

(Jiale)



Our Reference: SMM9918X/7016435
Your Reference: SGP4111U

By Email / Mail

02 August 2019

LONPAC INSURANCE BHD C/O LKK AUTO CONSULTANTS
Attn: Third Party Claim Department -

ACCIDENT INVOLVING SMM9918X & SGP4111U ON 26 May 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		3,407.17
Loss Of Rental	128.40 x 3 days	385.20
Others		
TOTAL		3,792.37

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.	: SMM9918X	Model:	S60
TP Vehicle No.	: 86P 4114		
Date of Accident	: 26 th May 2019		

Global Sum Settlement : YES NO

Liability : 100% (Agreed / Assessed)

Repair Estimate	: 9844.85		
Final Repair Cost	: 3407.17		
Loss of Use	:	days at	per day
Rental (If Any)	: 385.20	3 days at	128.40 (Inclusive of GST) per day
Others	:		
	:		
	:		
Final Settlement Sum	: 3792.37		

Remarks	: _____
	: _____
	: _____

Payment Instruction: Payee's Breakdown		
1) Wearnes Automotive Pte Ltd	:	3792.37
2)	:	
3)	:	
4)	:	

UCC

SERVICE TAX INVOICE

D - L00002 3L: LONPAC INSURANCE BHD
 LONPAC INSURANCE BHD
 300 BEACH ROAD
 417-04/07 THE CONCOURSE
 SINGAPORE 199555

GST Reg.No: M28920628X
 Inv.No. : B&P 7016435 Page 1
 Inv.date. : 26/07/2019
 WIP No. : 26163
 Veh.In/Out: 17/07/2019 22/07/2019
 *Tel.No. : 62507388
 Reg.No. : SMH9915X
 Reg.date : 11/10/2018
 Mileage : 12,957
 Chassis No: YV1FS40LDJ2462992

Closed by : Michelle Ong Siew Be
 Svc Consultant : ACC
 Remarks : Mr Quek Kok Leong Jo

Parts/Op.No	Description	Mech Qty	Price	Disc	Pkg	Amount	0
802	TO REPLACE REAR LOWER SPOILER	0	800.00	0		800.00	S
800	TO PUTTY SPRAY PAINT ON REAR BUMPER, REAR LOWER SPOILER, ETC	0	1400.00	0		1,400.00	S
Z80	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	480.00	0		480.00	S
039818157	BUMPER SPOILER REAR	1.0 EA	486.40	10		437.76	S
039802591	TOW COVER REAR S&O I	1.0 EA	73.90	10		66.51	S

Gross Total. 3,184.27

Labour Total 2,680.00
 Parts Total 504.27
 Package Total 0.00

Net..... 3,184.27
 GST @ 7.0% 222.90
 Total..... 3,407.17
 Paid..... 0.00
 Please Pay.. 3,407.17

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.

Michelle Ong Siew Bee

From: Rasul (LKKAuto) <Rasul@lkkauto.com>
Sent: Thursday, July 25, 2019 4:37 PM
To: Michelle Ong Siew Bee
Subject: RE: Final Bill for SMM9918X

Hi Michelle,

Finalised amount confirmed as per attached

Best Regards,

Rasul | Assessor

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Rasul@lkkauto.com | fax: 6841-4315

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

 *Save the Earth. Print only when necessary.*

From: Michelle Ong Siew Bee [mailto:michelle.ong@wearnes.com]
Sent: Thursday, 25 July, 2019 11:32 AM
To: Rasul (LKKAuto); Admin-D (LKKAuto); SUR
Subject: Final Bill for SMM9918X
Importance: High

Dear All,

Please refer to Final Bill as attached.

Best regards,

Michelle Ong
Service Consultant
Bodyshop & Paint



Wearnes Automotive Pte. Ltd.
249 Alexandra Road Singapore 159103
M (65) 9129 4556 F (65) 6264 7137
www.wearnes.com michelle.ong@wearnes.com

*This email, including any attachment, is confidential and may also be privileged.
If you have received it in error, please notify us immediately by reply email and then delete this message from your system.
Please do not copy it or use it for any purpose, or disclose its contents or any attachment to any other person. Thank you.*

AUTHORIZATION TO ACT

I, Quek Kok Leong Joseph ("the third party Claimant")
of 6 Pasir Ris Link #01-20 LS) 518161 (address),
owner of SMM9918X (vehicle no.)
hereby authorize Neemes Automotive P/L ("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. SMM9918X that was damaged
pursuant to the accident which occurred on 26th May 2019 (date) along
Loyang Avenue (location)
involving Vehicle No/s 86P4114 ("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 27th day of May (month) 20 19 (year)



Signed by "the third party claimant"



Signed by "the workshop"

Michelle Ong Siew Bee

From: Jia Le (LKK Auto) <JiaLe@lkkauto.com>
Sent: Friday, June 14, 2019 1:53 PM
To: Michelle Ong Siew Bee
Cc: CS A Team; Admin A
Subject: RE: Direct Settlement - Our Ref: SMM9918X ; Your Insured SGP4111U DOA 26/05/2019 [External Confidential] *** LKK REF: CC4/LPC19010383/da3

Without Prejudice

Dear Sirs/Madam,

ACCIDENT INVOLVING SGP 4111U AND SMM 9918X ON 26/05/2019

We refer to the above matter.

Please be informed that basing on the accident statements submitted by both parties, the liability is clear 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 be based on the number of days of repair as recommended by our surveyor.

Please note that all finalisation subject insurer's approval.

"Kindly note that this negotiation between parties on this matter is purely on a without prejudice basis with the sole intention of resolving the matter amicably without parties resorting to legal proceedings. No admission of liability, whatsoever, should be deemed / inferred from this negotiation of terms/settlement.

In the event of new evidence being discovered or subsequently produced by either party that will materially affect/influence on the issues of liability/damages, either party is not bound, thereafter, by the negotiation terms/settlement."

Best Regards,

Carlör Chan | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749 5792 | email: Jiale@lkkauto.com | fax: 6741-4108

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

From: Mei Kwan (LKKAuto)
Sent: Wednesday, 12 June 2019 3:09 PM
To: Michelle Ong Siew Bee; Jia Le (LKK Auto)
Cc: CS A Team; Admin A
Subject: RE: Direct Settlement - Our Ref: SMM9918X ; Your Insured SGP4111U DOA 26/05/2019 [External Confidential] *** LKK REF: CC4/LPC19010383/da3

'WITHOUT PREJUDICE'
SAVE AS TO COSTS

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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	27/05/2019 13:45
Date Of Accident	26/05/2019 08:00
Exact Location Of Accident	LOYANG AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM9918X
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Insured/Policyholder

Name Of Registered Owner	QUEK KOK LEONG JOSEPH
NRIC No	S1641457C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91711097
Alternative Phone No	OTHERS-91711097

Vehicle Particulars

Manufacturer	VOLVO
Model	S60-2.0 T5 (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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00550738
Cover Note Number	

Driver

Name of Driver	QUEK KOK LEONG JOSEPH
NRIC No	S1641457C
Date Of Birth	30/07/1964
Occupation	INDOOR
Date Of Driving Pass	29/10/1986
Driving Experience	32 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91711097
Fax Number	
Contact Number	OTHERS-91711097
Email Address	NOEMAIL

Address	6 PASIR RIS LINK #01-20
Postcode	518161
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

REFER TO ATTACHMENT.

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	SGP4111U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SUZAIMI BIN RAHMAN
NRIC/Passport Number	S1762409A
Contact Number	91891278
Address	
Postcode	
Insurance Company Name	LONPAC INSURANCE BHD
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

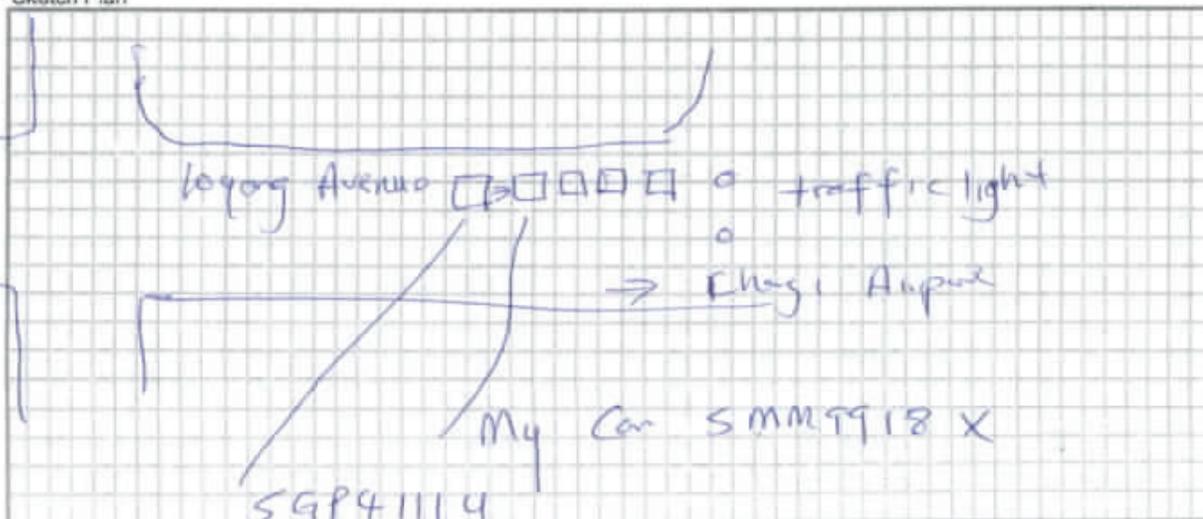
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

On Sunday 26th May 19 while I was travelling on ~~gas~~ Layong Avenue towards PIE to Jurong, I stop my vehicle at the Red Light junction. I was the fourth vehicle behind the Red light junction.

Traffic was ok and weather was ~~fine~~ fine. Vehicle number SGP 41114 ~~driven~~ driven by Mr Sugaimi Bin Abdul Rahman bang my car at the back.

He admitted that he was tired and admit falling asleep and apologise for hitting my car.

~~My car is damaged~~

My car was damaged and as it is a new car I will send it to Volvo for car damage assessment.

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

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

Witnessed by Reporting Centre Personnel

Joseph Quek 91711097

Date: 26 May 2019

Driver name S 1762909A SGP 4114

Suzaimi Bin ~~Abdul~~ Rahman

admit falling asleep and

hit the back of my car SMM91278

Signature



I declare the statement
is correct.

91891278
=

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorized 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 Authorized 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: 26/02/2019 Time: 0800am
Exact Location of Accident	Loying Avenue
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	Smm 9918X
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	Quek Kok Leng Joseph.
Personal Identification - NRIC (Singaporean/PR)	S1641457C
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer Volvo Model S60 T5 2.0
Type of Vehicle*	<input checked="" 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	Social
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input 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
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	Direct Asia
Type of Policy	<input type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input type="radio"/> No
Policy Number	MT/00550738
Motor CI	
DRIVER	<input type="radio"/> Same as Insured above
Name of Driver	Quek Kok Leng Joseph
Personal Identification - NRIC (Singaporean/PR)	S1641457C
- FIN/Passport Number	
Date of Birth	30 dd/ 07 mm/ 1969 yy
Driving Date Pass	29 dd/ 10 mm/ 1986 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.	91711097

Address of Driver	6 Pasir Ris Link #01-20	Postcode (518161)
Email Address		
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)	Head to Rear	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others _____	
Road Surface	<input checked="" type="radio"/> Dry <input 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	
Was there any video captured by Car Camera?	<input type="radio"/> Yes <input type="radio"/> No	
Number of Passengers (Including Driver)	01	
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	SGP 411AU	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver	SU ZAIMI BIN RAHMAN	
Personal Identification - NRIC (Singaporean/PR)	S1762409A	
- FIN/Passport Number		
Contact Number	91591278	
Address		
Name of Insurance Company		
Nature of Damage		
No. of Passenger (including Driver)		
(Note - Please use page B if you need to add more vehicles.)		



Contact us at
Hotline: (65) 6532 2888
E-mail: CustomerService@DirectAsia.com

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	: MT/00550738
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plus Plan)
1) Vehicle Registration No.	: SMM9918X
Chassis No.	: YV1FS4QLD12462992
2) Name of Policy Holder	: QUEK, KOK LEONG JOSEPH
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 30/10/2018 00:00
4) Date/Time of Expiry of Insurance	: 29/10/2019 23:59
5) Persons or Classes of Persons Entitled to Drive	
(a)	Any named person under the policy who is driving on the Policyholder's permission.
(b)	Any authorised person, provided such person is aged 30 and above and holds a valid driving licence of 2 years or more, who is driving on the Policyholder's permission
The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.	
6) Limitations as to use*	
Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business. Private car-pooling arrangements where you commute with passengers and split the fuel expense is covered under the standard policy. Grab Hitch will only be covered if this is the declared usage stated on your Policy Schedule. Only two rides are permitted a day. Other forms of commercial car-pooling or any ride hailing services (e.g. Grab, Go-Jek etc.) are not allowed.	
*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.	
Sum Insured	: Market Value
Own Damage Excess	: S\$ 800.00 (before any applicable GST)
Windscreen Excess	: S\$ 100.00 (before any applicable GST)
Choice of workshop	: My Workshop/ My Authorised Distributor Workshop
Finance company / Hire Purchase	: Oversea-Chinese Banking Corporation Limited
Main driver	: QUEK, KOK LEONG JOSEPH
Named driver	: None
Important Note: This policy does not cover the Policyholder/drivers below the age of 30 and Policyholder/drivers who hold a valid driving licence of less than 2 years with the exception of the main/named drivers above.	

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 the Road Transport Act, 1987 (Malaysia).

Issued on: 08/05/2019

Direct Asia Insurance (Singapore) Pte. Ltd.

Edip Okur (Chief Underwriting Officer)

Direct Asia Insurance (Singapore) Pte Ltd
20 Anson Road #08-01 Twenty Anson Singapore 079912
www.DirectAsia.com

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1641457C



Name
QUEK KOK LEONG JOSEPH
郭国良

Race
CHINESE

Date of birth
30-07-1984

Country/Place of birth
SINGAPORE

Sex
M

S1641457C




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S1641457C**

Name
QUEK KOK LEONG JOSEPH

Iss. Date **30 Jul 1984**

Valid Date **28 Jul 2003**




9453102



NRIC No. **S1641457C**



Date of issue
13-04-2015

6 PASIR RIS LINK #01-20
SINGAPORE 518181

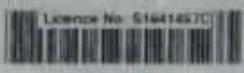
NRIC No: S1641457C Date: 07/04/2018

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

CLASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 29 Oct 1986

NP 425A



License No. S1641457C



**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-19-083047

Date of Request: 27/05/2019

Your Ref No:

Online Purchase

Wearnes Automotive Pte Ltd
28 Leng Kee Road
Singapore 159105

Dear Sir/Madam,

Enquiry Date 27/05/2019

Enquiry By Michelle Ong Siew Bee

TP Vehicle No. SGP4111U

Accident Date 26/05/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SGP4111U	Lonpac Insurance Bhd	09/04/2019-08/04/2020	+65 62507388

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.

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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

TAX INVOICE

Our Ref No: GR-19-083047
Date of Request: 27/05/2019

Your Ref No: Online Purchase

Wearnes Automotive Pte Ltd
28 Leng Kee Road
Singapore 159105

Dear Sir/Madam,

Enquiry Date: 27/05/2019
Enquiry By: Michelle Ong Siew Bee
TP Vehicle No.: SGP4111U
Accident Date: 26/05/2019

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