

Our Reference: **SLK18A/7017170**
Your Reference: **SHC39D**

By Email / Mail

27/11/2019

MS FIRST CAPITAL INSURANCE LIMITED C/O LKK AUTO CONSULTANTS
Attn: Third Party Claim Department -

ACCIDENT INVOLVING SLK18A & SHC39D ON 18 Oct 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		\$941.60
Loss Of Rental	\$139.10 x 2 days	\$278.20
Others		\$880.00
TOTAL		\$2,099.80

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	:	SLK18A	Model	:	Land Rover Range Rover Sport
	:	SHC39D			
Date of Accident	:	18/10/2019			

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

Repair Estimate	:	\$ 6,763.90	
Final Repair Cost	:	\$ 941.60	
Loss of Use	:	\$	days at \$ per day
Rental (if any)	:	\$ 278.20	2 days at \$ 139.10 (incl of GST) per day
Camo print sticker	:	\$ 880.00	
	:	\$	
	:	\$	
	:	\$	
Final Settlement Sum	:	\$ 2,099.80	

Remarks: _____

Payment Instruction: Payee's Breakdown			
1)	WEARNES AUTOMOTIVE PTE LTD	:	\$ 1,219.80
2)	Seah Li Khen Andra	:	\$ 880.00
3)		:	\$
4)		:	\$

SERVICE TAX INVOICE

0 - F00003 SL: FIRST CAPITAL INSURANCE LTD
 FIRST CAPITAL INSURANCE LTD
 36 ROBINSON ROAD
 #16-01, CITY HOUSE
 SINGAPORE
 Singapore 068877

GST Reg.No:M28920628X
 Inv.No. . : B&P 7017170 Page 1
 Inv.date. : 18/11/2019
 WIP No. . : 43305
 Veh.In/Out: 13/11/2019 15/11/2019
 *Tel.No. . :
 Reg.No. . : SLK18A
 Reg.date . : 22/05/2015
 Mileage . : 45,917
 Chassis No: SALWA2KE0FA529567

Closed by : Patricia Kueh Anak S
 Svc Consultant : ACC
 Remarks : Ms Seah Li Khen Audr

Parts/Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
800	TO PUTTY SPRAYPAINT ON		0	600.00	0		600.00	S
	FRT RIM RH,FRT RIM LH,ETC							
419	WHEEL ALIGNMENT		0	280.00	0		280.00	S

				Gross Total.	880.00
Labour	Total	880.00	Net.....	880.00	
Parts	Total	0.00	GST @ 7.0%	61.60	
Package	Total	0.00	Total.....	941.60	
				Paid.....	0.00
				Please Pay..	941.60

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.

**Wearnes Automotive Pte. Ltd.**

Co Reg No. 199501400R / GST Reg No. M28920628X
45 Leng Kee Road, Singapore 159103
Telephone: +65 6876 5063
www.wearnesleasing.com

FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD
#16-01, CITY HOUSE
Singapore 068877

Tax Invoice

Inv No. : R1901947
Inv Date : 18 Nov 2019
Ref :
Terms : 90 Days

Rental Information

Agreement No. : RA19/01161
Billing Period : 13/11/2019 09:00 - 15/11/2019 18:10
Driver Name : Seah Li Khen Audra

Car Information

Registration No. : SLF8867P
Make : LAND ROVER
Model : DISCOVERY SPORT 2.0
SI4 SE 7STR

#	Description	Qty	UOM	Unit Price	Amt
1	Being Rental Payment for the Period Stated Above	2.00	Days	130.00	260.00

Remarks:

SLK18A_First Capital_Patricia

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: OCBGSGSG

Subtotal : S\$ 260.00
GST 7.0% : S\$ 18.20
Total : S\$ 278.20

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.



WRAP TECHNIK PTE LTD
25 Kaki Bukit Ave Road 4 #03-34
Synergy @ KB
Singapore 417800

11/1/2019

Jason
SLK18A

S/no	Description	Amount
1	To remove vinyl	\$100.00
2	to re print and re apply camo print on front bumper	\$780.00

Total: \$880.00

Note :

- 1) Cheque should be crossed and made payable to **Wrap Technik Pte Ltd**
- 2) For Payment by Fund Transfer, our UOB current a/c no. **3103087153**
- 3) PayNow ID : **201825726D001**



CAR SKINZ (S) PTE LTD

Carros Centre
60 Jalan Lam Huat #03-06/07
Singapore 737869
Tel 63623693
Email : enquiry@carskinz.com.sg

Co Reg No: 201707050G

GST Reg No. 201707050G

Tax Invoice

Invoice no: 10113

Ref No : 17/11/SLK18A

Date : 21-11-2017

Cash
SLK 18 A

S/no	Description	Amount
1	3M Cumo print on bottom chassis, dechrome silver trim and logo to black	\$2.990,65
2	Respray front grille, all 4 calipers & "Sport" logo	\$514,02

Amount : \$3.504,67

GST 7 % : \$245,33

Total : \$3.750,00

Note :

1) Cheque should be crossed and made payable to **CAR SKINZ (S) PTE LTD**

2) For payment by Fund Transfer, our bank detail is : **UOB current a/c no. 3103068825**



AUTHORIZATION TO ACT

I, Seah Li Khen Audra ("the third party claimant")
of 91 Grange Road #04-02 G49613 (address),
owner of SLK18A (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. SLK18A that was
damaged pursuant to the accident which occurred on 18/10/2019 (date) along
Holland Road (location)
involving vehicle no. SHC39D ("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.

Dated this 19 day of 10 (month) 20 19 (year)



Signed by "the third party claimant"
Policyholder's Signature only
& Company Chop - (if registered under a company)



Signed by "the workshop"

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	19/10/2019 12:23
Date Of Accident	18/10/2019 18:25
Exact Location Of Accident	HOLLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK18A
Insured/Policyholder	
Name Of Registered Owner	SEAH LI KHEN AUDRA
NRIC No	S7011950A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96622828
Alternative Phone No	OTHERS-96622828

Vehicle Particulars

Manufacturer	LAND ROVER
Model	RANGE ROVER SPORT-3.0 TSS 7S SR (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	2100414101-04
Cover Note Number	

Driver

Name of Driver	JASON TANG YEE LEONG
NRIC No	S1652474C
Date Of Birth	09/12/1964
Occupation	INDOOR
Date Of Driving Pass	09/02/1985
Driving Experience	34 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96622828
Fax Number	
Contact Number	
EEmail Address	JASONTANG@MAC.COM

Address	91 GRANGE ROAD #04-02
Postcode	249613
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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	3
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

Please refer attachements.

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	SHC39D
Vehicle Make/Model/Colour	
Details Of Properties *	
Vehicle Category	TAXI
Name of Driver	ONG KIM HOCK
NRIC/Passport Number	S2010168G
Contact Number	97933220
Address	
Postcode	
Insurance Company Name	MS FIRST CAPITAL INSURANCE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	EA20C
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REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1652474C



Name

JASON TANG YEE LEONG

鄧宇良

Race

CHINESE

Date of Birth

09-12-1964

Sex

M

Country of Birth

SINGAPORE

2962938



NRIC No. S1652474C



Blood Group

O+

Date of issue

05-06-1997

91 GRANGE ROAD #04-02
SINGAPORE 248613
NRIC No: S1652474C

Date: 08-05-2005 No: 5039607

Patricia Kueh Anak Slin

From: Merina Chia <MerinaChia@msfirstcapital.com.sg>
Sent: Thursday, 7 November, 2019 10:37 AM
To: Patricia Kueh Anak Slin; CWS Motor Claims
Cc: Paul Ong Qing Yong
Subject: RE: SURVEYOR APPOINTED; OUR REF : D19006695MFSH ; YOUR REF: SLK18A

WITHOUT PREJUDICE
SAVE AS TO COST

Dear Patricia,

Your Ref: SLK18A
Our Ref: D19006695/CCPL/SS

ACCIDENT INVOLVING SHC 0039D & SLK 18A ON 18-10-2019 ALONG HOLLAND ROAD TOWARDS ORCHARD ROAD

We refer to the above matter and your preceding email on even date.

We are agreeable to settle this case on direct settlement basis.

Nothing in this email is to be construed as an admission of liability on our part or the part of our insured. For avoidance of doubts, all our rights are expressly reserved.

Thank you.

Best Regards,
Merina Chia (Ms)
Motor Claims Department

MS First Capital Insurance Ltd | 36 Robinson Road, City House #16-01 Singapore 068877 | Tel: 6507 3848 | DID : 6507 3856
| Fax No. : 6507 3849 | Email: merinachia@msfirstcapital.com.sg | Company Regn. No. 195000106C
A Member of MS&AD Insurance Group

Personal Data Protection Act 2012 ("PDPA"):

Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to <http://www.msfirstcapital.com.sg> for details of PDPA Personal Data Collection Statement.

Confidentiality Notice: This e-mail is confidential. It may also be legally privileged. If you are not the addressee or to whom it is intended, you may not copy, forward, disclose or use any part of it. If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail.

From: Patricia Kueh Anak Slin <patricia.kueh@wearnes.com>
Sent: Thursday, 7 November 2019 8:53 AM
To: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Merina Chia <MerinaChia@msfirstcapital.com.sg>
Cc: Paul Ong Qing Yong <paul.ong@wearnes.com>
Subject: RE: SURVEYOR APPOINTED; OUR REF : D19006695MFSH ; YOUR REF: SLK18A

Dear Merina,

Please confirm my customer liability.

Thank you.

Patricia Kueh
Service Consultant
Bodyshop & Paint



Wearnes Automotive Pte Ltd
249 Alexandra Road Singapore 159935
M (65) 9770 4368 D (65) 6378 9336
www.wearnesauto.com patricia.kueh@wearnes.com

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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.*

From: Patricia Kueh Anak Slin
Sent: Wednesday, 6 November, 2019 9:37 AM
To: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>
Cc: Merina Chia <MerinaChia@msfirstcapital.com.sg>; Paul Ong Qing Yong <paul.ong@wearnes.com>
Subject: RE: SURVEYOR APPOINTED; OUR REF : D19006695MFSH ; YOUR REF: SLK18A

Dear Merina,

Please confirm my customer liability.

Thank you.

Patricia Kueh
Service Consultant
Bodyshop & Paint



Wearnes Automotive Pte Ltd
249 Alexandra Road Singapore 159935
M (65) 9770 4368 D (65) 6378 9336
www.wearnesauto.com patricia.kueh@wearnes.com

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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.*

From: Patricia Kueh Anak Slin
Sent: Friday, 1 November, 2019 2:18 PM
To: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>
Cc: Merina Chia <MerinaChia@msfirstcapital.com.sg>; Paul Ong Qing Yong <paul.ong@wearnes.com>
Subject: RE: SURVEYOR APPOINTED; OUR REF : D19006695MFSH ; YOUR REF: SLK18A

Hi,

Please refer below link.

<https://we.tl/t-OU8PR6QScD>

Thank you.

Patricia Kueh
Service Consultant
Bodyshop & Paint

Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JEFFREY NG
NRIC/Passport Number	
Contact Number	96690020
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Afford 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: 18/10/19 Time: 18:28
Exact Location of Accident	Holland Road
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLK18A
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	Seah Li Khen Audrey
Personal Identification - NRIC (Singaporean/PR)	S7011950A
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer LR Model RR Sport 3.0
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 checked="" type="radio"/> Others, SUV
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 checked="" type="radio"/> No (If No, Pls 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 *	AIK Asia Pacific Insurance
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	2100414101-04
Motor CI	
DRIVER	
	<input type="radio"/> Same as Insured above
Name of Driver	Jason Tang Yee Leong
Personal Identification - NRIC (Singaporean/PR)	S1652474C
- FIN/Passport Number	
Date of Birth	09 dd/ 12 mm/ 1964/yy
Driving Date Pass	09 dd/ 02 mm/ 1964/yy
Year of Driving Experience	34 Year(s) 8 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	9662 2828

Address of Driver	91 Grange Road # 04-02 Postcode (249613)
Email Address	JABONTANG@MAC.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	Spouse
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)	Collision Cross Lane
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 checked="" type="radio"/> Yes <input type="radio"/> No
Number of Passengers (Including Driver)	1
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	SHC 39D
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	Ong Kim Hock
Personal Identification - NRIC (Singaporean/PR)	S2010168G
- FIN/Passport Number	
Contact Number	9793 3220
Address	
Name of Insurance Company	Ms First Capital
Nature of Damage	
No. of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE / PROPERTY 2	
Vehicle Registration Number	E A 20 C
Vehicle Make/ Model/ Colour	Mercedes
Details of Properties	
Name of Driver	Jeffrey Ng
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	9669 0020
Address	
Name of Insurance Company	Axa Insurance
Nature of Damage	
No. of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE / PROPERTY 3	
Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE / PROPERTY 4	
Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
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.

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' 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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

(collectively the "**Purposes**")

(b) all insurers 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

Botanic Garden



Evam Road

Holland Road

Dampier

Describe Circumstance of the Accident

On the 18 Oct 2019 at around 6:28pm, I was driving along Holland Road towards Grange Road. The traffic light at the junction turned red and I noticed SHC 39 D which was on the extreme right ~~right~~ (straight arrow) overshot and stopped ~~and~~ on the red light.

EA20C was on the 2nd ~~lane~~ from left. on a 4 lane (straight) road. I turned and stay abreast with EA20C on my left and SHC 39 D on my right.

When the traffic turned green, EA20C drove off first and I moved shortly.

All of a sudden, I felt a knock on my right pushing my car left and bumped onto EA20C. I was staying on my lane and SHC 39 D actually made a sharp left turn.

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



REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S1652474C**
 Name: **JASON TANG YEE LEONG**
 Birth Date: **09 Dec 1964**
 Issue Date: **10 Jun 2003**

000557166G

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	09 Jun 1983
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	09 Feb 1985

NP 428A

Licence No: S1652474C

WEARNES AUTO PROTECTOR (LAND ROVER) PRIVATE VEHICLE

Name of Policyholder : SEAH LI KHEN AUDRA
Period of Insurance : 22 May 2019 To 21 May 2020
Engine No. : 0926321306DT
Chassis No. : SALWA2KE0FA529567

Vehicle No. : SLK18A
Policy No. : 2100414101-04
Endorsement No. :
Issued Date : 16 May 2019

ABOUT THE COVER

Make/Model : LANDROVER RANGE ROVER SPORT 3.0 SDV6 HSE/AUTOBIOGRAPHY
Engine Capacity/Tonnage : 2,993.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2015
Insuring with COE/PARF : 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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

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)

SEAH LI KHEN AUDRA - \$900 (Own Damage), JASON TANG YEE LEONG - \$900 (Own Damage)

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

1. Wearnes 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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OCBC Bank Ltd

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).

0503486600

WEARNES AUTOMOTIVE - DAP (J)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSPSHA

SERVICE ESTIMATE

40997 - C00001 SL: SERVICE SALES - PC

Ms Seah Li Khen Audra

91 Grange Road

#04-02

Singapore 249613

GST Reg.No:M28920628X

Inv.No. : B&P 0 Page 1

Inv.date : 21/10/2019

WIP No. : 43305

Veh.In/Out:

*Tel.No. : Mobile: 96622828

Reg.No. : SLK18A

Reg.date : 22/05/2015

Mileage : 0

Chassis No: SALWA2KE0FA529567

Closed by : Patricia Kueh Anak S

Svc Consultant :

Remarks : Ms Seah Li Khen Audr

Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
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800	TO PUTTY SPRAYPAINT ON		0	1000.00	0		1,000.00 S	600.
FRT RIM RH, FRT RIM LH, ETC								
0031	TO REPLACE FRT RIM LH	X	0	50.00	0		50.00 S	
0031	TO REPLACE FRT RIM RH	X	0	50.00	0		50.00 S	
419	WHEEL ALIGNMENT			280.00	0		280.00 S	✓
	WHEEL - ALLOY		2.0 EA	2428.80			4,857.60 S	
	BRACKET - BUMPER MOU		1.0 EA	41.90			41.90 S	
	BRACKET - BUMPER MOU	?	1.0 EA	41.90			41.90 S	

3 Days.

After repair photos.

Guo Qiang - 8288 0282

23/10/19

Guo Qiang @ lkk auto. com

Labour Total	1,380.00
Parts Total	4,941.40
Package Total	0.00

Gross Total. 6,321.40

Net. 6,321.40

GST @ 7.0% 442.50

Total. 6,763.90

Paid. 0.00

Please Pay.. 6,763.90

GST: S=StdRated; O=OutOfScope; Z=ZeroRated