



WEGA ENGINEERING

automotive workshop and beyond

24hrs Towing, Insurance Claims, Car Repairs & Spray Painting

TEL : 65-6452 1493 FAX : 65-6452 9153

GST REG NO : 1999 00741 Z

LONPAC INSURANCE BHD

300 Beach Road, #17-04/07

The Concourse

Singapore 199555

Attn: Claims Department

INVOICE : TP21/003

INV DATE : 25/01/2021

VEHICLE NO. : SMW 5632 T

MAKE / MODEL : BMW 730LI AT

TERMS : 2 WEEKS

YOUR REF NO :

S/N	Particular	Quantity	Amount	SGD
Accident between SMW 5632 T & GBA 9238 T DATED 15/01/2021				
1	SMW 5632 T	Lump Sum Repair	\$	3,300.00
		GIA Search fees	\$	6.96
				3,306.96
		GST 7%		231.49
	Loss of use for 3 days @\$200.00 per day			600.00
				4,138.45

DOLLARS: FOUR THOUSAND ONE HUNDRED THIRTY EIGHT AND CENTS FORTY FIVE ONLY.

GRAND TOTAL 4,138.45

TERMS : 30 DAYS



Wega Engineering Pte Ltd

Cheques should be made payable to WEGA ENGINEERING PTE LTD



WEGA ENGINEERING

automotive workshop and beyond
24hrs Towing, Insurance Claims, Car Repairs & Spray Painting

Blk 176 Sin Ming Drive, #04-16, 13 Sin Ming Autocare Singapore 575721

Tel: 6452 1493 Fax: 6452 9153 Website: <http://www.wega.com.sg> E-mail: wegaclaim@gmail.com

GST Reg. No: 19-9900741Z

Date : 28/01/2021

Our Ref : TP211003

Your Ref :

M/S : Lunpac Insurance Bhd

300 Beach Road, #17-04/07 The Concourse
Singapore 199555

WITHOUT PREJUDICE

Dear Sir,

Accident involving SMW 5632 T WGBA 9228 T dated 15/01/2021

We enclosed the following documents for your perusal:-

- * Original Survey report bill / 1 original copies of photographs
- * Original Tax Invoice no. / * Original Rental Invoice no. /
- * GIA report / police report of / * Police result /
- * Certificate of insurance / * LTA search and receipt of /
- * Original Medical Bill/Receipt / * Driver's Letter of Authority /
- * Satisfaction Cum Discharge Voucher / * Others /
- * Survey under insurance instruction / independent Surveyor

We would like to claim all the following losses on behalf of our client:-

1)	Cost of Repair (Inclusive GST)	\$ 3531
2)	Surveyor fees (with/without GST)	\$
3)	Rental Fees/Loss of Use for 3 days at \$ 200 per day	\$ 600
4)	LTA / GIA / Police Fees	\$ 7.45
5)	Medical Fees	\$
	Total Claim	\$ 4198.45

If you agree to the above, please forward your full settlement directly to WEGA ENGINEERING PTE LTD
Your prompt action is most appreciated.

Yours truly,

Ee Sin Guan



Date:

To: Wega Engineering Pte Ltd
Blk 176 Sin Ming Drive
#04-16 Sin Ming Autocare
Singapore 575721.

LETTER OF AUTHORITY & INDEMNITY

ACCIDENT INVOLVING VEHICLE NO. **SMW5632T**

I / We **TAN E WEI BERNARD** UEN / NRIC No. **SXXXX400H**,
Owner of Vehicle No. **SMW5632T**, hereby authorise **M/S WEGA ENGINEERING PTE LTD**
To commence repairs to my vehicle and to forward the claim for damages sustained in the above
Accident to the third party driver and / or his employer and / or the vehicle owner and / or the insurer
Concerned. I/ We agree that in consideration of your giving up your repairer's lien I / We agree to
Assign the whole proceeds of my / our third party claim to you and if applicable, our solicitors (to be
Appointed by you on my/ our behalf) shall accept this as my/ our irrevocable authority to pay the
Amount compensated direct to you after deduction of their costs on a solicitor & clients basis. I/We
Undertake to co-operation fully with you and our solicitors to see the claim to a successful conclusion.

If third party driver and/ or his employer and / or the vehicle owner and /or the insurer reject liability,
I / We will fully be responsible for the repair costs and other incidentals.

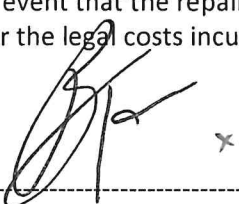
I / We also authorize you to sign all discharge vouchers / Indemnity forms and all necessary paper in
Connection with the above claim in my/ our absence.

I/ We authorise you to appoint such a firm of solicitors on my/ our behalf as you shall deem fit for the
Purpose of the third party/ own insurer's claim.

I/We undertake to inform you and/or the solicitors appointed by you on my /our behalf in the event
of the third party's insurance company communicate with me/ us directly by telephone or in writing
and I/We further undertake not to accept any monies of offer of settlement from the third party's
insurer without first communicating with you.

My/our vehicle is repaired by the repairer on my/our own will without any inducement, threat
and /or promise.

In the event that the repairer is completed to enforce this undertaking, I /We agree that I/We shall
Pay for the legal costs incurred by repairer on a solicitor and client's full indemnity basis.



Owner Signature
(Company Stamp if applicable)

TO :

Dear Sirs,

CLAIMANT :

ACCIDENT INVOLVING SMW5632T AND GBA9238T


ON 15/01/2021 1145 AT ALONG BUKIT MERAH ROAD / HENDERSON ROAD

I/We, **TAN E WEI BERNARD**, am /are the
registered owner of vehicle No. **SMW5632T**.

Please note that I have assigned all compensation monies due to me/ us in the above said
Accident to **WEGA ENGINEERING PTE LTD**.

I /We, hereby authorize you to release all compensation monies pertaining to the above said
Accident to **WEGA ENGINEERING PTE LTD** and forward you settlement cheque
To **WEGA ENGINEERING PTE LTD** whom I/we had authorized to collect the said
Compensation monies.

Thank you.



Signature of Claimant

(Company Stamp, If applicable)

Name : **TAN E WEI BERNARD**

NRIC No : **SXXXXX400H**

Date: 22.01.2021

TO:

VEHICLE NO: **SMW5632T**

DATE OF ACCIDENT/REPAIR: **15.01.2021 / 19.01.2021**

Accident Involving **SMW5632T** and **GBA9238T** along
ALONG BUKIT MERAH ROAD / HENDERSON ROAD

This is to confirm that my/ our vehicle **SMW5632T** is under repair at
WEGA ENGINEERING PTE LTD.

Repairs had been carried out to my satisfaction.

DATED/TIME IN: **19.01.2021**

DATED/TIME OUT: **22.01.2021**



SIGNATURE

(OWNER/AUTHORISED PERSONNEL COLLECTING VEHICLE)

NAME: **TAN E WEI BERNARD**

I/C NO: **SXXXX400H**

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

8 MW 5632T

01/2062

Print Date/Time : 18 Jan 2021 / 10:58:38

Receipt Date/Time : 18 Jan 2021 / 10:58:38

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210118-000992

Previous Receipt No. :

S/N Item Description/**Business Transaction Reference
No.**

Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - GBA9238T

As at 15 Jan 2021/11:45:00

Insurance Co: LONPAC INSURANCE BHD

1 Insurance Enquiry - GBA9238T

Enquiry Fee

20210118105630440991

7.00 0.49 7.49

Sub-Total

7.00 0.49 7.49

Total Before Rounding

7.00 0.49 7.49

Rounding Difference

0.04

Total Amount Payable

7.45

Paid By

20210118105656108

Direct Debit: eNETS Debit
(Internet Banking)

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.

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 Submission	15/01/2021 17:01 (SGT)
Date of Accident	15/01/2021 11:45 (SGT)
Exact Location of Accident	Bukit Merah, Singapore
Additional Location Information	ALONG BUKIT MERAH ROAD / HENDERSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW5632T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN E WEI BERNARD
NRIC No	SXXXX400H
Email Address	bernard@bmjworldwide.com
Mobile Phone No	(Phone) +65-98329397
Alternative Phone No	+65-98329397

VEHICLE PARTICULARS

Manufacturer	BMW
Model	730li
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120036441
Cover Note Number	-

DRIVER

Name of Driver	TAN E WEI BERNARD
NRIC No	SXXXX400H
Date Of Birth	03/04/1970
Occupation	Outdoor

Date Of Driving Pass	19/10/1994
Driving experience	26 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98329397
Alt. Phone Number	+65-98329397
Email Address	bernard@bmjworldwide.com
Address	6 TAN SIM BOH ROAD
Address complement	-
Postcode	307705
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	GBA9238T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

SKETCH PLAN

IMPORTANT NOTICE

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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 willful misrepresentation or withholding of material facts may allow insurance companies to renewate 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:

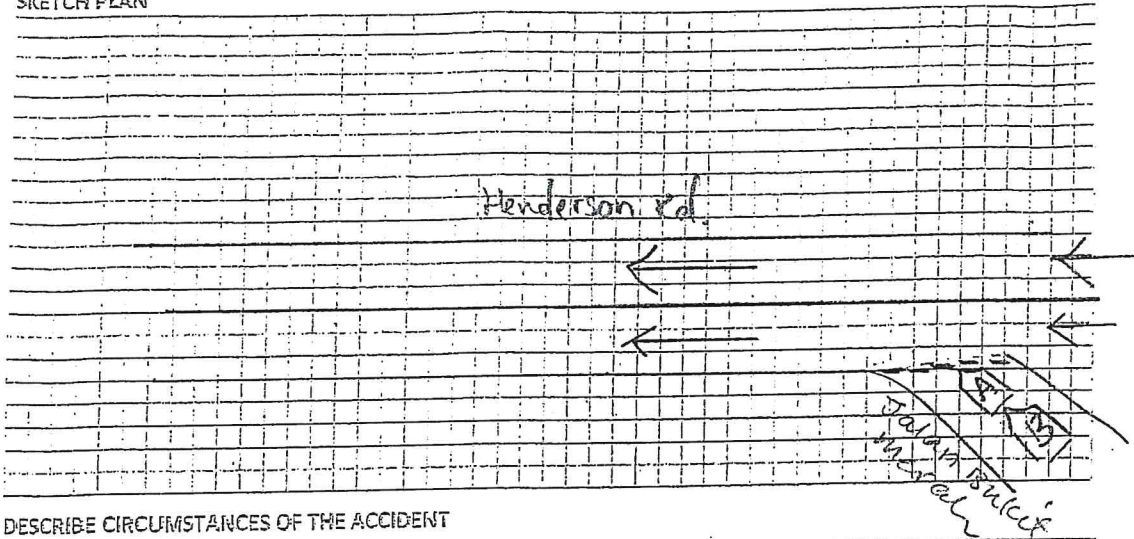
 Driver's Signature
 (if driver is not the policyholder)
 Date & Time:

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



Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On about 1145, I was travelling Jalan Rukit Merah. I was preparing to exit from a small lane onto the main road. (I am car A)

Before I could drive off, the van hit me from behind. The driver Saleh admitted he was looking at the main road instead of my car which was in front of him.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

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

