江氏修理汽車私人有限公司
KANG CAR REPAIRERS PTE LTD
1 KAKI BUKIT AVE 6 #02-06 AUTOBAY@KAKI BUKIT SINGAPORE 417883
TEL: 67477636, 67473005 FAX: 67485071 Email: kangcar@singnet.com.sg
Co. Reg. No. 201300201N GST Reg. No. 201300201N

Our Ref : KCR112019248QBE
Your Ref : SLF4834K

Date : 07 JUL 2020 WITHOUT PREJUDICE

**QBE Insurance (Singapore) Pte Ltd**
C/O LKK Auto Consultants Pte Ltd
51 Ubi Ave 1
#01-25 Paya Ubi Industrial Pk
Singapore 408933
Attention : Motor Claim Department

Dear Sirs,

**Accident involving SMN248A and SLF4834K on 18.11.2019 along slip rd of Upper Serangoon Rd twdsTPE.**

We refer to the above accident. On our record showed that you are the insurer of motor vehicle SLF4834K.

We are instructed that the accident was caused by your insured's negligent driving and/or management of his vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense.

On behalf of and as authorized by Mdm Angie Goh Yeow Sim, the owner of motor-vehicle no: SMN248A, we submit her claim to you:

| | |
|---|---|
| Cost of repairs (Inclusive of 7% GST) | $ 13,803.00 |
| Loss of rental (12 days x $180.00) | $ 2,160.00 |
| GIA search fee | $ 2.00 |
| Medical fee – Angie Goh Yeow Sim | $ 126.00 |
| Medical fee – Janine Elizabeth Gomez (Passenger) | $ 126.00 |
| | $ 16,217.00 |

Enclosed herewith are copies of the following documents in support of our client's claim:

1) Tax invoice no: KCR-INV2000238
2) GIA report and certificate insurance of SMN248A
3) Rental agreement and rental invoice
4) GIA search fee and invoice
5) CGH Tax Invoice – Angie Goh
6) CGH Medical Tax Invoice and receipt – Janine E Gomez

We hope to receive your early reply soon.

Thank you.

Yours faithfully,
**KANG CAR REPAIRERS PTE LTD**

.....

LKK Auto Consultants Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 67414108

**Our Ref: CC6/QBE19020590/Ada3**

25 NOVEMBER 2019

**KEITH KOH WEE KIAT**
985 BUKIT TIMAH ROAD
#05-08 MAPLEWOOD
SINGAPORE 589627

Dear Sir/Madam,

**ACCIDENT INVOLVING SLF 4834K / SMN 248A / OTHERS ON 18/11/2019**

We refer to the above accident where we are acting for QBE Insurance (Singapore) Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Pursuant to the above said accident wherein you and/or your authorized driver had amongst other information given us your version of how the accident had occurred, we as the appointed agent of your insurers shall proceed to negotiate for an amicable settlement with third party claimant.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

You are aware that your No-Claim Discount (NCD – if applicable) will be with held for the time being. Pending for final allocation of liability in settlement by our principal QBE Insurance (International) Limited.

Please call us if you have further queries.

Yours faithfully,

CHAN JIA LE
*Case Handler*
DID: 6749 5792
FAX: 6741 4108
Email: jiale@lkkauto.com

*c.c.* *QBE Insurance (Singapore) Pte Ltd*
*(Motor Claims Dept)*

# LETTER OF AUTHORITY

Your Ref: VC13204

QBE Insurance (S) Pte Ltd
1 Raffles Quay
#29-10 South Tower
Singapore 048583

Dear Sirs,

Accident involving SMN248A and SLF4834K
on 18.11.2019 at Slip Rd of Upper Serangoon Rd twds TPE.

I/We am/are the owner/s of vehicle number SMN248A.

I/We had instructed KANG CAR REPAIRERS PTE LTD to make a claim on my/our behalf against your company in respect of the abovementioned matter.

I/We hereby authorize you to issue the settlement cheque in favour of my/our workshop, KANG CAR REPAIRERS PTE LTD in full and final settlement of my/our claim for my/our repair cost and loss of use/rental charges, in respect of the above accident.

Yours faithfully,

.....
Angie Goh Yeow Sim

KANG CAR REPAIRERS PTE. LTD.

.....
**Witnessed by:** Kong Chin Watt

# DISCHARGE VOUCHER

**Without Prejudice**
**Save As to Costs**

Your Reference KCR112019248QBE
Our Reference VC13204

I/We ANGIE GOH YEOW SIM do hereby acknowledge the sum of Singapore Dollars FIFTEEN THOUSAND SIX HUNDRED AND SEVENTEEN ONLY (S$15,617.00) being full discharge and satisfaction of all claims against QBE Insurance (Singapore) Pte Ltd and their Insured, KEITH KOH WEE KIAT, over damage to my/our vehicle SMN248A from an accident involving SLF4834K and SMN248A at/along Slip Rd of Upper Serangoon Rd twds TPE which occurred on 18.11.2019 at about 11.50 hours.

Further, I/we hereby acknowledge and accept that the above said sum paid to me is 'strictly on a without admission of liability basis' and I/we hereby discharge and release the said QBE Insurance (Singapore) Pte Ltd and their Insured 'KEITH KOH WEE KIAT', from all claims, demands or action of damages as a result of the said accident.

Also, I/we hereby agree to indemnify and keep indemnified the said QBE Insurance (Singapore) Pte Ltd against all and any claims whatsoever made or to be made by any person or persons on my/our behalf in respect of the said accident.

Dated this (day) 13TH of (month) AUG (year) 2020

Signature

ANGIE GOH YEOW SIM
Claimant's Name

SXXXX969C
FIN/NRIC No.

781 UPPER CHANGI RD EAST #08-33
S486069

Address

Witness's Signature

KONG CHIN WATT
Witness's Name

SXXXX616C
FIN/NRIC No.

1 KAKI BUKIT AVE 6 #02-06 AUTOBAY
S417883

Address

Company stamp if applicable

Please return to:
General Claims Department
QBE Insurance (Singapore) Pte Ltd
1 Raffles Quay
#29-10 South Tower
Singapore 048583
Fax: 6533 3270

# 江氏修理汽車私人有限公司
# KANG CAR REPAIRERS PTE LTD

1 KAKI BUKIT AVE 6 #02-06 AUTOBAY@KAKI BUKIT SINGAPORE 417883
TEL: 67477636, 67473005 FAX: 67485071 Email: kangcar@singnet.com.sg
Co. Reg. No. 201300201N GST Reg. No. 201300201N

M/S : QBE INSURANCE (SINGAPORE) PTE LTD
1 RAFFLES QUAY
#29-10 SOUTH TOWER
SINGAPORE 048583
TEL: 62246633 FAX: 65345356
ATTN: Motor Claim Department
Your Ref No: SLF4834K
Claim Type: Third Party
Accident Date: 18/11/2019
TP Veh Reg No: SLF4834K

**Final No:** **KCR-INV2000238**
**Claim No:** **EST1900388**
Date: 05 Jun 2020
Policy No: 5111913640
**Veh Reg No:** **SMN248A**
Make/Model: TOYOTA WISH 1.8CVT
Chassis No: JTDGG20W80J002227
Engine No: 2ZR1518330
Reg. Date: 16/03/2015

## Tax Invoice to Vehicle No :SMN248A



| Description | Quantity | List Price S$ | Amount S$ |
|---|---|---|---|
| As recommended by surveyor to proceed repair at total cost/lumpsum cost | | | S$ 12,900.00 |
| Add GST @ 7% | | | 903.00 |
| Total Amount payable | | | S$ 13,803.00 |

TOTAL: SINGAPORE DOLLAR THIRTEEN THOUSAND EIGHT HUNDRED AND THREE ONLY

**For Kang Car Repairers Pte Ltd**

E. & O. E. AUTHORISED SIGNATURE

# Fong Motors Car Rental

(53371081B)
1 Autobay@Kaki Bukit #01-45
Singapore 417883
Tel: 6748 5648

## INVOICE

**No. : FM-000585**

C/O KANG CAR- ANGIE GOH

781 UPPER CHANGI ROAD
#08-33
SINGAPORE 486069

TEL : 90186111 FAX :

Your Ref. :
Our D/O No. :
Terms : C.O.D.
Date : 07/12/2019
Page : 1 of 1

| Item | Description | Qty | UOM | U/ Price S$ | Disc. | Total S$ |
|---|---|---|---|---|---|---|
| 1. | SMC8381C (18/11/19- 30/11/19) | 1 | CAR | 2,160.00 | | 2,160.00 |
| | REF AGREEMENT NO. 10519 | | | | | |
| | REPLACE VEHICLE NO. SMN248A | | | | | |

SINGAPORE DOLLAR TWO THOUSAND ONE HUNDRED SIXTY ONLY

**Total** **2,160.00**

Notes :
1. All cheques should be crossed and made payable to Fong Motors Car Rental
2. Goods sold are neither returnable nor refundable. Otherwise a cancellation fee of 20% on purchase price will be imposed.

FONG MOTORS CAR RENTAL Reg No. 53371081B

**Authorised Signature**

# FONG MOTORS CAR RENTAL

1 KAKI BUKIT AVENUE 6 #01-45 KAKI BUKIT, AUTOBAY
SINGAPORE 417883
HP: 8182 0548 H/P: 9633 7504
UEN: 53371081B SMN 248A **NO: 10519**

## VEHICLE RENTAL AGREEMENT

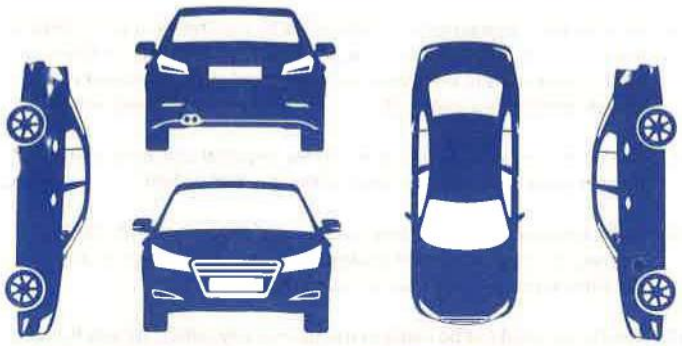
**HIRER'S PARTICULAR**
Name: (as in I/C) Angie Goh Yeow Sim
NRIC/PASSPORT NO: S7826969C
Address (Res): 781 Upper Changi Rd East #08-33 S 486069
Name & Address of employer:
Occupation: Driving Exp: 19/09/08
Driving License No: D/L Type: Local / Int'l
Issue Date: Date of Birth: 14/9/1978
Tel: (O) (R) HP: 90186111

**ADDITIONAL DRIVER'S PARTICULAR**
Name: (as in I/C)
NRIC/PASSPORT NO:
Address (Res):
Name & Address of employer:
Occupation: Driving Exp:

Vehicle No: SJC8381C Replace Veh No:
Mileage Out: 236011
Make & Model: Honda Stream Auto / Manual
Date Out: 18/11/19 Time: 6pm
HIRE / PERIOD EXPIRY Time:
NON-WAIVER EXCESS =$

| CHARGES: | | | | |
|---|---|---|---|---|
| Daily | 12 @$ | 180 | Per day | 2160 |
| Weekly | @$ | | Per week | |
| Monthly | @$ | | Per month | |
| Hours | @$ | | Per hour | |
| Malaysia | @$ | | | |
| CDW | @$ | | Per day/month | |
| PAI | @$ | | Per day/month | |
| Delivery / Collection Services | | | | |
| | | | SUB – TOTAL $ | 2160 |

**VEHICLE CHECK LIST:**



INDICATE:
A - ACCIDENTS
D - DENTS
S - SCRATCHES

| PETROL LEVEL | | | | | | |
|---|---|---|---|---|---|---|
| Out | E | 1/4 | 1/2 | 3/4 | F | |
| Out | E | 1/4 | 1/2 | 3/4 | F | |
| EXTENSION | | | | | | |
| Misc. | | | | | | |
| | | | | | TOTAL CHARGES $ | |

**Hirer's Signature:**

**Additional Driver's Signature:**

I have read and agree to the terms and conditions on both sides of the agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have made on the charge/credit card. All information that I have given to **FONG MOTORS CAR RENTAL** in connection with this agreement is true.

***IMPORTANT NOTES**

1. ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
2. ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS.
3. THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
4. IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
5. VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY FONG MOTORS CAR RENTAL.

RETURN OF VEHICLE. THE HIRER / DRIVER IS TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO FONG MOTORS CAR RENTAL AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

| DATE IN | TIME IN | MILEAGE | CHECKED BY | FONG MOTORS CAR RENTAL | SIGNATURE OF HIRER / DRIVER |
|---|---|---|---|---|---|
| 30/11/19 | 3pm | | | | |

GENERAL INSURANCE ASSOCIATION
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-19-189948
Date of Request: 18/11/2019 Your Ref No: Online Purchase

Kang Car Repairers Pte Ltd
No 1 Kaki Bukit Ave 6
#02-06 AutoBay@Kaki Bukit
Singapore 417883

Dear Sir/Madam,

Enquiry Date 18/11/2019
Enquiry By Yee Mei Cheng
TP Vehicle No. SLF4834K
Accident Date 18/11/2019

| 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:
[X] GIRO [ ] Cash [ ] Cheque

**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-19-189948
Date of Request: 18/11/2019

Your Ref No: Online Purchase

Kang Car Repairers Pte Ltd
No 1 Kaki Bukit Ave 6
#02-06 AutoBay@Kaki Bukit
Singapore 417883

Dear Sir/Madam,

Enquiry Date 18/11/2019
Enquiry By Yee Mei Cheng
TP Vehicle No. SLF4834K
Accident Date 18/11/2019

**Enquiry Result**

| TP Vehicle No. | Insurer | Period of Insurance | Insurer Tel. No. |
|---|---|---|---|
| SLF4834K | QBE Insurance (Singapore) Pte Ltd | 29/08/2019-28/08/2020 | 62246633 |

Thank You.

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

This is a computer generated document and requires no signature.

Changi General Hospital
SingHealth

Billing Enquiries: Mon-Fri 9.00am-5.30pm (Excl. Public Holidays)
Tel: 6936 6011 / 6936 6012 / 6936 6013 Email: billing@cgh.com.sg

GST Registration No. : M90368910N

# TAX INVOICE

CAEMNA



18.11.2019 22:38 hrs

**Bill To**
JANINE ELIZABETH GOMEZ
781 UPPER CHANGI ROAD EAST
SUNHAVEN
#08-33 SINGAPORE 486069

MRN/NRIC : T1021672E
CASE NUMBER : 6919426392H
CUSTOMER : 3025395958
A&E VISIT : 18.11.2019 21:15

Name of Patient JANINE ELIZABETH GOMEZ

| Service Description | Amount (S$) Total Charges Before Govt Grant | Amount (S$) Total Amt Payable After Govt Grant |
|---|---|---|
| DRUGS / PRESCRIPTIONS / INJECTIONS | 0.35 | 0.00 |
| A&E ATTENDANCE FEE | 256.00 | 126.00 |
| TOTAL CHARGES | 256.35 | |
| LESS : GOVERNMENT GRANT | 130.35- | |
| AMOUNT PAYABLE BEFORE TAX | | 126.00 |
| ADD : 7% GST | | 8.82 |
| AMOUNT PAYABLE AFTER TAX | | 134.82 |
| LESS : GST ABSORBED BY THE GOVERNMENT | | 8.82- |
| AMOUNT PAYABLE | | 126.00 |
| MENT | | |
| NINE ELIZABETH GOMEZ | | 126.00- |
| UNT DUE | | |
| NINE ELIZABETH GOMEZ | | 0.00 |

INFORMATION:
P SN: T1021672E

/MENT DETAILS

| ME | DATE | AMOUNT | PAYMENT TYPE |
|---|---|---|---|
| NINE ELIZABETH GOMEZ | 18.11.2019 | 126.00 | VISA/MASTERCARD |

F SUPPLY: CASH/CREDIT

EDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your SingPass at http://www.mycpf.gov.sg and to 77862 Statements» Section B» Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit gov.sg» FAQs» Healthcare. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS. Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at http://www.cpf.gov.sg and proceed to Employers» Services» Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan." Payment may be made at DBS iBanking, AXS or NETS station, via Visa/MasterCard/eNETS direct debit at https://eservices.healthhub.sg/public/payments/singhealth or by cheque. Payment may also be made at the Patient Service Centre during office hours or at A&E Registration Counter after office hours.

FBO/02-003.R14

Please attach this portion to your cheque payment.
Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".
Please mail to Tampines Central Post Office, PO Box 500, Singapore 915217.

18.11.2019 22:38 hrs

Amount Enclosed : S$ [redacted] Cheque No./Bank : [redacted]

BALANCE DUE : S$ 0.00
MRN/NRIC : T1021672E
CASE NUMBER : 6919426392H
ADMISSION DATE : 18.11.2019

T1021672E JANINE ELIZABETH GOMEZ

CGH T1021672E 6919426392H 0000000000000000

hangi
eneral Hospital
gHealth

Billing Enquiries: Mon-Fri 9.00am-5.30pm (Excl. Public Holidays)
Tel: 6936 6011 / 6936 6012 / 6936 6013 Email: billing@cgh.com.sg

ion No. : M9036891 0N

ORIGINAL RECEIPT

CAEMNA 18.11.2019 22:38:16 hrs

JANINE ELIZABETH GOMEZ

MRN/NRIC : T1021672E
CASE NUMBER : 6919426392H
CUSTOMER : 3025395958
RECEIPT NUMBER : 6547611
VISIT DATE : 18.11.2019
LOCATION : ANE

atient JANINE ELIZABETH GOMEZ

| Service Description | Amount (S$) |
|---|---|

PAYMENT DETAILS

| NAME | DATE | AMOUNT | PAYMENT TYPE |
|---|---|---|---|
| JANINE ELIZABETH GOMEZ | 18.11.2019 | 126.00 | VISA/MASTER CA |

THIS IS AN ORIGINAL RECEIPT FOR VISA/MASTER CARD PAYMENT OF $126.00 RECEIVED ON 18.11.2019.

/E AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to myCPF online services with your SingPass at http://www.cpf.gov.sg and nt» Section B» Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit AQs» Healthcare. **REIMBURSEMENT INFORMATION FOR EMPLOYERS** AND INSURERS: Reimbursement should be made to cash Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through f.gov.sg and proceed to Employers» Services» Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, he private insurer offering the Integrated Shield Plan.* Payment may be made at DBS iBanking, AXS or NETS station, via direct debit at https://eservices.healthhub.sg/public/payments/singhealth or by cheque. Payment may also be made at the ing office hours or at A&E Registration Counter after office hours.

F/BO/02-00

his portion to your cheque payment.
crossed and made payable to "**Changi General Hospital Pte Ltd**".
apines Central Post Office, PO Box 500, Singapore 915217.

d : S Cheque No./Bank :

re 529889 Tel : 6788 8833 Fax : 6788 0933 www.cgh.com.sg Reg No 198904226R

Changi General Hospital
Singhealth

Payment Enquiries: 6407 8108 Email: payment@cgh.com.sg
Mon-Fri 8.30am-6.00pm Sat 8.30am-12.30pm

PAGE 1 / 1

GST Registration No : M90368013K

TAX INVOICE S/F5L0C FD 30.06.2020 12:35 hrs

Bill To
ANGIE GOH YEOW SIM (WU YAOQIN)
781 UPPER CHANGI ROAD EAST
SUNHAVEN
#08-33 SINGAPORE 486069

MRN/NRIC : S7826969C
CASE NUMBER : 69194263917
CUSTOMER : 3021467522
A&E VISIT : 18.11.2019 21:15

Name of Patient ANGIE GOH YEOW SIM (WU YAOQIN)

| Service Description | Amount (S$) Total Charges Before Govt Grant | Total Amt Payable After Govt Grant |
|---|---|---|
| DRUGS / PRESCRIPTIONS / INJECTIONS | 2.55 | 0.00 |
| A&E ATTENDANCE FEE | 256.00 | 126.00 |
| TOTAL CHARGES | 258.55 | |
| LESS : GOVERNMENT GRANT | 132.55- | |
| AMOUNT PAYABLE BEFORE TAX | | 126.00 |
| ADD : 7% GST | | 8.82 |
| AMOUNT PAYABLE AFTER TAX | | 134.82 |
| LESS : GST ABSORBED BY THE GOVERNMENT | | 8.82- |
| NET AMOUNT PAYABLE | | 126.00 |
| PAYMENT | | |
| ANGIE GOH YEOW SIM (WU | | 126.00- |
| AMOUNT DUE | | |
| ANGIE GOH YEOW SIM (WU | | 0.00 |

FOR INFORMATION:
ST: P SN: S7826969C

PAYMENT DETAILS

| NAME | DATE | AMOUNT | PAYMENT TYPE |
|---|---|---|---|
| ANGIE GOH YEOW SIM (WU YAOQIN | 18.11.2019 | 126.00 | VISA/MASTERCARD |

TYPE OF SUPPLY: CASH/CREDIT

FOR YOUR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Log in to myCPF online services with your SingPass at https://www.cpf.gov.sg and proceed to My Statement Services for Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit www.cpf.gov.sg/Members/Healthcare. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS: Reimbursement should be made to cash first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through at http://www.cpf.gov.sg and proceed to Employers' Services/Medisave/MediShield Life Reimbursement. In relation to an Integrated Shield Plan, pay directly to the insurance company offering the Integrated Shield Plan." Payment may be made at DBS Bankline, AXS or NETS station, via MasterCard or NETS cash@ATM at https://eservice.healthhub.sg/public/payment/singhealth or by cheque. Payment may also be made at the Service Centre during office hours or at A&E Registration Counter after office hours.

P/BO/02-003,R1

Please attach this portion to your cheque payment.

Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".
Please mail to Tampines Central Post Office, PO Box 500, Singapore 915217.

30.06.2020 12:35 hrs

Amount Enclosed : S$ Cheque No./Bank :

ANGIE GOH YEOW SIM (WU

S7826969C

69194263917

BALANCE DUE : S$ 0.00
MRN/NRIC : S7826969C
CASE NUMBER : 69194263917
ADMISSION DATE : 18.11.2019

0000000000000000

Street 3 Singapore 529889 Tel : 6788 8833 Fax : 6788 1933 www.cgh.com.sg Reg No 198903226R

## Jia Le (LKK Auto)

**From:** Jenny Toh <jenny.toh@qbe.com>
**Sent:** Thursday, 6 August 2020 6:08 PM
**To:** Jia Le (LKK Auto); Andrew Lim
**Cc:** Admin A; claims-singapore
**Subject:** VC013204 Direct Settlement - Accident Involving SLF4834K (OI : QBE - TBA) AND SMN248A (TP : LKK REF - CC6/QBE19020590/Ada3) on 18/11/2019

Dear Jia Le

Please proceed with settlement.

regards

**Jenny Toh**
Senior Assistant
Claims / Asia
1 Raffles Quay, #29-10 South Tower, Singapore 048583
+65 6224 6633 | +65 6477 1225
Website LinkedIn Twitter

---

**From:** Jia Le (LKK Auto) <JiaLe@lkkauto.com>
**Sent:** Tuesday, 28 July 2020 1:39 pm
**To:** Jenny Toh <jenny.toh@qbe.com>; Andrew Lim <andrew.lim@qbe.com>
**Cc:** Syaheeda Nacah Binte Mohamed Othman <syaheeda.othman@qbe.com>; Admin A <admin-a@lkkauto.com>
**Subject:** RE: Direct Settlement - Accident Involving SLF4834K (OI : QBE - TBA) AND SMN248A (TP : LKK REF - CC6/QBE19020590/Ada3) on 18/11/2019

Dear Sirs/Madam,

We refer to the below email dated on 09/07/2020.

Kindly let us have your approval/instruction.

Thank you.

***Note: We are on work from home arrangement. All correspondence should be made via email. Submission of claim related documents will be in softcopy. Any inconvenience caused is much regretted.***

Best Regards,
**Chan Jia Le** | Case Handler
**LKK Auto Consultants Pte Ltd**
Phone: 6256 3561 | email: Jiale@lkkauto.com | fax: 6741-4108

**From:** Jia Le (LKK Auto)
**Sent:** Thursday, 9 July 2020 11:23 AM
**To:** Jenny Toh; 'Andrew Lim'
**Cc:** Syaheeda Nacah Binte Mohamed Othman; Admin A
**Subject:** RE: Direct Settlement - Accident Involving SLF4834K (OI : QBE - TBA) AND SMN248A (TP : LKK REF - CC6/QBE19020590/Ada3) on 18/11/2019

QBE Ref: **TBA**

LKK Ref: CC6/QBE19020590/Ada3

Dear Sirs/Madam,

**ACCIDENT INVOLVING SLF 4834K(OI) AND SMN 248A(TP) ON 18/11/2019**

We refer to the above matter.

The said chain collision involved 6 vehicles whereby our insured was the 3rd vehicle. In accordance to the MCF guideline for chain collision, we have to settle the front vehicle's claim at 100%.

We did clarify with insured the nature of the accident and he is aware that NCD (if any) would be affected.

We seek your approval to offer to Third Party repairer, **"KANG CAR REPAIRERS PTE LTD"** is as follows: -

| | **Claimed Amount** | **Revised Amount** |
|---|---|---|
| 1. Cost of Repair (w/GST) | $ 23,726.79 | $ 13,803.00 |
| 2. Loss of Rental (12days x $180) | $ 2,160.00 | $ 1,560.00 (12days x $130) |
| 3. Medical Fee | $ 252.00 | $ 252.00 |
| 4. LTA/ GIA Search Fee | $ 2.00 | $ 2.00 |
| **Total** | $ 26,140.79 | **$ 15,617.00** |

**11days recommendation for repair + 1Sunday = 12days.

**For your approval please.**

***Note: We are on work from home arrangement. All correspondence should be made via email. Submission of claim related documents will be in softcopy. Any inconvenience caused is much regretted.***

Best Regards,
**Chan Jia Le** | Case Handler
**LKK Auto Consultants Pte Ltd**
Phone: 6256 3561 | 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, 20 November 2019 4:31 PM

**To:** Jenny Toh
**Cc:** Syaheeda Nacah Binte Mohamed Othman; Jia Le (LKK Auto); Admin A
**Subject:** Direct Settlement - Accident Involving SLF4834K (OI : QBE - TBA) AND SMN248A (TP : LKK REF - CC6/QBE19020590/Ada3) on 18/11/2019

***'WITHOUT PREJUDICE'***
***SAVE AS TO COSTS***

Dear Sir / Madam,

We refer to the above matter.

We have inspected TP vehicle SMN 248A at M/s Kang Car Repairers Pte Ltd - Kaki Bukit on a WP basis and TP repairer proposed for a direct settlement

Enclosed for your perusal is:

- TP GIA report

Please be informed that the estimated cost of repair and preliminary advice is not ready yet.

We will revert to you on preliminary advice in due course.

Meanwhile, kindly let us have a copy of your insured's GIA report for our necessary action.

Kindly take note that the case handler in-charge is Jia Le and she can be contacted at DID: 6749 5792.

***To check availability of the case handler, you may contact the undersigned.***

Thank you.
Best Regards,
**Mei Kwan** | Admin
**LKK Auto Consultants Pte Ltd**
Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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