRIC (Singaporean/PR)	S1581527B	
- FIN/Passport Number		
Date of Birth	08 dd/ 07 mm/ 63 yy	
Driving Date Pass	30 dd/ 06 mm/ 83 yy	
Year of Driving Experience	Year(s)	Month(s)
Occupation	Director	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female	
Contact Number / Mobile Phone / Fax No.	96184884	

Address of Driver	11D Mount Sinai Lane #05-15 Glentrees		Postcode (277053)
Email Address	alacei@yahoo.com		
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 checked="" 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)	side swipe		
Weather Conditions	<input type="radio"/> Clear <input checked="" type="radio"/> Raining <input type="radio"/> Others		
Road Surface	<input type="radio"/> Dry <input checked="" 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 N9 9006 Kai (m)		
Was there any video captured by Car Camera?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Number of Passengers (Including Driver)	02		
DETAILS OF POLICE ACTION			
Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" 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	SHD 6731 T		
Vehicle Make/ Model/ Colour	Mercedes Benz White		
Details of Properties			
Name of Driver	Chia Kay Boon		
Personal Identification - NRIC (Singaporean/PR)	S0203015B		
- FIN/Passport Number			
Contact Number			
Address			
Name of Insurance Company			
Nature of Damage			
No. of Passenger (Including Driver)	2		
(Note - Please use page B if you need to add more vehicles.)			

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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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 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.



Policyholder's Signature / Date & Time

26/4/19

Sketch Plan



Driver's Signature (if driver is not the policyholder) / Date

& Time 26/4/19

Witnessed by Reporting Centre Personnel

Refer to sketch plan attached.

Describe Circumstance of the Accident

Refer to statement attached.

IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

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



Policyholder's Signature / Date & Time

26/4/19



Driver's Signature (if driver is not the policyholder) / Date

& Time 26/4/19.

Witnessed by Reporting Centre Personnel



ACS (International)

Subject/Paper: _____

Class: _____

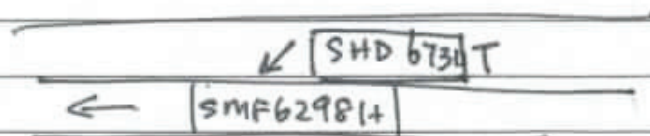
Nothing is to be written in this margin.

- Traffic was moderately heavy and I was driving at speed commensurate with traffic conditions. Slow.

Name: _____

Index No.: _____

- At about 9:40 am today, 26/4/2019, I was driving on lane 2 of the AYE expressway, when I heard ~~an~~ a loud sound & felt the impact of being hit by another car.
- The car that hit me was a white Mercedes Benz cab, SHD 6731T driven by a Mr Chia Kay Boun Sog 03015 B.
- ~~we~~ we drove to the shoulder of the AYE, where ^{we} exchanged details and he admitted that he was in the wrong.
- He told me he had pax in the car and he wanted to drive pax to the destination.
- It was raining lightly when the accident ^{happened}, visibility was good.



Exit
to Belciti
Merah

Alim Kurni
26/4/19

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	26/04/2019 14:54
Date Of Accident	26/04/2019 09:40
Exact Location Of Accident	ALONG AYE TWDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF6298H
Insured/Policyholder	
Name Of Registered Owner	CHUA SEOK YIN
NRIC No	S1581527B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96184884
Alternative Phone No	OTHERS-96184884

Vehicle Particulars

Manufacturer	VOLVO
Model	XC40-2.0 T4 MOMENTUM (A)
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
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	
Cover Note Number	

Driver

Name of Driver	CHUA SEOK YIN
NRIC No	S1581527B
Date Of Birth	08/07/1963
Occupation	INDOOR
Date Of Driving Pass	30/06/1983
Driving Experience	35 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96184884
Fax Number	
Contact Number	OTHERS-96184884
Email Address	NOEMAIL

Address	11D MOUNT SINAI LANE #05-15
Postcode	277053
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : NG SOON KAI 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 ATTACH

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	SHD6731T
Vehicle Make/Model/Colour	MERCEDES BENZ / WHITE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHIA KAY BOON
NRIC/Passport Number	S0203015B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: : UNKNOWN

GENDER: :

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1581527B



Name
CHUA SEOK YIN
@CHUA XIN BEI
蔡欣蓓

Race
CHINESE

Date of birth
08-07-1963

Sex
F

Country/Place of birth
SINGAPORE

S1581527B

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No. S1581527B

Name
CHUA SEOK YIN

Birth Date: 08 Jul 1963

Pass. Date: 23 Dec 2008

Barcode: 1581527B001515305E

Barcode: 1581527B001515305E

NRIC No. S1581527B

Date of issue
30-01-2019

Address
BLK 11D MOUNT SINAI LANE
#05-15
SINGAPORE 277052

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

PASS DATE

Class 2 Motor Cars \leq 2000kg with \leq 7 passengers, exclusive of the driver, and other motor vehicles \leq 2000kg 30-Jun 1963

Barcode: 1581527B001515305E

Licence No. S1581527B

NP-425A