



Our Reference: SMK5508H/7018826  
Your Reference: SMR3281L

By Email / Mail

19/01/2021

**INDIA INTERNATIONAL INSURANCE PTE LTD C/O LKK AUTO CONSULTANTS**  
Attn: Third Party Claim Department -

**ACCIDENT INVOLVING SMK5508H & SMR3281L ON 10 Nov 2020.**

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		\$9,460.08
Loss Of Use	\$120.00 x 4 days	\$480.00
Others		
<b>TOTAL</b>		<b>\$9,940.08</b>

Kindly let us have your offer to [Christine.yow@wearnes.com](mailto: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	:	SMK 5508H	Model	:	Q80 SPORT
	:	SMR 3281L			
Date of Accident	:	10/11/20			

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

Repair Estimate	:	\$ 16457.55	
Final Repair Cost	:	\$ 9460.08	
Loss of Use	:	\$ 480	04 days at \$ 120 per day
Rental (if any)	:	\$	days at \$ (incls of GST) per day
Others	:	\$	
	:	\$	
	:	\$	
	:	\$	
Final Settlement Sum	:	\$ 9940.08	

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Payment Instruction: Payee's Breakdown			
1)	WEARNES AUTOMOTIVE PTE LTD	:	\$ 9940.08
2)		:	\$
3)		:	\$
4)		:	\$

### SERVICE TAX INVOICE

0 - I00012 INDIA INTERNATIONAL INSURANCE 64 CECIL ST #04-05 IOB BUILDING SINGAPORE 049711	SL: INDIA INTERNATIONAL INSURANCE GST Reg.No:M28920628X Inv.No. . : B&P 7018826 Page 1 Inv.date. : 15/01/2021 WIP No. . : 49515 Veh.In/Out: 11/11/2020 12/12/2020 *Tel.No. . : 6347 6100 Reg.No. . : SMK5508H Reg.date . : 29/08/2016 Mileage . : 53,096 Chassis No: JN1BCAV37Z0480782	
Closed by .... : Paul Ong Qing Yong Svc Consultant : ACC Remarks ..... : Wearnes Automotive P		

Parts/Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE FRT BUMPER, FOG LAMP,SIGNAL LAMP REPAIR RH FRT FENDER	0		1800.00	0		1,800.00	S
800	TO SPRAYPAINT ON FRT BUMPER, FRT RH FENDER	0		1600.00	0		1,600.00	S
280	TO FOCUS HEADLAMP	0		175.00	0		175.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0		525.00	0		525.00	S
620444GA0A	BRACKET-BUMPER FRT R	1.0	EA	21.40	10		19.26	S
622284GA0B	CLIP	1.0	EA	54.60	10		49.14	S
622294GA0B	CLIP	1.0	EA	54.60	10		49.14	S
620224GD0H	BUMPER SPORTS-FR_Q5	1.0	EA	583.00	10		524.70	S
622564GA1A	FOG LAMP GRILLE RH S	1.0	EA	83.40	10		75.06	S
261504GA0B	FOG LAMP RH FRT Q50	1.0	EA	472.40	10		425.16	S
638404GA0B	WHEEL ARCH OUTER FRT	1.0	EA	47.10	10		42.39	S
622544HB4A	BUMPER GRILLE LOWER	1.0	EA	214.50	10		193.05	S



**SERVICE TAX INVOICE**

0 - I00012	SL: INDIA INTERNATIONAL INSURANCE	GST Reg.No:M28920628X
INDIA INTERNATIONAL INSURANCE		Inv.No. . : B&P 7018826 Page 2
64 CECIL ST		Inv.date. : 15/01/2021
#04-05 IOB BUILDING		WIP No. . : 49515
SINGAPORE 049711		Veh.In/Out: 11/11/2020 12/12/2020
		*Tel.No. . : 6347 6100
		Reg.No. . : SMK5508H
Closed by . . . . : Paul Ong Qing Yong		Reg.date. : 29/08/2016
Svc Consultant : ACC		Mileage . : 53,096
Remarks . . . . . : Wearnes Automotive P		Chassis No: JN1BCAV37Z0480782

Parts/Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
260104GN1B	HEADLAMP ASSY-RH Q50	1.0	EA	3615.60	10		3,254.04	S
261304GA1A	LAMP ASSY-FR TU	1.0	EA	106.20	10		95.58	S
622224GA0A	BRACKET-BUMPER FRT R	1.0	EA	15.20	10		13.68	S

			Gross Total.	8,841.20
Labour Total	4,100.00	Net.....		8,841.20
Parts Total	4,741.20	GST @ 7.0%		618.88
Package Total	0.00	Total.....		9,460.08
		Paid.....		0.00
		Please Pay..		9,460.08

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.

AUTHORIZATION TO ACT

I, WEARNES AUTOMOTIVE PTE LTD ("the third party claimant")  
of 45 LENG KEE ROAD (address),  
owner of SMK5508H (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. SMK5508H that was  
damaged pursuant to the accident which occurred on 10/11/20 (date) along  
UPPER SERANGAON VIEW MSCP (location)  
involving vehicle no. SMR 3281L ("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 \_\_\_\_\_ day of \_\_\_\_\_ (month) 20 \_\_\_\_\_ (year)



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



Signed by "the workshop"

## 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	11/11/2020 09:59
Date Of Accident	10/11/2020 17:45
Exact Location Of Accident	UPPER SERANGOON VIEW MSCP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK5508H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WEARNES AUTOMOTIVE PTE LTD
Co Reg No	1XXXXX400R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64304700

### Vehicle Particulars

Manufacturer	INFINITI
Model	Q50-2.0 T SPORT (A)

Exact Purpose for which vehicle was being used at time of accident

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	YES
Policy Number	SD20V00513
Cover Note Number	

### Driver

Name of Driver	CHAN KIEN MING
NRIC No	SXXXX967Z
Date Of Birth	29/07/1965
Occupation	INDOOR
Date Of Driving Pass	22/06/2009
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91723766
Fax Number	

Address	28 JALAN LEMPENG #07-05
Postcode	128807
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

**General Information of the Accident**

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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)	0

**Details of Police Action**

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUANG NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 357 HOUANG AVENUE 7 #01-805 , <b>POSTCODE:</b> 530357 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2869999 - <b>FAX NO:</b> 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

**Circumstances of Accident**

REFER TO ATTACHED

**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	SMR3281L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Nature Of Damage

No. Of Passenger (Including Driver)



**SINGAPORE  
POLICE FORCE**



T/20201111/2081

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

1 of 3

Report No. T/20201111/2081

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/11/2020 15:20		Vide Report No.: T/20201110/2145		Station Diary No.: 25	
Informant's Particulars					
Name of Informant: CHAN KIEN MING			Address: 28 JALAN LEMPENG #07-05 SINGAPORE 128807		
ID Type / ID No.: NRIC NO / S2764967Z			Contact No.:		Mobile: 91723766
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 55	Date of Birth: 29/07/1965	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Manager			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/11/2020 19:05	Type of Location: Car Park
Location:  UPPER SERANGOON VIEW				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMK5508H	Car	INFINITI	Q50 2.0T SPORT A/T S/R (R19) EU6 NAV	Red	Slightly Damaged	0
SMR3281L	Car	TOYOTA	ALPHARD HYBRID 2.5X CVT	Black		0



**SINGAPORE  
POLICE FORCE**



T/20201111/2081

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

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Report No. T/20201111/2081

**CONTINUATION OF REPORT**

**Brief Details.**

On 10/11/2020 at about 1936hrs, I lodge a traffic report vide T/20201110/2145.

On 11/11/2020 at about 1000hrs, I sent my car to the service center and was informed by the service crew that they had managed to retrieve the CCTV and it captured the vehicle that had collided onto my car. My in-car CCTV captured vehicle SMR3281L (Toyota Alphard, Black colour). On 10/11/2020 at about 1748hrs, my in-car CCTV captured the car moving off from the carpark lot (right side of my car) and when it turn out, the side of the other car collided onto my car. I do not know who is the driver. I have no suspect in mind.

I am lodging this report as an additional information vide the previous report.



**SINGAPORE  
POLICE FORCE**



T/20201111/2081

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

3 of 3

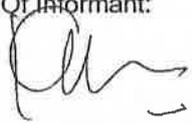
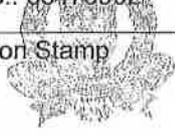
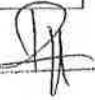
Report No. T/20201111/2081

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sr Staff Sgt ROYSHAM BIN HAJI KAMSANI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/11/2020 15:20
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case: SN 085
Authentication Stamp NP168  Signature: 	

**Singapore Police Force**

# Accident Sketch Plan Pg. 1

## 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 Police for investigation.
6. The 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 lodgment 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' lawyers/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 with 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 well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

x   
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filling.
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: 10/11/20 Time: <del>1700</del> 1748
Exact Location of Accident	UPPER SERANGOON VIEW MSCP
<b>DETAILS OF OWN VEHICLE</b>	
Vehicle Registration Number	SMK5508H
<b>INSURED / POLICYHOLDER (OWN VEHICLE)</b>	
Name of Registered Owner (See Insurance Cert.)	WEARNED AUTOMOTIVE PTE LTD
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
- Not Applicable	1995014092
<b>VEHICLE PARTICULARS (OWN VEHICLE)</b>	
Vehicle Make / Model	Manufacturer <u>INFINITI</u> Model <u>Q50 SPORT</u>
Type of Vehicle*	<input checked="" 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 type="radio"/> Others, _____
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	<input checked="" type="radio"/> Yes <input 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
<b>INSURANCE COMPANY (OWN VEHICLE)</b>	
Name of Insurance Company *	<u>LIBERTY</u>
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input checked="" type="radio"/> Yes <input type="radio"/> No
Policy Number	<u>SD20 YD0513</u>
Motor CI	
<b>DRIVER</b>	
	<input type="radio"/> Same as Insured above
Name of Driver	<u>CHAN KIEN MING</u>
Personal Identification - NRIC (Singaporean/PR)	<u>S 2764967Z</u>
- FIN/Passport Number	
Date of Birth	<u>29</u> dd/ <u>07</u> mm/ <u>65</u> /yy
Driving Date Pass	<u>22</u> dd/ <u>06</u> mm/ <u>09</u> /yy
Year of Driving Experience	Year(s) _____ Month(s) _____
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	<u>91723766</u>

Address of Driver	28 JALAN LEMPENG #07-05	
Email Address	Postcode ( 128857 )	
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	HIREE	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes	<input type="radio"/> No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
<b>GENERAL INFORMATION OF THE ACCIDENT</b>		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	HIT A RUN (PARTIC X FOUND)	
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, _____
<b>OTHER INFORMATION</b>		
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
Was there any video captured by Car Camera?	<input type="radio"/> Yes	<input type="radio"/> No
Number of Passengers (Including Driver)	00	
<b>DETAILS OF POLICE ACTION</b>		
Was the Accident reported to the Police?	<input checked="" type="radio"/> Yes	<input type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name	HOUBANG NPP	
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes	<input type="radio"/> No (If Yes, against whom?)
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>		
Vehicle Registration Number	SMR 8281L	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver		
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
Contact Number		
Address		
Name of Insurance Company		
Nature of Damage		
No. of Passenger (Including Driver)		
(Note - Please use page 6 if you need to add more vehicles )		

## 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 Police for investigation**.
6. The 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 lodgment 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' lawyers/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 with 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 well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

x   
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



## Paul Ong Qing Yong

---

**From:** Rasul (LKKAuto) <Rasul@lkkauto.com>  
**Sent:** Wednesday, January 13, 2021 10:33 AM  
**To:** Paul Ong Qing Yong  
**Cc:** Jasper Chua (LKK Auto)  
**Subject:** RE: SMK5508H check items finalise  
**Attachments:** 0121\_001.pdf

Hi Paul,

Finalised amount of \$ 8,841.20 / 4 days of repair is confirmed

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,

**Rasul** | Assessor

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [Rasul@lkkauto.com](mailto:Rasul@lkkauto.com) | fax: 6841-4315

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



*Save the Earth. Print only when necessary.*

---

**From:** Paul Ong Qing Yong [mailto:[paul.ong@wearnes.com](mailto:paul.ong@wearnes.com)]  
**Sent:** Tuesday, 12 January, 2021 2:54 PM  
**To:** Rasul (LKKAuto)  
**Subject:** RE: SMK5508H check items finalise

Attach closing

**Paul Ong**  
Service Consultant  
Bodyshop & Paint



**Wearnes Automotive Pte Ltd**  
45 Leng Kee Road Singapore 159103  
M (65) 8126 1237      D (65) 6378 9336  
[www.wearnesauto.com](http://www.wearnesauto.com)      [paul.ong@wearnes.com](mailto:paul.ong@wearnes.com)

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**From:** Rasul (LKKAuto) <[Rasul@lkkauto.com](mailto:Rasul@lkkauto.com)>  
**Sent:** Monday, November 23, 2020 9:48 AM  
**To:** Paul Ong Qing Yong <[paul.ong@wearnest.com](mailto:paul.ong@wearnest.com)>  
**Subject:** RE: SMK5508H check items

Hi Paul,

No need

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,

**Rasul** | Assessor

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [Rasul@lkkauto.com](mailto:Rasul@lkkauto.com) | fax: 6841-4315

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



Always  
Considerate  
No Excuse

*Save the Earth. Print only when necessary.*

---

**From:** Paul Ong Qing Yong [<mailto:paul.ong@wearnest.com>]  
**Sent:** Friday, 20 November, 2020 4:28 PM  
**To:** Rasul (LKKAuto)  
**Cc:** Michelle Ong Siew Bee  
**Subject:** SMK5508H check items

Rasul,

Check item Headlamp and signal lamp.  
Attached. U need to physical resurvey ? car at pesawat .

**Paul Ong**  
Service Consultant  
Bodyshop & Paint



**Wearnest Automotive Pte Ltd**  
45 Leng Kee Road Singapore 159103  
M (65) 8126 1237      D (65) 6378 9336  
[www.wearnestauto.com](http://www.wearnestauto.com)    [paul.ong@wearnest.com](mailto:paul.ong@wearnest.com)

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## Paul Ong Qing Yong

---

**From:** Jasper Chua (LKK Auto) <jasperchua@lkkauto.com>  
**Sent:** Monday, November 16, 2020 10:50 AM  
**To:** Paul Ong Qing Yong  
**Cc:** Admin A  
**Subject:** RE: TP Claim - SMK5508H; TP Vehicle SMR3281L DOA 10/11/2020

WITHOUT PREJUDICE

Dear Paul,

Liability clear , please proceed direct settlement.

Thanks

“Kindly note that this negotiation between parties on this matter is purely on a without prejudice basis with the sole intention of resolving the matter amicably without parties resorting to legal proceedings. No admission of liability, whatsoever, should be deemed / inferred from this negotiation of terms/settlement.

In the event of new evidence being discovered or subsequently produced by either party that will materially affect/influence on the issues of liability/damages, either party is not bound, thereafter, by the negotiation terms/settlement.”

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)

---

**From:** Paul Ong Qing Yong <[paul.ong@wearnes.com](mailto:paul.ong@wearnes.com)>  
**Sent:** Thursday, 12 November 2020 12:13 pm  
**To:** Motor Claim - III <[motorclaim@iii.com.sg](mailto:motorclaim@iii.com.sg)>  
**Subject:** Re: TP Claim - SMK5508H; TP Vehicle SMR3281L DOA 10/11/2020

Please assign LKK.

Paul Ong  
Service Consultant  
Bodyshop & Paint

Wearnes Automotive Pte Ltd  
45 Leng Kee Road Singapore 159103  
M (65) 8126 1237      D (65) 6378 9336  
[www.wearnesauto.com](http://www.wearnesauto.com)      [paul.ong@wearnes.com](mailto:paul.ong@wearnes.com)

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**From:** Motor Claim - III <[motorclaim@iii.com.sg](mailto:motorclaim@iii.com.sg)>  
**Sent:** Thursday, November 12, 2020 12:12:10 PM  
**To:** Paul Ong Qing Yong <[paul.ong@wearnes.com](mailto:paul.ong@wearnes.com)>  
**Subject:** RE: TP Claim - SMK5508H; TP Vehicle SMR3281L DOA 10/11/2020

Dear Sir / Mdm,

We acknowledge receipt of your email.

We propose using one of the following motor surveyors:

- Automobile Inspection Services Pte Ltd
- Autoprobe Consultants
- VP Appraisal
- Form Team Adjusters Pte Ltd
- Infiniti Appraisal Service
- JP Knights Adjusters
- LBS Auto Consultants Pte Ltd
- Priority Services
- RT Appraisal
- LKK Auto Consultants Pte Ltd
- Vicom Assessment Centre Pte Ltd

Please notify us within 02 days of receipt of this letter for surveyor agreed on or if you have any objections to the above list.

*Best Regards,*  
**Gabriel Wee**



64 Cecil Street; #05 - IOB Building  
Singapore 049711  
Tel: 6347 6100, Ext – 248

---

**From:** Paul Ong Qing Yong <[paul.ong@wearnes.com](mailto:paul.ong@wearnes.com)>  
**Sent:** Thursday, 12 November 2020 10:57 am  
**To:** Motor Claim - III <[motorclaim@iii.com.sg](mailto:motorclaim@iii.com.sg)>  
**Subject:** TP Claim - SMK5508H; TP Vehicle SMR3281L DOA 10/11/2020

Attached TP Claim,

Please advise if we can do direct settlement.

**Paul Ong**  
Service Consultant  
Bodyshop & Paint



**Wearnes Automotive Pte Ltd**  
45 Leng Kee Road Singapore 159103  
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