

AP LAW PRACTICE LLC

(UEN No. 201939937D)

(GST Registration No. 201939937D)

151 Chin Swee Road

#10-03/05 Manhattan House

Singapore 169876

Tel: +65 6955 8899

Fax: +65 6900 9899

WhatsApp: +65-9171-4767

Email: caroline@apl.com.sg

We do not accept service of Court documents by fax.

Our ref: AP/2024/005898/

Your ref: SLR3789B

Date: 17 April 2024

Secretary in charge: Caroline

Secretary's email: caroline@apl.com.sg

HOE KAR LIM

Blk 101 Hougang Avenue 1

03-1145

Singapore 530101

**China Taiping Insurance (Singapore) Pte Ltd
Insurer of SLR3789B**

3 Anson Road

#16-00 Springleaf Tower

Singapore 079909

Your Ref: SLR3789B

Attn: Motor Claims Department

By POST**(Without attachments)****By EMAIL****(With attachments)**

Dear Sirs,

WITHOUT PREJUDICE**CLAIM ARISING FROM A ROAD TRAFFIC ACCIDENT ON 24 FEBRUARY 2024 AT ABOUT 2000 HRS INVOLVING MOTOR VEHICLES NO(S). FT7719M AND SLR3789B ALONG WHAMPOA SOUTH INTO BENDEMEER ROAD**We act for **TMS BIKES PTE LTD**, owner of **FT7719M**.We are instructed by our client to claim damages against you/your insured in connection to the above-mentioned road traffic accident between our client and your/your insured's vehicle **SLR3789B**.

We are instructed that the above-mentioned road traffic accident was caused by your/your insured's negligence / the negligence of your authorised driver in the driving, management and/or control of your/your insured's vehicle.

As a result of the abovementioned road traffic accident, our clients' vehicle was damaged and our clients has been put to loss and expense, particular of which are as follows:

COSTS OF REPAIR**\$ 3,000.00****LOSS OF USE/RENTAL****\$ 600.00**

- Pre-repair \$150.00
(03 days including intervening weekend @ \$50.00 per day)
- Loss of use during repair works \$450.00
(09 days including intervening weekend @ \$50.00 per day)

Our Legal Costs with GST (At this stage)**\$ 1,635.00**

Disbursements (To-date)**\$ 766.50**

1.	Survey Report Fees	\$ 572.00
2.	GIA / LTA searches fee	\$ 31.00
3.	Other Incidentals with GST	\$ 163.50

Total \$ 6,001.50

We enclose herewith the following supporting documents for your attention:

- a. Our client's Singapore Accident Statement;
- b. Copy of repair bill from our client's workshop;
- c. Copy of our client's surveyor report;
- d. Copy of the survey report tax invoice;
- e. Copies of receipts for GIA / LTA searches;

In compliance with the pre-action protocol under the State Courts' Practice Direction 37, we had notified your insurer of the above-mentioned road traffic accident and to the best of our knowledge, your insurer had arranged for the pre-repair inspection of our client's vehicle.

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

Please note that you or your insurer should send to us an acknowledgement of receipt to us within fourteen (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 a counterclaim against our client arising out of the above-mentioned accident, you are required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within eight (8) weeks of your receipt of this letter

*Should you fail to acknowledge receipt of this letter within fourteen (14) days, our client may commence Court proceedings against you without further notice to you or your insurer. For the avoidance of any doubt, **this letter serves as notice under Section 9(3) of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189)** of our client's intention to commence proceedings against you and/or your authorised driver.*

Yours faithfully,



A P LAW PRACTICE LLC
enc

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	26/02/2024 13:31 (SGT)
Reported by	Actual Driver
Date of Accident	24/02/2024 20:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WHAMPOA SOUTH INTO BENDEMEER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT7719M
-----------------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TMS BIKES PTE. LTD.
Company Reg No	202127067R
Email Address	TMSLEASING0919@GMAIL.COM
Mobile Phone No	(Phone) +65-91267520
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Fzn150
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	Motorcycle
Transmission	Manual
CC	150

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5123378900-02

DRIVER

Name of Driver	THIYAGARAJAN SIVARAJAN
Passport No/FIN	G8781402K
Date Of Birth	28/06/1995
Occupation	Indoor

Driving Pass Date	04/01/2022
Driving experience	2 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-85958804
Alt. Phone Number	-
Email Address	TMSLEASING0919@GMAIL.COM
Address	BLK 1112A SERANGOON ROAD
Address complement	-
Postcode	328201
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)	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?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT,

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	SLR3789B
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	HOE KAR LIM
NRIC No	S6870716A
Contact Number	(Phone) +65-92993760
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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

21/2/24 1310

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

T. Shin

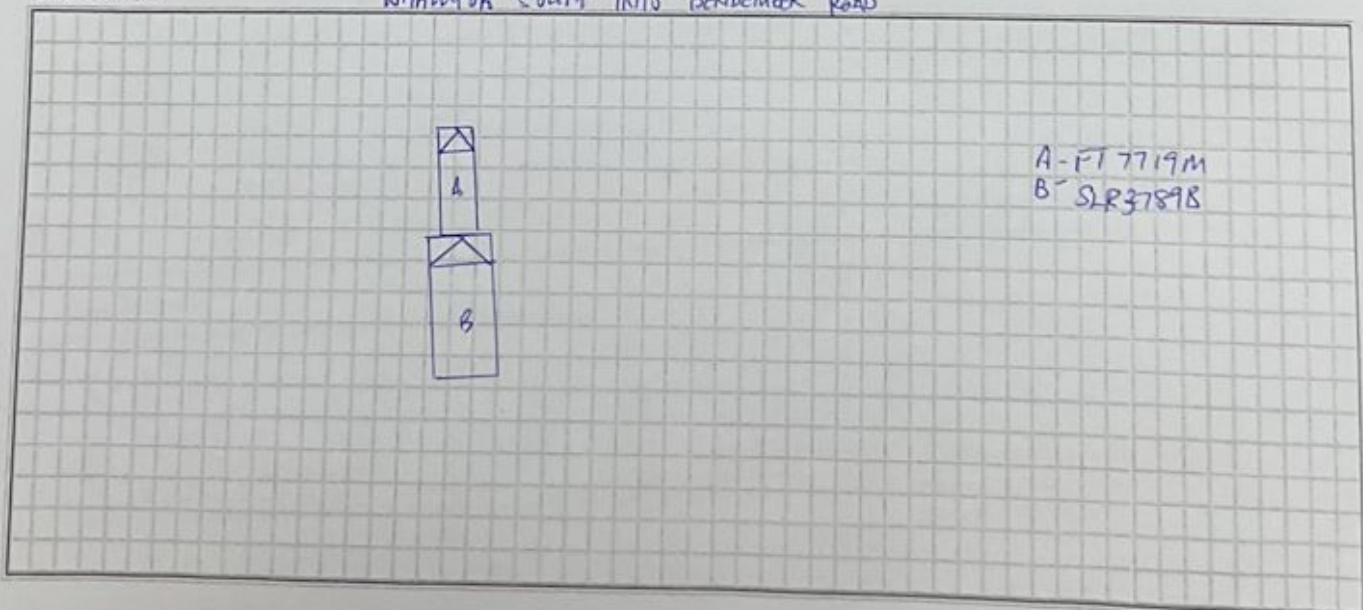
26/2/24 1310

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

MUHAMMAD HAZIQ SAMI BAMS

Sketch Plan

WILAMPOR SOUTH INTO BENDAMER ROAD



Describe Circumstance of the Accident

REFER TO REPORT NUM T/20240205/2027

Declaration

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



Policyholder's Signature / Date & Time

26/2/24 15:00

T. Shin

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

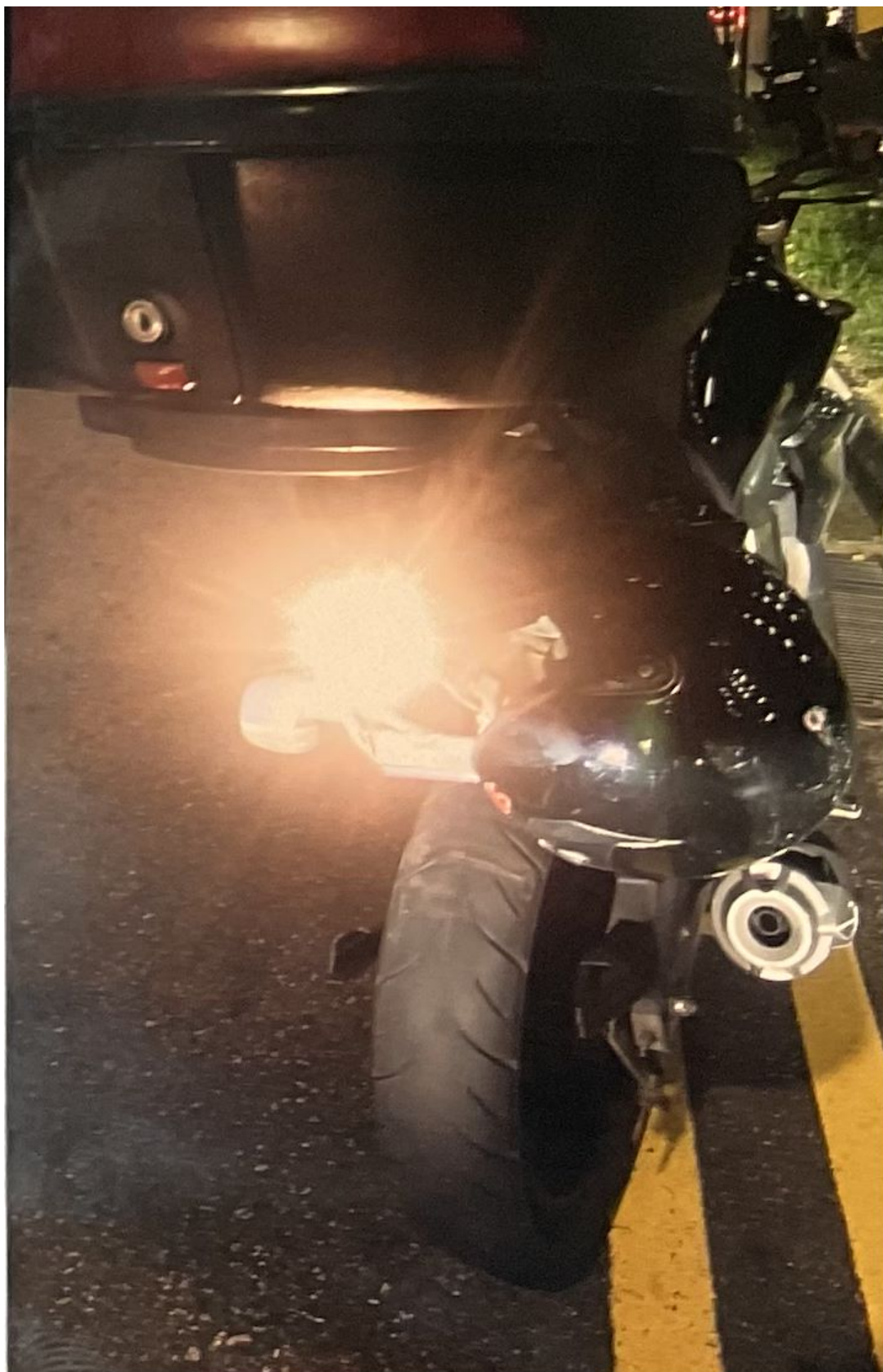
26/2/24 15:16

MUHAMMAD HAZIM SIMH BANS &

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




















**SINGAPORE
POLICE FORCE**


T/20240225/2027

1 of 3

Report No. T/20240225/2027

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2024 14:14	Vide Report No.:	Station Diary No.: 70
--	------------------	--------------------------

Informant's Particulars

Name of Informant: THIYAGARAJAN SIVARAJAN		Address: 1112A SERANGOON ROAD SINGAPORE 328201	
ID Type / ID No.: FIN NO / G8781402K		Contact No.:	Mobile: 85958804
Nationality: INDIAN		Email: sivarajan8595@gmail.com	
Sex: Male	Age: 28	Date of Birth: 28/06/1995	Type of Informant: Rider
Race: Tamil		Language: English	
Occupation: CONSTRUCTION		Driving Licence Information: Class: 2B,3C Date of Expiry: 03/01/2027	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 24/02/2024 20:00	Type of Location: Straight Road
Location: WHAMPOA SOUTH				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FT7719M	Motorcycle	YAMAHA		Black	Slightly Damaged	0
SLR3789B	Motor car	HONDA	VEZEL	Silver	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20240225/2027

2 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20240225/2027

CONTINUATION OF REPORT

Rider			
Name	THIYAGARAJAN SIVARAJAN		ID No. G8781402K
Related Vehicle	FT7719M (Motorcycle)		Contact No. 85958804
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3C Date of Expiry: 03/01/2027
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	HOE KAR LIM		ID No. S6870716A
Related Vehicle	SLR3789B (Motor car)		Contact No. 92993760
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 24/02/24 at about 2000hrs, I was riding my motorcycle (FT7719M) along Whampoa South towards Bendemeer Rd. When I was at the junction of Whampoa South and Bendemeer Rd, I stopped my motorcycle at the stopping line to check for the oncoming vehicles along Bendemeer Rd. When I stopped my motorcycle, a car (SLR3789B) hit my motorcycle from the rear.

There was no pillion on my motorcycle. There was no other passengers in the car except for the driver. The driver and myself were not injured.

My motorcycle was damaged at the rear. The car sustained some damages on the front of the car near the license plate. No police or ambulance came. I then exchanged contact details with the driver (Hoe Kar Lim, S6870716A, 92993760). I am lodging this report for record purposes.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999



T/20240225/2027

3 of 3

Report No. T/20240225/2027

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

A /
SGT 3 FOONG JING KAI

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
25/02/2024 14:14Officer In Charge Of Case:
TP / GIA /
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No.: 65476404

Classification Of Case:

NP168



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard, Suntec City Tower Two #42-01B
Singapore 038989

E-mail: gears-support@shift-technology.com

GST Registration: M400017735

TAX INVOICE

Date of Request: 27/02/2024

Your Ref No: FT7719M

Dear Sir/Madam,

Date of Accident: 24/02/2024 20:15 (SGT)

Vehicle No: FT7719M

Place of Accident: Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SLR3789B	Singapore	(31.00)	1	(28.44)
GST Amount				(2.56)
Total Amount Due (GST Inclusive)				(31.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.



- Buy & Sell of All Make & Model Bikes
- Motorcycle Rental
- Insurance Quotation & Renewal

TMS BIKES PTE. LTD.

6 Gambas Way,
#03-09 Ascent@Gambas,
Singapore 756939

Tel : (65) 8805-6443 (65) 8807-5405 (65) 8807-5408

E-mail: tmsleasing0919@gmail.com

Date : 26 March 2024
Issued By : Joash Chan Wei Ting

REG. No : 202127067R
Contact : 9126 7520

Accident Date : 24 February 2024

Vehicle No : FT 7719 M
Make / Model : Yamaha FZN150

Owner : TMS Bikes Pte Ltd
Address : C/o: TMS Bikes Pte Ltd
6 Gambas Way,
#03-09 Ascent@Gambas, Singapore 756939

Description	Amount (SGD\$)
Lump Sum Repair as per recommendation	\$ 3,000.00
	\$ 3,000.00

C L APPRAISER PTE LTD

Blk 416 Pasir Ris Dr 6 #08-235, Singapore 510416

Email: clappraiser@yahoo.com Hp: 9068 8689

Reg No: 201000228E

INVOICE

TMS Bikes Pte Ltd
C/o: TMS Bikes Pte Ltd
6 Gambas Way,
#03-09 Ascent @ Gambas, Singapore 756939

Invoice No. : CL/240263

Ref No. : TMS/03/2401/TP

Date : 26 March 2024

DESCRIPTION	AMOUNT
OUR SERVICE FEE CHARGES: <ul style="list-style-type: none">SURVEY INSPECTION FOR VEHICLE NO. <u>FT 7719 M</u>RESURVEY INSPECTIONDIGITAL PHOTOGRAPHS SERVICES (INCLUSIVE OF STORAGE AND SUBMISSION OF DIGITAL PHOTOGRAPHS)TRANSPORTATION	
GRAND TOTAL	S\$ 572.00

E & O. E

Notes / Payment method:

All cheque payment should be "Crossed" and made payable to " C L APPRAISER PTE LTD "

Bank Transfer -

Account Name : C L APPRAISER PTE LTD

Account Number : 588041152001

Bank : OCBC

We shall be grateful if you could forward our payment at your early convenience.



CL Appraiser Pte Ltd



Blk 416 Pasir Ris Dr 6 #08-235, Singapore 510416

Email: clappraiser@yahoo.com Hp: 9068 8689

Reg No: 201000228E

VEHICLE INSPECTION REPORT

To: TMS Bikes Pte Ltd
C/o: TMS Bikes Pte Ltd
6 Gambas Way,
#03-09 Ascent @ Gambas, Singapore 756939

Date : 26 March 2024
Our ref : TMS/03/2401/TP

Accident Date : 24 February 2024
Inspection Date : 1 March 2024
Repairer Name : TMS Bikes Pte Ltd
6 Gambas Way,
#03-09 Ascent @ Gambas, Singapore 756939

Type of Survey : Third Party

PARTICULARS OF VEHICLE

Registration No : FT 7719 M
Make / Model : Yamaha FZN150
Chassis No : ME1RG1611G2001926
Engine No : G3E3E0038571

Year / Capacity : 2016 / 149 cc
Colour : Black
Mileage : 4561

CONDITION OF TYRES

	Make	Size	Thread Balance	Rim
Front	Maxxis	110/70 -17	5 mm	Sport
Rear	Maxxis	140/70 -17	5.00 mm/ 5.00 mm	Sport

GENERAL DESCRIPTION OF DAMAGE VEHICLE

The impact damages sustained on the vehicle at the time of inspection is on the rear and o/s portion.
(Details refer to the photographs attached)

Enclosed number of photographs: 82 copies

REMARKS

This inspection was conducted entirely on a "WITHOUT PREJUDICE" basis and we have not given authorization and instruction to the repairer to proceed with the repair.

RECOMMENDATIONS

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a **Lump Sum of \$3,000.00** on a contractual basis.

Under normal circumstances, the repair period would be about 7 (Seven) working days.

Vehicle Registration No.: FT 7719 M

Our Ref No.: TMS/03/2401/TP

Qty	Description	Conditions	Repairer's Estimate	Revised Amount
-----	-------------	------------	---------------------	----------------

SPARE PARTS - LIST ITEMS

1	Front fender	Damage	\$ 75.00	\$ 75.00
1	Front o/s signal	Damage	\$ 68.00	\$ 68.00
1	O/s side mirror	Damage	\$ 80.00	\$ 80.00
1	Handle-bar	Damage	\$ 145.00	\$ 145.00
1	Brake lever	Damage	\$ 28.00	\$ 28.00
1	Hand grip (1 set)	Damage	\$ 80.00	\$ 80.00
1	Front o/s footrest	Damage	\$ 42.00	\$ 42.00
1	Front o/s footrest bracket	Damage	\$ 60.00	\$ 60.00
1	Brake pedal	Damage	\$ 55.00	\$ 55.00
1	Rear o/s footrest	Damage	\$ 42.00	\$ 42.00
1	Exhaust pipe assy	Damage	\$ 655.00	\$ 655.00
1	Exhaust end cover	Damage	\$ 68.00	\$ 68.00
1	Exhaust protector - black	Damage	\$ 75.00	\$ 75.00
1	Chain cover	Damage	\$ 85.00	\$ 85.00
1	Rear o/s tailboard	Damage	\$ 155.00	\$ 155.00
2	Rear signals	Damage	\$ 136.00	\$ 136.00
1	Rear fender	Damage	\$ 95.00	\$ 95.00
1	Rear fender inner bracket	Damage	\$ 85.00	\$ 85.00
1	Rear taillamp	Damage	\$ 135.00	\$ 135.00
1	Rear rim	Damage	\$ 550.00	\$ 550.00
			\$ 2,714.00	\$ 2,714.00
Less 10%			\$ 271.40	\$ 271.40
Total Cost - List Items			\$ 2,442.60	\$ 2,442.60

SPECIAL NETT ITEMS

1	Number plate (1 set)	Damage	\$ 28.00	\$ 28.00
1	Rear box	Damage	\$ 280.00	\$ 280.00
1	Rear box bracket	Damage	\$ 120.00	\$ 120.00
1	Rear tyre (Depreciation)	Damage	\$ 400.00	\$ 200.00
Total Cost - Special Nett items			\$ 828.00	\$ 628.00

Total cost of parts

\$ 3,270.60	\$ 3,070.60
--------------------	--------------------

Vehicle Registration No.: FT 7719 M

Our Ref No.: TMS/03/2401/TP

S/No	Description	Repairer's Estimate	Revised Amount
	Total cost of parts c/f	\$ 3,270.60	\$ 3,070.60

LABOUR

1	To provide towing service.	\$ 50.00	\$ 50.00
2	To check electrical system, wire harness and focus headlamp.	\$ 80.00	\$ 40.00
3	To provide labour charges, workmanship to dismantle above damaged parts ; re-align body structure and damaged consistent to the accident.	\$ 480.00	\$ 400.00

GRAND TOTAL

\$ 3,880.60	\$ 3,560.60
--------------------	--------------------

Vehicle Registration No.: FT 7719 M

Our Ref No.:

TMS/03/2401/TP

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 : \$ 3,000.00**

By accepting to carry out the repairs on a contract lump sum basis, the repairer has the discretion to replace the damaged parts with used, reconditioned or new parts, or to repair it to a roadworthy condition.

Note: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage / item in this survey, kindly notified the company within seven (7) from the date hereof. Otherwise, the revised amount shall be deemed to be valid.

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 vehicle and/or other accident in other legal proceedings.

C L APPRAISER PTE LTD



Cheong K. H
Automotive Appraiser



