



Our Reference: SMF5196A/7017424
Your Reference: SJN6508X

By Email / Mail

08/01/2020

CHINA TAIPING INSURANCE (SINGAPORE) PTE. C/O LKK AUTO CONSULTANTS
Attn: Third Party Claim Department -

ACCIDENT INVOLVING SMF5196A & SJN6508X ON 25 Nov 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		\$15,154.05
Loss Of Rental	\$139.10 x 5 days	\$695.50
Others		
TOTAL		\$15,849.55

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	:	SUF5196A (Insd veh)	Model	:	Land Rover Discovery
	:	SJN6508X (TP veh)			
Date of Accident	:	25/11/2019			

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

Repair Estimate	:	\$ 21,490.95	
Final Repair Cost	:	\$ 15,154.05	
Loss of Use	:	\$	days at \$ per day
Rental (if any)	:	\$ 695.50	5 days at \$ 139.10 (incls of GST) per day
Others	:	\$	
	:	\$	
	:	\$	
	:	\$	
Final Settlement Sum	:	\$ 15,849.55	

Remarks: _____

Payment Instruction: Payee's Breakdown		
1)	WEARNES AUTOMOTIVE PTE LTD	: \$ 15,849.55
2)		: \$
3)		: \$
4)		: \$

SERVICE TAX INVOICE

0 - C00010 SL: CHINA TAIPING INSURANCE (SINGAPORE)
 CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD GST Reg.No:M28920628X
 3 ANSON ROAD Inv.No. . : B&P 7017424 Page 1
 #16-00, SPRINGLEAF TOWER Inv.date. : 30/12/2019
 SINGAPORE 079909 WIP No. . : 49925
 Veh.In/Out: 16/12/2019 27/12/2019
 *Tel.No. . : 63896111
 Reg.No. . : SMF5196A
 Closed by : Patricia Kueh Anak S Reg.date .: 15/11/2018
 Svc Consultant : ACC Mileage ... : 7,829
 Remarks : Ms Yuan Meiqi Chassis No: SALCA2AX8JH761176

Parts/Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE TAILGATE, REAR BUMPER,REAR TOW COVER, PARKING SENSORS,ETC	0		2400.00	0		2,400.00	S
800	TO PUTTY SPRAYPAINT AND BLENDING OF PAINT ON REAR BUMPER,TAILGATE,ETC	0		2000.00	0		2,000.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0		510.00	0		510.00	S
802	TO TRANSFER TAILGATE PARTS	0		500.00	0		500.00	S
802	TO REPLACE REAR WINDSCREEN	0		600.00	0		600.00	S
0080	TO INSTALL REAR WINDSCREEN FIL	0		280.00	0		280.00	S
LR077791	TOW EYE COVER REAR D	1.0	EA	541.50	10		487.35	S
LR059784	SENSOR - PARKING AID	2.0	EA	374.10	10		673.38	S
LR106222	GLASS - BACK WINDOW	1.0	EA	1059.50	10		953.55	S
LR078295	ADHESIVE AND SEALER	2.0	EA	150.50	10		270.90	S
LR063644	BADGE REAR "DISCO" D	1.0	EA	162.20	10		145.98	S
LR063647	BADGE REAR "VERY" DS	1.0	EA	145.50	10		130.95	S

SERVICE TAX INVOICE

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 *Tel.No. . : 63896111
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 Closed by : Patricia Kueh Anak S Reg.date. : 15/11/2018
 Svc Consultant : ACC Mileage . : 7,829
 Remarks : Ms Yuan Meiqi Chassis No: SALCA2AX8JH761176

Parts/Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
LR062123	BADGE OVAL REAR RR3	1.0	EA	86.40	10		77.76	S
LR061391	TAILGATE PANEL DSPOR	1.0	EA	3347.10	10		3,012.39	S
LR128147	BUMPER - REAR	1.0	EA	1673.50	10		1,506.15	S
LR009163	ADHESIVE SEALER FL2	1.0	EA	682.50	10		614.25	S

				Gross Total.		14,162.66	
Labour	Total	6,290.00		Net.....		14,162.66	
Parts	Total	7,872.66		GST @ 7.0%		991.39	
Package	Total	0.00		Total.....		15,154.05	
				Paid.....		0.00	
				Please Pay..		15,154.05	

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

China Taiping Insurance (Singapore)
3 Anson Road
#16-00
Springleaf Tower
Singapore 079909

Tax Invoice

Inv No. : R1902153
Inv Date : 30 Dec 2019
Ref :
Terms : 90 Days

Rental Information

Agreement No. : RA19/01252
Billing Period : 16/12/2019 09:00 - 21/12/2019 09:00
Driver Name : Yuan Meiqi

Car Information

Registration No. : SKZ9629K
Make : LAND ROVER
Model : DISCOVERY SPORT 2.0
SI4 HSE 7STR 5/R

#	Description	Qty	UOM	Unit Price	Amt
1	Being Rental Payment for the Period Stated Above	5.00	Days	130.00	650.00

Remarks:

SMF5196A_China Taiping_Patricia

Payment method:

Interbank GIRO and credit card payments: Deduction will take place from 5th to 9th 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: 501-296727-001
SWIFT CODE: OCBGSGSG

Subtotal : S\$ 650.00
GST 7.0% : S\$ 45.50
Total : S\$ 695.50

Please note that late payment interest will be imposed at a rate of 2% per month commencing from the date that the payment is due, compounded daily, plus an administrative fee of S\$50.00 (excluding GST) each time.

This is a computer generated document. No signature is required.

AUTHORIZATION TO ACT

I, Yuan Meiqi ("the third party claimant")
of BK 201 Clementi Avenue 6 #10-37 (120201) (address),
owner of SUF 5196A (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. SUF 5196A that was
damaged pursuant to the accident which occurred on 25/11/2019 (date) along
Commonwealth Ave West towards Clementi Ave 6 (location)
involving vehicle no. SJN 6508X ("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 25 day of 11 (month) 20 19 (year)

Yuan Meiqi

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

Kueh

Signed by "the workshop"



Patricia Kueh Anak Slin

From: Steve Chen (LKK Auto) <SteveChen@lkkauto.com>
Sent: Monday, 30 December, 2019 6:16 PM
To: Patricia Kueh Anak Slin
Cc: Paul Ong Qing Yong
Subject: SMF5196A Finalise

Dear Patricia,

We confirm the finalize \$14,162.66 (P/P, before GST). 5 repair days.

Thanks

Best Regards,

Steve Chen | Assistant Automotive Assessor

LKK Auto Consultants

Phone: 6256 3561 | Email: SteveChen@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Patricia Kueh Anak Slin [<mailto:patricia.kueh@wearnes.com>]
Sent: Monday, December 30, 2019 11:14 AM
To: Steve Chen (LKK Auto)
Cc: Paul Ong Qing Yong
Subject: SMF5196A Finalise

Dear Steve,

Please refer above attachments for final bill.

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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Patricia Kueh Anak Slin

From: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>
Sent: Thursday, 12 December, 2019 12:57 PM
To: Patricia Kueh Anak Slin
Cc: Paul Ong Qing Yong
Subject: RE: OUR REF: SNM19D205609/SNJ6508X/CBS & YOUR REF: SMF5196A -TO CONDUCT PRS -TP Claim for SMF5196A

Without Prejudice

Dear Sir,

We are prepared to direct settle subject to surveyor consistencies

Chong Boon Sen

Claims Executive
Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/ | **WeChat:** 太平獅城 Taiping SG 3 Anson Road #16-00 Springleaf Tower Singapore 079909
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

From: Patricia Kueh Anak Slin [mailto:patricia.kueh@wearnes.com]
Sent: Thursday, December 12, 2019 11:22 AM
To: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>
Cc: Paul Ong Qing Yong <paul.ong@wearnes.com>
Subject: RE: OUR REF: SNM19D205609/SNJ6508X/CBS & YOUR REF: SMF5196A -TO CONDUCT PRS -TP Claim for SMF5196A

Dear Boon Sen,

Noted with thanks. Please refer remark estimate.

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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From: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>
Sent: Thursday, 12 December, 2019 11:04 AM
To: Patricia Kueh Anak Slin <patricia.kueh@wearnes.com>

Cc: Paul Ong Qing Yong <paul.ong@wearnest.com>

Subject: RE: OUR REF: SNM19D205609/SNJ6508X/CBS & YOUR REF: SMF5196A -TO CONDUCT PRS -TP Claim for SMF5196A

Without Prejudice

Dear Sir,

We are prepared to direct settle but have you submitted the estimate? Subject to estimate amount.

Thank you.

Chong Boon Sen

Claims Executive
Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

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DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

From: Patricia Kueh Anak Slin [<mailto:patricia.kueh@wearnest.com>]

Sent: Thursday, November 28, 2019 11:27 AM

To: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>

Cc: Paul Ong Qing Yong <paul.ong@wearnest.com>; Claims Dept of CTI <claimsdept@sg.cntaiping.com>

Subject: FW: OUR REF: SNM19D205609/SNJ6508X/CBS & YOUR REF: SMF5196A -TO CONDUCT PRS -TP Claim for SMF5196A

Dear Boon Sen,

Please confirm my customer liability. Please refer attached accident video.

Thank you.

Patricia Kueh
Service Consultant
Bodyshop & Paint



Wearnest Automotive Pte Ltd
249 Alexandra Road Singapore 159935
M (65) 9770 4368 D (65) 6378 9336
www.wearnestauto.com patricia.kueh@wearnest.com

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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, 27 November, 2019 9:11 AM

To: 'Chong Boon Sen' <boonsen.chong@sg.cntaiping.com>

Cc: Paul Ong Qing Yong <paul.ong@wearnest.com>; assignments <assignments@lkkauto.com>

Subject: RE: OUR REF: SNM19D205609/SNJ6508X/CBS & YOUR REF: SMF5196A -TO CONDUCT PRS -TP Claim for SMF5196A

Dear Boon Sen,

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	25/11/2019 16:32
Date Of Accident	25/11/2019 12:30
Exact Location Of Accident	COMMONWEALTH AVE WEST TOWARDS CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF5196A
Insured/Policyholder	
Name Of Registered Owner	YUAN MEIQI
NRIC No	S8481692B
Email Address	NOEMAIL@CONTRACT.COM
Mobile Phone No	(LOCAL) +65-83333313
Alternative Phone No	OTHERS-83333313

Vehicle Particulars

Manufacturer	LAND ROVER
Model	DISCOVERY SPORT-2.0 SE SI4 (L550) (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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V11907/VPC/R01
Cover Note Number	

Driver

Name of Driver	YUAN MEIQI
NRIC No	S8481692B
Date Of Birth	13/07/1984
Occupation	INDOOR
Date Of Driving Pass	14/07/2016
Driving Experience	3 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83333313
Fax Number	
Contact Number	OTHERS-83333313
E Mail Address	NOEMAIL@CONTRACT.COM

Address	BLK 201 CLEMENTI AVENUE 6 #10-37
Postcode	120201
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : YUAN ZHENGDA GENDER: : MALE
Passenger 2	NAME: : PA PA WIN GENDER: : FEMALE
Passenger 3	NAME: : WAI WAI THAN GENDER: : FEMALE

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 attachments.

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	SJN6508X
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied 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: 25/1/19 Time: 12:30
Exact Location of Accident	Junction Commonwealth Ave West towards Clementi Ave 6
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SUF5196A
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	Yuan Meiqi
Personal Identification - NRIC (Singaporean/PR)	S8481692B
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer LR Model Discovery Sport
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 *	Liberty 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	SI19V11907/NPC/ROI
Motor CI	
DRIVER	<input checked="" type="radio"/> Same as Insured above
Name of Driver	Yuan Meiqi
Personal Identification - NRIC (Singaporean/PR)	S8481692B
- FIN/Passport Number	
Date of Birth	13 dd/ 07 mm/ 1984/yy
Driving Date Pass	14 dd/ 07 mm/ 2016/yy
Year of Driving Experience	3 Year(s) 4 Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	8333 3313

Address of Driver	BK 201 Clementi Ave 6 #10-37	Postcode (02001)
Email Address		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	Owner	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Head-rear
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____

OTHER INFORMATION

Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Pa Pa Win (F)
Was there any video captured by Car Camera?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Yuan Zhengda : (M)
Number of Passengers (Including Driver)	4	Wai Wai Than (F)

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	SJN 6508X
Vehicle Make/ Model/ Colour	Honda
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	China Taiping Insurance
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 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.

袁美玲

Policyholder's Signature / Date & Time

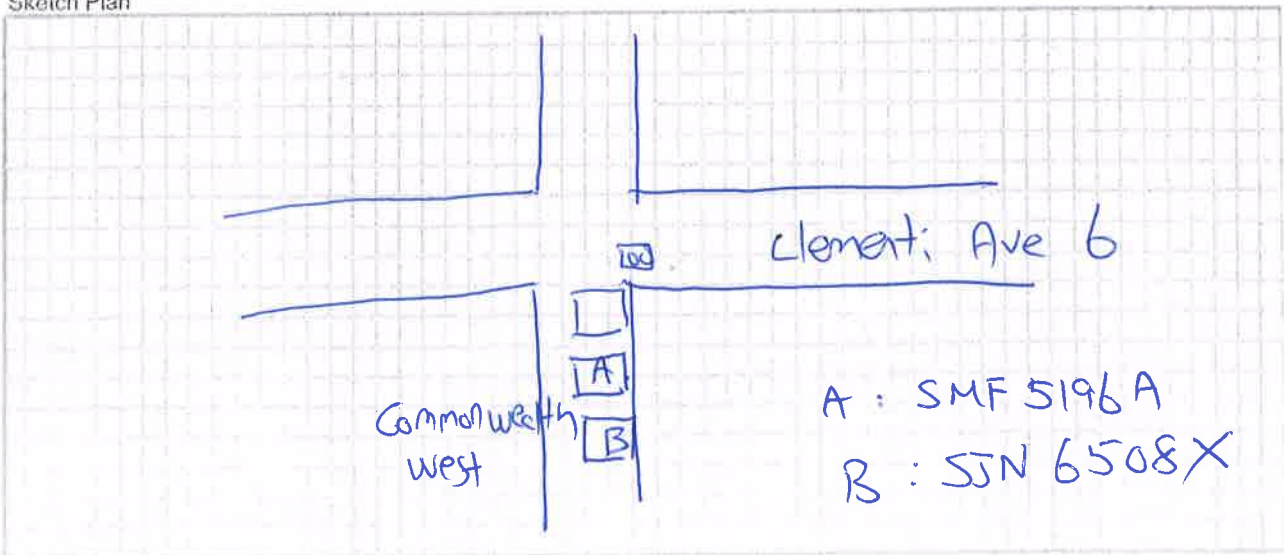
袁美玲

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

Around 12. P.M, at the cross junction between Commonwealth West & Clarenti Ave 6, while stopping behind the traffic light, a Honda vehicle number SJN 6508X hit from behind.

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
IDENTITY CARD NO. S8481692B



Name
YUAN MEIQI

袁美琪

Race
CHINESE

Date of birth Sex
13-07-1984 F

Country of birth
CHINA

S8481692B

9052316



NRIC No. S8481692B



Nationality
CHINESE

Date of issue
12-08-2009

APT BLK 201 CLEMENTI AVENUE 6 #10-37
SINGAPORE 120201

NRIC No: S8481692B Date: 03/05/2018

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

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg	14 Jul 2016

NP 428A



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S 8 4 8 1 6 9 2 B**

Name:

YUAN MEIQI

Birth Date: **13 Jul 1984**

Issue Date: **14 Jul 2016**



www.libertyinsurance.com.sg

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189); Motor Vehicles (Third-Party Risks And Compensation) Rules, 1960; Road Transport Act, 1987 (Malaysia); Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Name of Policyholder: YUAN MEIQI		Certificate No.: S119V11907/ VPC / R01
Date of Issue: 26 Sep 2019	Effective Date of Commencement: 15 Nov 2019 00:00	Date of Expiry: 14 Nov 2020 23:59
Registration No.: SMF5196A	Chassis No.: SALCA2AX8JH761176	Type of Certificate: MX1
Persons or Classes of Persons entitled to drive*:		
A) The Policyholder.		
B) Any other person who is driving on the Policyholder's order or with his permission.		
<p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.</p> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>		
Limitations as to use:		
Use only for social, domestic and pleasure purposes and for the Policyholder's business.		
The Policy does not cover:		
A) Use for hire or reward.		
B) Use for racing, pace-making, reliability trials or speed-testing.		
C) Use for the carriage of goods (other than samples) in connection with any trade or business.		
D) Use for any purpose in connection with the Motor Trade.		
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.		

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).



For and on behalf of
LIBERTY INSURANCE PTE LTD
 Approved Insurers

For Information Only:

Coverage(s):	Comprehensive, Unlimited Windscreen
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	Section I S\$800, Additional Excess for Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
Name of Finance Company:	OVERSEA-CHINESE BANKING CORPORATION LTD
Name of Producer:	WEARNES AUTOMOTIVE PTE LTD (A1716-78)

SCEI/E2BAAMT/S119V11907/26-Sep-2019/MotorCI/MLD

Steve (LKK) *Mr. Pail* 28/11/19, 19.30 an
 5 days
 P/P
 R/ PCL SM

SERVICE ESTIMATE

99092 - C00001 SL: SERVICE SALES - PC
 Ms Yuan Meiqi GST Reg.No:M28920628X
 BLK 201 Clementi Avenue 6 Inv.No. . : B&P 0 Page 1
 #10-37 Inv.date. : 26/11/2019
 WIP No. . : 49925
 Singapore 120201 Veh.In/Out:
 *Tel.No. . : Mobile: 83333313
 Reg.No. . : SMF5196A
 Closed by : Patricia Kueh Anak S Reg.date . : 15/11/2018
 Svc Consultant : Mileage .. : 0
 Remarks : Ms Yuan Meiqi Chassis No: SALCA2AX8JH761176

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE TAILGATE, REAR BUMPER, REAR TOW COVER, PARKING SENSORS, REAR BUMPER BEAM, REAR BUMPER FOAM, REAR PANEL, REAR BUMPER REFLECTOR RH, REAR BUMPER REFLECTOR LH, ETC <i>1700</i>	0	4800.00	0		4,800.00	S <i>2400</i>
800	TO PUTTY SPRAYPAINT AND BLENDING OF PAINT ON REAR BUMPER, TAILGATE, REAR PANEL, ETC <i>1000</i>	0	4000.00	0		4,000.00	S <i>2000</i>
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	510.00	0		510.00	S /
802	TO TRANSFER TAILGATE PARTS	0	500.00	0		500.00	S /
802	TO REPLACE REAR WINDSCREEN	0	1200.00	0		1,200.00	S / <i>600</i>
0080	TO INSTALL REAR WINDSCREEN FIL (<i>both Approved</i>)	0	280.00	0		280.00	S /
419	WHEEL ALIGNMENT	0	280.00	0		280.00	S X
	LLR106865/BUMPER - R / <i>AD</i>	1.0 EA	1616.40			1,616.40	S

SERVICE ESTIMATE

99092 - C00001 SL: SERVICE SALES - PC

Ms Yuan Meiqi
BLK 201 Clementi Avenue 6
#10-37

Singapore 120201

Closed by : Patricia Kueh Anak S
Svc Consultant :
Remarks : Ms Yuan Meiqi

GST Reg.No:M28920628X
Inv.No. . : B&P 0 Page 2
Inv.date. : 26/11/2019
WIP No. . : 49925
Veh.In/Out:
*Tel.No. . : Mobile: 83333313
Reg.No. . : SMF5196A
Reg.date. : 15/11/2018
Mileage . : 0
Chassis No: SALCA2AX8JH761176

Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
	TOW EYE COVER REAR D		1.0	EA	530.90		530.90	S
	REINFORCEMENT - BUMP		1.0	EA	595.40		595.40	S
	BRACKET - BUMPER MOU		1.0	EA	115.20		115.20	S
	BRACKET - BUMPER MOU		1.0	EA	115.20		115.20	S
	SENSOR - PARKING AID		2.4	EA	366.80		1,467.20	S
	LAMP - FOG - REAR RH		1.0	EA	337.00		337.00	S
	LAMP - FOG - REAR LH		1.0	EA	337.00		337.00	S
	GLASS - BACK WINDOW		1.0	EA	1038.70		1,038.70	S
	ADHESIVE AND SEALER		2.0	EA	147.50		295.00	S
	BADGE REAR "DISCO" D		1.0	EA	159.00		159.00	S
	BADGE REAR "VERY" DS		1.0	EA	142.60		142.60	S
	BADGE OVAL REAR RR3		1.0	EA	84.70		84.70	S
	NAME PLATE - PLASTIC		1.0	EA	128.40		128.40	S
	ADHESIVE SEALER FL2		1.0	EA	669.10		669.10	S
	BODY PANEL SEALANT X		1.0	EA	883.20		883.20	S

Gross Total. 20,085.00

Labour Total 11,570.00
Parts Total 8,515.00
Package Total 0.00

Net..... 20,085.00
GST @ 7.0% 1,405.95
Total..... 21,490.95
Paid..... 0.00
Please Pay.. 21,490.95

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