



Our Reference: **SKL885U/7020455**
Your Reference: **YQ2103M**

By Email / Mail

21/02/2022

LONPAC INSURANCE BHD C/O LKK AUTO CONSULTANTS
Attn: Third Party Claim Department -

ACCIDENT INVOLVING SKL885U & YQ2103M ON 17 Dec 2021.

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		\$10,018.88
Loss Of Rental	\$139.10 x 5 days	\$695.50
Others		
TOTAL		\$10,714.38

Kindly let us have your offer to Christine.yow@wearnes.com

Your soonest reply is much appreciated. Thank you.



Yours faithfully
Christine Yow
D (65) 6430 4899
Wearnes Automotive Pte Ltd
Bodyshop and Paint Division
28 Leng Kee Road,
Singapore 159104

This is a computer generated printout, no signature is required.

(PAYMENT BREAKDOWN)

Vehicle No	:	SKL 8854	Model	:	EVO QUE
	:	Y Q 21 03M			
Date of Accident	:	17/12/2021			

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

Repair Estimate	:	\$ 14,615.65	
Final Repair Cost	:	\$ 10,018.88	
Loss of Use	:	\$	days at \$ per day
Rental (if any)	:	\$ 695.50	5 days at \$ 139.10 (incl of GST) per day
Others	:	\$	
	:	\$	
	:	\$	
	:	\$	
Final Settlement Sum	:	\$ 10,714.38	

Remarks: _____

Payment Instruction: Payee's Breakdown

1)	WEARNES AUTOMOTIVE PTE LTD	:	\$ 10,714.38
2)		:	\$
3)		:	\$
4)		:	\$

SERVICE TAX INVOICE

0 - L00002
LONPAC INSURANCE BHD
300 BEACH ROAD
#17-04/07 THE CONCOURSE
SINGAPORE 199555

SL: LONPAC INSURANCE BHD

GST Reg.No:M28920628X

Inv.No. . : B&P 7020455 Page 1
Inv.date. : 16/02/2022
WIP No. . : 60236
Veh.In/Out: 03/02/2022 08/02/2022
*Tel.No. . : 62507388
Reg.No. . : SKL885U
Reg.date . : 09/10/2020
Mileage . : 16,054
Chassis No: SALZA2AX6LH046197

Closed by : Juan Paulo Bongon Ba
Svc Consultant : ACC
Remarks : Mr Goh Tze Peen

Parts/Op.No Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802 TO REPLACE FRONT BUMPER, FRONT FENDER RH, FRONT FENDER FINISHER RH, FRONT DOOR FINISHER RH, ETC	0	2600.00	0		2,600.00	S
800 TO SPRAY FRONT BUMPER, FRONT FENDER RH, FRONT DOOR RH	0	3000.00	0		3,000.00	S
280 TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	621.00	0		621.00	S
LR117411 BUMPER - FRONT	1.0 EA	1958.10	10		1,762.29	S
LR117306 FENDER - FRONT RH	1.0 EA	867.60	10		780.84	S
LR114470 GRILLE - FENDER - FR	1.0 EA	194.30	10		174.87	S
LR114459 MOULDING - DOOR OUTS	1.0 EA	189.60	10		170.64	S
LR114165 INSULATOR - SOUND -	1.0 EA	93.50	10		84.15	S
LR137450 INSULATOR - FENDER A	1.0 EA	90.00	10		81.00	S
C2S6858 BUMPER NUT XF	15.0 EA	4.70	10		63.45	S
LR137680 RH BRACKET - BUMPER	1.0 EA	28.00	10		25.20	S

Gross Total. 9,363.44
Net..... 9,363.44
GST @ 7.0% 655.44
Total..... 10,018.88
Paid..... 0.00
Please Pay.. 10,018.88

Labour Total 6,221.00
Parts Total 3,142.44
Package Total 0.00

GST: S=StdRated; O=OutOfScope; Z=ZeroRated
Enquiries must be lodged within 14 days from the invoice date
This is a computer generated invoice. No signature is required.

**Wearnes Automotive Pte. Ltd.**

Co Reg No. 199501400R / GST Reg No. M28920628X
45 Leng Kee Road, Singapore 159103
Telephone: +65 6876 5063
www.wearnesleasing.com

LONPAC INSURANCE BHD

100 BEACH ROAD
#19-00 SHAW TOWER
Singapore 189702

Tax Invoice

Inv No. : R2200136
Inv Date : 15 Feb 2022
Ref :
Terms : 90 Days

Rental Information

Agreement No. : RA22/00059
Billing Period : 03/02/2022 10:00 - 08/02/2022 10:00
Driver Name : Goh Tze Peen

Car Information

Registration No. : SLZ2068M
Make : VOLVO
Model : XC60 T5 MOMENTUM

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

Remarks:

SKL885U_Lonpac_Paulo (LR)

Payment method:

Interbank GIRO and credit card payments: Deduction will take place from 5th to 9th of the month.

Cheque payments: All cheques should be crossed and made payable to "Wearnes Automotive Pte Ltd".

Bank Transfers:

Oversea-Chinese Banking Corporation Limited

Bank Code: 7339

Branch Code: 501

Bank Account Name: Wearnes Automotive Pte Ltd

Bank Account: 501-296727-001

SWIFT CODE: OCBGSGSG

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

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

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

Juan Paulo Bongon Baldoz

From: Hsiao Tong (LKKAUTO) <chewht@lkkauto.com>
Sent: Friday, 24 December 2021 9:38 am
To: Juan Paulo Bongon Baldoz
Cc: Admin A; Rasul (LKKAUTO)
Subject: RE: Direct Settlement involving vehicle SKL885U (Ours) & YQ2103M (Your Insured)
DOA: 17/12/2021. LKK REF : CC4/LPC21012882/ps3

Without Prejudice

Dear Sirs/Mdm,

We refer to the above matter.

Please be informed that basing on the accident statements submitted by both parties, the liability is clear / under BOLA (subject to BOLA guideline settlement) and shall proceed with direct settlement for the above mentioned case.

Please note that this e-mail is on without prejudice basis which does not amount to an authorisation of repair to your client's vehicle and admission of any liability to our Insured's part. The final repair cost is subjected to the consistency of the damages according to the nature of the accident. And the days of LOU/ LOR will be based on the number of days of repair as recommended by our surveyor and approved by our principal.

Thank you.

"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,

Hsiao Tong, Chew (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6742-3197 | Email: chewht@lkkauto.com | Fax: 6741 4108

HQ : Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 |

S(408933)

From: Juan Paulo Bongon Baldoz <juan.paulo@wearnes.com>
Sent: Thursday, 23 December 2021 9:14 AM
To: Hsiao Tong (LKKAUTO) <chewht@lkkauto.com>
Cc: Admin A <admin-a@lkkauto.com>; Rasul (LKKAUTO) <Rasul@lkkauto.com>
Subject: RE: Direct Settlement involving vehicle SKL885U (Ours) & YQ2103M (Your Insured) DOA: 17/12/2021. LKK REF :

AUTHORIZATION TO ACT

I, GOH TZE PEEN ("the third party claimant")
of 638 EAST COAST ROAD (address),
owner of SKL 8854 (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. SKL 8854 that was
damaged pursuant to the accident which occurred on 17/12/2021 (date) along
IN FRONT OF 642 EAST COAST ROAD (location)
involving vehicle no YQ 2103M ("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 17 day of 12 (month) 20 21 (year)



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



Signed by "the workshop"

WIP
60236
LOHPPK-TP



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	17/12/2021 15:42 (SGT)
Date of Accident	17/12/2021 08:37 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	INFRONT OF 642 EAST COAST ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL885U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH TZE PEEN
NRIC No	SXXXX749J
Email Address	richardsawdoctor@gmail.com
Mobile Phone No	(Phone) +65-96877771
Alternative Phone No	+65-96877771

VEHICLE PARTICULARS

Manufacturer	LandRover
Model	RR EVOQUE 2.0P (200PS) R-DYNAMIC SE S/R
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
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070143439
Cover Note Number	-

DRIVER

Name of Driver	CHANG YI LEEN (CHEN YILING)
NRIC No	SXXXX285B



Date Of Birth	01/03/1977
Occupation	Indoor
Date Of Driving Pass	03/07/1996
Driving experience	25 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97563562
Alt. Phone Number	-
Email Address	changyileen@gmail.com
Address	638 EAST COAST ROAD
Address complement	-
Postcode	459024
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Opening Door of Vehicle
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 vehicle 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 ATTACHMENT

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	YQ2103M
Vehicle Manufacturer	Hino
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SINGARU BALAMURUGAN
Work Permit No	GXXXX094W
Contact Number	(Phone) +65-85450818
Address	-

Address complement	-
Postcode	-
Insurance Company Name	Lonpac Insurance Bhd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre (ARC) for filing.
2. Please report promptly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder or by 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 report may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident	Date: 17/12/2021 Time: 9:39
Exact Location of Accident	EAST COAST ROAD
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	1 FRONT 642 SKL 885U
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	GOH TZE PEEN
Personal Identification - NRIC (Singaporean/PR)	S6935749J
- FIN/Passport Number	(96877771)
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer Model EVOLVE
Type of Vehicle*	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, Pls select: <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Reporting)
Vehicle Category*	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	ALG
Type of Policy	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> TP Only
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number	2070143439
Motor CI	
DRIVER	
<input type="checkbox"/> Same as Insured above	
Name of Driver	CHANG YI LEEN
Personal Identification - NRIC (Singaporean/PR)	(CHEN YILING)
- FIN/Passport Number	
Date of Birth	01 dd/ 03 mm/ 1977 yy
Driving Date Pass	03 dd/ 07 mm/ 1996 yy
Year of Driving Experience	Year(s) Month(s)
Occupation	<input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Contact Number / Mobile Phone / Fax No.	97563562

21/12
3:30
WIR
60236

Address of Driver **638 EAST COAST ROAD** (459024)
Postcode ()

Email Address **Changyileen@gmail.com**

Was driver an employee of the Insured's Company? ☐ Yes ☒ No

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own ☐ Yes ☒ No

Vehicle Registration Number of Driver's Own Vehicle (if applicable) **SPOUSE**

Insurance Company of Driver's Own Vehicle (If applicable)

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear) **OPEN DOOR**

Weather Conditions ☒ Clear ☐ Raining ☐ Others, _____

Road Surface ☒ Dry ☐ Wet ☐ Others, _____

OTHER INFORMATION

Was any foreign vehicle involved in this accident? ☐ Yes ☒ No

Was any body injured in the accident? ☐ Yes ☒ No

Was any other vehicle or property damaged? ☒ Yes ☐ No

Was there any video captured by Car Camera? ☒ Yes ☐ No

Number of Passengers (Including Driver) **1**

DETAILS OF POLICE ACTION

Was the Accident reported to the Police? ☐ Yes ☒ No (If Yes, please state which Police Station.)

Police Station Name

Police Station Address

Police Station Contact Tel No. Fax No.

Was notice of intended Prosecution given? ☐ Yes ☒ No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number **YQ2103M**

Vehicle Make/ Model/ Colour

Details of Properties

Name of Driver **SIN GARU BALAMURUGAN**

Personal Identification - NRIC (Singaporean/PR) **G6777094W**

- FIN/Passport Number **85450818 (SARA BOSTI)**

Contact Number

Address

Name of Insurance Company **LOUPAC INSURANCE BHD**

Nature of Damage

No. of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the 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 lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' 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.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

REFER TO VIDEO ATTACHED


Describe Circumstances of the Accident

Driving along East Coast Road, all of a sudden the Lorry that was parked along the side of the road opened their door and hit onto my car. The person flung open the car and the impact was great. Then I stopped my car.


Declaration

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

Policyholder's Signature / Date &
Time



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



Witnessed by Reporting Centre
Personnel

Juan Paulo Bongon Baldoz

From: Juan Paulo Bongon Baldoz
Sent: Wednesday, 16 February 2022 3:49 pm
To: Rasul (LKKAUTO)
Cc: Hsiao Tong (LKKAUTO)
Subject: RE: TP FINALIZED: SKL885U DOA: 17/12/2021 (LONPAC)

Importance: High

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Rasul,

As per agreed COR \$9,363.44 P/P before GST, 5 days repair.

Thank you

Paulo
Service Consultant
Bodyshop & Paint



WEARNES

Wearnes Automotive Pte Ltd
45 Leng Kee Road Singapore 159103
M (65) 98270463
www.wearnesauto.com juan.paulo@wearnes.com

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If you have received it in error, please notify us immediately by reply email and then delete this message from your system.
Please do not copy it or use it for any purpose, or disclose its contents or any attachment to any other person. Thank you.*

From: Rasul (LKKAUTO) <Rasul@lkkauto.com>
Sent: Wednesday, 16 February 2022 9:42 am
To: Juan Paulo Bongon Baldoz <juan.paulo@wearnes.com>
Cc: Hsiao Tong (LKKAUTO) <chewht@lkkauto.com>
Subject: RE: TP FINALIZED: SKL885U DOA: 17/12/2021 (LONPAC)

Hi Paulo,

We will be advising our Principal a cost of repair of P/P \$9,363.44/- with 5 days of repair, subject to their approval

Best Regards,

Rasul | Assessor

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Rasul@lkkauto.com | fax: 6841-4315

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

Juan Paulo Bongon Baldoz

From: Juan Paulo Bongon Baldoz
Sent: Tuesday, 15 February 2022 12:16 pm
To: Rasul (LKKAUTO)
Subject: TP FINALIZED: SKL885U DOA: 17/12/2021 (LONPAC)
Attachments: SKL885U TP FINALIZED (LONPAC).pdf; SKL885U MARK ESTIMATE TP (LONPAC).pdf; D (8).jpeg; D (9).jpeg; D (10).jpeg; D (11).jpeg; D (12).jpeg; D (13).jpeg; D (14).jpeg; D (15).jpeg; D (16).jpeg; B (1).jpeg; B (2).jpeg; B (3).jpeg; B (4).jpeg; A (1).jpeg; A (2).jpeg; A (3).jpeg; A (4).jpeg; A (5).jpeg; A (6).jpeg; A (7).jpeg; A (8).jpeg; A (9).jpeg

Importance: High

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Rasul,

Kindly check & confirm finalized amount \$9,363.44 before GST (part by part). 5 days repair.
Attached before paint photos & After repair photos.

Thank you

Paulo
Service Consultant
Bodyshop & Paint



Wearnes Automotive Pte Ltd
45 Leng Kee Road Singapore 159103
M (65) 98270463
www.wearnesauto.com juan.paulo@wearnes.com

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Please do not copy it or use it for any purpose, or disclose its contents or any attachment to any other person. Thank you.*