



Our Reference: **SLJ9065J/7020552**
Your Reference: **YQ614T**

By Email / Mail

15/03/2022

LONPAC INSURANCE BHD
Attn: Third Party Claim Department -

ACCIDENT INVOLVING SLJ9065J & YQ614T ON 07 Feb 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		\$6,778.28
Loss Of Use	\$100.00 x 3 days	\$300.00
Others		
TOTAL		\$7,078.28

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	:	SLJ9065J (Insd veh)	Model	:	Volvo S60
	:	YQ 6147 (TP veh)			
Date of Accident	:	07/02/2022			

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

Repair Estimate	:	\$ 12805.80	
Final Repair Cost	:	\$ 6778.28	
Loss of Use	:	\$ 300	8 days at \$ 100 per day
Rental (if any)	:	\$	days at \$ (incl of GST) per day
Others	:	\$	
	:	\$	
	:	\$	
	:	\$	
Final Settlement Sum	:	\$ 7078.25	

Remarks:	
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Payment Instruction: Payee's Breakdown		
1) HARRIS AUTOMOTIVE PRT (P)	:	\$ 6780.25
2) CHUA ENG SWAY	:	\$ 300
3)	:	\$
4)	:	\$

SERVICE TAX INVOICE

0 - L00002 SL: LONPAC INSURANCE BHD LONPAC INSURANCE BHD 300 BEACH ROAD #17-04/07 THE CONCOURSE SINGAPORE 199555	GST Reg.No:M28920628X Inv.No. . : B&P 7020552 Page 1 Inv.date. : 10/03/2022 WIP No. . : 13711 Veh.In/Out: 02/03/2022 05/03/2022 *Tel.No. . : 62507388 Reg.No. . : SLJ9065J Reg.date .: 29/12/2016 Mileage .: 74,965 Chassis No: YV1FS28C0H2432056
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Closed by : Richmond Ho Svc Consultant : ACC Remarks : Mr Chua Eng Sway	
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Parts/Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BOOT LID,REAR EMBLEM,REAR BUMPER,REAR LOWER SPOILER,ETC	0		850.00	0		850.00	S
800	TO PUTTY SPRAY PAINT ON REAR BOOT LID,REAR BUMPER,REAR LOWER SPOILER,ETC	0		750.00	0		750.00	S
280	TO CHECK WIRING INCLUDE RESETING OF ALL ELETRICAL MODULES	0		540.00	0		540.00	S
039808145	BUMPER COVER REAR S6	1.0	EA	2087.70	10		1,878.93	S
039802591	TOW COVER REAR S60 1	1.0	EA	89.80	10		80.82	S
039818157	BUMPER SPOILER REAR	1.0	EA	590.40	10		531.36	S
031278835	BUMPER RAIL REAR S60	1.0	EA	1621.60	10		1,459.44	S
000989757	BUMPER CLIP 8x8,5	10.0	EA	8.20	10		73.80	S
000989777	CLIP XC90 16- XC60	10.0	EA	8.80	10		79.20	S
032226106	BUMPER INSTALLING MT	1.0	EA	101.40	10		91.26	S

Gross Total. 6,334.81

Labour Total	2,140.00	Net.....	6,334.81
Parts Total	4,194.81	GST @ 7.0%	443.44
Package Total	0.00	Total.....	6,778.25
		Paid.....	0.00
		Please Pay..	6,778.25

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, CHUA ENG SWAY ("the third party Claimant")
of 17 FABER WALK (address),
owner of SLJ 9065J (vehicle no.)
hereby authorize WARRANTS 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. SLJ 9065J that was damaged
pursuant to the accident which occurred on 7 FEB 2022 (date) along
JURONG WEST AVENUE 1 (location)
involving Vehicle No/s YD 614T ("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.

Date this 8 day of FEB (month) 20 22 (year)



Signed by "the third party claimant"



Signed by "the workshop"

1374

SN0722270010 / NTUC Income Insurance Co-operative Ltd
ENTRY DATE & TIME: 07/02/2022 17:31 (SGT)
SUBMITTED BY: Suman Sukumar
VERSION: 1 (07/02/2022 17:31 (SGT))

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	07/02/2022 17:31 (SGT)
Date of Accident	07/02/2022 15:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG WEST AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ9065J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA ENG SWAY
NRIC No	S1502158F
Email Address	CHUAENG@OUTLOOK.COM
Mobile Phone No	(Phone) +65-83399180
Alternative Phone No	+65-83399180

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	S60
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	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5106142424-03
Cover Note Number	-

DRIVER

Name of Driver	LOOI YIN
NRIC No	S1692898D

Date Of Birth	18/08/1965
Occupation	Indoor
Date Of Driving Pass	23/07/1986
Driving experience	35 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96169376
Alt. Phone Number	-
Email Address	LOOIYIN88@OUTLOOK.COM
Address	17 FABER WALK
Address complement	-
Postcode	128959
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 - 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 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

ON THE 07022022 AT 1520HRS I WAS TRAVELLING ALONG JURONG WEST AVENUE 1. I WAS ON THE RIGHT LANE AMONGST 2 LANES. TRAFFIC LIGHT TURNED RED THUS I HAD STOPPED. THATS WHEN A LORRY BEARING LICENSE PLATE YQ614T COLLIDED INTO THE REAR OF MY VEHICLE. NO ONE WAS INJURED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	ADV OI TO SEND VIDEO TO MOTORVIDEO@INCOME.COM.SG
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ614T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOHD AMIN BIN MOHD

NRIC No	S1682988I
Contact Number	(Phone) +65-92729570
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 07/02/2022
1730HRS

Reporting Centre Personnel's Signature
Name: SUMAN SUKUMAR
NRIC/FIN No.: S990968

A : SLJ9065J

B : YQ614T

B: YQ614T

[illegible]

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

Reporting Centre Personnel's Signature
Name: SUMAN SUKUMAR
NRIC/FIN No.: S990968

Richmond Ho

From: KENNY LIM CHING GHEE <kennylim@lonpac.com>
Sent: Monday, 21 February 2022 2:53 pm
To: Richmond Ho
Cc: MT_Claim_SG
Subject: RE: Direct Settlement For SLJ9065J & YQ614T - Oref: 21/22/22/VC05/025430

Lonpac External - Confidential

Without Prejudice

Dear Richmond

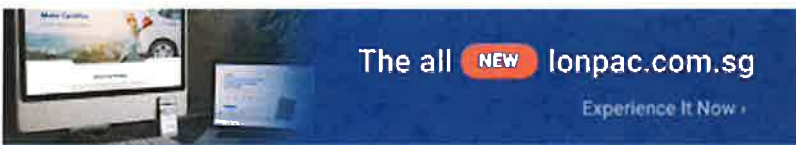
We have reviewed the matter and are looking to do direct settlement with your workshop.

Please let us have the details for the survey.

Thank you.

Best Regards

Kenny Lim
Asst. Claims Manager | Lonpac Insurance Bhd
300 Beach Road, #17-04/07 The Concourse, Singapore 199555
DID: 6279 9256 | Fax: (65) 6296 2706



"In view of the revised measures for transition under Phase 2 COVID-19 restrictions effective 19 August 2021, 50% of our staff will be working from home. Please expect delays in our replies, payments and claims settlements during this period. Your understanding is greatly appreciated and we apologise for any inconvenience caused".

We are committed to acting professionally, fairly and with integrity. We do not condone bribery, fraud or corrupt practices.

From: Richmond Ho <richmond.ho@wearnes.com>
Sent: Monday, 21 February 2022 2:13 pm
To: MT_Claim_SG <mt_claim@lonpac.com>
Subject: FW: Direct Settlement For SLJ9065J & YQ614T
Importance: High

Hi

Please see attached and check if possible for direct settlement.

Richmond Ho
Senior Service Consultant
Body & Paint – Insurance Claim



Wearnes Automotive Pte Ltd
249 Alexandra Road Singapore 159935
D (65) 6430 4890 M (65) 9176 8543
www.wearnesauto.com richmond.ho@wearnes.com

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From: Richmond Ho
Sent: Thursday, 17 February 2022 5:19 pm
To: mt_claim@lonpac.com
Subject: Direct Settlement For SLJ9065J & YQ614T
Importance: High

Hi

Please see attached and check if possible for direct settlement.

Richmond Ho
Senior Service Consultant
Body & Paint – Insurance Claim



Wearnes Automotive Pte Ltd
249 Alexandra Road Singapore 159935
D (65) 6430 4890 M (65) 9176 8543
www.wearnesauto.com richmond.ho@wearnes.com

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