



Our Reference: **SKU9660U/7020736**

**By Email / Mail**

Your Reference: **SMQ2893H**

**08/06/2022**

**MS FIRST CAPITAL INSURANCE LIMITED C/O LKK Auto**

Attn: Third Party Claim Department -

**ACCIDENT INVOLVING SKU9660U & SMQ2893H ON 24 Jan 2022.**

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		\$5,984.04
Loss Of Rental	\$160.50 x 3 days	\$481.50
Others		
<b>TOTAL</b>		<b>\$6,465.54</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

28 Leng Kee Road,

Singapore 159104

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

## (PAYMENT BREAKDOWN)

Vehicle No	:	SKU96604	Model	:	DISCOVERY
	:	SMQ28934			
Date of Accident	:	24/01/2022			

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

Repair Estimate	:	\$ 9,509.20	
Final Repair Cost	:	\$ 5,984.04	
Loss of Use	:	\$	days at \$ per day
Rental (if any)	:	\$ 481.50	3 days at \$ 160.50 (incl of GST) per day
Others	:	\$	
	:	\$	
	:	\$	
	:	\$	
Final Settlement Sum	:	\$ 6,465.54	

Remarks:	

Payment Instruction: Payee's Breakdown			
1)	WEARNES AUTOMOTIVE PTE LTD	:	\$ 6,465.54
2)		:	\$
3)		:	\$
4)		:	\$

## SERVICE TAX INVOICE

0 - F00003      SL: FIRST CAPITAL INSURANCE LTD FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01, CITY HOUSE SINGAPORE Singapore 068877	GST Reg.No:M28920628X Inv.No. . . : B&P 7020736 Page 1 Inv.date. . : 26/04/2022 WIP No. . . : 11160 Veh.In/Out: 18/04/2022 22/04/2022 *Tel.No. . . : Reg.No. . . : SKU9660U Reg.date . . : 25/08/2015 Mileage . . : 116,991 Chassis No: SALLAAAG5GA777650
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Closed by .... : Juan Paulo Bongon Ba Svc Consultant : ACC Remarks ..... : Ms Yeo Wei Min Elaine	
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Parts/Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BUMPER, REAR BUMPER PAD, REAR BUMPER LOWER, REAR REFLECTOR LH, ETC		0	1300.00	0		1,300.00	S
800	TO SPRAY REAR BUMPER		0	1000.00	0		1,000.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES		0	621.00	0		621.00	S
LR015463	BUMPER COVER REAR D4	1.0	EA	2326.60	10		2,093.94	S
DOE000011P	BUMPER PAD MOULDING	1.0	EA	215.90	10		194.31	S
DPO500011P	BUMPER MOULDING TOW	1.0	EA	130.00	10		117.00	S
XFF500030	BUMPER RELECTOR REAR	1.0	EA	194.90	10		175.41	S
RYQ500070	GRILLE CLIP EVOQUE	15.0	EA	4.00	10		54.00	S
DYH500110	BUMPER BRACKET NUT R	10.0	EA	4.10	10		36.90	S

Gross Total.	5,592.56
Net.....	5,592.56
GST @ 7.0%	391.48
Total.....	5,984.04
Paid.....	0.00
Please Pay..	5,984.04

Labour Total	2,921.00	
Parts Total	2,671.56	
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. I99501400R / GST Reg No. M28920628X  
45 Leng Kee Road, Singapore 159103  
Telephone: +65 6876 5063  
www.wearnesleasing.com

**FIRST CAPITAL INSURANCE LTD**

36 ROBINSON ROAD  
#16-01, CITY HOUSE  
Singapore 068877

**Tax Invoice**

**Inv No.** : R2200382  
**Inv Date** : 29 Apr 2022  
**Ref** :  
**Terms** : 90 Days

**Rental Information**

Agreement No. : RA22/00211  
Billing Period : 18/04/2022 11:00 - 21/04/2022 11:00  
Driver Name : Yeo Wei Min Elaine

**Car Information**

Registration No. : SLR5358Z  
Make : JAGUAR  
Model : XF 2.0 GTDI

#	Description	Qty	UOM	Unit Price	Amt
1	Being Rental Payment for the Period Stated Above	3.00	Day	150.00	450.00

**Remarks:**

Paulo-SKU9660U-MS First Capital (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\$ 450.00  
**GST 7.0% :** S\$ 31.50  
**Total :** **S\$ 481.50**

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.*

### AUTHORIZATION TO ACT

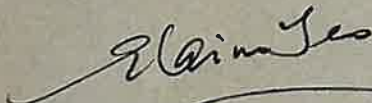
I, YEO WFI MIN ELAINE ("the third party claimant")  
of 12 JALAN EMAS URAI (address),  
owner of SKM96604 (vehicle no.) hereby authorize  
WEARNER AUTOMOTIVE PTE LTD

("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. SKM96604 that was  
damaged pursuant to the accident which occurred on 24/01/2022 (date) along  
12 JALAN EMAS URAI (location)  
involving vehicle no. SM Q28924 ("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. ch.

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. i.

Dated this 26 day of 01 (month) 2022 (year)



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



Signed by "the workshop"

WIP  
11160  
TP-HSFC

## 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	26/01/2022 18:16 (SGT)
Date of Accident	24/01/2022 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	12 JALAN EMAS URAI (678734)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU9660U
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEO WEI MIN ELAINE
NRIC No	SXXXX709F
Email Address	rgoh99@yahoo.com
Mobile Phone No	(Phone) +65-93898500
Alternative Phone No	+65-93898500

#### VEHICLE PARTICULARS

Manufacturer	LandRover
Model	Discovery
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	3000

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	-
Fleet Policy	No
Policy Number	1900007067
Cover Note Number	-

#### DRIVER

Name of Driver	GOH EE KIAT
NRIC No	SXXXX607J

Date Of Birth	22/09/1965
Occupation	Indoor
Date Of Driving Pass	18/11/1986
Driving experience	35 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93898500
Alt. Phone Number	-
Email Address	rgoh99@yahoo.com
Address	12 JALAN EMAS URAI
Address complement	-
Postcode	678734
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	Collided into Parked 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	1
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)	0
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?	Yes
Police Station Name	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
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?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ2893H
Vehicle Manufacturer	Mitsubishi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government

Name of Driver	HIZQIL HAIDAR
NRIC No	SXXXX254I
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	MS First Capital Insurance Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



WIP

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorized 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 Police Officer or For the Authorized 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: <u>24/1/2022</u> Time: <u>18:00</u>
Exact Location of Accident	<u>12 JALAN EMAS URAI</u>
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	<u>(678734)</u> <u>SKU96604</u>
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	<u>YEO WEI-MIN ELAINE</u>
Personal Identification - NRIC (Singaporean/PR)	<u>S6842709F</u>
- FIN/Passport Number	<u>93898500</u>
- Not Applicable	

## VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer <u>DISCOVERY</u> Model <u>3 2015</u>
Type of Vehicle*	<input type="radio"/> Saloon <input checked="" type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> Motorcycle <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 type="radio"/> Yes <input checked="" 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

## INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *	<u>AIG</u>
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	<u>1900007067-02</u>
Motor CI	

## DRIVER

	<input checked="" type="radio"/> Same as Insured above
Name of Driver	<u>GOH EE KIAT</u>
Personal Identification - NRIC (Singaporean/PR)	<u>S1687607J</u>
- FIN/Passport Number	
Date of Birth	<u>22</u> dd/ <u>9</u> mm/ <u>1965</u> yy
Driving Date Pass	<u>18</u> dd/ <u>11</u> mm/ <u>1986</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>93898500</u>

Address of Driver **12 JALAN EMAS UPM (678734)** Postcode ( )

Email Address **RG0H99@YAHOO.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)

**COLLIDED INTO PARK VEHICLE**

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)

**0**

### DETAILS OF POLICE ACTION

Was the Accident reported to the Police?

☒ Yes ☐ No (If Yes, please state which Police Station.)

Police Station Name

**JURONG DIVISION H.Q.**

Police Station Address

**(649482)**

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

**SMQ28934**

Vehicle Make/ Model/ Colour

**HIT**

Details of Properties

Name of Driver

**HIZQIL HAIDAR**

Personal Identification - NRIC (Singaporean/PR)

**597272541**

- FIN/Passport Number

Contact Number

Address

Name of Insurance Company

**MS FL**

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

Describe Circumstances of the Accident

REFER TO POLICE REPORT  
J/20220125/7027

Mr Hizgil Haider admitted to his fault.

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



# SINGAPORE POLICE FORCE



J/20220125/7027

1 of 2

**POLICE REPORT (NP299)**

Report No. J/20220125/7027

Police Station Of Origin  
Jurong Division HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

Date/Time Report Made 25/01/2022 15:05	Vide Report No.	Station Diary No.
Name Of Informant GOH EE KIAT	Address 12 JALAN EMAS URAI SINGAPORE 678734	
ID Type / ID No. NRIC NO / S1687607J	Contact No. Home/Office:	Mobile: 93898500
Nationality SINGAPORE CITIZEN	Email Address rgoh99@yahoo.com	
Occupation Company director	Sex Male	Age 56
Institution/School Name	Date of Birth 22/09/1965	Race Chinese
Date/Time Of Incident 24/01/2022 18:00 - 24/01/2022 18:05	Location Of Incident 12 JALAN EMAS URAI SINGAPORE 678734	

**Brief details.**

The nature of the accident was that on the 24 Jan 2022 at 1800hrs, the front of vehicle SMQ2893H, driven by Mr Hizqil Haidar IC (S9727254I) collided with the rear of a stationary vehicle SKU9660U parked along Jalan Emas Urai while Mr Goh Ee Kiat IC (S1687607J) of vehicle SKU9660U was at his home in 12 Jalan Emas Urai. Vehicle SMQ2893H is a government property belonging to LTA.

<b>Subjects Involved</b>	
<b>Suspect</b>	
Person Name	Hizqil Haidar

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/01/2022 15:05
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



J/20220125/7027

2 of 2

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. J/20220125/7027

ID Type	NRIC NO	ID No	S9727254I
Gender	Male	Age	20-30
<b>Victim</b>			
Person Name	GOH EE KIAT		
ID Type	NRIC NO	ID No	S1687607J
Gender	Male	Age	56
Race	Chinese	Language	English
Occupation	Company director	Address	12 JALAN EMAS URAI SINGAPORE 678734
Mobile No	93898500	Is Informant A Victim?	Yes
Person Name	GOH EE KIAT (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:  
The identity of the person making this  
report has been authenticated by Singpass.  
No signature is required.

Date/Time:  
25/01/2022 15:05

Classification Of Case:



# CERTIFICATE OF INSURANCE

## WEARNES AUTO PROTECTOR (LAND ROVER) PRIVATE VEHICLE

**Name of Policyholder** : YEO WEI-MIN ELAINE  
**Period of Insurance** : 25 Feb 2021 To 24 Feb 2022  
**Engine No.** : 0933801306DT  
**Chassis No.** : SALLAAAG5GA777650

**Vehicle No.** : SKU9660U  
**Policy No.** : 1900007067-02  
**Endorsement No.** :  
**Issued Date** : 27 Jan 2021

### ABOUT THE COVER

**Make/Model** : LANDROVER Discovery 3.0 TDV6 HSE/First Edition  
**Engine Capacity/Tonnage** : 2,993.00 CC  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2015  
**Insuring with COE/PAF** : Yes

a) The Policyholder  
b) Any other person who is driving on the Policyholder's order or with his/her permission.  
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

**Age Condition** : All Age Condition  
**Mileage Condition** : Unlimited Mileage  
**Limitation as to use\*** :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.  
This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 2000cc

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

**Section 1**  
Fire - \$0 Own Damage - \$900 Theft - \$0 Flood Cover - \$900

**Section 2**  
Property Damage - \$0

**Windscreens** : \$100

**Named Driver and Excess** (where applicable)

YEO WEI-MIN ELAINE - \$900 (Own Damage), \$900 (Flood Cover), Goh Ee Kiat - \$900 (Own Damage), \$900 (Flood Cover)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Wearnes Automotive Pte Ltd Add: 45 Leng Kee Road Singapore 159103 63789333

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.sg](http://www.aig.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503486111

WEARNES AUTO-JAG/BENTLEY/LR

45 LENG KEE ROAD  
SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

Jennifer-SY Cheah

## Juan Paulo Bongon Baldoz

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**From:** Juan Paulo Bongon Baldoz  
**Sent:** Saturday, 30 April 2022 11:08 am  
**To:** Steve Chen (LKK Auto)  
**Subject:** TP FINALIZED: Our Ref : D22000279MFQC/TPD-2 // Your Ref : SKU9660U // Accident involving SMQ2893H & SKU9660U on 24/01/22.  
**Attachments:** SKU9660U TP FINALIZED (MSFC).pdf; B (1).jpeg; B (2).jpeg; B (3).jpeg; A (1).jpeg; A (2).jpeg; A (3).jpeg; A (4).jpeg; A (5).jpeg  
**Importance:** High

Dear Steve,

Kindly check & confirm finalized amount \$5,592.56 before GST (part by part). 3 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](http://www.wearnesauto.com) [juan.paulo@wearnes.com](mailto: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.*

---

**From:** Lim Gan Koon (Chris) <ChrisLim@msfirstcapital.com.sg>  
**Sent:** Friday, 28 January 2022 10:50 am  
**To:** Juan Paulo Bongon Baldoz <juan.paulo@wearnes.com>  
**Subject:** Our Ref : D22000279MFQC/TPD-2 // Your Ref : SKU9660U // Accident involving SMQ2893H & SKU9660U on 24/01/22.

Without Prejudice

Dear Paulo,

We refer to your email below.

Liability is clear but quantum to be agreed. Kindly liaise with our surveyor on the repair cost.

Regards.

Chris Lim  
Motor Claims Dept.



## Juan Paulo Bongon Baldoz

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**From:** Juan Paulo Bongon Baldoz  
**Sent:** Friday, 28 January 2022 10:51 am  
**To:** Lim Gan Koon (Chris)  
**Subject:** RE: Our Ref : D22000279MFQC/TPD-2 // Your Ref : SKU9660U // Accident involving SMQ2893H & SKU9660U on 24/01/22.

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Dear Chris,

Noted with thanks

**Paulo**  
**Service Consultant**  
**Bodyshop & Paint**



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Regards.

Chris Lim  
Motor Claims Dept.

MS First Capital Insurance Ltd | 36 Robinson Road, City House #16-01 Singapore 068877  
| Tel: 6507 3848 | DID : 6507 3853 | Fax No. : 6507 3849 | Email: [ChrisLim@msfirstcapital.com.sg](mailto:ChrisLim@msfirstcapital.com.sg) | Company Regn. No. 195000106C  
**A Member of MS&AD Insurance Group**