



**AUTOMOTIVE REPAIR CENTRE PTE LTD**  
38 WOODLANDS INDUSTRIAL PARK E1  
#05-18 SINGAPORE 757700  
TEL: 64688834 / FAX: 64622278  
E-MAIL: [info@automotiverepaircentre.com.sg](mailto:info@automotiverepaircentre.com.sg)

Lonpac Insurance Bhd  
Attn: Motor Claims Dept

Dear Sir/ Madam

**LETTER OF DEMAND**

**ACCIDENT INVOLVING VEHICLE NO SMF8261A & GBD8668B & SLT9991H  
ALONG PIE TOWARDS JURONG AFTER KPE EXIT ON 29/12/2019.**

We understand that you are the insurer of vehicle GBD8668B.

I/We wish to inform you that my/our vehicle SMF8261A have been completed repairs to my/our satisfaction by M/s AUTOMOTIVE REPAIR CENTRE PTE LTD. I/We therefore propose to claim from your as follows:

1.	Cost of Repair	S\$ 23,007.94 (w/GST 7%)
2.	Loss of Rental (13 Days as approved by surveyor) Loss of Rental (05 Weekends / Public Holidays) Loss of Rental (S\$100.00 x total 18 Days)	S\$ 1,926.00 (w/GST 7%)
3.	Medical Expenses	S\$ 436.65
4.	LTA Search Fee/GIA Reports	S\$ 7.45
	<b>TOTAL</b>	<b>S\$ 25,378.04</b>

Please let us have your reply soonest possible.

Thank you.

Yours faithfully



17/04/2020

## LETTER OF AUTHORISATION

I/We, CHAN SOO JIN MARK ("claimant") of BLK 139 PASIR RIS GROVE #06-47 SINGAPORE 518134 (address), owner of SMF8261A (vehicle no.) hereby authorize AUTOMOTIVE REPAIR CENTRE PTE LTD ("the workshop"), to act on behalf of me/us with respect to my/our claim for repair costs and/or rental and/or loss of use ("claim") for my/our vehicle no. SMF8261A that was damaged pursuant to the accident which occurred on 29/12/2019 (date) ALONG PIE TOWARDS JURONG AFTER KPE EXIT (location) involving vehicle no/s GBD8668B & SLT9991H ("the accident").

I/We further authorize the workshop to settle my/our above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my/our claim with payment cheque/s being made in favour of the workshop.

I/We further acknowledge that any settlement the workshop may reach on my/our 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 20 (day) of 12 (month) 19 (year)



Signed by "the claimant"  
(with chop if applicable)



Signed by "the workshop"  
(with chop)



# LONPAC INSURANCE BHD

CLAIM NO : 19/19/20/VC00/022848  
DATE : 24 JUNE 2020

## DISCHARGE VOUCHER

I/We, CHAN SOO JIN MARK confirmed acceptance from **M/s LONPAC INSURANCE BHD** and/or owner of GBD 8668B the sum of Singapore Dollar Twenty Four Thousand Nine Hundred Forty One and Thirty Nine Cents Only (\$24,941.39) in full and final satisfaction, liquidation and discharge of all property/injury losses competent to me/us upon the said **M/s LONPAC INSURANCE BHD** in respect of all property losses sustained by me/us whether now or hereafter to become manifest, arising either directly or indirectly from an accident involving SMF 8261A on 29 December 2019 along PIE TWDS JURONG.

I /We hereby agree to indemnify and keep indemnify (**LONPAC INSURANCE BHD/ WEI HUAT TRADING**) against all claims and any claims whatsoever made by any person/persons on our behalf in respect of the said accident.

I/We further authorize you to pay the above settlement sum directly to **AUTOMOTIVE REPAIR CENTRE PTE LTD.**

I/We hereby acknowledged that this payment is made on a without admission of liability basis and without prejudice to all related claims and in respect of our insured's recovery action.

 30/06/20  
.....  
Signature of vehicle owner/Date

CHAN SOO JIN MARK  
.....  
Name of vehicle owner /Date



# LONPAC INSURANCE BHD

CLAIM NO : 19/19/20/VC00/022848  
DATE : 24 JUNE 2020

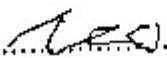
## DISCHARGE VOUCHER

I/We, TEO SIN POO confirmed acceptance from **M/s LONPAC INSURANCE BHD** and/or owner of GBD 8668B the sum of Singapore Dollar One Hundred Thirteen and Forty Five Cents Only (\$113.45) in full and final satisfaction, liquidation and discharge of all property/injury losses competent to me/us upon the said M/s **LONPAC INSURANCE BHD** in respect of all property losses sustained by me/us whether now or hereafter to become manifest, arising either directly or indirectly from an accident involving SMF 8261A on 29 December 2019 along PIE TWDS JURONG.

I /We hereby agree to indemnify and keep indemnify (**LONPAC INSURANCE BHD/ WEI HUAT TRADING**) against all claims and any claims whatsoever made by any person/persons on our behalf in respect of the said accident.

I/We further authorize you to pay the above settlement sum directly to **AUTOMOTIVE REPAIR CENTRE PTE LTD.**

I/We hereby acknowledged that this payment is made on a without admission of liability basis and without prejudice to all related claims and in respect of our insured's recovery action.

..........  
Signature of vehicle owner/Date

TEO SIN POO  
.....  
Name of vehicle owner /Date



# LONPAC INSURANCE BHD

CLAIM NO : 19/19/20/VC00/022848  
DATE : 24 JUNE 2020

## DISCHARGE VOUCHER

I/We, SITI NGAISAH confirmed acceptance from **M/s LONPAC INSURANCE BHD** and/or owner of GBD 8668B the sum of Singapore Dollar Fifty Eight and Eighty Five Cents Only (\$58.85) in full and final satisfaction, liquidation and discharge of all property/injury losses competent to me/us upon the said **M/s LONPAC INSURANCE BHD** in respect of all property losses sustained by me/us whether now or hereafter to become manifest, arising either directly or indirectly from an accident involving SMF 8261A on 29 December 2019 along PIE TWDS JURONG.

I /We hereby agree to indemnify and keep indemnify (**LONPAC INSURANCE BHD/ WEI HUAT TRADING**) against all claims and any claims whatsoever made by any person/persons on our behalf in respect of the said accident.

I/We further authorize you to pay the above settlement sum directly to **AUTOMOTIVE REPAIR CENTRE PTE LTD.**

I/We hereby acknowledged that this payment is made on a without admission of liability basis and without prejudice to all related claims and in respect of our insured's recovery action.

.....  
Signature of vehicle owner/Date

SITI NGAISAH

.....  
Name of vehicle owner /Date



# LONPAC INSURANCE BHD

CLAIM NO : 19/19/20/VC00/022848  
DATE : 24 JUNE 2020

## DISCHARGE VOUCHER

I/We, NG KIAN HENG confirmed acceptance from **M/s LONPAC INSURANCE BHD** and/or owner of GBD 8668B the sum of Singapore Dollar One Hundred Thirteen and Forty Five Cents Only (\$113.45) in full and final satisfaction, liquidation and discharge of all property/injury losses competent to me/us upon the said M/s **LONPAC INSURANCE BHD** in respect of all property losses sustained by me/us whether now or hereafter to become manifest, arising either directly or indirectly from an accident involving SMF 8261A on 29 December 2019 along PIE TWDS JURONG.

I /We hereby agree to indemnify and keep indemnify (**LONPAC INSURANCE BHD/ WEI HUAT TRADING**) against all claims and any claims whatsoever made by any person/persons on our behalf in respect of the said accident.

I/We further authorize you to pay the above settlement sum directly to **AUTOMOTIVE REPAIR CENTRE PTE LTD.**

I/We hereby acknowledged that this payment is made on a without admission of liability basis and without prejudice to all related claims and in respect of our insured's recovery action.

  
.....

Signature of vehicle owner/Date

NG KIAN HENG

.....  
Name of vehicle owner /Date





# LONPAC INSURANCE BHD

CLAIM NO : 19/19/20/VC00/022848  
DATE : 24 JUNE 2020

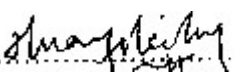
## DISCHARGE VOUCHER

I/We, NG BEE LENG confirmed acceptance from **M/s LONPAC INSURANCE BHD** and/or owner of GBD 8668B the sum of Singapore Dollar One Hundred Thirteen and Forty Five Cents Only (\$113.45) in full and final satisfaction, liquidation and discharge of all property/injury losses competent to me/us upon the said M/s **LONPAC INSURANCE BHD** in respect of all property losses sustained by me/us whether now or hereafter to become manifest, arising either directly or indirectly from an accident involving SMF 8261A on 29 December 2019 along PIE TWDS JURONG.

I /We hereby agree to indemnify and keep indemnify (**LONPAC INSURANCE BHD/ WEI HUAT TRADING**) against all claims and any claims whatsoever made by any person/persons on our behalf in respect of the said accident.

I/We further authorize you to pay the above settlement sum directly to **AUTOMOTIVE REPAIR CENTRE PTE LTD.**

I/We hereby acknowledged that this payment is made on a without admission of liability basis and without prejudice to all related claims and in respect of our insured's recovery action.

  
.....  
Signature of vehicle owner/Date

NG BEE LENG  
.....  
Name of vehicle owner /Date



# LONPAC INSURANCE BHD

CLAIM NO : 19/19/20/VC00/022848  
DATE : 24 JUNE 2020

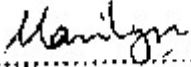
## DISCHARGE VOUCHER

I/We, CHAN MARILYNN confirmed acceptance from **M/s LONPAC INSURANCE BHD** and/or owner of GBD 8668B the sum of Singapore Dollar Thirty Seven and Forty Five Cents Only (\$37.45) in full and final satisfaction, liquidation and discharge of all property/injury losses competent to me/us upon the said M/s **LONPAC INSURANCE BHD** in respect of all property losses sustained by me/us whether now or hereafter to become manifest, arising either directly or indirectly from an accident involving SMF 8261A on 29 December 2019 along PIE TWDS JURONG.

I /We hereby agree to indemnify and keep indemnify (**LONPAC INSURANCE BHD/ WEI HUAT TRADING**) against all claims and any claims whatsoever made by any person/persons on our behalf in respect of the said accident.

I/We further authorize you to pay the above settlement sum directly to **AUTOMOTIVE REPAIR CENTRE PTE LTD.**

I/We hereby acknowledged that this payment is made on a without admission of liability basis and without prejudice to all related claims and in respect of our insured's recovery action.

  
.....  
Signature of vehicle owner/Date

CHAN MARILYNN  
.....  
Name of vehicle owner /Date





## AUTOMOTIVE REPAIR CENTRE PTE LTD

Company Reg No: 201312913C GST Reg No: 201312913C

38 Woodlands Industrial Park E1

#05-18 Singapore 757700

Tel: 6468 8834 Fax: 6462 2278

Email: info@automotiverepaircentre.com.sg

### Tax Invoice

Invoice No: 00002135

Date: 1/5/2020

Reference: SMF8261A

Terms:

Page: 1

Bill To:

LONPAC INSURANCE BHD

300 BEACH ROAD

#17-04/07

SINGAPORE 199555

No	DESCRIPTION	AMOUNT
1	COST OF REPAIR (PART BY PART)	\$21,502.75
<hr/> Customer Signature & Co. Stamp		Sub-Total: \$21,502.75 GST @ 7%: \$1,505.19  Amount Due: \$23,007.94

This is an electronically generated invoice, no signature is required

# TAX INVOICE

GST REG. NO.: 200106276D

INVOICE TO.
CHAN SOO JIN MARK BLK 139 PASIR RIS GROVE #06-47 SINGAPORE 518134

DATE	INVOICE NO.
26-Feb-2020	A 41280

	VHA NO.	DUE DATE	VEH NO.
	A 41280	26-Feb-2020	SMM 8053 Y
DESCRIPTION	NO. OF DAYS	RATE	AMOUNT
RENTAL FROM 02 JANUARY 2020 TO 17 FEBRUARY 2020 YOUR REF: SMF 8261 A	46	100.00	4,600.00
GST @ 7%			\$322.00
<b>TOTAL</b>			<b>\$4,922.00</b>

All cheques must be made payable to BKW Rent A Car Pte Ltd.  
Please write the vehicle and invoice number on the reserve.



# BKW RENT A CAR PTE LTD

120 Lower Delta Road #02-15 Cendex Centre Singapore 169208 Tel: 6738 7777 Fax: 6738 6666

ACRA No: 20-0106276-D GST Reg. No: 20-0106276-D

24 HOURS HELPLINE : 6223 1122

VHA No: **A 41280**

Workshop: **ARC**

## VEHICLE HIRING AGREEMENT

### HIRER'S PARTICULARS

Name (as in I/C)

CHAYN SOO JIN MARK

NRIC/Passport No:

Date of Birth:

30/11/1975

Address:

BLK 139 PASIR RIS GROVE

Age:

S( 513134 )

Name & Address of Employer

Occupation

Driving Exp:

Driving Licence No:

Passed Date:

26/2/2000

D/L Type: Local/Int'l/Others:

### DRIVER'S PARTICULARS

Name (as in I/C)

NRIC/Passport No:

Date of Birth:

Address:

Age:

S( )

Occupation

Driving Exp:

Yrs

Driving Licence No:

Passed / Expiry Date:

D/L Type: Local/Int'l/Others:

Contact No:

Hirer's Own Vehicle No:

Replace Veh No:

Loan Vehicle No:

VR No:

Make & Model:

Auto/Manual Group:

CHARGES

:

\$

cts

Daily

46

day

@ \$

100

Per day

\$4600

Weekly/Monthly

week

@ \$

Per week/Monthly

Others

CDW/PAI

@ \$

Per day/Monthly

Delivery/Collection Svc

GST

7%

\$322

OR No:

(A) SUB-TOTAL

\$4722

Petrol Level

OUT

E

1/4

1/2

3/4

F

Surcharge

IN

First \_\_\_\_\_ km FREE per day

GST

Excess mileage is chargeable

at \_\_\_\_\_ cents per km

TOTAL CHARGES

NON WAIVER EXCESS (Subject to GST): \$

### ACCESSORIES CHECK

☐ Data Cards

☐ Camera Systems

☐ Hub Cap

☐ Radio / CD Cartridge

☐ Jack

☐ Tyre Opener

☐ Petrol Cap

☐ Spare Tyre

Hirer's Signature :

Additional Driver's Signature :

SINGAPORE Use Only

I have read and agree to the terms and condition on both sides of this 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 been made on the charge/credit card voucher. All information I have been given BKW Rent A Car Pte Ltd in connection with this agreement is true.

### IMPORTANT

- The Hirer and the authorized driver must be over 23 years of age and under 65 years and be holding valid driving licenses and have a minimum of 2 years regular and qualified driving experience. Failure to observe stipulation may return all damages costs to be Borne by the Hirer/the Authorized Driver.
- All vehicles are supplied with petrol and should returned with petrol level likewise. A service charge of \$5 on top of a petrol surcharge is payable by the hirer should he fail to return the vehicle at the appropriate petrol level.
- No refund for early return of vehicle. The hirer shall be liable for additional charges for any late return at the rate shown per hour per day, inclusive of CDW and/or PAI where applicable. Any returns after our operation hours will be charged as a full day rental.
- Use of the vehicle for illegal purpose (For instance: in connection with theft, drug peddling or trafficking, smuggling), is strictly prohibited.
- Vehicle strictly for Singapore use only and may not be driven out of Singapore without prior written consent of BKW Rent A Car Pte Ltd. The hirer is liable for a penalty fee of \$200 in addition to the appropriate insurance top up in the case of non-disclosure of Malaysia usage.
- The hirer and/or driver shall be responsible for all damages or losses howsoever caused, all traffic violations, fines and penalties imposed on the vehicle for whatsoever reason in respect of or in connection with its use or operation.
- The hirer and/or driver shall be responsible for all claims, damages, losses, increased insurance premiums, non-waiver excess and cost expense (including

- legal costs on a full indemnity basis), whatsoever and howsoever brought against, suffered or incurred by you in respect of the vehicle or the use or the operation of the vehicle. Full excess amount have to be paid immediately in the event of an accident. The owner reserve the right not to replace an replacement vehicle if an accident occurred. Any damage to the car will be repair at BKW authorized workshop.
- Smoke or permit smoking and transport of pets in the vehicle are not allowed. Any offensive smell e.g. cigarette, durian or pet's smell, the hirer and/or driver shall bear the cost of removing the offensive smell or pet's hair between \$200 - \$400.
- The Hirer agrees that a punctured tyre, empty petrol tank, loss of vehicle's key or locked keys inside of vehicle, by itself, does not constitute a breakdown and that in the event the owner's 24-Hours Emergency Service is called upon to respond to such occurrence, the Hirer shall bear the cost of such response at \$50.00 per trip.
- In case of accident, the hirer shall report to rental office immediately. An accident report must be made within 24 hours. Failure to comply, the hirer will have to borne all liability from all parties claim. Full excess amount have to be paid immediately in the event of an accident.
- The hirer/Driver also have the responsibility to ensure that the radiator water level in the car is sufficient and do not drive when the vehicle is stall and does not have sufficient water. Any damage to the engine will be bear by the hirer/driver.
- All customers' data will be kept strictly confidential and is solely used for the purpose of completing the sales transactions and other relating matters.
- I understand and agree to the personal data collection statement stated on the Terms and Conditions Page.

Date Out	Time Out	Mileage	Check By	Remarks
2/1/20	11:10AM	8823	KIM	

Hirer's/Driver Signature

Return Of Vehicle: The Hirer Driver Is Required 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 BKW Rent A Car Pte Ltd And The Same Shall Be Accepted As Conclusive Evidence Of The Same And Shall Not Be Challenged Or Questioned On Any Account Whatsoever. And I had cleared my belonging items from the rental vehicle (cashcard, parking coupons, etc)"

Date In	Time In	Mileage	Check By	Remarks
17/2/20	1710	9475	31	

Hirer's/Driver Signature



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 30 Dec 2019 / 16:33:38

Receipt Date/Time : 30 Dec 2019 / 16:33:24

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-191230-002725

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - GBD8668B As at 29 Dec 2019/10:45:00 Insurance Co: LONPAC INSURANCE BHD				
1	Insurance Enquiry - GBD8668B Enquiry Fee 20191230163226854655	7.00	0.49	7.49
<b>Sub-Total</b>		7.00	0.49	7.49
<b>Total Before Rounding</b>		7.00	0.49	7.49
<b>Rounding Difference</b>				0.04
<b>Total Amount Payable</b>				7.45
Paid By				
	xxxxxxxxxxxxx2776	Credit Card: Visa /MasterCard		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

\$436.65

**LILY AW Pasir Ris Family Clinic & Surgery**

Blk 446, Pasir Ris Dr 6, #01-116, S(510446), Co. & GST Reg No. : 199608551D  
Tel: 6582 2122

**TAX INVOICE**

**TO:** SITI NGAISAH  
BLOCK 139 PASIR RIS GROVE D'NEST  
#06-47 S(518134)

**NRIC** : 007599927  
**Visit Date** : 29/12/2019  
**Invoice No** : 613700  
**Invoice Date** : 29/12/2019

**PATIENT NAME:** SITI NGAISAH

		Singapore Dollar
<b>Medical Services</b>		<b>35.00</b>
General consultation		35.00
<b>Pharmacy</b>	<b>Quantity</b>	<b>20.00</b>
FOBAN CREAM	10.00 GM	10.00
VOLTAREN SR 100 (RHEWLIN SR 100)	10.00 TAB	10.00
<b>Invoice Total</b>		<b>55.00</b>

7% GST 3.85  
**Amount Due** **58.85**  
Payment By Cash 58.85  
Balance Due 0.00  
Comments:



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

**LILY AW Pasir Ris Family Clinic & Surgery**

Blk 446, Pasir Ris Dr 6, #01-116, S(510446), Co. & GST Reg No. : 199608551D  
Tel: 6582 2122

**TAX INVOICE**

**TO:** TEO SIN POO  
BLOCK 139 PASIR RIS GROVE D'NEST  
#08-42 S(518134)

**NRIC** : S2038907I  
**Visit Date** : 29/12/2019  
**Invoice No** : 613696  
**Invoice Date** : 29/12/2019

**PATIENT NAME:** TEO SIN POO

	Singapore Dollar
<b>Medical Services</b>	<b>35.00</b>
General consultation	35.00

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<b>Invoice Total</b>	<b>35.00</b>
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7% GST	2.45
<b>Amount Due</b>	<b>37.45</b>
Payment By      Cash	37.45
Balance Due	0.00
<u>Comments:</u>	



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



**LILY AW Pasir Ris Family Clinic & Surgery**

Blk 446, Pasir Ris Dr 6, #01-116, S(510446), Co. & GST Reg No : 199608551D  
Tel: 6582 2122

**TAX INVOICE**

**TO:** NG KIAN HENG  
139 PASIR RIS GROVE D'NEST  
#08-42 (518134)

**NRIC** : S75001781  
**Visit Date** : 29/12/2019  
**Invoice No** : 613699  
**Invoice Date** : 29/12/2019

**PATIENT NAME:** NG KIAN HENG

	Singapore Dollar
<b>Medical Services</b>	<b>35.00</b>
General consultation	35.00

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<b>Invoice Total</b>	<b>35.00</b>
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7% GST	2.45
<b>Amount Due</b>	<b>37.45</b>
Payment By      Cash	37.45
Balance Due	0.00
<u>Comments:</u>	



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

**LILY AW Pasir Ris Family Clinic & Surgery**

Blk 446, Pasir Ris Dr 6, #01-116, S(510446), Co. & GST Reg No. : 199608551D  
Tel: 6582 2122

**TAX INVOICE**

**TO:** CHAN MARILYNN  
139 PASIR RIS GROVE D'NEST  
#06-47 (518134)

**NRIC** : T1538808G  
**Visit Date** : 29/12/2019  
**Invoice No** : 613697  
**Invoice Date** : 29/12/2019

**PATIENT NAME:** CHAN MARILYNN

	Singapore Dollar
<b>Medical Services</b>	<b>0.00</b>
General consultation	0.00
<b>Other Items</b>	<b>35.00</b>
CONSULTATION FEE	35.00

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<b>Invoice Total</b>	<b>35.00</b>
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7% GST		2.45
<b>Amount Due</b>		<b>37.45</b>
Payment By	Cash	37.45
Balance Due		0.00
<u>Comments:</u>		



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

**LILY AW Pasir Ris Family Clinic & Surgery**

Blk 446, Pasir Ris Dr 6, #01-116, S(510446), Co. & GST Reg No: : 199608551D  
Tel: 6582 2122

**TAX INVOICE**

**TO:** NG BEE LENG (LYNN)  
139 PASIR RIS GROVE D'NEST  
#06-47 (518134)

**NRIC** : S7700104B  
**Visit Date** : 29/12/2019  
**Invoice No** : 613698  
**Invoice Date** : 29/12/2019

**PATIENT NAME:** NG BEE LENG (LYNN)

	Singapore Dollar
<b>Medical Services</b>	<b>35.00</b>
General consultation	35.00

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<b>Invoice Total</b>	<b>35.00</b>
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7% GST	2.45
<b>Amount Due</b>	<b>37.45</b>
Payment By      Cash	37.45
Balance Due	0.00
<u>Comments:</u>	



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



ORIGINAL RECEIPT

CAESHS 29.12.2019 18:10:45 hrs

GST Registration No. : M90368910N

Bill To NG KIAN HENG

MRN/NRIC : S75001781  
CASE NUMBER : 69194429551  
CUSTOMER : 3026957204  
RECEIPT NUMBER : 6555564  
VISIT DATE : 29.12.2019  
LOCATION : ANE

Name of Patient NG KIAN HENG

Service Description

Amount (S\$)

PAYMENT DETAILS

NAME	DATE	AMOUNT	PAYMENT TYPE
NG KIAN HENG, HUANG JIANXING	29.12.2019	76.00	VISA/MASTER CARD

THIS IS AN ORIGINAL RECEIPT FOR VISA/MASTER CARD PAYMENT OF \$76.00 RECEIVED ON 29.12.2019.

"VIEW YOUR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your SingPass at <http://www.cpf.gov.sg> and proceed to My Statement» Section B» Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://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/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.

F/BO/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 : \$

Cheque No./Bank :



ORIGINAL RECEIPT

CAESHS 29.12.2019 18:07:59 hrs

Bill To TEO SIN POO

MRN/NRIC : S20389071  
CASE NUMBER : 6919442954J  
CUSTOMER : 3022451625  
RECEIPT NUMBER : 6555562  
VISIT DATE : 29.12.2019  
LOCATION : ANE

Name of Patient TEO SIN POO

Service Description

Amount (S\$)

PAYMENT DETAILS

NAME	DATE	AMOUNT	PAYMENT TYPE
TEO SIN POO	29.12.2019	76.00	NETS

THIS IS AN ORIGINAL RECEIPT FOR NETS PAYMENT OF \$76.00 RECEIVED ON 29.12.2019.

"VIEW YOUR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your SingPass at <http://www.cpf.gov.sg> and proceed to My Statement» Section B» Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://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/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.

F/BO/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 : \$

Cheque No./Bank :





ORIGINAL RECEIPT

CAEAJA 29.12.2019 18:09:46 hrs

Bill To NG BEE LENG

MRN/NRIC : S7700104B  
CASE NUMBER : 6919442956G  
CUSTOMER : 3021293467  
RECEIPT NUMBER : 6555563  
VISIT DATE : 29.12.2019  
LOCATION : ANE

Name of Patient NG BEE LENG

Service Description

Amount (S\$)

PAYMENT DETAILS

NAME DATE  
NG BEE LENG, (HUANG MEILING) 29.12.2019

AMOUNT PAYMENT TYPE  
76.00 VISA/MASTER CARD

THIS IS AN ORIGINAL RECEIPT FOR VISA/MASTER CARD PAYMENT OF \$76.00 RECEIVED ON 29.12.2019.

"VIEW YOUR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your SingPass at <http://www.cpf.gov.sg> and proceed to My Statement» Section B» Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://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/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.

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Amount Enclosed : \$ Cheque No./Bank :



## Jasper Chua (LKK Auto)

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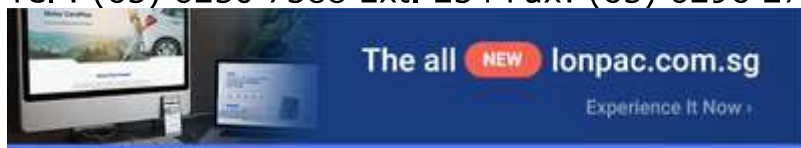
**From:** ONG LI LI <llong@lonpac.com>  
**Sent:** Friday, 19 June 2020 4:38 PM  
**To:** Jasper Chua (LKK Auto)  
**Cc:** MT\_Claim\_SG  
**Subject:** RE: SMF8261A - TP Claim against GBD8668B Our Ref: 19/19/20/VC00/022848 [External General]

### Lonpac External - General

Dear Jasper

Please proceed with your recommendation. Please make sure all the claimants (to the medical bills signed the DV).

Thanks,  
Regards,  
Ong Li Li  
Senior Claims Executive | Lonpac Insurance Bhd  
300 Beach Road #17-04/07 The Concourse  
Singapore 199555  
Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706



*We are committed to acting professionally, fairly and with integrity. We do not condone bribery, fraud or corrupt practices.*

*Lonpac External - General data is for internal / external use.*

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**From:** Jasper Chua (LKK Auto) [mailto:jasperchua@lkkauto.com]  
**Sent:** Friday, 19 June 2020 2:29 PM  
**To:** ONG LI LI <llong@lonpac.com>  
**Cc:** MT\_Claim\_SG <mt\_claim@lonpac.com>  
**Subject:** RE: SMF8261A - TP Claim against GBD8668B Our Ref: 19/19/20/VC00/022848 [External General]

Dear Sir/Madam,

We refer to the subject matter.

It was reported that Insured driver involved in a 3 vehicle chain collision and was the last car that rear ended third party vehicle.

Summary to offer to repairer **AUTOMOTIVE REPAIR CENTRE PTE LTD** is as follows:

TP CLAIMED		REVISED - TO OFFER
Cost of Repair (w/gst)	\$ 42,671.60	\$ 23,007.94
Loss of Rental (\$100 x 18 days) (w/gst)	\$ 1,926.00	\$ 1,926.00
Medical Expenses	\$ 436.65	\$ 436.65

LTA Search Fee	\$ 7.45	\$ 7.45
<b>TOTAL</b>	<b>\$ 45,041.70</b>	<b>\$ 25,378.04</b>

**Breakdown of days is as follows:**

Recommended days	13 Days
Weekend / Downtime	5 Days
<b>Total</b>	<b>18 Days</b>

For your approval and/or further instruction please.

Thank you.

Best Regards,

**Jasper Chua** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6841-2928 | email: [jasperchua@lkkauto.com](mailto:jasperchua@lkkauto.com) | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** Mei Kwan (LKKAuto) <[Meikwan@lkkauto.com](mailto:Meikwan@lkkauto.com)>

**Sent:** Monday, 20 January, 2020 10:10 AM

**To:** ONG LI LI <[llong@lonpac.com](mailto:llong@lonpac.com)>

**Cc:** Vic (LKKAuto) <[vicalpeh@lkkauto.com](mailto:vicalpeh@lkkauto.com)>; Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>; MT\_Claim\_SG <[mt\\_claim@lonpac.com](mailto:mt_claim@lonpac.com)>

**Subject:** RE: SMF8261A - TP Claim against GBD8668B Our Ref: 19/19/20/VC00/022848 [External General]

**LPC ref: 19/19/20/VC00/022848**

**LKK REF: CC4/LPC20000100/Qha3**

Dear Sirs / Madam,

We refer to the above matter.

We had inspected TP vehicle on a WP basis and TP repairer proposed for a direct settlement.

Enclosed for your perusal is:

- TP estimated cost of repair
- Preliminary advice
- TP GIA report

Our case handler in-charge is Vic and he can be contacted at DID: 6841 2096.

***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](mailto:MeiKwan@lkkauto.com) | fax: 67414108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)