



Our Reference: **SLM2527Z/7021166**
Your Reference: **SLU480U**

By Email / Mail

05/08/2022

CHINA TAIPING INSURANCE (SINGAPORE) PTE. C/O LKK AUTO CONSULTANTS
Attn: Third Party Claim Department -

ACCIDENT INVOLVING SLM2527Z & SLU480U ON 5/11/2021.

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		\$4,380.10
Loss Of Rental	\$107.00 x 4 days	\$428.00
Others		
TOTAL		\$4,808.10

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

Insured Vehicle No.	:	SLM 25272	Model:	Megane
TP Vehicle No.	:	SLM 4804		
Date of Accident	:	5th Nov 2021		

Global Sum Settlement : ☐ YES ☒ NO

Liability : 100% (Agreed / Assessed)

Repair Estimate	:	10296.95		
Final Repair Cost	:	3952.10		
Loss of Use	:		days at	per day
Rental (If Any)	:	428.00	4 days at	107.00 (Inclusive of GST) per day
Others	:			
	:			
	:			
Final Settlement Sum	:	4380.10		

Remarks	:	
	:	
	:	

Payment Instruction: Payee's Breakdown		
1) Wearnes Automotive Pte Ltd	:	4380.10
2)	:	
3)	:	
4)	:	

SERVICE TAX INVOICE

0 - C00010	SL: CHINA TAIPING INSURANCE (SINGAPORE)
CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD	GST Reg.No:M28920628X
3 ANSON ROAD	Inv.No. . : B&P 7021166 Page 1
#16-00, SPRINGLEAF TOWER	Inv.date. : 27/07/2022
SINGAPORE 079909	WIP No. . : 54939
	Veh.In/Out: 18/07/2022 22/07/2022
	*Tel.No. . : 63896111
	Reg.No. . : SLM2527Z
Closed by : Michelle Ong Siew Be	Reg.date .: 24/03/2017
Svc Consultant : ACC	Mileage ..: 106,284
Remarks : Mr Toong Seng Ern	Chassis No: VF1RFB00656852731

Parts/Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BUMPER, REAR LOWER BUMPER,	0	550.00	0		550.00	S
800	TO BLEND AND SPRAY PAINT ON UPPER BOOTLID, OUTER BOOTLID, REAR BUMPER, BRACKETS, CLIPS, ETC.	0	1950.00	0		1,950.00	S
R06	TO REPLACE REAR NUMBER PLATE WITH HOLDER	0	60.00	0		60.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	450.00	0		450.00	S
908922947R	EMBLEM "MEGANE" REAR	1.0 EA	148.90	10		134.01	S
908895195R	LOGO REAR M4S	1.0 EA	181.30	10		163.17	S
850189193R	BUMPER PAD LOWER M4S	1.0 EA	429.30	10		386.37	S

Gross Total. 3,693.55

Labour Total 3,010.00
Parts Total 683.55
Package Total 0.00

Net..... 3,693.55
 GST @ 7.0% 258.55
 Total..... 3,952.10
 Paid..... 0.00
 Please Pay.. 3,952.10

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, Toong Seng Ern ("the third party Claimant")
of Blk 712 Yishun Ring Road #09-3442 (S) 760792 (address),
owner of ~~8114~~ SLM 25278 (vehicle no.)
hereby authorize Wearnes Automotive Pte Ltd ("The workshop")
to act for me with respect to my claim for repair costs and ~~for~~ rental ~~and~~ / or loss of use
("claim") for my Vehicle No. SLM 25278 that was damaged
pursuant to the accident which occurred on 5th Nov 2021 (date) along
Woodlands Ave 9 (location)
involving Vehicle No/s SLU 4804 ("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 15th day of Nov (month) 20 21 (year)


Signed by "the third party claimant"


Signed by "the workshop"



Petrol 1/4

RENTAL AGREEMENT

No. RA22/00360

Date: 18 Jul 2022

VEHICLE DETAILS

Vehicle No. : SLN4299M
Make : HYUNDAI
Model : ELANTRA AD 1.6 GLS AT
Out (Date & Time) : 18 Jul 2022 | 1015
In (Date & Time) : 28/7/22 1645

HIRER PARTICULARS

Name : Toong Seng Ern C/O China
Taiping Insurance Singapore
Pte Ltd
Address :
Contact No. : 81612083

MAIN DRIVER PARTICULARS

Name : Toong Seng Ern
Address : BLK 323 Yishun Central
#08-275
Singapore 760323
Contact No. : 81612083
Driving License No. :
NRIC/FIN/Passport : S7975791H
No

PAYMENT

	AMOUNT
Day: 1 days x 100.00	\$ 100.00
Week	\$ 0.00
Month	\$ 0.00
Add HRS	\$ 0.00
Subtotal	\$ 100.00
GST	\$ 7.00
Nett Amount	\$ 107.00
Security Deposit	\$ 0.00

PAYMENT DETAILS

Name on Credit Card :
Credit Card No. :
Payment Mode : Cash

REMARKS

Michelle-SLM2527Z-China Taiping (R)

No of days : 4

I have read and agree to the terms and conditions on both sides of this agreement.

I wish to be contacted via mailing for future promotions.

I wish to be contacted via SMS for future promotions.

I wish to be contacted via email for future promotions.

All information i have given Wearnes Automotive Pte Ltd in connection with this agreement is true.

p 4498

Hirer's Signature
(Affix Company Stamp)

Main Driver's Signature
(if not hirer)

Credit Card Holder's
Signature (if not hirer)

Leasing Consultant
Wearnes Representative

Tax Invoice

China Taiping Insurance (Singapore)

3 Anson Road
 #16-00
 Springleaf Tower
 Singapore 079909

Inv No. : R2200665
Inv Date : 27 Jul 2022
Ref :
Terms : 90 Days

Rental Information

Agreement No. : RA22/00360
 Billing Period : 18/07/2022 10:15 - 22/07/2022 16:45
 Driver Name : Toong Seng Ern

Car Information

Registration No. : SLN4299M
 Make : HYUNDAI
 Model : ELANTRA AD 1.6 GLS
 AT

#	Description	Qty	UOM	Unit Price	Amt
1	Being Rental Payment for the Period Stated Above	4.00	Day	100.00	400.00

Remarks:

Michelle-SLM2527Z-China Taiping (R)

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\$ 400.00
 GST 7.0% : S\$ 28.00
Total : S\$ 428.00

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.

Michelle Ong Siew Bee

From: Steve Chen (LKK Auto) <SteveChen@lkkauto.com>
Sent: Wednesday, 27 July 2022 8:37 PM
To: Michelle Ong Siew Bee
Cc: Shiau Chan (LKKAuto)
Subject: FINAL BILL for SLM2527Z
Attachments: SLM2527Z.pdf; SLM 2527 main estimate.pdf

Hi Michelle,

Finalize amount correct. Please proceed.

Thanks.

Best Regards,
Steve Chen | Automotive Assessor
LKK Auto Consultants Pte Ltd
Phone: 81117723/6256-3561 | email: stevenfoong@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Michelle Ong Siew Bee <michelle.ong@wearnes.com>
Sent: Wednesday, 27 July 2022 11:21 am
To: Steve Chen (LKK Auto) <SteveChen@lkkauto.com>
Subject: FINAL BILL for SLM2527Z

Dear Steve,

Please refer to Final Bill as attached.

Best regards,

Michelle Ong
Service Consultant
Bodyshop & Paint



Wearnes Automotive Pte. Ltd.
249 Alexandra Road Singapore 159103
M (65) 9129 4556 F (65) 6264 7137
www.wearnes.com michelle.ong@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.*

Michelle Ong Siew Bee

From: Chee So Chow <sochow.chee@sg.cntaiping.com>
Sent: Friday, 11 March 2022 9:17 AM
To: Michelle Ong Siew Bee; Claims Dept of CTI
Subject: RE: SNM21D206608C02 - Direct Settlement - Our Ref: SLM2527Z; Your Insured SLU480U DOA 05/11/2021 SNM21D206608

[Confidential]

Hi Michelle

Our apology. Thank you for pointing out the error.

It should be Liability in favour of your client.

Please proceed with direct settlement according to our surveyor's recommendation for repair cost and duration of repair.

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 or fax at [6224 7175](tel:62247175). Any inconvenience caused is much regretted.

Thanks and Best Regards

Chee So Chow
Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #15-00 Springleaf Tower Singapore 079909
Main: (65) 6389 6116 | F: (65) 6222 5879
Email : claimsdept@sg.cntaiping.com

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/ | **WeChat:** 太平狮城 Taiping SG

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From: Michelle Ong Siew Bee <michelle.ong@wearnes.com>
Sent: Friday, March 11, 2022 8:44 AM
To: Chee So Chow <sochow.chee@sg.cntaiping.com>; Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Subject: RE: SNM21D206608C02 - Direct Settlement - Our Ref: SLM2527Z; Your Insured SLU480U DOA 05/11/2021 SNM21D206608
Importance: High

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.

Dear So Chow,

54039
China
Tapping - 70

SC1G21B60003 / CHENG HOE MOTOR PTE LTD[768761]
ENTRY DATE & TIME: 06/11/2021 14:04 (SGT)
SUBMITTED BY: CHIONG BENG CHOON
VERSION: 1 (06/11/2021 14:04 (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	06/11/2021 14:04 (SGT)
Date of Accident	05/11/2021 12:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Woodlands Ave 9
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM2527Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TOONG SENG ERN
NRIC No	S7975791H
Email Address	vincenttoong@gmail.com
Mobile Phone No	(Phone) +65-81612083
Alternative Phone No	+65-81612083

VEHICLE PARTICULARS

Manufacturer	Renault
Model	MEGANE SEDAN 1.5 DCI AT EU6
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	1461

INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MP316858
Cover Note Number	24/03/21 - 23/03/22

DRIVER

Name of Driver	TOONG SENG ERN
NRIC No	S7975791H

Date Of Birth	10/12/1979
Occupation	Indoor
Date Of Driving Pass	17/11/2001
Driving experience	20 YEARS
Gender	Male
Mobile Number	(Phone) +65-81612083
Alt. Phone Number	+65-81612083
Email Address	vincenttoong@gmail.com
Address	BLK 792 YISHUN RING ROAD #09-3442
Address complement	-
Postcode	760792
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WIFE
Gender	Female

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 ATTACHED (REPAIR BY AGENT WORKSHOP)

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	SLU480U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	<input type="text"/>	<input type="button" value="X"/>
Contact Number	<input type="text"/>	<input type="button" value="X"/>
Address	<input type="text"/>	<input type="button" value="X"/>
Address complement	<input type="text"/>	<input type="button" value="X"/>
Postcode	<input type="text"/>	<input type="button" value="X"/>
Insurance Company Name	<input type="text"/>	<input type="button" value="X"/>
Nature Of Damage	<input type="text"/>	<input type="button" value="X"/>
Details of property damaged in accident	<input type="text"/>	<input type="button" value="X"/>
No. Of Passenger (Including Driver)	<input type="text"/>	<input type="button" value="X"/>

SKETCH PLAN

1. VEHICLE NO. SLM 2527Z

2. INSURER CO. HL

3. ACCIDENT
DATE & TIME: 5/1/21 12:55pm

IMPORTANT NOTICE

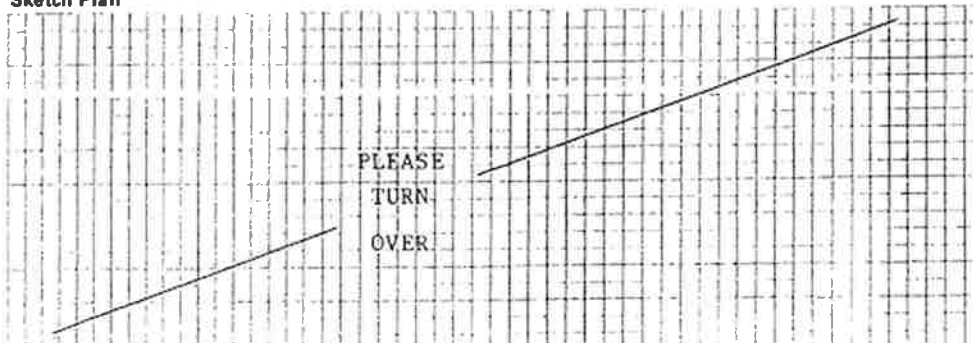
1. Please report correctly the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts 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 Reposing Centre Personnel

Sketch Plan



Woodlands Ave 7

A 8

A- SLM 25272

B- SLM 4804

Ins: HL Vch No SLM2527Z DOA: 5/11/21 12:55pm

My vehicle was stationary due to red light. SLV480W hit into my rear portion.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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

(YS) *027* 6/11/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

() Claim Own Policy () Claim Third Party () Reporting Only
(X) Claim OD/TP at other workshop (Agent Workshop)