

**From:** Irene Tay irene.tay@sg.cntaiping.com  
**Subject:** FW: SNM22D203701/C01/SKE1927M/TAYHP / OWN DAMAGE CLAIM FOR SKE1927M  
**Date:** 16 June 2022 at 4:58 PM  
**To:** peiyong@smemotor.com.sg  
**Cc:** assignments@lkkauto.com, Admin A admin-a@lkkauto.com, Eddie Sim eddie.sim@sg.cntaiping.com



Dear Sir/Mdm (LKK),

Please proceed to get your surveyor to liaise with SME to conduct survey.

SME submitted OD CLAIM

Estimate     \$8,043.19  
Excess        \$ 750

Regards,

Irene Tay

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**From:** Claims Dept of CTI <[claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)>  
**Sent:** Wednesday, 15 June 2022 4:15 PM  
**To:** [peiyong@smemotor.com.sg](mailto:peiyong@smemotor.com.sg); Irene Tay <[irene.tay@sg.cntaiping.com](mailto:irene.tay@sg.cntaiping.com)>  
**Subject:** O/R: SNM22D203701/C01/SKE1927M/TAYHP / FW: OWN DAMAGE CLAIM FOR SKE1927M

Dear Sir,

Kindly note case handler is Irene Tay.

Dear Irene,

Fya. OD claim.

NOTICE :

In response to the escalating Covid-19 cases, please refrain from sending hardcopy documents to us as delay is to be expected for handling hardcopy documents. All correspondence should be made via email [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com) or fax at 6224 7175. Any inconvenience caused is much regretted.

Thank you

Chong Boon Sen  
Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.  
3 Anson Road #15-00 Springleaf Tower Singapore 079909  
DID: (65) 63896116 | F: (65) 62247175

W: [www.sg.cntaiping.com](http://www.sg.cntaiping.com) | FB: [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/) | WeChat: 太平狮城 Taiping SG

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**From:** [peiying@smemotor.com.sg](mailto:peiying@smemotor.com.sg) <[peiying@smemotor.com.sg](mailto:peiying@smemotor.com.sg)>  
**Sent:** Wednesday, 15 June 2022 1:15 PM  
**To:** Claims Dept of CTI <[claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)>  
**Subject:** OWN DAMAGE CLAIM FOR SKE1927M

**CAUTION:** This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi,

Forward all relevant documents to you. Kindly arrange your surveyor to inspect our client's vehicle.

Thanks

Best Regards.

Pei Ying  
SME Motor Pte Ltd  
1 Kaki Bukit Ave 6 #02-15  
AutoBay @ Kaki Bukit  
Singapore 417883  
Tel: 6747 6106 (6 lines)  
Fax: 6744 236

**From:** [ptr2@smemotor.com.sg](mailto:ptr2@smemotor.com.sg)  
**Sent:** Wednesday, June 15, 2022 1:11 PM  
**To:** [Pei Ying](mailto:peiying@smemotor.com.sg)  
**Subject:** Attached Image

**SME MOTOR PTE LTD**

1 Kaki Bukit Ave 6, #02-15@ Kaki Bukit, Singapore 417883  
TEL: 6747 6106 (6 lines) Fax: 6744 2368 Email: [service@smemotor.com.sg](mailto:service@smemotor.com.sg)  
GST:201119451E RCB NO:201119451E

**M/S :** China Taiping Insurance  
3 Anson road #16-00  
Springleaf Tower  
Singapore 079909  
**TEL:** **FAX:**  
**ATTN:** Motor Claim Department  
**Your Ref No :** 22/CN/OD-287 (06)  
**Claim Type :** OD CLAIM  
**Accident Date :** 25/05/2022

**Claim No :**  
**No :**  
**Date :** 15/06/2022  
**Policy No :** DMPCSNW00172912100  
**Veh Reg No :** SKE1927M  
**Make / Model :** BMW X3  
**Chassis No :** WBATR12020LC94375  
**Engine No :**  
**Reg. No :**

**ESTIMATE FOR VEHICLE NO: SKE1927M**

Discription	Quantity	List Price	Amount
Cost Price			S\$ S\$
1 FRT LH FENDER	1 PC	\$780.00	
2 FRT LH FENDER TRIM	1 PC	\$120.00	
3 FRT LH FENDER RIVERT	12PCS	\$60.00	
4 FRT LH SHOCK ABSORBER	1 PC	\$550.00	
5 FRT LH LOWER ARM	1 PC	\$260.00	
6 FRT LH UPPER ARM	1 PC	\$260.00	

- 7 FRT LH KNUCKLE ARM
- 8 FRT LH SPORTS RIM
- 9 FRT LH KNUCKLE BEARING

Add 15%

1 PC	\$580.00	
1 PC	\$1,900.00	
1 PC	\$480.00	
	<u>\$4,980.00</u>	
	\$747.00	<b>\$5,727.00</b>

<b>Labour</b>		
1	WIRE CHECKING	\$30.00
2	REMOVE & REFIX FRT UNDERCARRIAGE	\$250.00
3	4 WHEEL ALIGNMENT	\$80.00
4	WHEEL BALANCING	\$30.00
5	LABOUR CHARGE	\$500.00
6	SPRAY PAINTING	\$900.00
		<u>\$1,790.00</u>

Amount Before Excess	\$7,517.00
Less Excess	\$0.00
Amount Before GST	\$7,517.00
Add GST @7%	\$526.19
Total Amount Payable	<u>\$8,043.19</u>

For SME MOTOR PTE LTD

AUTHORISED SIGNATURE \_\_\_\_\_



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
ss 2B	Motorcycles <= 250 cc	01 Nov 1982
ss 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	24 Mar 1983
ss 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight < 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	26 Jun 1988
ss 5	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	26 Jul 1988

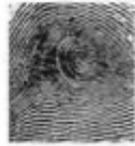
License No: S1691135F

P 428A

5459501



NRIC No: S1691135F



Date of Issue: 07-04-2015

BLK 8 MARTIN PLACE #25-01  
SINGAPORE 237992

NRIC No: XXXXX135F Date of change: 24/03/2022



SKE1927M\_250  
52022.pdf

**SATISFACTION VOUCHER**

Name & Address of Insured : .....

Name & Address of Repairers : .....

Date & Place of Accident : .....

Policy No : ..... Claim No : .....

Vehicle No : ..... Cost of Repairs : .....

I/We hereby declare that I/We have received from the aforesaid repairers my/our aforesaid Motor Vehicle in good running order and repaired to my/our entire satisfaction and in consideration of **CHINA TAIPING INSURANCE (S) PTE LTD**, settling the repair costs stated above with the said repairers I/We hereby release and discharge the said Insurers from all further obligations and liabilities under the aforesaid policy in respect of an accident involving my/our said motor vehicle on the above-mentioned date and place.

I/We agree that by virtue of such payment the said Insurers are **subrogated** to all my/our rights and remedies in respect of the damage to the said Motor Vehicle in accordance with the laws governing the Contract of Insurance.

I/We hereby grant the said Insurers the authority to use my/our name to the extent necessary to effectively exercise all or any of such rights and remedies including the right to give discharge and receipts therefor. I/We further agree to furnish the said Insurers with any assistance that they may reasonably require of me/us when exercising such rights and remedies whilst on their part they agree to indemnify me/us against liability for costs charges and expenses arising in connection with any proceedings which they may take in my./our name in the exercise of such rights and remedies.

**REPAIRERS:-**

**INSURED:-**

.....  
Company's Chop & Signature

.....  
I.C. No & Signature/Company's Chop

**WITNESS:-**

**WITNESS:-**

.....  
Name & Signature

.....  
Name & Signature

.....  
Address

.....  
Address

.....  
Date

.....  
Date