



Sin Ming Autocare BFG Pte Ltd

176, Sin Ming Drive #02-05
Sin Ming Autocare Complex
Singapore 575721
Tel : (65) 6455 0600
Fax : (65) 6455 6192
Website: www.autocare.com.sg
GST Reg. No: 20-0210033-N

Our Ref: BFG/SGY3347R/LONPAC/TP/AT

Your Ref: 19/19/19/VP05/022092

30 Aug 2019

Lonpac Insurance Bhd
100 Beach Road
#19-00
Shaw Tower
Singapore 189702

Attn: Motor Claims Dept

Dear Sirs/ Mdm

ACC INVLG SGY3347R & SKD7783B ALONG KALLANG LEISURE PARK CARPARK ON 15/7/2019.

We are the repairers of vehicle nos. SGY3347R and understand that you were the insurer of vehicle nos. SKD7783B involved in the aforesaid accident. Our investigations reveal that the accident was caused by the negligence of the vehicle insured by you. As such, we are looking to you for reimbursement calculated as follows;

1) Repair Costs	S\$2,996.00
2) Loss of Rental for 6 days at \$120.00per day	S\$ 720.00
3) GIA search	2.00

TOTAL:

S\$3,718.00
=====

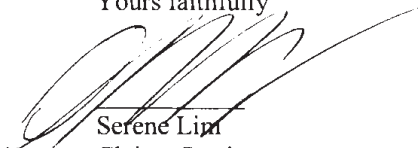
To substantiate our claim, we enclosed the following;

- a) Final Bill
- b) Car Rental Agreement
- c) GIA Search receipt
- d) Letter of Authorization
- e) SAS Report

We look forward to your favorable reply in due course.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/ claimant.

Yours faithfully



Serene Lim
Claims Section
Email : serene@autocare.com.sg



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LONPAC INSURANCE BHD
100 BEACH ROAD #19-00 SHAW TOWER
SINGAPORE 189702

Attention : Motor Claim Department
Contact : 6250 7388 Fax No. : 6296 3767

Tax Invoice : TP19/562

Date : 30/08/2019
Vehicle Num. : SGY3347R
Make/Model : TOYOTA VIOS-2007
Chassis/Eng# : MR053HY9305025729
Accident Date : 15/07/2019
Claim No. : TP CLAIM (VMS)
Reference : 19/19/19/VP05/022092
Policy No. : 5102940148

S/N	Quantity	Particular	Unit Price	Amount S\$
1.		LIST ITEMS : LUMP SUM REPAIR (Parts & Labour inclusive)		2,800.00
		List TotalS\$:		2,800.00

E. & O.E.

Total S\$: 2,800.00
GST @ 7% S\$: 196.00
Amount Due S\$: 2,996.00
=====

for Sin Ming Autocare BFG Pte Ltd



35 Eden Grove, Singapore 539085
Co.Reg. No.: 200717924R

SGY334TK

VEHICLE RENTAL AGREEMENT

STA No: 002370

HIRER'S PARTICULAR

Name : (as in I/C) Labrooy Lynette Kiara
NRIC / Passport No: S74375661
Address: _____

ADDITIONAL DRIVER'S PARTICULARS

Name : (as in I/C) _____
NRIC / Passport No: _____
Address: _____

REMARKS

Veh. No: SJN7572 Replace Veh. No: _____
Mileage Out: _____ Mileage Out: _____
Out : Date 23/7/2019 Out : Date _____
Out : Time 9:05am Out : Time _____

RENTAL CHARGES	
Daily 6 @ \$ 120/-	\$ 720.00
Monthly @ \$	
Delivery Charges @ \$	For
Others @ \$	
SUB TOTAL \$	
720.00	

PETROL: Empty, 1/8, 1/4, 3/8, 1/2, 5/8, 3/4, 7/8, Full

INSURANCE EXCESS PAYABLE ON CLAIM

Hirer is responsible for the first \$ \$ 2000 - excess
for Collision / Damages to 1st party (i.e.) COMPLETE LEASING P/L
vehicle (inc. windscreen) and also first \$ \$ 2000 - excess
for Collision / Damages to 3rd party's vehicle for each and every
accident / damages.

Hirer's Signature: _____

I/We agreed to the terms and conditions above, overleaf and that all information given are true & correct in all respect. My/Our driving license(s) is/are current and not disqualified from driving.

IMPORTANT

- ONLY PERSON ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORIZED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- VEHICLE IS STRICTLY FOR USE IN SINGAPORE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT FROM THE COMPANY COMPLETE LEASING PTE LTD
- IN THE EVEN OF AN ACCIDENT, THE HIRER OF AUTHORIZED DRIVER;
 - shall report all accidents involving the said vehicle to the owner immediately,
 - shall NOT admit liability or sign any settlement documents with any 3rd parties
- THIS AGREEMENT IS SUBJECT TO THE CONDITIONS PRINTED ON THE REVERSE SIDE

EXCESS:
ADDITIONAL \$2500
FOR 22 TO 27 &
ABOVE 65 YEARS OLD

DATE IN	TIME IN	CHECKED BY	SIGNATURE OF HIRER / DRIVER
22/7/19	12:25pm		

TAX INVOICE

Our Ref No: GR-19-115376

Date of Request: 17/07/2019

Your Ref No:

Online Purchase

Sin Ming Autocare BFG Pte Ltd
176, Sin Ming Drive #02-05
Sin Ming Autocare Complex
Singapore 575721

Dear Sir/Madam,

Enquiry Date 17/07/2019
Enquiry By Angela Tan Chin Chin
Vehicle No. SKD7783B
Accident Date 15/07/2019

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



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Your Ref: 19/19/19/VP05/022092

Date : _____

LONPAC INSURANCE BHD
100 BEACH ROAD
#19-00
SHAW TOWER
SD 189702

LETTER OF AUTHORITY

I/We, La'brooy Lynette Kiam NRIC NO: S 7437566I
hereby authorize(s) **Sin Ming Autocare BFG Pte Ltd** to provide further
instructions on my behalf relating to the said claims and as such, all future
correspondence should be addressed to **176 Sin Ming Drive #02-05, Sin
Ming Autocare Complex, Singapore 575721.**

I hereby authorized the cheque payment to be issued in favour of **M/s Sin
Ming Autocare BFG Pte Ltd.**

Claimant's Signature : [Signature]
Name : La'brooy Lynette Kiam
Nric : S 7437566I
Date : _____

Witness By : [Signature]
Name : SIN MING AUTOCARE BFG PTE LTD
176, Sin Ming Drive #02-05
Sin Ming Autocare Complex
Singapore 575721
Tel: (65) 6455 0600
Fax: (65) 6455 6192
Website: www.autocare.com.sg

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	16/07/2019 16:21
Date Of Accident	15/07/2019 15:05
Exact Location Of Accident	KALLANG LEISURE PARK CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY3347R
Insured/Policyholder	
Name Of Registered Owner	LA'BROOY LYNETTE KIARA
NRIC No	S7437566I
Email Address	LYNETTELABROOY@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97428330
Alternative Phone No	OFFICE-97428330

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102940148
Cover Note Number	

Driver

Name of Driver	LA'BROOY LYNETTE KIARA
NRIC No	S7437566I
Date Of Birth	25/10/1974
Occupation	INDOOR
Date Of Driving Pass	07/08/1998
Driving Experience	20 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97428330
Fax Number	
Contact Number	OFFICE-97428330
Email Address	LYNETTELABROOY@YAHOO.COM

Address	3B CEYLON ROAD SINGAPORE
Postcode	429599
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 - MAJOR/MINOR RD
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 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	SKD7783B
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JOANNA CHOW HO GAY MIN
NRIC/Passport Number	S7309801G
Contact Number	98230169
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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: 16/11/19, 4pm

Driver's Signature

(If driver is not the policyholder)

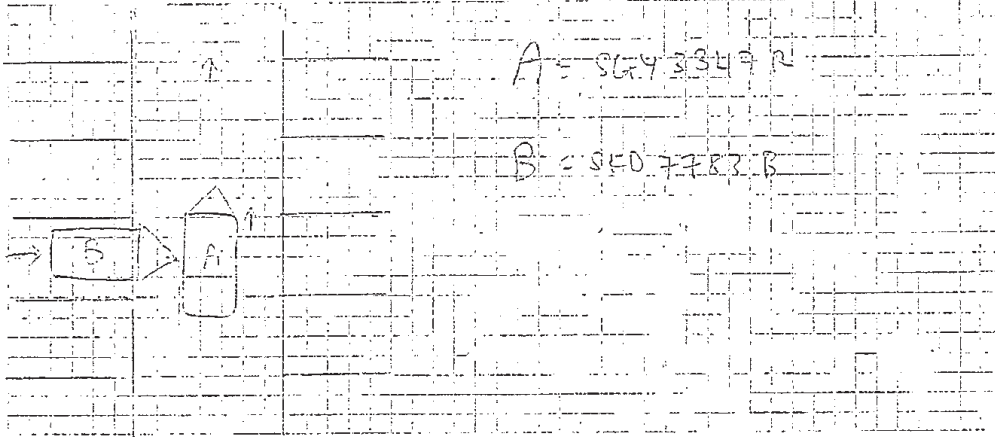
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I entered the underground car park of Kallang Leisure Point at 5:07pm. As I was turning left into the first row of car park lots, a car SED 7783 B driven by Ms Joanna Chaw hit my car. The damage is on the left side of the car at the edge nearest the left passenger door and wheel. There are scratches and the metal is chipped at the edges.

She was exiting the car park lot and hit my car as I was driving by. I am not sure which side she was turning towards (camera video looks like she is turning right while I went past).

DECLARATION

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

Policyholder's Signature
Date & Time: 6/7/19 4pm

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

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