


Borneo Motors

Borneo Motors (Singapore) Pte Ltd
 Inchcape Bodycare Centre
 Level 4, Inchcape Centre
 2 Pandan Crescent
 Singapore 128462
 Tel: +65 6631 1855/1500
 Fax: +65 6872 7260
www.borneomotors.com.sg

Our Ref: BMS2023/03/PD0180/DS (ST)

Your Ref: CC4/LPC22012799/PA3

01/03/2023

BY HAND (INS COPY)

M/S.LONPAC INSURANCE BERHAD C/O LKK AUTO CONSULTANTS PTE LTD

Attn : Officer In-Charge

Dept : Motor Claims

RE : ACCIDENT INVOLVING SLK3488G AND YP1620Z ON 19/12/2022

Dear Officer,

We refer to the above captioned.

The accident was caused by the negligence of your insured and as a result, our client has incurred the following losses:

A. Repair Cost	- \$9,126.78	B. LTA Search	- \$2.00
C. Excess	-	D. Loss of Use	-
E. Rental	- \$982.80(\$70.20x14days)	F. Others	-
G. Medical Claims	-	Total Claim	- \$10,111.58
H. -Undertake By Claimant	<input checked="" type="checkbox"/>		

We would appreciate if you could revert to us with an offer to settlement within **8 working weeks** as required under NIMA Protocol.

Enclosed are the following documents for your kind perusal:

- | | |
|----------------------------------|---------------------------------|
| (✓) Original Tax Invoice | (X) Discharge Voucher |
| (✓) Car Rental Invoice/Agreement | (X) Original Photograph X _____ |
| (✓) GIAS/Police Report/s | (X) Original/Photocopy Survey |
| (✓) Certificate of Insurance | (✓) LTA Search Fees |
| (✓) Letter of Authority | (X) Medical Receipt |

*Cheque is to be made payable to **BORNEO MOTORS (SINGAPORE) PTE LTD** & mail it to, Inchcape Bodycare Centre Level 4, Inchcape Centre, 2 Pandan Crescent, Singapore 128462, Attn: TPR Department*

Yours faithfully,

TPR Team

Claims Service Department

F:68727260 E: claimstatusenquiry@borneomotors.com.sg

(As this is a computer generated letter, no signature is required.)



Borneo Motors

Inchcape

Co. Reg No. : 196700086Z
GST Reg No. : MR-8500000-9
No. 2 PANDAN CRESCENT
SINGAPORE 128462, Tel no.: 6631 1188



TOYOTA

TAX INVOICE

Account Details				Account No.		Customer Details			
Lonpac Insurance Berhad 100 Beach Road #19-00 Shaw Tower Singapore 189702 Attn: Ms Lily Koh/Mr Chia				S1000007 / ICLPI1		M/S Grab Rentals Pte Ltd 3 Media Close #01-03/06 Singapore 138498 Work: 65703925			
				Document No. 38069110					
				Document Date 18/01/2023					
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. / Remarks		
2016	ZVW50R	AHXEBW Q2	13/01/2017	SLK3488G	360702	19230	66TP/SLK3488G/201222		
Chassis No.		Engine No.	Terms	SA / Counter	Vehicle In		Collected On		
JTDKB3FU803540855		2ZRR981413	60	Shashitharan	22/12/2022	13.03	18/01/2023	11.38	
L	Cd	Job/Parts Description				Qty	Unit Price	Disc %	Amount
16	8	U75442-47130 PLATE, LUGGAGE COMPT				1.00	65.60		65.60
17	9	U81561-47153 LENS & BODY, RR				1.00	532.50		532.50
18	0	U81591-47011 LENS & BODY, RR				1.00	604.50		604.50
For & on behalf of Borneo Motors (Singapore) Pte Ltd		Customer's Signature		Charge Summary			Total 8,529.70		
		Please acknowledge receipt of vehicle		Parts 3,045.70			GST 7.00% 597.08		
				Labour 5,484.00					
				Sublet 0.00					
				Lubrication/Fluid 0.00			Less 0.00		
				Others 0.00			Amount Due 9,126.78		

Company Copy



Borneo Motors

Inchcape

Co. Reg No. : 196700086Z
GST Reg No. : MR-8500000-9
No. 2 PANDAN CRESCENT
SINGAPORE 128462, Tel no.: 6631 1188



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JTDKB3FU803540855	2ZRR981413	60	Shashitharan	22/12/2022 13.03	18/01/2023 11.38

L	Cd	Job/Parts Description	Qty	Unit Price	Disc %	Amount
1	Z	BP-GRAB-DS SUNDRIES - FLASH ARRIVE: DD/MM/YY 0000HR TP VEH NO.:YP1620Z ACC DATE:19/12/22 DRIVE IN:20/12/22 EXCESS: DATE-IN:22/12/22 DATE SURVEY:22/12/22 NO OF REPAIR DAYS:7 BY:rasul AUTHORISED ON:22/12/22	*			50.00
2	B	BP-LAB2 CHECK WIRIN GAND CONDUCT LEAK TEST	*			198.00
3	B	BP-LAB2 DRILL HOLE AND INSTALL REVERSE SENSOR	*			198.00
4	B	BP-LAB2 R/I INTERIOR TRIMMINGTO FAC REPAIR	*			396.00
5	Z	BP-SLANT SUPPLY SEALANT (NETT)				100.00
6	B	BP-ECU2 TO RESET ECU AND REPROGRAMME	BP61			198.00
7	B	BP-LAB2 REPL ACC AFF PART AND PANEL	*			2376.00
8	B	BP-RES2 RESRPAY ACC AFF AREA	*			1968.00
9	1	U52023-47030 REINFORCEMENT	1.00	399.90		399.90
10	2	U52159-47913 COVER, RR BUMPER	1.00	531.80		531.80
11	3	U52453-47010 GUARD, RR BUMPER,	1.00	692.30		692.30
12	4	U52169-47020 COVER, RR BUMPER,	1.00	18.50		18.50
13	5	S52161-0K040 PIECE, RR BUMPER	10.00	4.90		49.00
14	6	U75403-48010 EMBLEM SUB-ASSY,	1.00	86.00		86.00
15	7	U75441-47130 PLATE, LUGGAGE COMPT	1.00	65.60		65.60

For & on behalf of	Customer's Signature	Charge Summary	Total
Borneo Motors (Singapore) Pte Ltd			
	Please acknowledge receipt of vehicle	Parts Labour Sublet Lubrication/Fluid Others	Less Amount Due

Company Copy

Renter Details

Name	Kwek Chin Cheong
NRIC	
Driver's License	
Address	Blk 402 Choa Chu Kang Ave 3 #05-223
Date of Birth	22 Oct 1967
Telephone Number	6598238117
Mobile Number	6598238117

Vehicle Description

Vehicle Number	SLK3488G
Make & Model	Toyota Prius

Rental Period

Rental Agreement	128028
Rental Agreement Start Date	29 Jun 2022
Minimum Rental Period End Date	28 Jun 2023
Minimum Rental Period (days)	364

Rental Charges

Package Name	toyotapriushybrid_mileage_maypromo_12m_63.95_270521_grb
Promotional Rental Rates (without GST)	S\$59.77 / daily
GST amount	S\$4.18
Promotional Rental Rates (with 7% GST)	S\$63.95 / daily
Open Contract Rental Rates	Please see note below**
Deposit Collected	S\$500.00 (as at 29 Jun 2022)
Package notes	GRB fr 27 May 2021

**Note: in the case of re-contracting, the above mentioned Promotional Rental Rates will take effect only from the day after the start date of this Agreement.*

***Promotional Rental Rates applicable till end of Minimum Rental Period, Lessor reserves the right to increase Rental Rates thereafter to a Rate which it deems appropriate, and may do so on more than one occasion. Before any Rental Rate increment is implemented, Lessor will provide the Renter with 10 business days' notice through the relevant communication channels, including (but not limited to) SMS and/or messages through the Grab Driver App.*

Add-Ons (Other Charges) are listed on separate pages

Add-On

Addon Name	CDW Enhanced (\$6.25) / Excess \$200
Rate (without GST)	S\$5.84
GST amount	S\$0.41
Rate (with 7% GST)	S\$6.25
Payment Interval	daily
Type	Collision Damage Waiver
Start Date	29 Jun 2022
Total Value	Not Applicable
Terms & Conditions	<p>Where the Renter & all authorised drivers (each of which hold a valid PDVL or TDVL) are 26 years of age or older and the Renter has opted to pay CDW Charges as indicated above, the Renter shall enjoy the following Discount: (A) Renter shall only be liable to pay S\$200.00 in insurance excess (for each section) instead of the excess amount indicated in the Insurance Matters table above (Sections 1 & 2 ONLY) PROVIDED THAT the Renter fulfills all the following: - fulfilment of Minimum Rental Period - timely payment of all Rental Charges and Other Charges at all times - timely reporting of all accidents, thefts & other incidents in accordance with the Agreement - there are no accidents, thefts or other incidents occurring within the first week of rental - the Renter at all times is in full compliance with the Agreement & any other undertakings & arrangements entered into with Lessor or its affiliated entities ((A) above, a "Qualifying Incident"). The Lessor may at its sole discretion allow or disallow an incident to count as a Qualifying Incident. The above Discount may be cancelled at any time at the Lessor's sole discretion. In the case of cancellation, the CDW Charges rate shall no longer apply & instead the ER Promotion Rental Charges rate (only) shall apply (subject to the relevant terms & conditions being continually fulfilled in order for the ER Promotion Rental Charges rate to apply), & the Lessor shall hold to the credit of the Renter the amount comprised in the CDW Charges (where paid) ("Credit Amount"). The Credit Amount may be applied by the Lessor to satisfy any & all costs & payments due to the Lessor under the Agreement.</p>

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	20/12/2022 15:59 (SGT)
Reported by	Driver
Date of Accident	19/12/2022 18:10 (SGT)
Exact Location of Accident	Choa Chu Kang, Singapore
Additional Location Information	CHOA CHU KANG ROAD TOWARDS BUKIT PANJANG ROAD, BEFORE JUNCTION OF TECK WHYE AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK3488G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GRAB RENTALS PTE LTD
Company Reg No	2XXXXXX200G
Email Address	gr.sg.accident@grab.com
Mobile Phone No	(Phone) +65-90905770
Alternative Phone No	(Office) +65-66550005

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	400001194

DRIVER

Name of Driver	KWEK CHIN CHEONG
NRIC No	SXXXX080H
Date Of Birth	22/10/1967

Occupation	Outdoor
Date Of Driving Pass	01/06/1988
Driving experience	34 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98002078
Alt. Phone Number	-
Email Address	gr.sg.accident@grab.com
Address	APT BLK 488 SEGAR ROAD
Address complement	#14-574
Postcode	670488
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	Unknown
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT LODGED, REPORT NUMBER T/20221219/2092 FOR WHICH IO IN-CHARGE IS IO STEPHANIE FROM TRAFFIC POLICE (CTC: 6547 6414).

ADDITIONAL REMARKS:

ON 19.12.2022, AT OR ABOUT 1810HRS, I WAS DRIVING MY MOTORCAR BEARING REGISTRATION NUMBER SLK3488G ON THE LEFT OF TWO LANES ROAD ALONG CHOA CHU KANG ROAD TOWARDS BUKIT PANJANG ROAD AND HAD STOPPED FOR THE RED LIGHT AT THE JUNCTION OF TECK WHYE AVENUE. WHEN THE LIGHT TURNED GREEN AND AS I WAS MOVING OFF, I FELT AN IMPACT FROM THE REAR. I LATER REALISED THAT A SILVER MITSUBISHI FUSO LORRY BEARING REGISTRATION NUMBER YP1620Z HAD REAR ENDED MY CAR AS I WAS MOVING OFF.

AFTER THE ACCIDENT, THE LORRY DRIVER AND I STOPPED, TOOK PHOTOS AND EXCHANGED PARTICULARS. NO AMBULANCE OR TRAFFIC POLICE ATTENDED THE ACCIDENT. I WISH TO STATE I HAD ONE FEMALE PASSENGER AT THE MATERIAL TIME.

AFTER THE INCIDENT, I FELT PAIN OVER MY NECK REIGON AND CONSULTED A DOCTOR AT MY FAMILY CLINIC (SEGAR) AND RECEIVED 3 DAYS OF MEDICAL LEAVE FOR THE BODILY PAIN. I THEREFORE LODGED A POLICE REPORT AS REFERRED ABOVE.

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	File too big

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP1620Z
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Fuso
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Goods vehicle
Name of Driver	NAGULAN RAMASAMY
NRIC No	SXXXX472H
Contact Number	(Phone) +65-88150895
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KWEK CHIN CHEONG
Gender	Male
Phone No	(Phone) +65-98002078
Address	APT BLK 488 SEGAR ROAD
Address Complement	#14-574
Post Code	670488
Approximate Age Years Old	55
Injuries Sustained	Neck pain
Injured person in which vehicle?	SLK3488G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 in-fidelity misrepresentation or withholding of material facts may allow insurance companies to reassess 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' lawyer/law firms, the Monetary Authority of Singapore and any relevant government agency/authorities (such as the police), for the purpose(s) of:
(i) processing, handling and/or dealing with my claims including the settlement of the claim and any necessary investigations relating to the claim;
(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' lawyer/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.

<p>_____ Policyholder's Signature / Date & Time</p>	<p>_____ Driver's Signature (If driver is not the policyholder) / Date & Time 20.12.2022 @ 1009hrs</p>	<p>_____ Witnessed by Reporting Centre Personnel</p>
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Sketch Plan CHIAOCHU KANG ROAD TOWARDS BUKIT PANJANG ROAD, BEFORE TECK WHAY AVENUE

VEHICLE A: SLK3488G
VEHICLE B: YP1620Z

Describe Circumstances of the Accident

REFER TO POLICE REPORT LODGED, REPORT NUMBER T/20221219/2092 FOR WHICH IO IN-CHARGE IS IO STEPHANIE FROM TRAFFIC POLICE (CTC: 6547 6414).

ADDITIONAL REMARKS:

ON 19.12.2022, AT OR ABOUT 1810HRS, I WAS DRIVING MY MOTORCAR BEARING REGISTRATION NUMBER SLK3488G ON THE LEFT OF TWO LANES ROAD ALONG CHOA CHU KANG ROAD TOWARDS BUKIT PANJANG ROAD AND HAD STOPPED FOR THE RED LIGHT AT THE JUNCTION OF TECK WHYE AVENUE. WHEN THE LIGHT TURNED GREEN AND AS I WAS MOVING OFF, I FELT AN IMPACT FROM THE REAR. I LATER REALISED THAT A SILVER MITSUBISHI FUSO LORRY BEARING REGISTRATION NUMBER YP1620Z HAD REAR ENDED MY CAR AS I WAS MOVING OFF.

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AFTER THE INCIDENT, I FELT PAIN OVER MY NECK REIGON AND CONSULTED A DOCTOR AT MY FAMILY CLINIC (SEGAR) AND RECEIVED 3 DAYS OF MEDICAL LEAVE FOR THE BODILY PAIN. I THEREFORE LODGED A POLICE REPORT AS REFERRED ABOVE.

Declaration

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

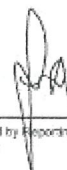
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 20.12.2022 eg 1005hrs

Witnessed by Reporting Centre Personnel



KWIEK CHIEN CHEONG



SUWA

LETTER OF AUTHORITY

ACCIDENT INVOLVING SLK3488G and YP1620Z on 19/12/22 along
Own vehicle's number Other vehicle's number Date of accident

CCK

Accident location

BY THE LETTER OF AUTHORITY, I/we, **GRAB RENTALS PTE LTD**

Name of Policy Holder & (IC/Passport/Company Registration) number

of **6 BATTERY ROAD #38-04 SINGAPORE 049909**

Address of Policy Holder

owner of Vehicle Registration No. SLK 3488G hereby appoint **BORNEO MOTORS (SINGAPORE) PTE LTD** (hereinafter refers to **BMS**), a company incorporated in Singapore and having its registered office at **NO 2 PANDAN CRESCENT SINGAPORE 128462** to do all or any of the following:

1. To submit, resolve and make any claims (including the commencement of legal proceedings) which *I/we may have against the other *party/parties to the Accident and under the insurance *policy/policies taken up by such *party/parties or **alternatively** under Insurance Policy number _____ taken up by *me/us and pay the compulsory excess in respect of the cost of repairs suffered by *me/us arising from the Accident (loss and damage).
2. To collect payment(s) due in respect of any such claim(s) for the loss and damage, such payment to be made by way of Cheque in favors of **BORNEO MOTORS (SINGAPORE) PTE LTD** and give a valid receipt and discharge, therefore.
3. For any of the purpose aforesaid, to execute, sign and deliver all documents whatsoever in relation thereto.
4. Generally, do all such acts as it shall deem necessary for the purpose of settling such claim.

*I/We hereby declare that all acts, instruments and documents done by virtue of this letter of authority on *my/our behalf shall be as good valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by *me/us in *my/our own proper person(s) and *I/we hereby ratify and confirm, all acts, instruments and documents done or executed by virtue of the authority and powers hereby conferred.


*I/We hereby further declare that **the letter of authority hereby conferred shall remain irrevocable.**

*I/We further confirm that the acceptance by **BMS** of the settlement amount in respect of such constitute the full discharge of *my/our claim(s) in respect of such loss and damage.

IN WITNESS WHEREOF, *I/we have hereunto to set *my/our hand and sign this on _____ of the month _____ Year 20____.

Signed & Delivered By:

Witness By:


(To be sign by the policy holder only)

**Please stamp the company chop for vehicle registered under a company's name


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

YP1620Z

Date of Accident

19/12/2022 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **Lonpac Insurance Bhd**Period of Insurance **13/10/2022 - 12/10/2023**Requested By **Ashlyn Chng (Borneo Motors P...**Requested Date **21/12/2022 14:52****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**