



Our Reference: **SLJ1110P/7022053**

By Email / Mail

Your Reference: **SNB4516S**

18/05/2023

INDIA INTERNATIONAL INSURANCE PTE LTD C/O LKK AUTO CONSULTANTS

Attn: Third Party Claim Department -

ACCIDENT INVOLVING SLJ1110P & SNB4516S ON 10 Nov 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		\$9,799.69
Loss Of Rental	\$140.40 x 4 days	\$561.60
Others		
TOTAL		\$10,361.29

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	:	SLJ1110P	Model	:	LAND ROVER DISCOVERY SPORT
	:	SNB45165			
Date of Accident	:	10/11/2022			

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

Repair Estimate	:	\$ 16,903.00	
Final Repair Cost	:	\$ 9,799.69	
Loss of Use	:	\$	days at \$ per day
Rental (if any)	:	\$ 561.60	4 days at \$ 140.4 (incl of GST) per day
Others	:	\$	
	:	\$	
	:	\$	
	:	\$	
Final Settlement Sum	:	\$ 10,361.29	

Remarks: _____

Payment Instruction: Payee's Breakdown

1)	WEARNES AUTOMOTIVE PTE LTD	:	\$ 10,361.29
2)		:	\$
3)		:	\$
4)		:	\$

SERVICE TAX INVOICE

0 - I00012 SL: INDIA INTERNATIONAL INSURANCE INDIA INTERNATIONAL INSURANCE 64 CECIL ST #04-05 IOB BUILDING SINGAPORE 049711	GST Reg.No:M28920628X Inv.No. . : B&P 7022053 Page 1 Inv.date. : 21/02/2023 WIP No. . : 49689 Veh.In/Out: 09/02/2023 15/02/2023 *Tel.No. . : 6347 6100 Reg.No. . : SLJ1110P Reg.date . : 29/11/2016 Mileage . : 126,050 Chassis No: SALCA2AG9HH653983
--	--

Closed by : Juan Paulo Bongon Ba Svc Consultant : ACC Remarks : Ms Ho Pei Pei (He Be	
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Parts/Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE RR BUMPER, RR LOWER COVER, ETC REPAIR TAILGATE		0	1950.00	0		1,950.00	S
800	TO SPRAY TAILGATE, REAR BUMPER		0	2000.00	0		2,000.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES		0	621.00	0		621.00	S
LR063644	BADGE REAR "DISCO" D	1.0	EA	215.40	10		193.86	S
LR063647	BADGE REAR "VERY" DS	1.0	EA	193.20	10		173.88	S
LR062123	BADGE OVAL REAR RR3	1.0	EA	114.70	10		103.23	S
LR063663	Name Plate Sport 4HS	1.0	EA	233.10	10		209.79	S
LR128147	BUMPER - REAR	1.0	EA	2158.90	10		1,943.01	S
LR077792	BUMPER - COVER	1.0	EA	774.40	10		696.96	S
C2S6858	BUMPER NUT XF	15.0	EA	5.60	10		75.60	S
LR137638	REINFORCEMENT - BUMP	1.0	EA	791.30	10		712.17	S
LR078874	MOULDING BRACKET	1.0	EA	438.10	10		394.29	S

Gross Total. 9,073.79

Labour Total	4,571.00	
Parts Total	4,502.79	
Package Total	0.00	

Net.....	9,073.79	
GST @ 8.0%	725.90	
Total.....	9,799.69	
Paid.....	0.00	
Please Pay..	9,799.69	

GST: S=StdRated; O=OutOfScope; Z=ZeroRated; P=PreviousRate
 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

Tax Invoice**INDIA INTERNATIONAL INSURANCE**

64 CECIL ST
#04-05 IOB BUILDING
Singapore 049711

Inv No. : R2300137
Inv Date : 28 Feb 2023
Ref :
Terms : 90 Days

Rental Information

Agreement No. : RA23/00056
Billing Period : 09/02/2023 12:00 - 13/02/2023 12:00
Driver Name : Ho Pei Pei (He Beibei)

Car Information

Registration No. : SME5147Y
Make : TOYOTA
Model : LEXUS RX300 5DR SUV
(AT) (2WD) EXECUTIVE

#	Description	Qty	UOM	Unit Price	Amt
1	Being Rental Payment for the Period Stated Above	4.00	Day	130.00	520.00

Remarks:

SLJ1110P_India (LR)_Paulo

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: OCBCSGSG

Subtotal : S\$ 520.00
GST 8.0% : S\$ 41.60
Total : S\$ 561.60

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: Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>
Sent: Wednesday, 16 November 2022 1:41 pm
To: Juan Paulo Bongon Baldoz
Cc: Admin A; CS A Team; assignments; Hsiao Tong (LKKAuto)
Subject: RE: [EXTERNAL] - Direct Settlement involving vehicle SLJ1110P (Ours) & SNB4510S (Your Insured)(GRAB) DOA: 10/11/2022. *** LKK REF: CC4/GRB22011419/pa3

Follow Up Flag: Follow up
Flag Status: Flagged

WITHOUT PREJUDICE

Dear sirs,

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.

Please arrange for survey.

"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."

Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com

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

From: Juan Paulo Bongon Baldoz <juan.paulo@wearnes.com>

Sent: Tuesday, 15 November 2022 5:35 PM

To: Admin A <admin-a@lkkauto.com>; admin-d <admin-d@lkkauto.com>; SUR <sur@lkkauto.com>

Cc: Motor Claim - III <motorclaim@iii.com.sg>

Subject: RE: [EXTERNAL] - Direct Settlement involving vehicle SLJ1110P (Ours) & SNB4510S (Your Insured)(GRAB)

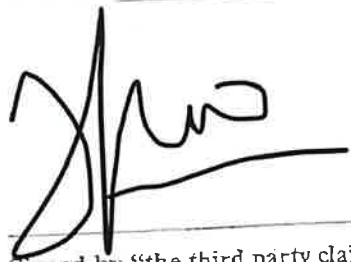
AUTHORIZATION TO ACT

I, HO PEI PEI (HE BEIBEI) ("the third party claimant")
of BLK 121 BUKIT BATOK CENTRAL #12-45 (address),
owner of SLJ110P (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. SLJ110P that was
damaged pursuant to the accident which occurred on 10/11/2022 (date) along
ALONG BUKIT TIMAH ROAD, NEAR NEWTON (location)
CIRCLUS.
involving vehicle no. SN B45165 ("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.

Dated this 11 day of 11 (month) 20 22 (year)



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



Signed by "the workshop"

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 Actual 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	11/11/2022 11:27 (SGT)
Reported by	Both
Date of Accident	10/11/2022 20:24 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG BUKIT TIMAH ROAD, NEAR NEWTON CIRCUS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ1110P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HO PEI PEI (HE BEIBEI)
NRIC No	SXXXX737B
Email Address	bluemoonbears@gmail.com
Mobile Phone No	(Phone) +65-97890707
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	LandRover
Model	DISCOVERY SPORT 2.0 SI4 HSE 7STR 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.
Policy Number / Cover Note Number	2100492438

DRIVER

Name of Driver	HO PEI PEI (HE BEIBEI)
NRIC No	SXXXX737B
Date Of Birth	05/07/1979
Occupation	Indoor

Date Of Driving Pass	11/12/2000
Driving experience	21 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97890707
Alt. Phone Number	-
Email Address	bluemoonbears@gmail.com
Address	BLK 121 BUKIT BATOK CENTRAL #10-451
Address complement	-
Postcode	650121
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	Raining
Road Surface	Wet

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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNB4510S
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG KIAN THIAM
NRIC No	SXXXX211C

WYP
49689
-TP

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date and Time of Accident

Date: 10/11/2022 Time: 20:34

Exact Location of Accident

ALONG BUKIT TIMAH ROAD

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLX110P

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)

HO PEI PEI (HE BEI BEI)

Personal Identification - NRIC (Singaporean/PR)

S7918737B

- FIN/Passport Number

- Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model

Manufacturer LK

Model

D SPORT

Type of Vehicle*

☐ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ M/cycle ☒ 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?

☐ Yes ☒ No (If No, Please select: ☒ Third Party ☐ Reporting)
☒ Private ☐ Commercial ☐ Motorcycle

Vehicle Category*

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company*

ALG

Type of Policy

☒ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only

Fleet Policy

☐ Yes ☒ No

Policy Number

2100492438

Motor CI

☒ Same as Insured above

DRIVER

Name of Driver

Personal Identification - NRIC (Singaporean/PR)

- FIN/Passport Number

Date of Birth

05 dd/ 7 mm/ 1979

Driving Date Pass

11 dd/ 12 mm/ 2020

Year of Driving Experience

Year(s)

Month(s)

☒ Indoor ☐ Outdoor

Occupation

Gender

☐ Male ☒ Female

Contact Number / Mobile Phone / Fax No.

97890707

Address of Driver	BLK 121 BUKIT BATOK CENTRAL #10-451		Postcode (650121)
Email Address	BLUEMOONBEAR20@gmail.com		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
If No, Relationship of the Driver with the Insured			
Vehicle Registration Number of Driver's Own	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Vehicle Registration Number of Driver's Own Vehicle (if applicable)			
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)	HEAD TO REAR		
Weather Conditions	<input type="radio"/> Clear <input checked="" type="radio"/> Raining <input type="radio"/> Others, _____		
Road Surface	<input type="radio"/> Dry <input checked="" type="radio"/> Wet <input type="radio"/> Others, _____		
OTHER INFORMATION			
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Was there any video captured by Car Camera?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Number of Passengers (Including Driver)	1		
DETAILS OF POLICE ACTION			
Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)		
DETAILS OF OTHER VEHICLE / PROPERTY 1			
Vehicle Registration Number	SNB45105		
Vehicle Make/ Model/ Colour	KIA		
Details of Properties			
Name of Driver	NG KIAN THIAM		
Personal Identification - NRIC (Singaporean/PR) - FIN/Passport Number	S1150211C		
Contact Number			
Address			
Name of Insurance Company			
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 willful 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' law yers/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.

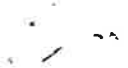
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date &
Time

Sketch Plan


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


Witnessed by Reporting Centre
Personnel


Describe Circumstances of the Accident


I was driving along Bt Timah Rd last evening. It was raining. I stopped the car as there was a car in front. KIA SJB 4510S then knocked into the back of my vehicle SLJ 1110P.

Declaration

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

Sketch Plan

Please refer to video attached.

(A) SLJ1110P

(B) SNB 4510S



11/11/2022

Policy holder & Driver Signature (SLJ1110P)

Circumstances of Accident

10 Nov 2022 20:24pm

SLJ1110P was travelling along Bukit Timah Road, near Newton Circus, going straight at the right most lane at low speed, as it was raining heavily. Most other vehicles were moving slowly as well, due to wet conditions. SLJ1110P came to a stop a distance from the car in front, as it had stopped too. SNB4510S hit SLJ1110P from behind. PIS refer to video attached.

I declare that the above is true in every aspect.



11/11/2022

Policy holder and Driver Signature (SLJ1110P)

11 NOV 2022

To : AIG, JLR and parties involved in processing the motor insurance claim.

I, Ho Pei Pei, S99187378, owner of vehicle SLJ1110P
hereby authorize my spouse William Leow, S7820628D,
to act for me in matters relating to this accident
report (for accident date 10 Nov 2022)

I am ~~not~~ unable to attend to this personally as I
am out of the country.

Thank you



11 Nov 2022

Juan Paulo Bongon Baldoz

From: Rasul (LKKAUTO) <Rasul@lkkauto.com>
Sent: Tuesday, 2 May 2023 10:04 am
To: Juan Paulo Bongon Baldoz
Cc: Hsiao Tong (LKKAUTO)
Subject: Re: TP FINALIZED - Direct Settlement involving vehicle SLJ1110P (Ours) & SNB4510S (Your Insured)(GRAB) DOA: 10/11/2022. *** LKK REF: CC4/GRB22011419/pa3

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Paulo,

We will be advising our principal a cost of repair P/P \$9,073.79. /- with 04 days of repair before GST, 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)



Save the Earth. Print only when necessary.

From: Juan Paulo Bongon Baldoz <juan.paulo@wearnes.com>
Sent: Tuesday, 2 May 2023 9:48 am
To: Rasul (LKKAUTO) <Rasul@lkkauto.com>
Cc: Hsiao Tong (LKKAUTO) <chewht@lkkauto.com>
Subject: RE: TP FINALIZED - Direct Settlement involving vehicle SLJ1110P (Ours) & SNB4510S (Your Insured)(GRAB) DOA: 10/11/2022. *** LKK REF: CC4/GRB22011419/pa3

Hi Rasul,

Refer to attachment.

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

Juan Paulo Bongon Baldoz

From: Juan Paulo Bongon Baldoz
Sent: Monday, 20 February 2023 12:52 pm
To: Rasul (LKKAUTO)
Cc: 'Hsiao Tong (LKKAUTO)'; 'Mei Kwan (LKKAUTO)'
Subject: TP FINALIZED - Direct Settlement involving vehicle SLJ1110P (Ours) & SNB4510S (Your Insured)(GRAB) DOA: 10/11/2022. *** LKK REF: CC4/GRB22011419/pa3
Attachments: SLJ1110P FINALIZED TP (INDIA).pdf; B (1).jpeg; B (2).jpeg; B (3).jpeg; S (1).jpeg; S (2).jpeg; S (3).jpeg; S (4).jpeg; S (5).jpeg; S (6).jpeg; S (7).jpeg; S (8).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 \$9,073.79 before GST (part by part). 4 days repair.

Attached before paint & after repair photos.

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: Juan Paulo Bongon Baldoz
Sent: Wednesday, 16 November 2022 2:31 pm
To: Mei Kwan (LKKAUTO) <Meikwan@lkkauto.com>
Cc: Admin A <admin-a@lkkauto.com>; CS A Team <cs-a@lkkauto.com>; assignments <assignments@lkkauto.com>; Hsiao Tong (LKKAUTO) <chewht@lkkauto.com>
Subject: RE: [EXTERNAL] - Direct Settlement involving vehicle SLJ1110P (Ours) & SNB4510S (Your Insured)(GRAB) DOA: 10/11/2022. *** LKK REF: CC4/GRB22011419/pa3
Importance: High

Hi Mei,

Noted with thanks