



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	\$ 126.00
(Passenger)	\$ 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

.....



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

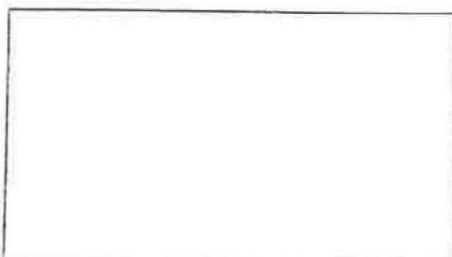
SXXXX969C

FIN/NRIC No.

781 UPPER CHANGI RD EAST #08-33

S486069

Address



Company stamp if applicable

Witness's Signature

KONG CHIN WATT

Witness's Name

SXXXX616C

FIN/NRIC No.

1 KAKI BUKIT AVE 6 #02-06 AUTOBAY

S417883

Address

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	PAGE:1
			Amount
		S\$	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) REF AGREEMENT NO. 10519 REPLACE VEHICLE NO. SMN248A	1	CAR	2,160.00		2,160.00

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.



Authorised Signature

FONG MOTORS CAR RENTAL

1 KAKI BUKIT AVENUE 6 #01-45 KAKI BUKIT, AUTOBAY

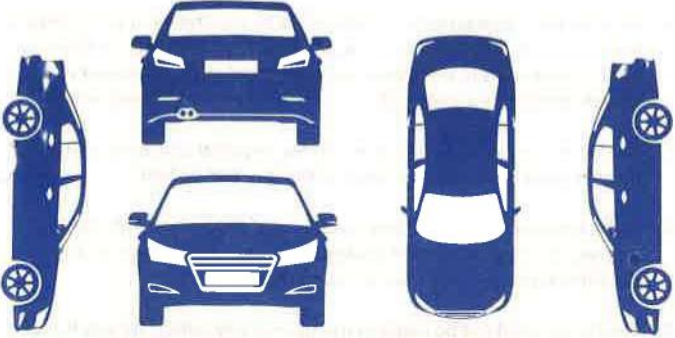

SINGAPORE 417883

HP: 8182 0548 H/P: 9633 7504

UEN: 53371081B

SMN 248A NO: 10519

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR		Vehicle No: <u>84C 8381C</u> Replace Veh No:	
Name: (as in I/C) <u>Angie Goh Yew Sim</u>		Mileage Out: <u>236011</u>	
NRIC/PASSPORT NO: <u>57826969C</u>		Make & Model: <u>Honda Stream</u> Auto / Manual	
Address (Res): <u>781 Upper Changi Rd East</u>		Date Out: <u>18/11/19</u> Time: <u>6pm</u>	
<u>#08-33 S 486069</u>		HIRE / PERIOD EXPIRY Time:	
Name & Address of employer:		NON-WAIVER EXCESS = \$	
Occupation:		CHARGES:	
Driving License No:		Daily <u>12</u> @ \$ <u>180</u> Per day <u>2160</u>	
D/L Type: Local / Int'l		Weekly @ \$ Per week	
Issue Date:		Monthly @ \$ Per month	
Date of Birth: <u>14/9/1978</u>		Hours @ \$ Per hour	
Tel: (O) (R) HP: <u>90186111</u>		Malaysia @ \$	
ADDITIONAL DRIVER'S PARTICULAR		CDW @ \$ Per day/month	
Name: (as in I/C)		PAI @ \$ Per day/month	
NRIC/PASSPORT NO:		Delivery / Collection Services	
Address (Res):		SUB - TOTAL \$ <u>2160</u>	
Name & Address of employer:		PETROL LEVEL <u>1 mark</u>	
Occupation:		Out E 1/4 1/2 3/4 F	
Driving Exp:		Out E 1/4 1/2 3/4 F	
VEHICLE CHECK LIST:		EXTENSION	
		Misc.	
INDICATE:		TOTAL CHARGES \$	
A - ACCIDENTS		Hirer's Signature: 	
D - DENTS		Additional Driver's Signature: _____	
S - SCRATCHES			

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

- ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS.
- 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.
- 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.
- 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 BE 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
<u>30/11/19</u>	<u>3pm</u>				



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

PAGE: 1 / 1

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\$)

DRUGS / PRESCRIPTIONS / INJECTIONS
A&E ATTENDANCE FEE

TOTAL CHARGES

LESS : GOVERNMENT GRANT

AMOUNT PAYABLE BEFORE TAX

ADD : 7% GST

AMOUNT PAYABLE AFTER TAX

LESS : GST ABSORBED BY THE GOVERNMENT

AMOUNT PAYABLE

MENT

JANINE ELIZABETH GOMEZ

OUNT DUE

JANINE ELIZABETH GOMEZ

INFORMATION:

P SN: T1021672E

MENT DETAILS

ME

JANINE ELIZABETH GOMEZ

DATE

18.11.2019

AMOUNT

126.00

PAYMENT TYPE

VISA/MASTERCARD

IF SUPPLY: CASH/CREDIT

Name: DISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your SingPass at <http://www.cpf.gov.sg> and to 77862 Statements Section B. Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit www.cpf.gov.sg FAQ 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/NETS direct debit at <https://services.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.

Amount Enclosed : \$ 126.00 Cheque No./Bank :

T1021672E JANINE ELIZABETH GOMEZ

CGH T1021672E

6919426392H

18.11.2019

22:38 hrs

BALANCE DUE : S\$ 0.00

MRN/NRIC : T1021672E

CASE NUMBER : 6919426392H

ADMISSION DATE : 18.11.2019

0000000000000000

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

ORIGINAL RECEIPT

CAEMNA 18.11.2019 22:38:16 hrs

Registration No.: M90168910N

JANINE ELIZABETH GOMEZ

MRN/NRIC : T1021672E
CASE NUMBER : 6919428392H
CUSTOMER : 3025395958
RECEIPT NUMBER : 8547611
VISIT DATE : 18.11.2019
LOCATION : ANE

Patient JANINE ELIZABETH GOMEZ

Service Description		Amount (S\$)	
PAYMENT DETAILS			
NAME	DATE	AMOUNT	PAYMENT TYPE
JANINE ELIZABETH GOMEZ	18.11.2019	126.00	VISA/MASTER CARD
THIS IS AN ORIGINAL RECEIPT FOR VISA/MASTER CARD PAYMENT OF \$126.00 RECEIVED ON 18.11.2019.			

FOR AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycph online services with your SingPass at <http://www.cph.gov.sg> and visit Section B: Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit www.cph.gov.sg and proceed to Employers' Services. Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, be private insurer offering the Integrated Shield Plan. Payment may be made at DBS (Banking, 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 registration office hours or at A&E Registration Counter after office hours.

F/BQ/02-00

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

dated: S Cheque No./Bank:



Changi General Hospital
SingHealth

Payment Enquiry: 6467 8168 Email: payment@188.com.sg
Mon-Fri 8.30am-6.00pm Sat 8.30am-12.30pm

PAGE: 1/1

GST Registration No: M10009910N

TAX INVOICE

SF/SLC

FB

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 : 6919426391Z
CUSTOMER : 3021467522
A&E VISIT : 18.11.2019 21:15

Name of Patient: **ANGIE GOH YEOW SIM (WU YAOQIN)**

DE GOM YAO Service Description

INT OUT

2 GOM

DRUGS / PRESCRIPTIONS / INJECTIONS
A&E ATTENDANCE FEE

TOTAL CHARGES

LESS : GOVERNMENT GRANT

AMOUNT PAYABLE BEFORE TAX

ADD : 7% GST

AMOUNT PAYABLE AFTER TAX

LESS : GST ABSORBED BY THE GOVERNMENT

NET AMOUNT PAYABLE

PAYMENT

ANGIE GOH YEOW SIM (WU

AMOUNT DUE

ANGIE GOH YEOW SIM (WU

FOR INFORMATION:

ST: P SN: S7826969C

PAYMENT DETAILS

NAME

ANGIE GOH YEOW SIM (WU YAOQIN)

DATE

18.11.2019

AMOUNT

126.00

PAYMENT TYPE

VISA/MASTERCARD

TYPE OF SUPPLY: CASH/CREDIT

Amount (\$S)

Total Charges Before

Govt Grant

2.55

256.00

258.55

132.55-

Total Amt Payable

After Govt Grant

0.00

126.00

126.00

8.82

134.82

8.82-

126.00

126.00-

0.00

IF YOUR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Log in to mycp online services with your SingPass at <http://www.cpt.gov.sg> and proceed to My Statements Section for Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit www.cpt.gov.sg/1888-1888. 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 <http://www.cpt.gov.sg> and proceed to Employees Services Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, pay directly to Singapore insurers offering the Integrated Shield Plan. Payment may be made at DBS Banking, AXS or NETS machine, via Internet and eNETS, or by mail to healthservices@chgc.com.sg or by cheque. Payment may also be made at the Service Centre or the office hours at A&E Registration Counter and other locations.

F7B0/G2-003.R1

ase attach this portion to your cheque payment.

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

ount Enclosed: S

Cheque No./Bank:

7826969C

ANGIE GOH YEOW SIM (WU

QGR

67826969C

6919426391Z

30.06.2020

12:35 hrs

BALANCE DUE : S\$ 0.00

MRN/NRIC : S7826969C

CASE NUMBER : 6919426391Z

ADMISSION DATE : 18.11.2019

0000000000000000

Street 3 Singapore 529889 Tel: 6788 8883 Fax: 6788 0953 www.chgc.com.sg Reg No 1989042268

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	<u>\$ 15,617.00</u>

**11 days 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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