

TEO KENG SIANG LLC

Advocates & Solicitors • Notary Public • Commissioner For Oaths

111 North Bridge Road #23-01 Peninsula Plaza Singapore 179098 Tel: 6333 4222 Fax: 6333 5676/5688
ROC: 201510228C GST Reg No.: 201510228C Email: KSTEOCO@singnet.com.sg

(FAX – NOT FOR SERVICE OF COURT DOCUMENTS)

Our Ref : TKSF/A343-ACC-48438.24/sl (mc)
Your Ref : SKD 28 U
Date : 30 May 2024

Secretary in charge: Shirley

Tel : 6333 4222 (ext 59)

Fax : 6333 5676/6333 5688

Email : Shirley.loh@ksteoptr.com

To: **Liberty Insurance Pte Ltd**
One Raffles Quay
#25-01 North Tower
Singapore 048583
Attn: Motor Claims Dept

WITHOUT PREJUDICE
BY MKDAN

cc: **Andy GuoYuan Xie**
54 Gentle Road
#01-01
Singapore 309174

BY CERTIFICATE OF POSTING
(For your information only)

Dear Sirs,

RE: ACCIDENT INVOLVING SMJ 4713 T / SKD 28 U ON 28/3/24 ALONG BUYONG ROAD

We are instructed **La Rentals Pte Ltd** to claim damages against you in connection with a road accident on **28/3/24 ALONG BUYONG ROAD** involving our client's motor vehicle registration number **CLIENT'S SMJ 4713 T** and motor vehicle registration number **DEFENDANT'S SKD 28 U** driven by you or your authorised driver at the material time.

We are instructed that your negligent driving and/or management of your vehicle caused the accident. As a result of the accident, our client's vehicle was damaged and our client was put to loss and expense, particulars of which are as follows:

• Cost of Repair	\$ 4,578.00
• Pre-repair fees (\$80 x 2 days)	\$ 160.00
• Rental fees (\$109 x 5 day)	\$ 545.00
• Loss of Use (\$80 x 1 day)	\$ 80.00
• Survey fee	\$ 602.00
• LTA search fee	\$ 27.25
• Costs incl. GST	<u>\$ 872.00</u>
Total	<u>\$ 6,864.25</u>

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A copy each of the following supporting documents is enclosed:

(Please note that the enclosures will only be given to insurance company)

- GIA report of **CLIENT'S SMJ 4713 T**
- LTA search on **DEFENDANT'S SKD 28 U**
- Repairer's bill.
- Rental Invoice
- Surveyor's report.
- Photographs of damage of **CLIENT'S SMJ 4713 T** – 62 copies.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter to your insurer.

Please note that you or your insurer should send to us an acknowledgment of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully,



Teo Keng Siang LLC
encs.

Lay Auto Garage Pte Ltd

No.48 Toh Guan Road #02-103/104 Enterprise Hub Singapore 608586

Tel: 6462 5828

Name : LA Rentals Pte Ltd
Address : C/o 48 Toh Guan Road
#02-103/104 Enterprise Hub
Singapore 608586

Date : 8-Apr-24

Accident Date : 28-Mar-24

Final repair bill for vehicle no.SMJ 4713 T

To supply and replace parts, labour charges for
repairing, knocking, welding and to respray painting
(Lump Sum Repair)

	\$ 4,200.00
GST 9%	\$ 378.00
	<u>\$ 4,578.00</u>

Dollar : Four Thousand Five Hundred And Seventy Eight Only



LAY AUTO LEASING PTE LTD

48 TOH GUAN ROAD EAST #02-103/104 SINGAPORE 608586

TEL: 6518-4543 FAX: 6468-1179

Company & GST Registration No : 201310521C

TAX INVOICE

Bill To:

LAY AUTO GARAGE PTE LTD

48 TOH GUAN ROAD EAST

#02-103/104

SINGAPORE 608586

Tel:

Invoice No : TPSMJ4713T28032024

Date : 28-Mar-2024

Terms : C.O.D

Description	Qty	Rate	Amount
REPLACEMENT SMK8260B HONDA SHUTTLE HYBRID RENTAL 100/DAY PERIOD: 02.04.2024 - 06.04.2024 DOA: 28.03.2024 SMJ4713T (HONDA SHUTTLE) OEI HEAN SHU (S7436595G)	5	\$100.00	\$500.00
GST Details :		Sub-Total	\$500.00
Taxable supplies	GST 9%	GST 9%	\$45.00
\$500.00	\$45.00	Total Amount	\$545.00

Mode of payment

Cheque : All cheque issue must be in favour of "Lay Auto Leasing Pte Ltd"

Bank transfer:

MAYBANK Current, 0406-1012-409

PAYNOW: Enter UEN 201310521C

Signed for & behalf of

Agreed & Accepted by

Authorized Signature

Chop(If any)/Sign:

NRIC No.

Prepared by : Esther

*No assurance on vehicle mileage accuracy

MC-COY

APPRAISER PTE LTD

No. 1 Kaki Bukit Ave 6 #01-28 AutoBay @ Kaki Bukit Singapore 417883
Tel: 6748 6653 Fax: 67471017 Registration No: 200723252D

Invoice No 24001-04/MY

Billing Name & Address

Date 8 Apr 2024

LA Rentals Pte Ltd
C/o 48 Toh Guan Road
#02-103/104 Enterprise Hub
Singapore 608586

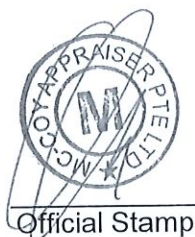
Vehicle No : SMJ 4713 T

Model : Honda Shuttle

Item	Descriptions	Amount S\$
1	Date of inspection : <u>2 Apr 2024</u> A copy of the inspection / survey report Correspondence, postages and etc.	
2	Photography Services - Develop photographs - Storage of digital photographs - Submission of photographs <u>62</u> copies	
3	Transportation Charges	
4	2nd Inspection & Final Inspection	
	Total	<u>\$ 602.00</u>
	SDLS : SIX HUNDRED AND TWO ONLY	

Notes :

1. All cheque payment should be "Crossed" and made payable to "Mc-Coy Appraiser Pte. Ltd."
2. All cheque should have our "Invoice No." written on the reverse side of the cheque
3. For further enquiries on this invoice, please feel free to contact us



E & O. E



No. 1 Kaki Bukit Ave 6 #01-28 AutoBay @ Kaki Bukit Singapore 417883
Tel: 6748 6653 Fax: 67471017 Registration No: 200723252D

Report Reference : **TP / 24001-04/MY / 2024**
Date of Report : **8 Apr 2024**

LA Rentals Pte Ltd
C/o 48 Toh Guan Road
#02-103/104 Enterprise Hub
Singapore 608586

THIRD PARTY SURVEY
ACCIDENT HAPPENED ON 28 Mar 2024

Workshop Address : Lay Auto Garage Pte Ltd
No.48 Toh Guan Road
#02-103/104 Enterprise Hub
Singapore 608586

As per your instruction dated **2 Apr 2024** with regard to the above matter. We have
carried out a physical inspection on the said vehicle **SMJ 4713 T**. We enclosed herewith
our report and findings as follows:

1. VEHICLE PARTICULARS

Registration No	: SMJ 4713 T	Engine No	: LEB7105966
Model	: Honda Shuttle	Mileage	: 135909
Year / Capacity	: 2019/1496	Colour	: Silver
Chassis No	: GP72004606		

2. TYRES CONDITION

	<u>Size</u>	<u>Made</u>	<u>Balance</u>		<u>Rim</u>
FRONT O/S	: 195/65 R15	Triangle	5.00	mm	Normal
REAR O/S	: 195/65 R15	Triangle	5.00	mm	Normal
FRONT N/S	: 195/65 R15	Triangle	5.00	mm	Normal
REAR N/S	: 195/65 R15	Triangle	5.00	mm	Normal



No. 1 Kaki Bukit Ave 6 #01-28 AutoBay @ Kaki Bukit Singapore 417883
Tel: 6748 6653 Fax: 67471017 Registration No: 200723252D

3. DESCRIPTION OF DAMAGES

At the time of inspection, we noted that the vehicle has sustained an impact damages on the rear portion(s). For more detail of the damages, please see photograph attached.

4. Estimated normal period of repair : 6 working days to complete.
5. Enclosed number of photograph : 62 copies.
6. In accordance to your instruction, we have **Not Authorised** repair to the vehicle and the survey was done on a **"Without Prejudice"** basis. We hope that this report will be of assistance to you in dealing with the matter.
7. Should you discover any discrepancy in the report, please kindly notify us **within 2 weeks**, or the report will be treated as correct.

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicles and/or other accidents in other legal proceedings.

Vehicle No: **SMJ 4713 T**
 Report No: **TP/ 24001-04/MY / 2024**

SPARE PARTS

Qty	Parts Description	Condition	Workshop's Estimation	Our Revised Estimation
<u>List Items</u>				
1	Rear windscreen moulding	Necessary	\$ 95.60	\$ 95.60
1	Rear tailgate	Damage	\$ 1219.00	\$ 1219.00
2	Rear tailgate dampers	Intact	\$ 330.00	\$
1	Rear tailgate inner board	Intact	\$ 320.00	\$
1	Rear tailgate lock	Damage	\$ 226.50	\$ 226.50
1	Rear tailgate rubber	Damage	\$ 168.50	\$ 168.50
1	Rear tailgate 'SHUTTLE' emblem	Necessary	\$ 69.00	\$ 69.00
1	Rear tailgate 'HYBRID' emblem	Necessary	\$ 45.00	\$ 45.00
1	Rear end panel	Damage	\$ 560.80	\$ 560.80
1	Rear end panel inner garnish	Damage	\$ 155.50	\$ 155.50
1	Rear bumper	Damage	\$ 1072.50	\$ 1072.50
2	Rear bumper reflectors	Intact	\$ 148.20	\$
2	Rear bumper side retainers	Necessary	\$ 75.00	\$ 75.00
			<u>\$ 4485.60</u>	<u>\$ 3687.40</u>
	Discount	20.0%	\$ 897.12	\$ 737.48
			<u>\$ 3588.48</u>	<u>\$ 2949.92</u>
<u>Special Nett Items</u>				
1	Rear windscreen sealant	Necessary	\$ 100.00	\$ 60.00
1	Rear bumper clip (1 set)	Necessary	\$ 39.00	\$ 39.00
1	Rear reverse sensor (1 set)	Damage	\$ 320.00	\$ 280.00
			<u>\$ 459.00</u>	<u>\$ 379.00</u>

Spare Parts Total \$ 4047.48 \$ 3328.92

Vehicle No: **SMJ 4713 T**
Report No: **TP/ 24001-04/MY / 2024**

LABOUR COST

S/No	Job Descriptions	Workshop's Estimation	Our Revised Estimation
	Spare Parts Total c/f	\$ 4047.48	\$ 3328.92
1	To disconnect and reconnect, check electrical wiring, harness wires, sockets, replace damaged parts.	\$ 50.00	\$ 40.00
2	To remove and refit inner trims, inner garnishes, to facilitate the repairs.	\$ 160.00	\$ 80.00
3	To remove and refit rear bumper sensor.	\$ 150.00	\$ 80.00
4	To remove and refit rear windscreen glass.	\$ 180.00	\$ 150.00
5	To remove and replace the above damaged parts, straighten, knock out, realign and repair including cut and weld body panels. To re-adjust to the original position using power tools.	\$ 1100.00	\$ 750.00
6	To spray paint on the replaced and repaired parts, prepare spray such as masking tape the unaffected areas with paper, cleaning and sanding of surfaces, final polishing and waxing are also available.	\$ 1100.00	\$ 750.00
7	To apply undercoating on the repaired and replaced panels for rust protection.	\$ 100.00	\$ 60.00
Total		<u>\$ 6887.48</u>	<u>\$ 5238.92</u>

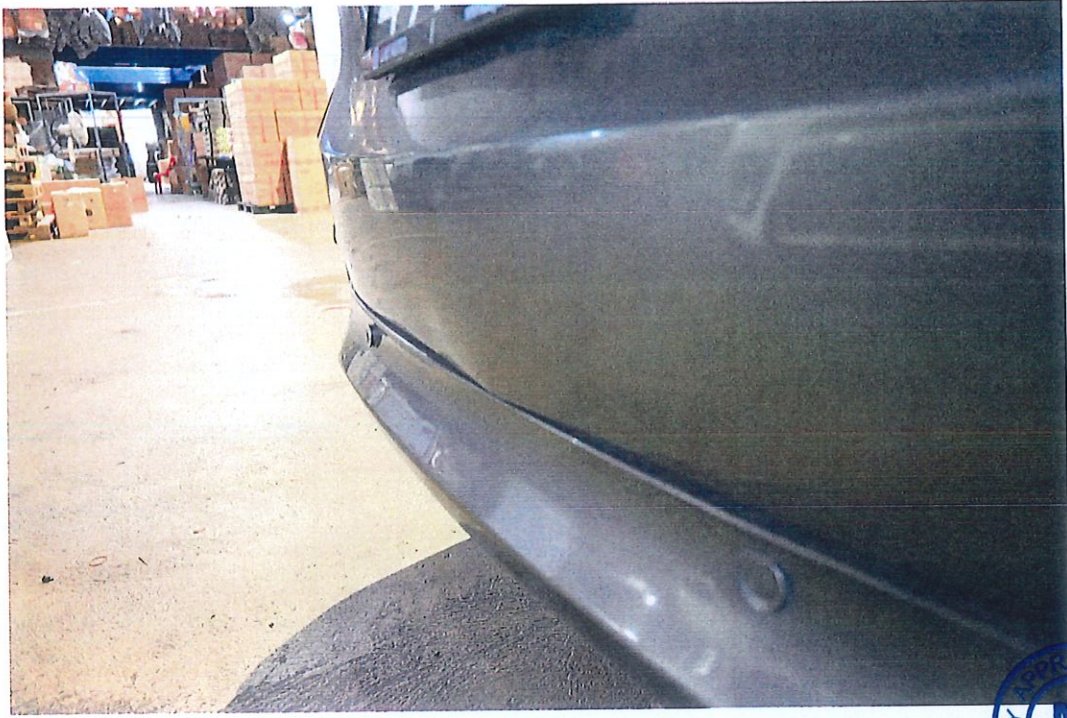
The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a Lump Sum Repair Contract of:

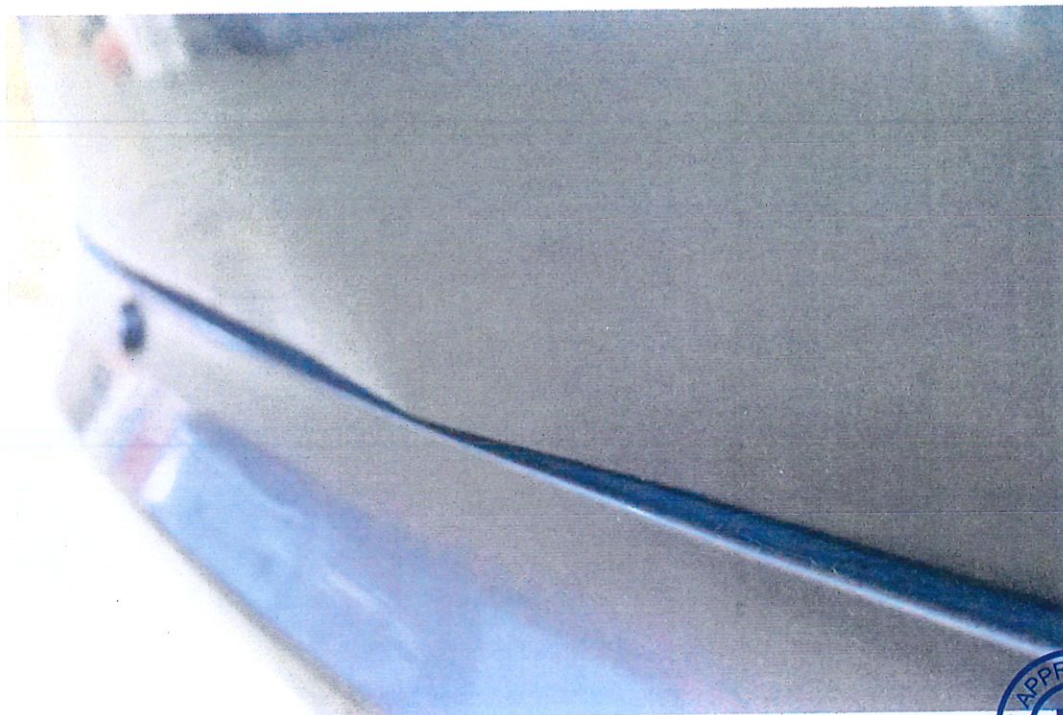
\$ **4200.00**

SDLS: FOUR THOUSAND TWO HUNDRED ONLY

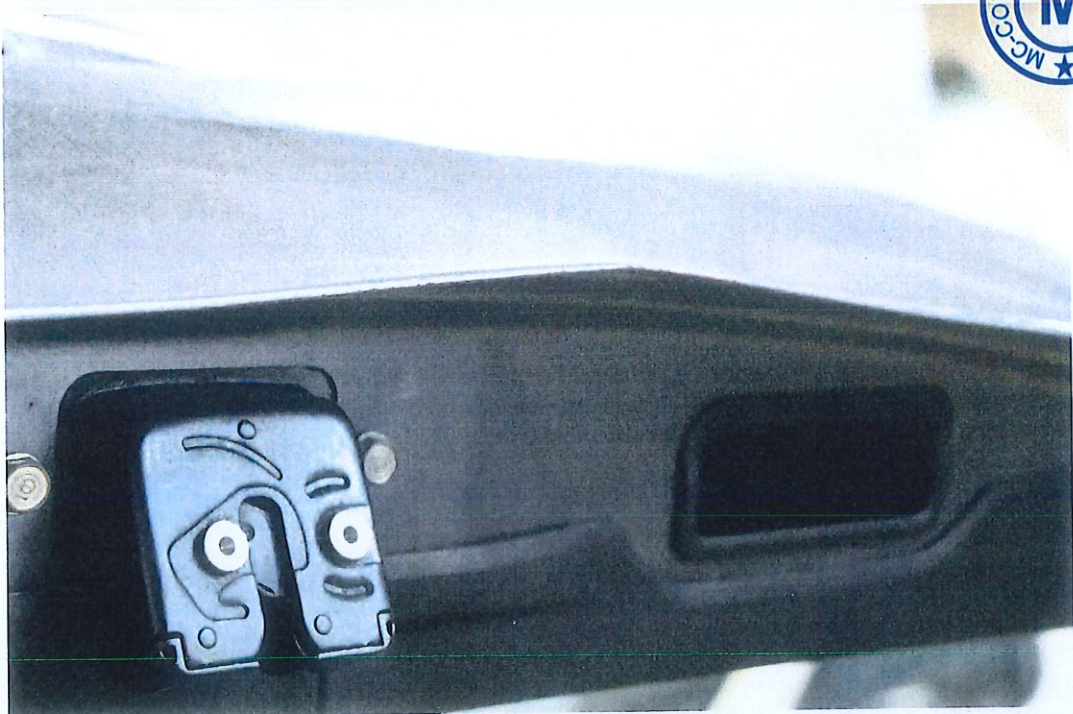

Qualified Appraiser



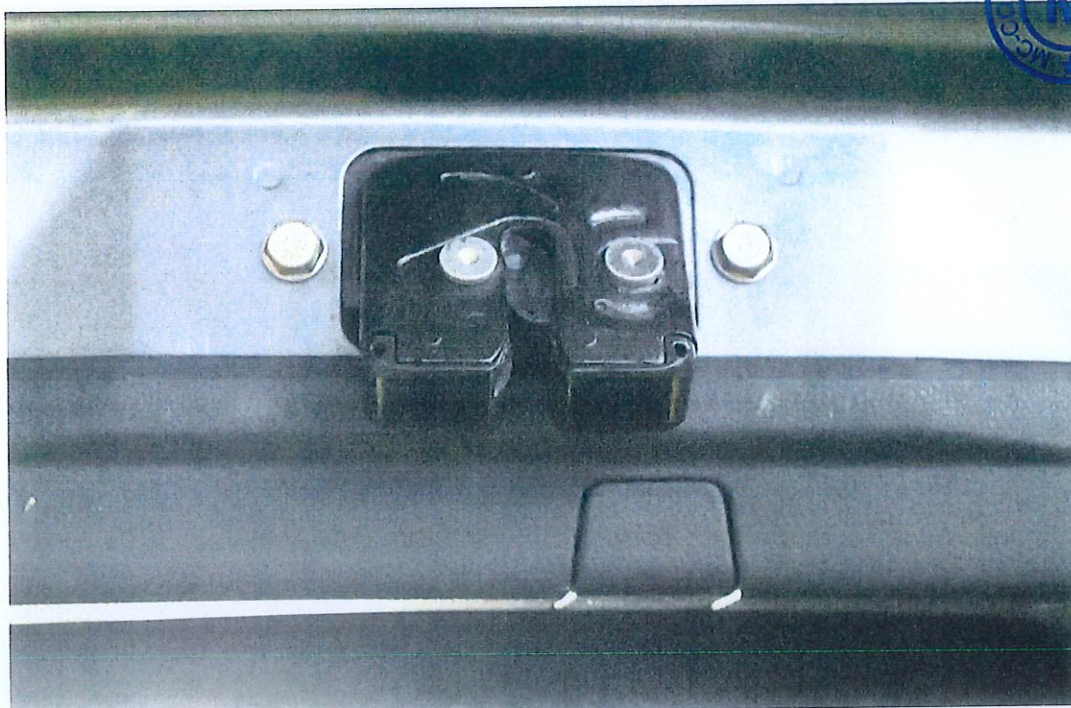
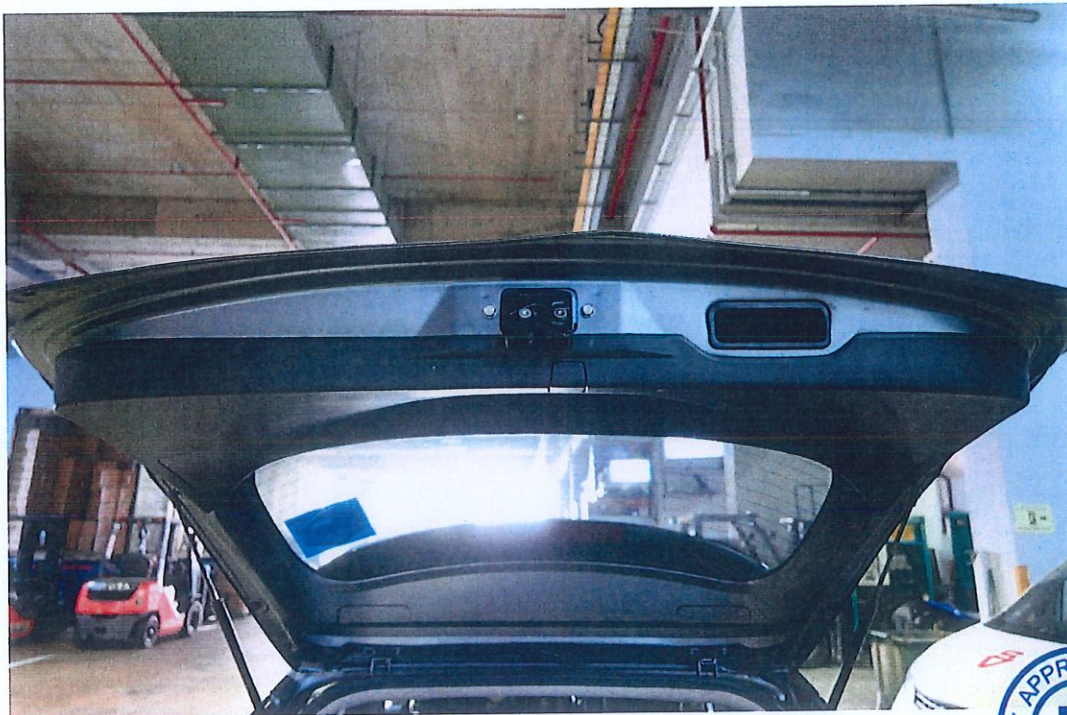






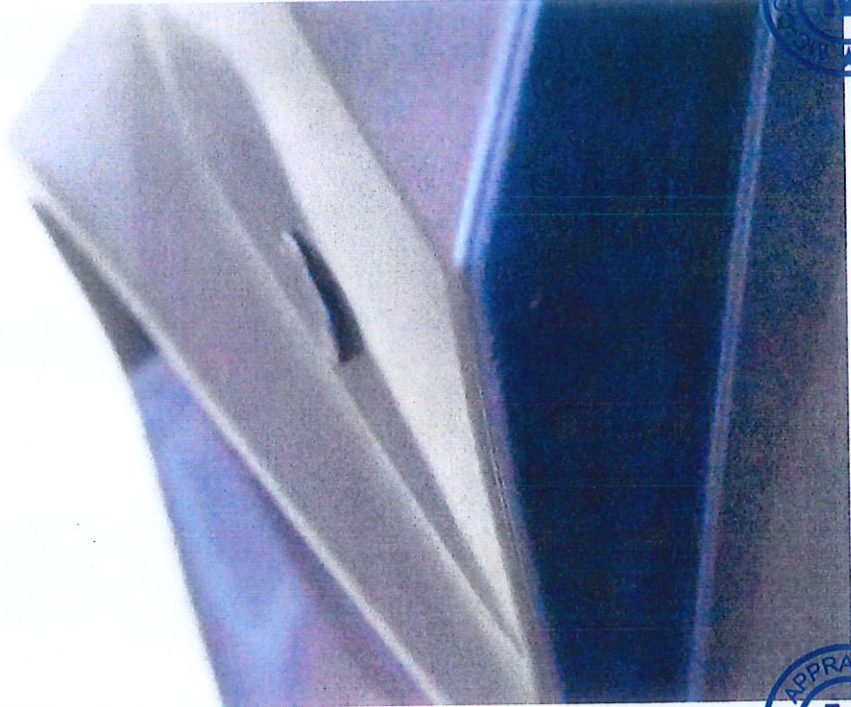






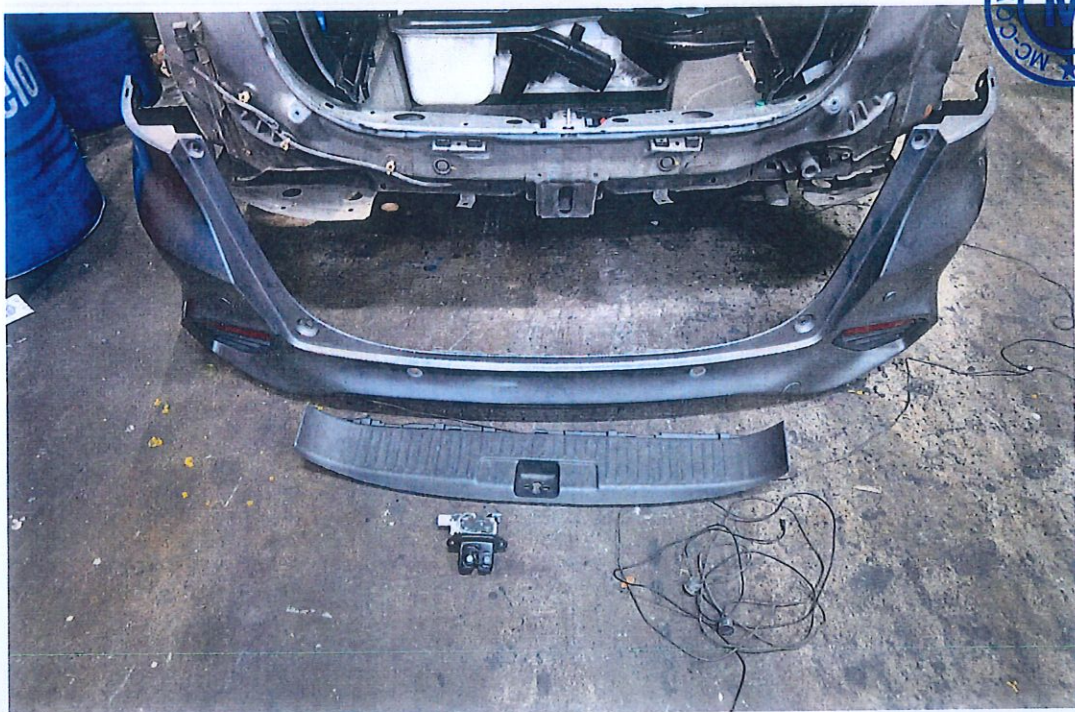
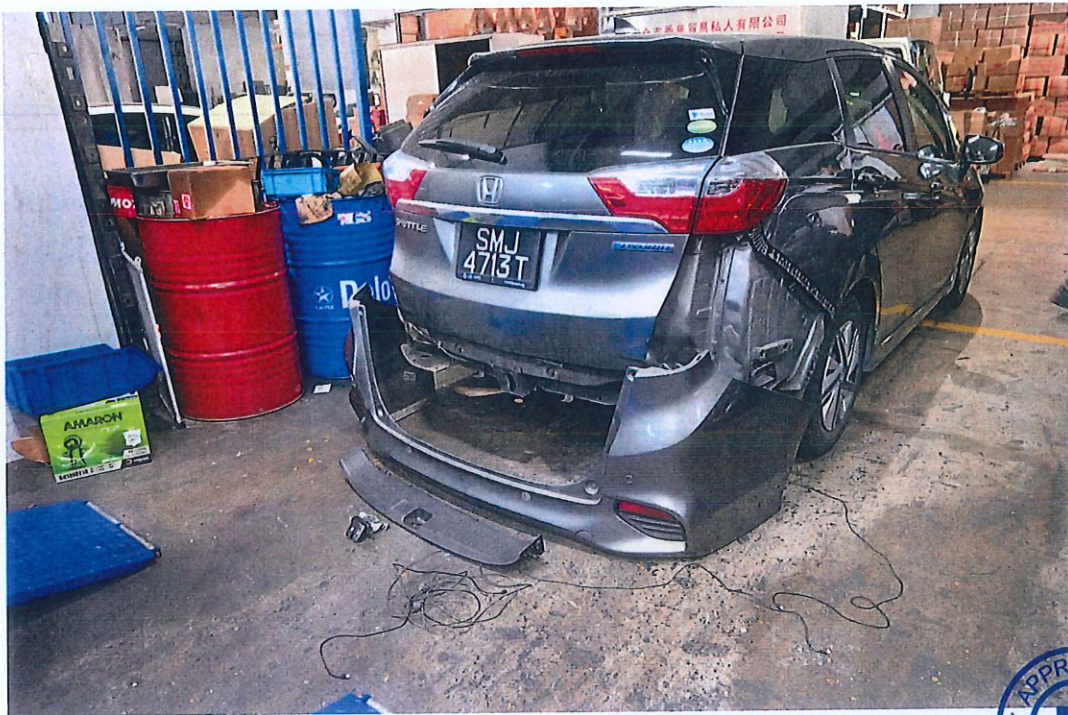


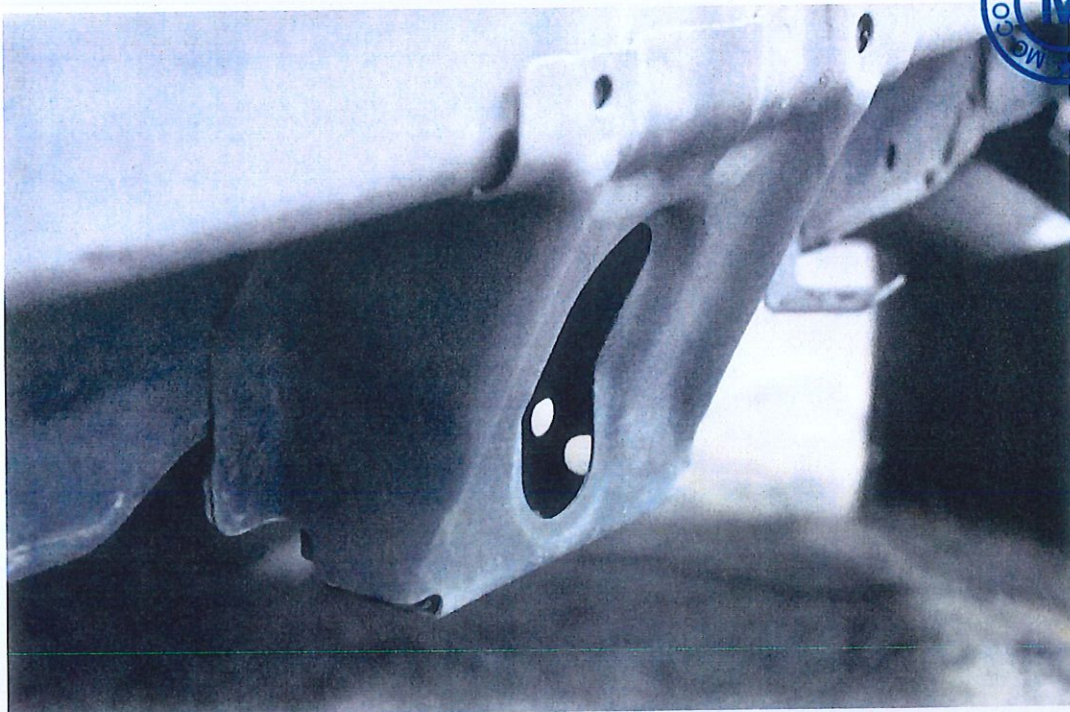
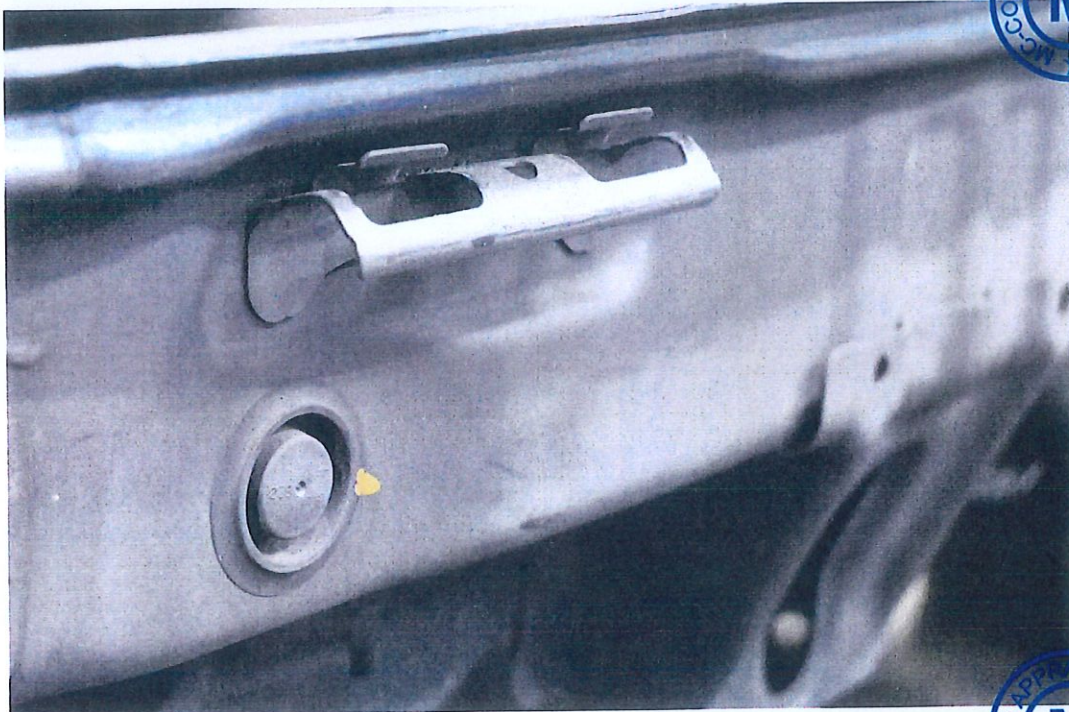


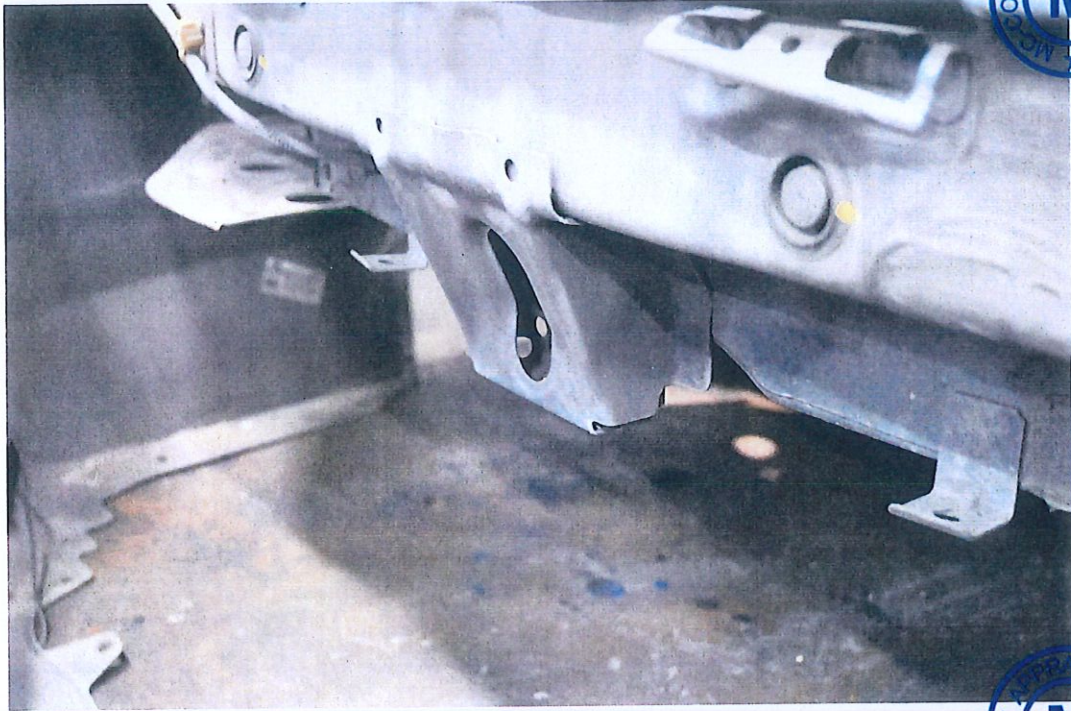
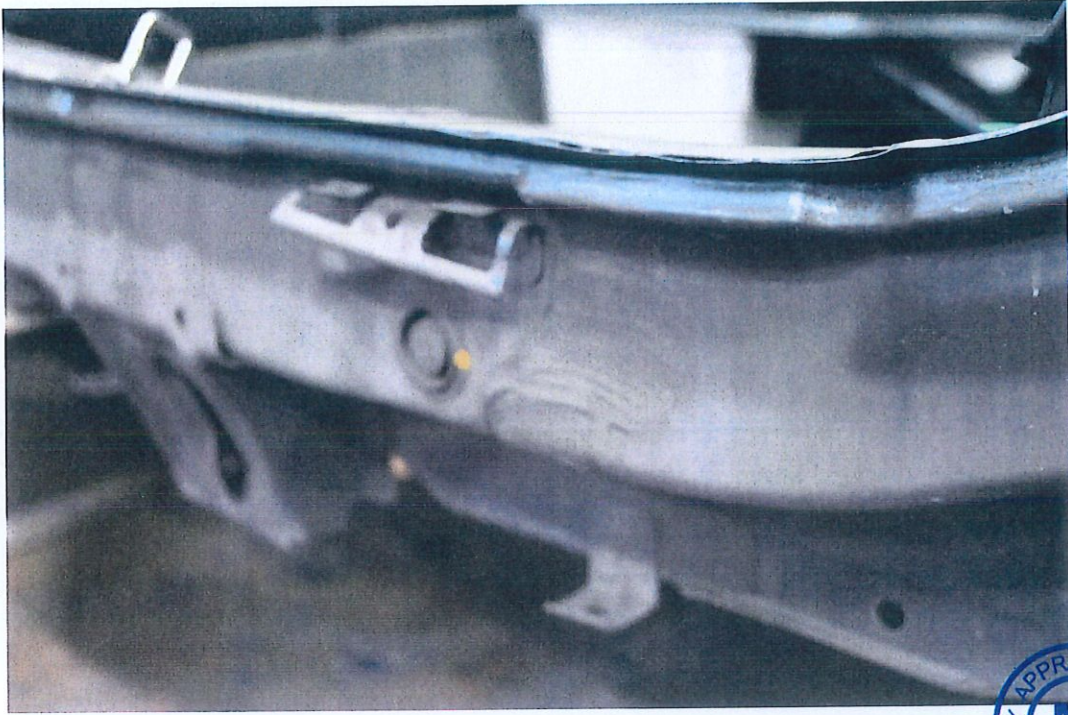


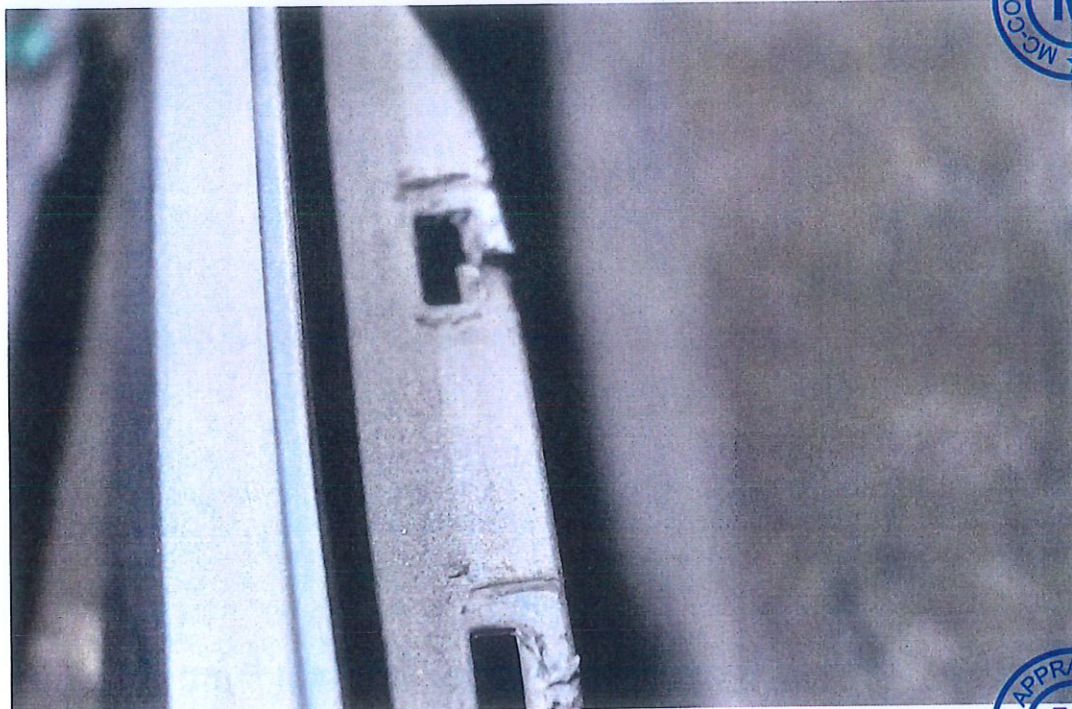
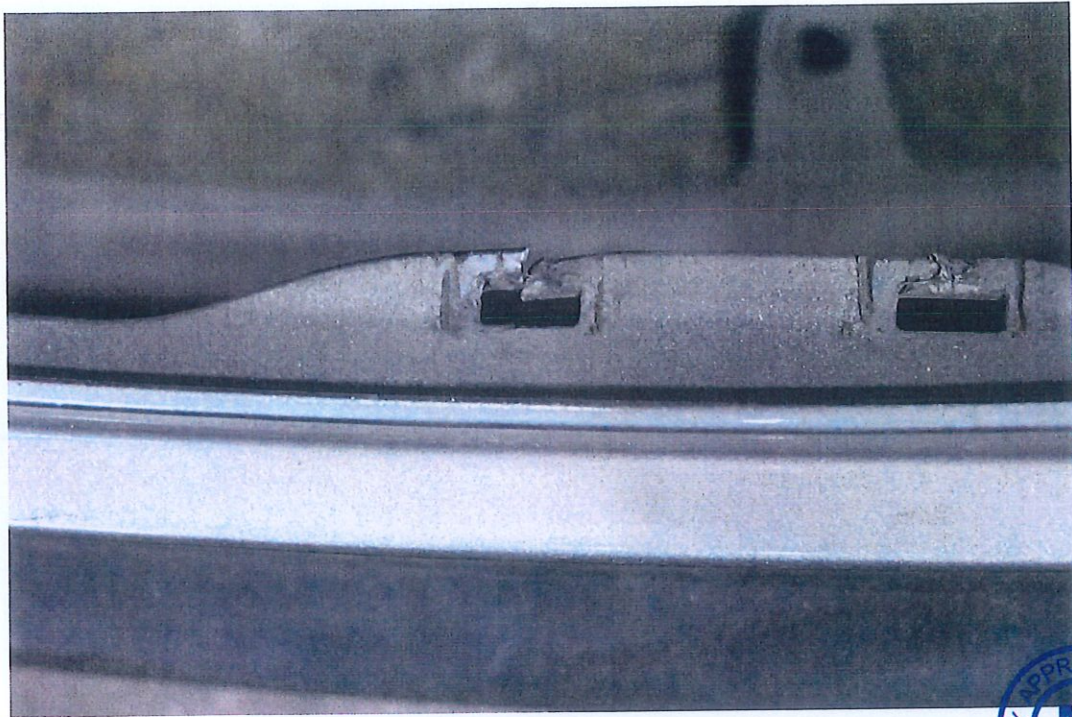


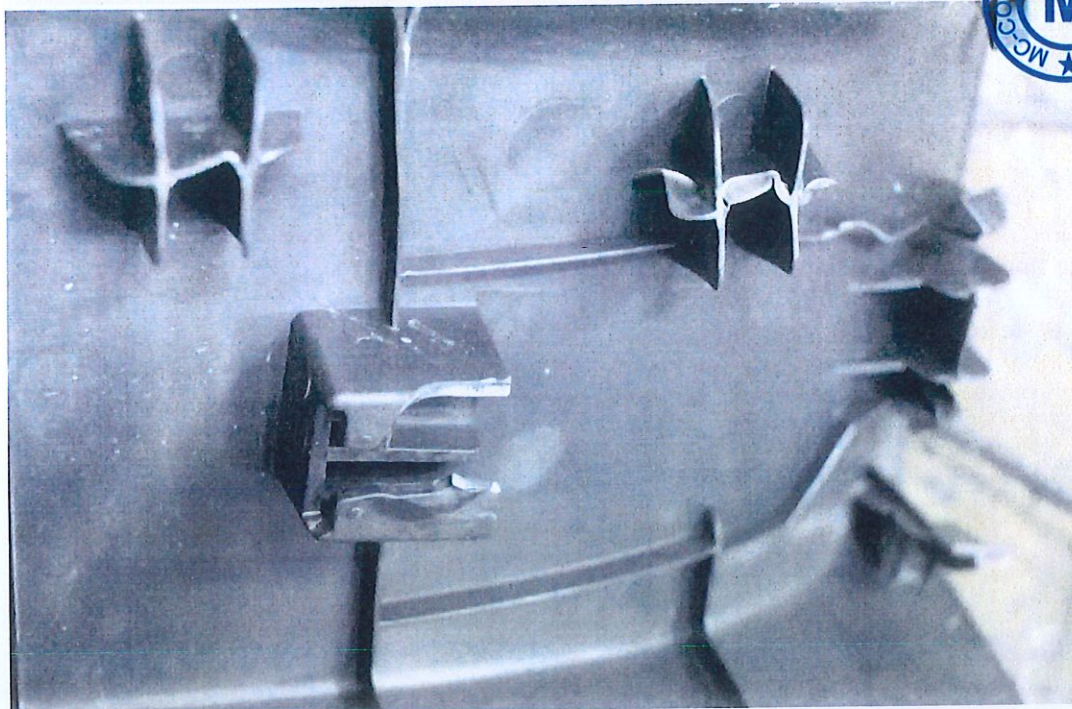


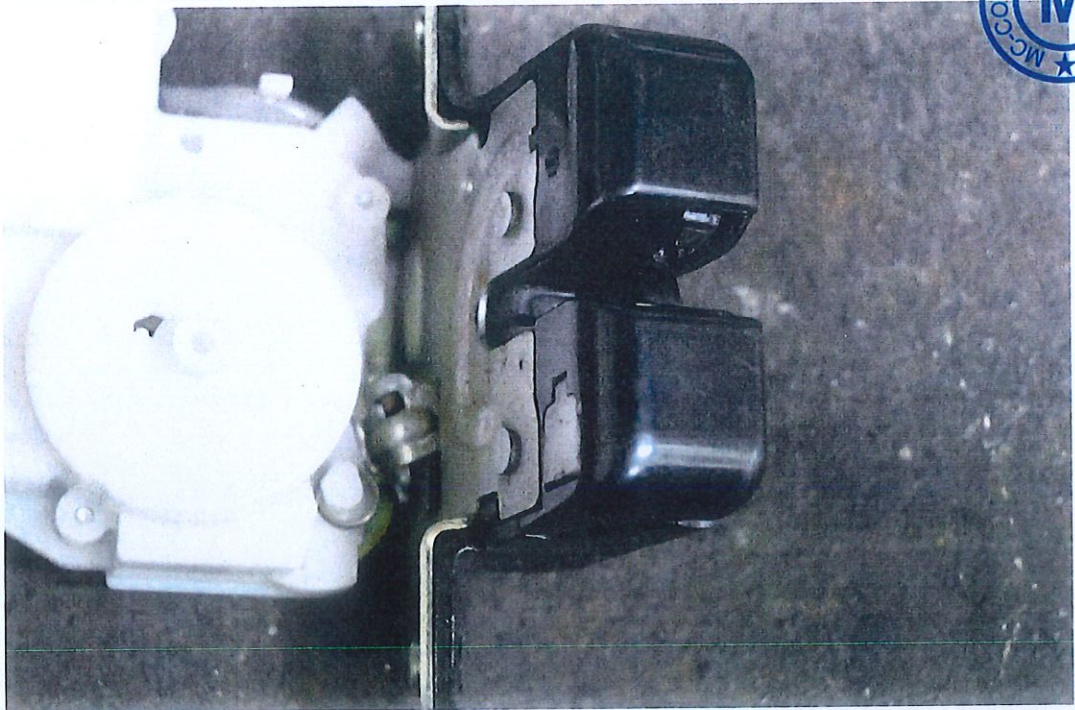
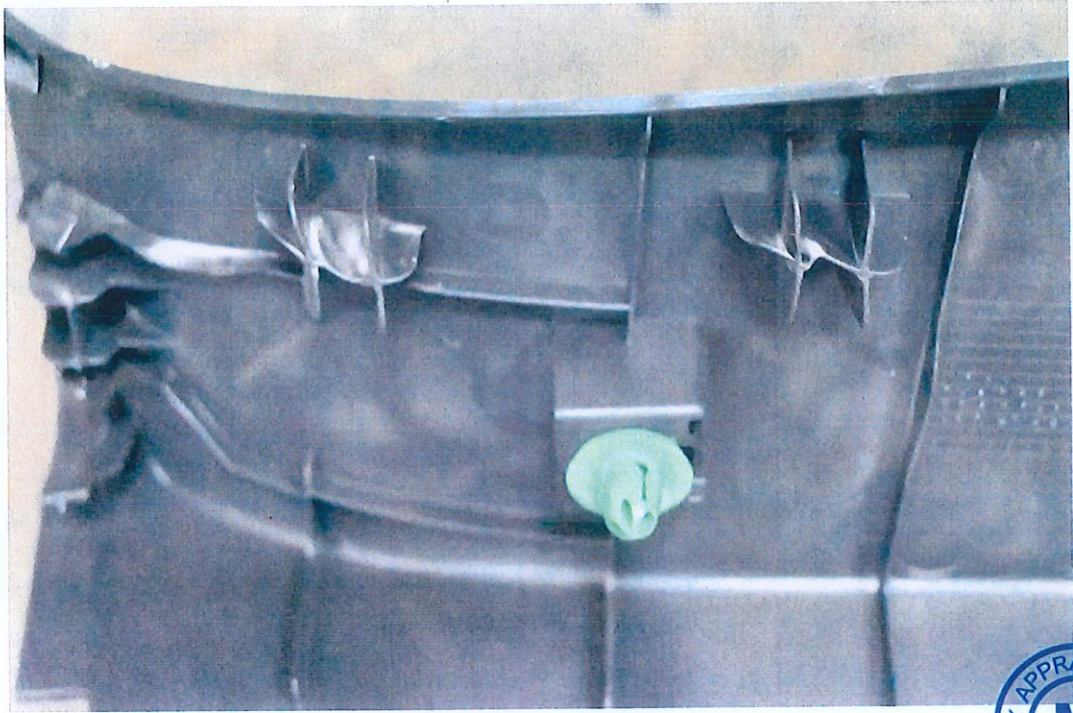




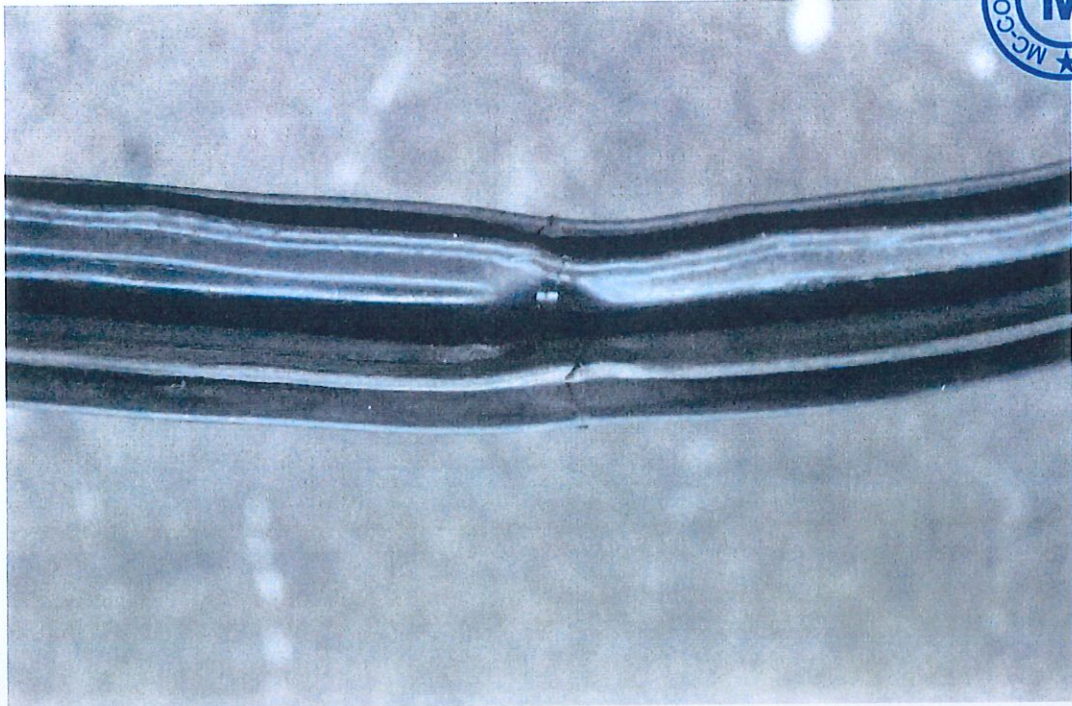














SINGAPORE ACCIDENT STATEMENT

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 First Submission	28/03/2024 13:13 (SGT)
Reported by	Actual Driver
Date of Accident	28/03/2024 10:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUYONG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ4713T

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LA RENTALS PTE LTD
Company Reg No	201838059Z
Email Address	FIONA@LAYAUTO.COM
Mobile Phone No	(Phone) +65-87973443
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5134078288-01

DRIVER

Name of Driver	OEI HEAN SHU
NRIC No	S7436595G
Date Of Birth	01/11/1974
Occupation	Outdoor

Driving Pass Date	07/07/1999
Driving experience	24 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94773382
Alt. Phone Number	-
Email Address	MHS.OEI@GMAIL.COM
Address	BLK 409 JURONG WEST STREET 42 #02-913
Address complement	-
Postcode	640409
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?	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
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD28U
Vehicle Manufacturer	Porsche
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	JASON
Contact Number	(Phone) +65-92966696
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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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 Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Describe Circumstance of the Accident

On 28/3/24 at 1025hrs, as I was along Burying Pond, STD28U suddenly hit onto my rear. I was stationary along Burying Pond when STD28U hit onto my rear.

Declaration

I hereby declare the foregoing particulars are true in every respect.



28/3/24 1155

Policyholder's Signature / Date & Time

[Signature] 28/3/24 1305

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

MUHAMMAD HALIS SIMH BANS &

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Enquire Vehicle Owner Details (As At 28 Mar 2024 / 10:25:00)

Vehicle Owner Details

Owner ID Type:	Owner ID:
Foreign Identification Number	F2654973Q
Owner Name:	Registered Address Type:
ANDY GUOYUAN XIE	HDB / HUDC
Registered Block/House No.:	Registered Street Name:
54	GENTLE ROAD
Registered Unit No.:	Registered Building Name:
# 01 - 01	-
Registered Postal Code:	
309174	

Vehicle Insurance Details

Vehicle No.:	Make Description/Model:
SKD28U	PORSCHE / TAYCAN 4+1
Insurance Company Name:	
LIBERTY INS P L	

Enquire Vehicle's Insurance Particulars (As At 28 Mar 2024 / 10:25:00)

Vehicle No.:

SKD28U

Make Description/Model:

PORSCHE / TAYCAN 4+1

Insurance Company Name:

LIBERTY INS P L

Business Transaction Reference No.:

20240328171402847323

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Enquire Vehicle Info Search Transaction History

Transaction History Details

Log Date/Time:	28 Mar 2024 / 17:14:02		
Asset Type:	Vehicle	Transaction Amount:	\$27.25
Asset ID:	SKD28U		
Transaction Type:	18.19 Enquire Veh Owner Info (Others) by Law Firm	Channel:	Internet
User ID:	201510228C	Business Transaction Reference No.:	20240328171402847323

As at Date of Search: 28 Mar 2024
As at Time: 10:25:00
Vehicle No.: SKD28U
Search Reason: -
Information displayed is correct as at the log date and time.

Enquire Related Logs OK