

BREAKDOWN OF PAYMENT

Attn: Motor Claims Department

Dear Sir/ Madam,

Accident involving vehicle SLL7336E and GBE4264D on 21/02/2020

The accident was caused solely by your insured's negligence. We therefore, seeking compensation from you for my financial loss as itemised below:

a)	Repair Cost/ Excess	S\$ 15909.49
b)	Loss of Use / Rental of vehicles for _____ day(s) @ S\$ _____ per day	S\$ 866.70
c)	LTA/ GIA Search Fees	S\$ NA
d)	Towing Fees	S\$
e)	Others _____	S\$
B) 8 DAYS +1 WEEKEND		TOTAL S\$ 16776.19

I enclose herewith copy of the following: (please tick the appropriate boxes)

<input checked="" type="checkbox"/>	Repair Invoice
<input type="checkbox"/>	Policy Excess Invoice
<input checked="" type="checkbox"/>	Discharge Voucher
<input checked="" type="checkbox"/>	Rental Invoice
<input checked="" type="checkbox"/>	Certificate of Insurance
<input type="checkbox"/>	Towing Invoice

<input checked="" type="checkbox"/>	LTA/ GIA Search Receipt
<input checked="" type="checkbox"/>	NRIC/ Driving License
<input checked="" type="checkbox"/>	Letter Of Authority
<input type="checkbox"/>	GIA Report
<input type="checkbox"/>	Survey Report
<input type="checkbox"/>	Medical Invoice



All payment should be payable to TC AUTOCLINIC PTE LTD (TCAC) and the said payment as full and final settlement of my claim.

Please acknowledge receipt and let me have your favourable reply soon.

*Contact person: Sayedinah Ali
HP: 92992693 DID: 67038515
FAX: 64793965
Email: sayedinah@tanchong.com

LETTER OF AUTHORITY AND INDEMNITY

- ☐ Tan Chong Motor Sales Pte Ltd, 913, Bukit Timah Road, Singapore 589623
- ☐ Tan Chong Motor Sales Pte Ltd, 17, Lorong 8, Toa Payoh, Singapore 319254
- ☐ Autolution Industrial Pte Ltd, 19, Ubi Road 4, Singapore 408623
- ☒ TC Autoclinic Pte Ltd, 25, Leng Kee Road, Singapore 159097
- ☐ TC Autoclinic Pte Ltd, 1, Sixth Lok Yang Road, Singapore 628099

Type of Claim:

- ☒ Third Party (Direct Settlement)
- ☐ Own Damage (Recovery Claim)

ACCIDENT INVOLVING VEHICLE REGISTRATION No. SLL 7336 E AND GBE 4264 D
ON 21-02-2020 AT Thomson Rd at junction of Toa Payoh Rd

1. I, the owner of vehicle no. SLL 7336E hereby instruct you and authorise you to act for me with respect to the following: -
 - (a) To submit my claims for all losses including uninsured loss, rental car charges, medical fees, excess payment and cost of repairs.
 - (b) To settling my claim as they deem fit, including settling the matter on basis of my contributory negligence if any.
 - (c) To receive payment for settlement of my claim where all payment is to be made payable to the repair workshop for cost of repairs and other uninsured losses.
 - (d) To sign discharge voucher on my behalf.
2. I further acknowledge that any settlement that workshop may reach on my behalf is on a without prejudice basis and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle is concerned.
3. In the event that I am required to attend meetings, interviews, court and/or provide statements or any information in connection with my claim, I shall render full cooperation.
4. In the event that my claim against the third party or his insurers is not successful or cannot be proceeded with or if any settlement is not honoured or satisfied by the third party or his insurers, I authorise you to revert to my own insurers for the cost of repairs and any losses recoverable under my policy of insurance. In this respect, I understand and accept that the excess amount applicable under the policy of insurance shall be borne by me.
5. If for whatever reason, my insurers reject my claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I agree and undertake to pay the difference between what was claimed and paid out by the insurers or the full amount of my repair bill and survey fees and any other expenses reasonably incurred on my behalf or to pay you the difference in amount, as the case may be.
6. I undertake to state truthfully and to make full and frank disclosure of all facts leading up to and of the accident and of any action and/or omissions in connection with my part in the accident. If any facts stated are inaccurate and my claim cannot be paid out or fails, I agree that I shall be liable to you for the repair and other costs incurred by you.
7. I further undertake to sign any document or discharge voucher that is required for the purposes of my claim and if as a result of my failure to do so, my claim cannot be paid out or is delayed, I agree that I shall be liable to you for the repair and other costs incurred by you.
8. I understand that the claim for loss of use of my vehicle will be based on the number on the days estimated by the surveyor in his report for the required repair. The actual number of days may be more due to unavailability of parts, weekend, holidays and other operational exigencies and I accept that it may not be possible to claim for these extra days. In addition, any contributory negligence part of my claim can also affect portion of my claim for loss of usage.
9. I shall keep you informed of any correspondence and/or summons that I may receive in connection with the accident before agreeing to pay or receive any monies due under this claim.
10. In the event, the insurers pay the claimed amount to me instead of you, I will inform you as soon as possible and reimburse you for the repair and other costs incurred by you.
11. For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of upfront payment.
 - a) For upfront Excess payment by credit card, the refund shall be credited to the respective Credit Card Account via Credit Card Company handling the transaction.
 - b) For Excess payment by cash, the workshop shall refund the amount to the claimant via cheque payment.

Claimant's Particulars		Authorized Workshop	
Name <u>Wee Aik Tat</u>		Company Name <u>TC Autoclinic Pte Ltd</u>	
Address		Claim Officer's Name <u>Sham Chng</u>	
Telephone No <u>9818 4288</u>		Telephone No <u>964 50023</u>	
Date <u>17/03/2020</u>	Email	Date <u>17/03/2020</u>	
Company Stamp [For Co Regn Vehicle]	Authorized Signature 	Claim Officer Signature 	

SATISFACTORY NOTE

TAN CHONG MOTOR SALES PTE LTD (TCMS)

AUTOLUTION INDUSTRIAL PTE LTD (AIPL)

TC AUTOCLINIC PTE LTD (TCAC)

DATE:

17/03/2020

OWNER NAME:

Wee Aik Tat

NRIC NO.:

S1528813B

ADDRESS:

131 Thomson Bridge
S574713

VEHICLE MODEL:

Nissan X-Trail

REGN. NO.:

SL 7336 E

CHASSIS NO.:

JN1JANT3220003020

TYPE OF CLAIM:

OWN DAMAGE (OD)

OWN DAMAGE (OD) & UNINSURED LOSS
(EXCESS & LOSS OF USAGE) VIA

TCMS / AIPL / TCAC

THIRD PARTY THROUGH
TCMS / AIPL / TCAC

THIRD PARTY - OWNER
DIRECT CLAIM AGAINST
THIRD PARTY INSURANCE

WINDSCREEN / GLASS (W/S)

INSURANCE CO.:

ATG

CLAIM NO.:

028/IC/TCAC/CCR/2020

POLICY NO.:

2100503282 02

DATE OF ACCIDENT:

21-02-2020

DATE RECEIVED:

09-03-2020

DATE COMPLETED:

17-03-2020

We / I hereby confirmed that the accident repair carried out by Tan Chong Motor Sales Pte Ltd / Autolution Industrial Pte Ltd / TC AutoClinic Pte Ltd and that all necessary repairs as resulted of the accident of the above vehicle have been completed to our / my satisfaction and that We / I have no further claim whatsoever against the above Company in respect thereof. Terms and Conditions as stipulated in the overleaf applies.

We / I have taken delivery of my car after all necessary repair carried out by Tan Chong Motor Sales Pte Ltd / Autolution Industrial Pte Ltd / TC AutoClinic Pte Ltd on*

Note: In the event of an Own Damage Claim, your Insurance Company may under policy terms & conditions, or as standard Industrial Practice, increase the loading on your premium during Insurance Policy renewal. Your NCD [Non Claim Discount] may also be affected, subject to business policy of respective Insurance Company.



(NAME / SIGNATURE OF INSURED)

FOOTNOTE:

TCMS / AIPL / TCAC* WILL CLAIM ON BEHALF
OF OWNER
THROUGH TCMS'S LEGAL AID

DEPOSIT PAID BY OWNER

OWNER WILL MAKE CLAIM AGAINST
THIRD PARTY INSURANCE COMPANY

DOCUMENTS RETURNED TO
OWNER

TCMS / AIPL / TCAC* WILL CLAIM ON BEHALF
OF OWNER UNINSURED LOSS. (EXCESS
PAYMENT & LOSS OF USAGE)

INSURANCE CO. COPY

* Delete When Necessary



LONPAC INSURANCE BHD

CLAIM NO : 19/20/20/VC00/023084
DATE : 11 SEPTEMBER 2020

DISCHARGE VOUCHER

I/We, **WEE AIK TAT** confirmed acceptance from **M/s LONPAC INSURANCE BHD** and/or owner of **GBE4264D** the sum of Singapore Dollar Sixteen Thousand Seven Hundred Seventy-Six and Nineteen cents Only (\$16,776.19) in full and final satisfaction, liquidation and discharge of all property 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 **SLL7336E** and **GBE4264D** on 21 February 2020 along Marymount Road.

I /We hereby agree to indemnify and keep indemnify (**LONPAC INSURANCE BHD / H Y LOI CONSULTANTS (LOI PUI HUI JANSEN)**) 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 **TC AUTOCLINIC 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.

28 September 2020

Signature of vehicle owner/Date

Wee Aik Tat / 28 september 2020
Name of vehicle owner /Date

TAX INVOICE

CO. REG: 19-9105199-R

NAME : LONPAC INSURANCE BHD
ADDRESS : 300 BEACH RD
TELEPHONE : #17-04/07 THE CONCOURSE S(199555)
MODEL : 62507388
ENGINE NO : JDRNRRZT32EWA-----
CHASSIS NO : MR20969030B
VEHICLE NO : JN1 JANT32Z0003020
SLL7336E

INVOICE NO :
INVOICE DATE : WE2103462
TERMS : 18-MAR-2020
DATE REC'D : CREDIT
SA/SE : 09-MAR-2020
JOB NO : CCR
MILEAGE : EG164342
YOUR REFERENCE : 038295
028/IC/TCAC/CCR/20

ITEMS	JOB DESCRIPTION	Credit terms	AMOUNT
1	LABOUR PERFORM VEHICLE ELECTRONIC SYSTEM DIAGNOSIS, INTERROGATION & REPROGRAM MODULE WITH CONSULT		NC
2	FOCUS & ADJUST H/LAMP, RESET HORIZONTAL & VERTICAL ALIGNMENT TO FACTORY SPECIFICATION		NC
3	PERFORM NISSAN COMPUTERISED DIAGNOSIS, ALIGN VEH LEVEL, CALIBRATION OF RADAR SENSOR AND ROAD TEST		NC
4	SUPPLY & INSTALL NUMBER PLATE & HOLDER INCLUDING PARTS		60.00
5	REPLACE REVERSE CAMERA, FINISHER MOUNTING, ALIGNMENT, SETTING & FUNCTION TEST		120.00
6	PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL		NC
7	REPLACE REVERSE SENSOR, NECESSARY ADJUSTMENT & FUNCTION TEST		55.00
8	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA		100.00
9	REPLACE FRONT BUMPER, LOWER CHROME MOULDING, TOW HOOK COVER, HOOD, LEFT & RIGHT HEADLAMPS		780.00
10	REPLACE REAR BUMPER, CENTRE FINISHER, BRACKETS, TAILGATE		780.00
11	REPLACE TAILGATE GLASS TO FACILITATE REPAIR		250.00

DOLLARS:



WORKSHOP MANAGER

The General Terms and Conditions of Service (the "Conditions") printed overleaf or attached to this Invoice shall apply to all Services set out above. Any claims relating the Services shall be subject to the Conditions. Any objections to the charges in this Invoice must be made within seven (7) days from the date of this Invoice, otherwise it shall be assumed that this Invoice has been accepted as correct and conclusive.

CUSTOMER

TO SECURITY GUARD

PLEASE TEAR ALONG PERFORATED LINE

DATE

TIME

VEHICLE NO :

RELEASE BY

SIGNATURE



www.tanchong.com

TC AutoClinic Pte. Ltd.

Service Centres

1 Sixth Lok Yang Road, Singapore 628099 Tel: 62622212
25 Leng Kee Road, Singapore 159097 Tel: 67038511/12/13
913 Bukit Timah Road, Singapore 589623 Tel: 64694091/2/3
Regn No.: 199105199R GST Regn No.: 19-9105199-R



TAX INVOICE

CO. REG: 19-9105199-R

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MODEL : 62507388
ENGINE NO : JDRNRRZT32EWA-----
CHASSIS NO : MR20969030B
VEHICLE NO : JN1JANT32Z0003020
SLL7336E

INVOICE NO :
INVOICE DATE : WE2103462
TERMS : 18-MAR-2020
DATE REC'D : CREDIT
SA/SE : 09-MAR-2020
JOB NO : CCR
MILEAGE : EG164342
YOUR REFERENCE : 038295
028/IC/TCAC/CCR/20

ITEMS	JOB DESCRIPTION	Credit terms	AMOUNT
12	INSTALL SOLAR FILM ON TAILGATE GLASS TO FACILITATE REPAIR		144.00
13	TRANSFER TAILGATE COMPONENTS TO FACILITATE REPAIR		120.00
14	RESPRAY FRONT BUMPER, HOOD, REAR BUMPER IN 2 COLORS, TAILGATE		1000.00
	SUBTOTAL :		3409.00
	PARTS		
1	CLIP (\$1.50 EA X 8) Qty:8 @ \$1.30 each (Disc:20.00% After Disc:\$8.32each)		8.32
2	RIGHT HEADLAMP (SUPPLEMENTARY) Qty:1 @ \$2576.00 each (Disc:20.00% After Disc:\$2060.80each)		2060.80
3	LEFT HEADLAMP (SUPPLEMENTARY) Qty:1 @ \$2576.00 each (Disc:20.00% After Disc:\$2060.80each)		2060.80
4	FRONT BUMPER Qty:1 @ \$594.10 each (Disc:20.00% After Disc:\$475.28each)		475.28
5	FRONT BUMPER LOWER CHROME MOULDING Qty:1 @ \$171.30 each (Disc:20.00% After Disc:\$137.04each)		137.04
6	TOW HOOK COVER Qty:1 @ \$22.00 each (Disc:20.00% After Disc:\$17.60each)		17.60
7	REAR NISSAN EMBLEM Qty:1 @ \$64.90 each (Disc:20.00% After Disc:\$51.92each)		51.92

DOLLARS:

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TIME

VEHICLE NO :

RELEASE BY

SIGNATURE



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25 Leng Kee Road, Singapore 159097 Tel: 67038511/12/13

913 Bukit Timah Road, Singapore 589623 Tel: 64694091/2/3

Regn No.: 199105199R GST Regn No.: 19-9105199-R



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CHASSIS NO : MR20969030B
VEHICLE NO : JN1JANT32Z0003020
SLL7336E

INVOICE NO :
INVOICE DATE : WE2103462
TERMS : 18-MAR-2020
DATE REC'D : CREDIT
SA/SE : 09-MAR-2020
JOB NO : CCR
MILEAGE : EG164342
YOUR REFERENCE : 038295
028/IC/TCAC/CCR/20

ITEMS	JOB DESCRIPTION	Credit terms	AMOUNT
8	X-TRAIL EMBLEM		88.00
	Qty:1 @ \$110.00 each (Disc:20.00% After Disc:\$88.00each)		
9	REAR BUMPER		554.48
	Qty:1 @ \$693.10 each (Disc:20.00% After Disc:\$554.48each)		
10	REAR BUMPER CENTRE FINISHER		94.00
	Qty:1 @ \$117.50 each (Disc:20.00% After Disc:\$94.00each)		
11	REAR RIGHT BUMPER BRACKET		31.12
	Qty:1 @ \$38.90 each (Disc:20.00% After Disc:\$31.12each)		
12	REAR LEFT BUMPER BRACKET		31.04
	Qty:1 @ \$38.80 each (Disc:20.00% After Disc:\$31.04each)		
13	TAILGATE		3504.00
	Qty:1 @ \$4380.00 each (Disc:20.00% After Disc:\$3504.00each)		
14	TAILGATE GLASS		1108.80
	Qty:1 @ \$1386.00 each (Disc:20.00% After Disc:\$1108.80each)		
15	HOOD		796.48
	Qty:1 @ \$995.60 each (Disc:20.00% After Disc:\$796.48each)		
16	REAR W/SCREEN SEALANT		80.00
	Qty:1 @ \$80.00 each (Special Nett Item)		
17	REVERSE SENSOR(J11 & T32)		360.00
	Qty:2 @ \$180.00 each (Special Nett Item)		
	SUBTOTAL		11459.68
	REMARKS		

DOLLARS:



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CUSTOMER

TO SECURITY GUARD

PLEASE TEAR ALONG PERFORATED LINE

DATE

TIME

VEHICLE NO :

RELEASE BY

SIGNATURE



www.tanchong.com

TC AutoClinic Pte. Ltd.

Service Centres

1 Sixth Lok Yang Road, Singapore 628099 Tel: 62622212
25 Leng Kee Road, Singapore 159097 Tel: 67038511/12/13
913 Bukit Timah Road, Singapore 589623 Tel: 64694091/2/3
Regn No.: 199105199R GST Regn No.: 19-9105199-R



TAX INVOICE

CO. REG: 19-9105199-R

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ADDRESS : 300 BEACH RD
TELEPHONE : #17-04/07 THE CONCOURSE S(199555)
MODEL : 62507388
ENGINE NO : JDRNRRTZT32EWA-----
CHASSIS NO : MR20969030B
VEHICLE NO : JN1JANT32Z0003020
SLL7336E

INVOICE NO :
INVOICE DATE : WE2103462
TERMS : 18-MAR-2020
DATE REC'D : CREDIT
SA/SE : 09-MAR-2020
JOB NO : CCR
MILEAGE : EG164342
YOUR REFERENCE : 038295
028/IC/TCAC/CCR/20

ITEMS	JOB DESCRIPTION	Credit terms	AMOUNT
1	ACCIDENT INVOLVING SLL7336E & GBE4264D AT THOMSON RD AT JUNCTION OF TOA PAYOH RISE ON 21/02/2020		
2	3RD PARTY & RENTAL CLAIM AGAINST LONPAC VIA TCAC LKK REF: CC4/LPC20003078/KA3		
3	OUR REF: SLL7336E		
4	SURVEYED BY MR STEVE FROM LKK ASSIGNED BY LONPAC		
5	ATTACHED DIRECT SETTLEMENT EMAIL BY MR/MS KHANCHNA FROM LKK		
6	ATTACHED LETTER OF AUTHORITY & INDEMNITY ATTACHED LETTER OF CLAIM FOR THIRD PARTY ATTACHED SATISFACTORY NOTE: 028/IC/TCAC/CCR/2020		
Insurance Co : LONPAC INSURANCE BHD			
Policy No....: 2100503282-02			
Claim Type ...: DIRECT SETTLEMENT / THIRD PARTY CLAIM			
DOA.....: 21-FEB-2020			
Our Ref.....: 028/IC/TCAC/CCR/2020			
Surveyor.....: M/S LKK ENGINEERING & MANAGEMENT SERVICES			
LABOUR			3409.00
PARTS			11459.68
SUBTOTAL			14868.68
TOTAL			14868.68
GST(7%)			1040.81
AMOUNT DUE			15909.49

(NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)

DOLLARS: FIFTEEN THOUSAND NINE HUNDRED NINE
AND CENTS FORTY NINE ONLY.



WORKSHOP MANAGER

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CUSTOMER

TO SECURITY GUARD

PLEASE TEAR ALONG PERFORATED LINE

DATE

TIME

VEHICLE NO : SLL7336E (EG164342/WE2103462)

RELEASE BY

NAME : LONPAC INSURANCE BHD

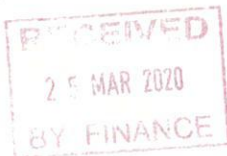
SIGNATURE

TC AUTO CLINIC PTE LTD

25 LENG KEE ROAD

S(159097)

ATTN : KELVIN HENG



GST Reg No. : M2-0067432-4

Tax Invoice : S1017002

Inv. date...: 18-MAR-2020

Print date...: 18-MAR-2020

Print time...: 15:57:23

Page no.....: 1

Agreement no: TP2020544

Salesman.....: ZAINI

Description

Amount

=====

RENTAL CHARGE FROM 09-MAR-2020 TO 18-MAR-2020
SUBARU IMPREZA 5D 1.6I-S AWD CVT - SKU1537X
(WEE AIK TAT)

810.00

=====

TOTAL SGD(BEFORE GST)	810.00
GST(7%)	56.70
TOTAL SGD(AFTER GST)	866.70

=====

N.B. Cheques should be crossed and made payable to
DOWNTOWN TRAVEL SERVICES PTE LTD
Interest at 0.05% per day on overdue account. Terms
of payment strictly 7 days.

DOWNTOWN TRAVEL SERVICES PTE LTD



Authorised Signature



M

Hiring Agreement

Co.Reg.No : 198403671H

GST Reg.No.: M2-0067432-1

TP2020544

ACCOUNTS COPY

SALESMAN CODE: ZAINI

Vehicle Number: SKU1537X Make & Model: SUBARU IMPREZA 5D 1.6I-S AWD CVT Date: 06/03/2020
 Change Over 1: _____ Initial: _____ Date: _____
 Change Over 2: _____ Initial: _____ Date: _____

Hirer

Name: TC AUTO CLINIC PTE LTD
 Address: 25 LENG KEE ROAD
 Singapore: (159097)
 Contact Person: KELVIN HENG Tel: 67038517

1st Driver

Name: WEE AIK TAT
 Address: 131 THOMSON RIDGE
 Singapore: (574713)
 Contact No: 98184288 (H) (O) _____ (HP) _____
 Occupation: _____ Date of Birth: 20/01/1962
 Passport / NRIC No: S1528813B Nationality: SINGAPOREAN
 Driver's Licence No: S1528813B Driving Exp: yrs
 Country of Issue: SINGAPORE Driving Date: _____

Additional Driver

Name: _____
 Address: _____
 Singapore: ()
 Contact No: (H) (O) _____ (HP) _____
 Occupation: _____ Date of Birth: _____
 Passport / NRIC No: _____ Nationality: _____
 Driver's Licence No: _____ Driving Exp: yrs
 Country of Issue: _____ Driving Date: _____

Remarks / Delivery Location

SLL7336E TP CLAIM (LK SHAWN CHUA)

Check In / Out

Date Out: 09/03/2020 Time Out 09:30:00 Km Out 8888.00
 Petrol Level: E
 Agreed Date of Return: 16/03/2020 09:30:00
 Date In: _____ Time In _____ Km In _____
 Petrol Level: E

Collision Damage Waiver & PAI

Singapore use only

ACCEPTS	DECLINES
To Pay Extra Fees	Hirer Declines CDW
Daily <u>SS</u>	Excess S\$ <u>2,000.00</u>
Non-Waivable Excess	per accident:
S\$ <u>0.00 per accident</u>	Windscreen Excess: \$100.00
Windscreen Excess: \$100.00	Signature <u>F</u>
Signature _____	

*The above is subjected to 7% GST.

Per Day	\$ 90	00
Per Week		
Per Month		
Weekend		
Rental Charges 9 days x \$90	810	00 00
CDW	0	00
PAI	0	00
Deliver / Collection	0	00
Malaysia Charge		
Petrol		
Other Charge		
7% GST	56	00 70
Sub Total		00

OVERALL CHARGES \$ 866.70

Hirer hereby agrees to abide to the terms and conditions as set out overleaf. If I opt to pay by credit / charge card, my signature here will be deemed to have been made on the applicable credit and card charge slip.

I also agree to allow the company to hold a security deposit equivalent to the excess amount as set out in the Hire Agreement for the term of hire by credit card/ cash.

The Hirer agrees that smoking and carriage of pets are not allowed in the hired vehicle. An extra charge of S\$250 will be applicable to tokenize the vehicle.

The Hirer agrees that the vehicle must be returned at the agreed time and date. Late return is chargeable, an hourly charge of S\$50 will be applied.

Deposit Tax Invoice

Deposit Inv: _____ Amount _____
 O/R No: _____ Date _____

For Official Use

INV: S101002 O/R: _____ Date 18/03/20
 INV: _____ O/R: _____ Date _____
 INV: _____ O/R: _____ Date _____

HIRER'S SIGNATURE

DOWNTOWN TRAVEL SERVICES PTE LTD



**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-20-030904
Date of Request: 21/02/2020

Your Ref No: Online Purchase

Tan Chong Motor Sales Pte Ltd
911, Bukit Timah Road
Singapore 589622

Dear Sir/Madam,

Enquiry Date	21/02/2020
Enquiry By	Eric Koh Yong Lang
TP Vehicle No.	GBE4264D
Accident Date	21/02/2020

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBE4264D	Lonpac Insurance Bhd	30/11/2019-29/11/2020	+65 62507388

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.

Khanchna (LKK Auto)

From: ONG LI LI <llong@lonpac.com>
Sent: 7 September 2020 5:53 PM
To: Khanchna (LKK Auto); MT_Claim_SG
Cc: Admin A
Subject: RE: MANDATE REQUEST - Accident Involving SLL7336E & GBE4264D On 21/02/2020
Our Ref: 19/20/20/vc00/023084 [External General]

Lonpac External - General

Dear Khanchna

Please proceed.

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.

From: Khanchna (LKK Auto) [mailto:khanchna@lkkauto.com]
Sent: Monday, 7 September 2020 3:28 PM
To: MT_Claim_SG <mt_claim@lonpac.com>
Cc: Admin A <admin-a@lkkauto.com>
Subject: MANDATE REQUEST - Accident Involving SLL7336E & GBE4264D On 21/02/2020 Our Ref: 19/20/20/vc00/023084 [External General]

LPC ref: 19/20/20/VC00/023084
LKK REF: CC4/LPC20003078/Eka3

Dear Sir/Madam,

We refer to the above matter.

We have highlighted to your good office on 24/02/2020 of Third-Party's request to do Direct Settlement with our Principal, Lonpac Insurance Bhd.

Three vehicle chain collision, our Insured vehicle is last. We are of the view that BOLA 28 is applicable.

Summary to offer to third party repairer "TC AUTOCLINIC PTE LTD" as follows: -

	Claimed Amount	Revised Amount
1. Cost of Repair (w/GST)	\$ 24,860.08	\$ 15,909.49
2. Loss of Rental (9 days x \$90) (w/GST)	\$ 866.70	\$ 866.70
Total	\$ 25,726.78	<u>\$ 16,776.19</u>

**8 days recommendation for repair + 1 Sunday = 9 days

The above is for your approval.

Thank you.

Best Regards,

Khanchna | Case Handler

LKK Auto Consultants Pte Ltd

DID: 6841 2360 | email: Khanchna@lkkauto.com | Fax: 6741-4108

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

From: Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>

Sent: 12 March 2020 9:39 AM

To: ONG LI LI <llong@lonpac.com>

Cc: Admin A <admin-a@lkkauto.com>; MT_Claim_SG <mt_claim@lonpac.com>; Khanchna (LKK Auto) <khanchna@lkkauto.com>

Subject: RE: Accident Involving SLL7336E & GBE4264D On 21/02/2020 Our Ref: 19/20/20/vc00/023084 [External General]

LPC ref: 19/20/20/VC00/023084

LKK REF: CC4/LPC20003078/Eka3

Dear Sir / Madam,

We refer to the above matter.

We had inspected TP vehicle SLL 7336E on a WP basis and TP repairer proposed for a direct settlement.

Enclosed for your perusal is:

- TP estimated cost of repair
- Preliminary advice

Our case handler in-charge is Khanchna and she can be contacted at DID: 6841 2360.

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)

From: ONG LI LI <llong@lonpac.com>

Sent: Monday, 24 February, 2020 4:26 PM

To: Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>

Cc: Admin A <admin-a@lkkauto.com>; MT_Claim_SG <mt_claim@lonpac.com>; Khanchna (LKK Auto) <khanchna@lkkauto.com>

Subject: RE: Accident Involving SLL7336E & GBE4264D On 21/02/2020 Our Ref: 19/20/20/vc00/023084 [External General]

Lonpac External - General

Dear Mei Kwan

Please see attached for our Insured's GIA report.

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



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

Sent: Monday, 24 February 2020 4:24 PM

To: ONG LI LI <llong@lonpac.com>

Cc: Admin A <admin-a@lkkauto.com>; MT_Claim_SG <mt_claim@lonpac.com>; Khanchna (LKK Auto) <khanchna@lkkauto.com>

Subject: RE: Accident Involving SLL7336E & GBE4264D On 21/02/2020 Our Ref: TBA [External General]

LPC ref: TBA

LKK REF: CC4/LPC20003078/ka3

Dear Sir / Madam,

We refer to the above matter.

Kindly let us have a copy of insured's accident report for our necessary action.

Our case handler in-charge is Khanchna and she can be contacted at DID: 6841 2360.

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)

From: Admin-D (LKKAuto) <admin-d@lkkauto.com>

Sent: Monday, 24 February, 2020 11:45 AM

To: 'ONG LI LI' <llong@lonpac.com>; assignments <assignments@lkkauto.com>

Cc: Admin A <admin-a@lkkauto.com>; 'MT_Claim_SG' <mt_claim@lonpac.com>

Subject: RE: Accident Involving SLL7336E & GBE4264D On 21/02/2020 Our Ref: TBA [External General]

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed that vehicle is not in the workshop, repairer will arrange.

Best Regards

G.NIVITHA

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: ONG LI LI [<mailto:llong@lonpac.com>]

Sent: Monday, 24 February 2020 11:27 AM

To: Shawn Chua; MT_Claim_SG; assignments@lkkauto.com; Nivitha (LKK Auto)

Cc: Kelvin Heng

Subject: RE: Accident Involving SLL7336E & GBE4264D On 21/02/2020 Our Ref: TBA [External General]

Lonpac External - General

Without Prejudice

Dear Shawn

Please liaise with LKK Auto Consultants Pte Ltd for survey and assessment of liability.

Dear Nivitha

FYA

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



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From: Shawn Chua [<mailto:shawnychua@tanchong.com>]
Sent: Monday, 24 February 2020 9:16 AM
To: MT_Claim_SG <mt_claim@lonpac.com>
Cc: Kelvin Heng <kelvinheng@tanchong.com>
Subject: Accident Involving SLL7336E & GBE4264D On 21/02/2020

Dear Sir/Madam,

Our customer holds your insured driver, **GBE4264D** liable for the accident on **21/02/2020** and would like to claim against your insured driver. We hereby inquire whether you would like to have a direct settlement with our claimant, **SLL7336E**.

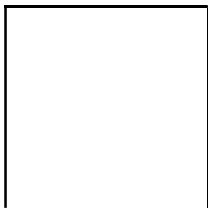
If you minded to reach an amicable direct settlement with our customer, please let us have your substantive reply strictly by **26/02/2020**. Otherwise our customer will proceed in a manner that he deems fit.

Kindly let me know when I can arrange for an accident survey.

Attached herewith the **GIA Report** and **estimate of repair** cost for **SLL7336E**.

Shawn Chua
Service Executive
TC AutoClinic Pte Ltd
25 Leng Kee Road
Singapore 159097
DID: +65 67038515
HP: +65 96450023
Fax: +65 64795019





This email has been checked for viruses by AVG antivirus software.
www.avg.com