

CROSSBOWS

ADVOCATES & SOLICITORS
COMMISSIONERS FOR OATHS



Limited Liability Partnership
Registration No. LL 0701719W

14 Robinson Road #02-01/02
Far East Finance Building
Singapore 048545
TEL 6532 9980 FAX 6532 9908
(facsimile is not for the service of court documents)
EMAIL contact@crossbows.com.sg
OFFICE HOURS 9am – 6pm (Mon – Fri)

Our Ref: ML.acc.8205.18.it

3 0 1 9 5 0 8 3 0 6 - - -

60105654

Thursday, August 23, 2018

BY FAX 6880 4740 & POST

AXA INSURANCE PTE LTD

8 Shenton Way
#24-01 AXA Tower
Singapore 068811

Attn: Claims Dept

Dear Sirs,

ACCIDENT DATE: 23 MAY 2018
VEHICLES INVOLVED: SG5906S & XD2492U
ACCIDENT PLACE: ALONG UPPER CHANGI ROAD EAST

We act for Go Ahead Loyang Pte Ltd.

We understand that you are the insurer of latter vehicle in the above captioned at the time of the accident under policy no. VCA/P1161844.

We enclose here a copy of the followings for your attention: -

- Our letters of today to the driver/employer of the said vehicle; and
- All the enclosures of our said letter.

Yours faithfully,
CROSSBOWS LLP

Mr Low Wan Kwong, Michael
LLB (Hons) (London), Barrister-at-Law (Middle Temple) (UK)
Advocate & Solicitor (Singapore)

Encl.

cc. client [BY FAX] (Enclosure excluded)
(Attn: Mr Tien Yong Shun)



Gulab Sobhraj Sharon Teo Daisy YL Tay Low Wan Kwong Michael

On 6 December 2007 Sobhraj Tay Low Subra & Teo was converted from a firm to a limited liability partnership, Crossbows LLP.

CROSSBOWS^{LLP}

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Friday, August 24, 2018



MR REN JUN
c/o Ji Rong Shun Pte Ltd
21 Woodlands Close
#04-09
Primz Bizhub
Singapore 737854

BY POST

JI RONG SHUN PTE LTD
21 Woodlands Close
#04-09 Primz Bizhub
Singapore 737854

BY POST

Dear Sirs,

ACCIDENT DATE: 23 MAY 2018
VEHICLES INVOLVED: SG5906S & XD2492U
ACCIDENT PLACE: ALONG UPPER CHANGI ROAD EAST

We act for Go Ahead Loyang Pte Ltd.

We are instructed by our client to claim damages against you in connection with captioned road accident involving our client's vehicle and a vehicle driven by your employee. Both said vehicles' registration numbers are as captioned above.

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

S/NO	ITEMS	AMOUNT (\$)
1	Repair Bill	11,930.50
2	Loss of use/rental Double decker with air conditioner (\$350 x 10 days)	3,500.00
3	Surveyor fee	0.00
4	GIA accident report search &/or report	29.00
5	LTA search & report	7.49
6	Costs	800.00

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S/NO	ITEMS	AMOUNT (S\$)
7	Facsimile, postage & photocopy & other incidents	20.00
TOTAL		16,286.99

A copy of the supporting documents is enclosed: -

- Our client's vehicle certificate of insurance
- Accident report of our client's vehicle
- GIA tax invoice
- Accident report of your driver
- LTA search
- Email of your insurer's surveyor (LKK Auto Consultants) opining loss of use for 10 days.
- Workshop's bill/invoice

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 us an acknowledgement 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 any 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,
CROSSBOWS LLP


Mr Low Wan Kwong, Michael

LLB (Hons) (London), Barrister-at-Law (Middle Temple) (UK)
Advocate & Solicitor (Singapore)

Encl.

cc. client [**BY FAX**] (Enclosure excluded)

cc. AXA Insurance Pte Ltd [BY FAX & POST]

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Our Ref: ML.acc.8205.18.it

Friday, August 24, 2018

MR REN JUN
c/o Ji Rong Shun Pte Ltd
21 Woodlands Close
#04-09
Primz Bizhub
Singapore 737854

BY POST



JI RONG SHUN PTE LTD
21 Woodlands Close
#04-09 Primz Bizhub
Singapore 737854

BY POST

Dear Sirs,

ACCIDENT DATE: 23 MAY 2018
VEHICLES INVOLVED: SG5906S & XD2492U
ACCIDENT PLACE: ALONG UPPER CHANGI ROAD EAST

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

S/NO	ITEMS	AMOUNT (\$S)
1	Repair Bill	11,930.50
2	Loss of use/rental Double decker with air conditioner (\$350 x 10 days)	3,500.00
3	Surveyor fee	0.00
4	GIA accident report search &/or report	29.00
5	LTA search & report	7.49
6	Costs	800.00

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EMAIL contact@crossbows.com.sg

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S/NO	ITEMS	AMOUNT (S\$)
7	Facsimile, postage & photocopy & other incidents	20.00
TOTAL		16,286.99

A copy of the supporting documents is enclosed: -

- Our client's vehicle certificate of insurance
- Accident report of our client's vehicle
- GIA tax invoice
- Accident report of your driver
- LTA search
- Email of your insurer's surveyor (LKK Auto Consultants) opining loss of use for 10 days.
- Workshop's bill/invoice

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 us an acknowledgement 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 any 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,
CROSSBOWS LLP

Mr Low Wan Kwong, Michael
LLB (Hons) (London), Barrister-at-Law (Middle Temple) (UK)
Advocate & Solicitor (Singapore)

Encl.

cc. client [**BY FAX**] (Enclosure excluded)

cc. AXA Insurance Pte Ltd [**BY FAX & POST**]

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C
GST Reg. No. M2-0001676-9

Date Issued : 13.04.2016

CERTIFICATE REF. : MZ601

CERTIFICATE OF INSURANCE (Master)

MOTOR VEHICLES (THIRD PARTY- RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE NO. D-16083754MFBP

Vehicle Registration No. All Go Ahead Buses belonging to or under the care, custody and control of the insured

Name of Insured Go Ahead Loyang Pte Ltd

Type of Cover Comprehensive

Period of Insurance From 22.02.2016 to 03.09.2017

Insured Estimated Value Market Value

Excess : SGD50,000.00 Section I (Own Vehicle Damage) Any One Occurrence
Nil Section II (Third Party)

Named Driver

Any authorised drivers

Persons or Classes of Persons entitled to drive

Any person provided he is in the Insured's employ and is driving on their order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitations as to use :

Use only for the carriage of passengers or goods in connection with the Insured's business (as specified in the schedule).

The Policy does not cover:-

- (1) Use for racing, pace-making, reliability trial or , speed-testing.
- (2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

A/C NO. : B0157

First Capital Insurance Limited
(Approved Insurers)

Authorised Signature

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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 Report	06/06/2018 17:02
Date Of Accident	23/05/2018 14:00
Exact Location Of Accident	XILIN AVE X SIMEI AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG5906S
Insured/Policyholder	
Name Of Registered Owner	GO AHEAD LOYANG PTE LTD
Co Reg No	201541900C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63847169

Vehicle Particulars

Manufacturer	MAN
Model	A95
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-16083754MFBP
Cover Note Number	

Driver

Name of Driver	LOKE YUN HOY
Work Permit No	G6835280R
Date Of Birth	27/06/1990
Occupation	OUTDOOR
Date Of Driving Pass	15/04/2014
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83829470
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	221 TAMPINES ST 24 #04-60
Postcode	521221
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	33

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS WAITING STATIONARY ON THE 2ND LANE OF A 6-LANE RD ALONG UPP CHANGI RD EAST BEFORE THE SIGNALIZED JUNCTION OF XILIN AVE X SIMEI AVE FOR THE TRAFFIC LIGHT TO TURN GREEN WHEN A YELLOW SCANIA WITH A LOW BED TRAILER [TR4958D] LOADED WITH A HUGE TUBE/TUNNEL LIKE OBJECT INSISTED ON TURNING LEFT ON THE SLIP RD TOWARDS SIMEI AVE DESPITE THE IMMENSE WIDTH OF THE OBJECT. AS A RESULT, IT SIDE-SWIPE AGAINST THE REAR LEFT BODY PANEL & CCTV OF MY BUS.

Attachment(s)

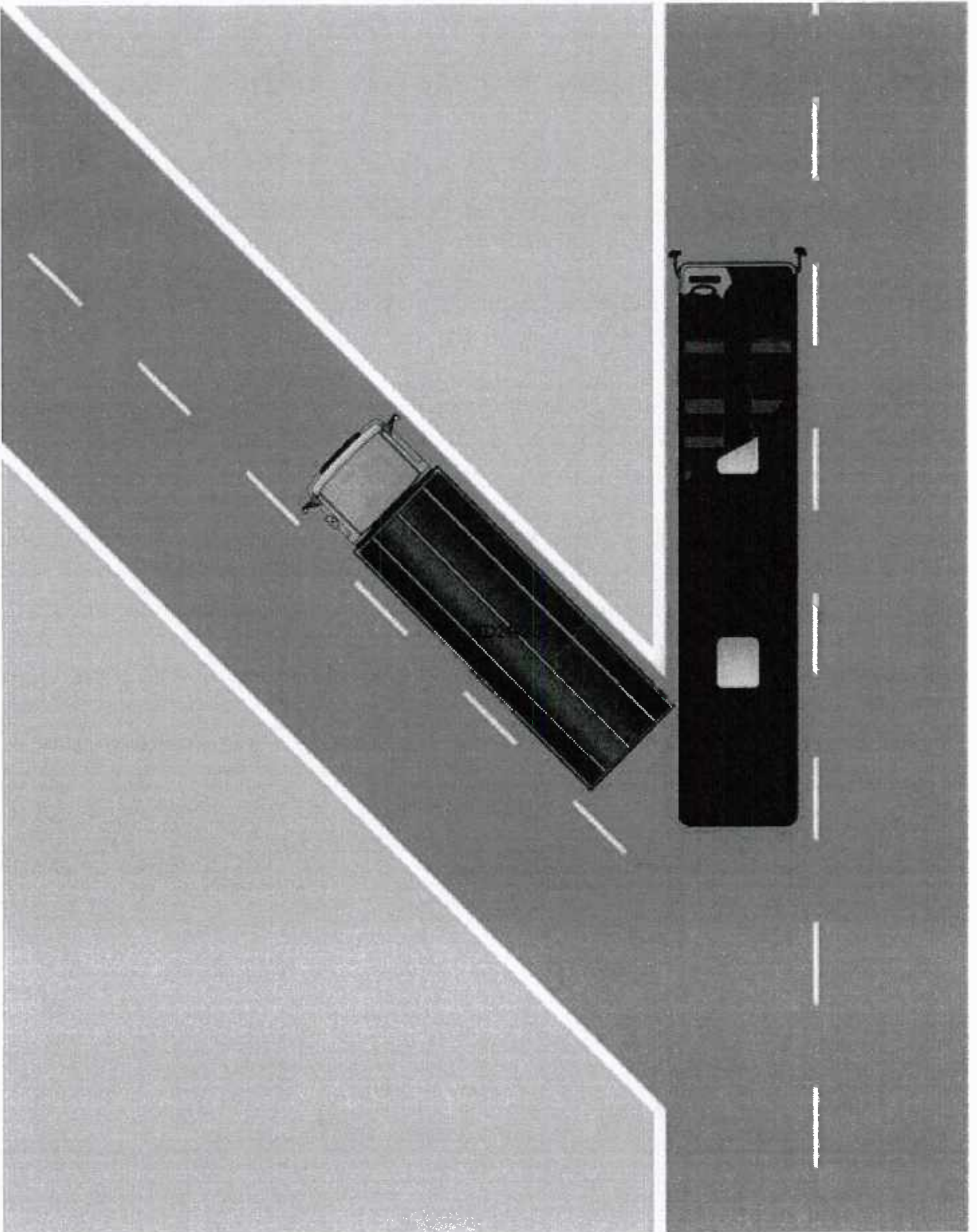
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	DIFFERENT FORMAT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD2492U
Vehicle Make/Model/Colour	YELLOW SCANIA P380CA6X4MNZ 12L MT TURBO
Details Of Properties	
Vehicle Category	TANKER
Name of Driver	REN JUN
NRIC/Passport Number	F5572469P
Contact Number	90268708
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan



Accident Photo



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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 Report	25/05/2018 14:11
Date Of Accident	23/05/2018 14:00
Exact Location Of Accident	ALONG UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD2492U
Insured/Policyholder	
Name Of Registered Owner	JI RONG SHUN PTE LTD
Vehicle Particulars	
Manufacturer	SCANIA
Model	P380CA6X4MNZ 12L MT TURBO
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	VCA/P1161844
Cover Note Number	
Driver	
Name of Driver	REN JUN
Passport No/FIN	F5572469P
Address	NIL

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	1

Circumstances of Accident

REFER ATTACHED STATEMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SG5906S
-----------------------------	---------

Vehicle Make/Model/Colour
Name of Driver
Insurance Company Name

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claim process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation is with holding of material facts may allow insurance companies to repudiate policy liability.
4. The above and all terms of this Form by, however, no purpose of relieving applicants 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 to the Insurance Claims and Claims Management Centre established by the General Insurance Association of Singapore (GIACC) for processing and that copies of the report may be a further made available upon application to interested parties.
7. By the signing of this report to the insurers, you hereby consent to the making of this report to the relevant and collection of the report being made available should.


5. Consent under the Personal Data Protection Act (PDPA)

I/We understand, acknowledge, agree and consent that:

- (a) My/our insurer, workshop and the General Insurance Association of Singapore (GIACC) may be permitted to collect, use, store and/or process my personal data (personal information set out in (a)(i) and (a)(ii)) and any other personal information provided by the insured person or my insurer (collectively the "Personal Information") and to use and transfer such Personal Information to all insured (i) who have claimed settlement involved in this accident (ii) who have claimed who have involved in this accident (iii) who have been referred to as the "Insurers", the agency, lawyers/law firm, the Regulatory Authority of Singapore and any relevant government department/department (hereinafter referred to as the purpose(s)).
- (b) I/we understand, signing under the name of my/our insurer, workshop and the insurer and my/our insurer's investigations relating to the claims.
- (c) I/we understand, signing under the name of my/our insurer, workshop and the insurer and my/our insurer's investigations relating to the claims.
- (d) I/we understand, signing under the name of my/our insurer, workshop and the insurer and my/our insurer's investigations relating to the claims.
- (e) I/we understand, signing under the name of my/our insurer, workshop and the insurer and my/our insurer's investigations relating to the claims.
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- (i) I/we understand, signing under the name of my/our insurer, workshop and the insurer and my/our insurer's investigations relating to the claims.
- (j) I/we understand, signing under the name of my/our insurer, workshop and the insurer and my/our insurer's investigations relating to the claims.
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- (o) I/we understand, signing under the name of my/our insurer, workshop and the insurer and my/our insurer's investigations relating to the claims.
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- (r) I/we understand, signing under the name of my/our insurer, workshop and the insurer and my/our insurer's investigations relating to the claims.
- (s) I/we understand, signing under the name of my/our insurer, workshop and the insurer and my/our insurer's investigations relating to the claims.
- (t) I/we understand, signing under the name of my/our insurer, workshop and the insurer and my/our insurer's investigations relating to the claims.
- (u) I/we understand, signing under the name of my/our insurer, workshop and the insurer and my/our insurer's investigations relating to the claims.
- (v) I/we understand, signing under the name of my/our insurer, workshop and the insurer and my/our insurer's investigations relating to the claims.
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- (x) I/we understand, signing under the name of my/our insurer, workshop and the insurer and my/our insurer's investigations relating to the claims.
- (y) I/we understand, signing under the name of my/our insurer, workshop and the insurer and my/our insurer's investigations relating to the claims.
- (z) I/we understand, signing under the name of my/our insurer, workshop and the insurer and my/our insurer's investigations relating to the claims.


Policyholder's Signature
Date & Time

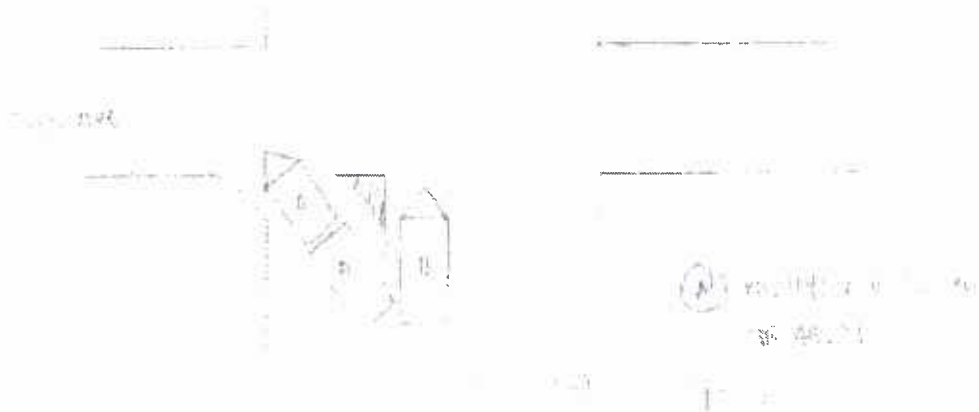



Driver's Signature
(If Driver is not the policyholder)
Date & Time


Reporting Centre Personnel's Signature
Name:
Date/Time

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/5/18 around 14:00hrs, I was travelling along Upper Orange Road with a car. While I was turning left to Corner Ave, a car ran right corner of the site that I cannot see accidentally, grazed across the side of my car.


No injury.


DECLARATION

I/we declare the form is true and correct in every respect


Date & Time




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


Reporting Centre Personnel's Signature
Name
NRIC/ID No.

Insurance Policy

24 May 2018 11:14

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre #B1-01
Tel: (65) 63387288 Fax: (65) 63382522
Website: www.axa.com.sg
GST Registration Number: 199903512M
customer.service@axa.com.sg



65378

No. 4071

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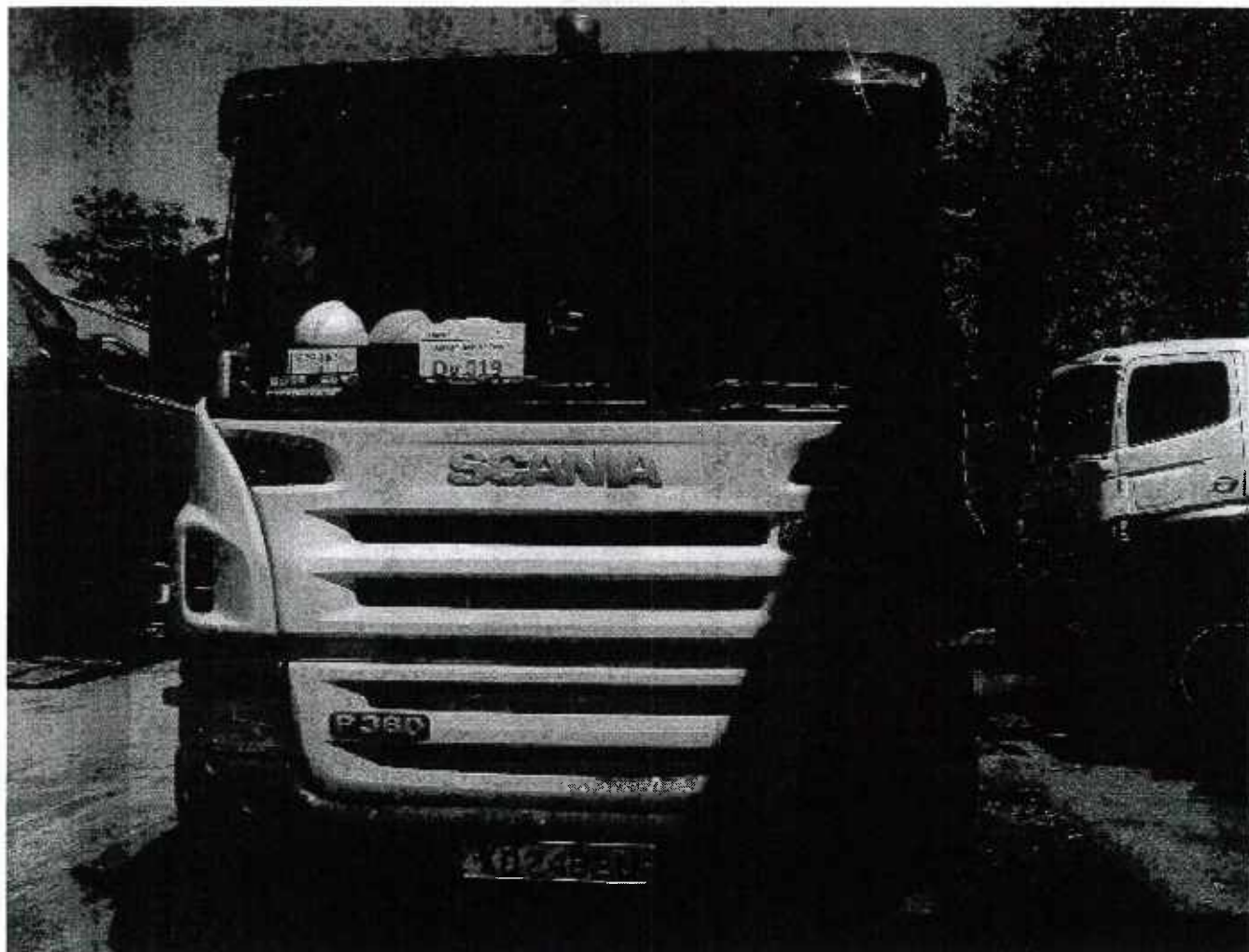
Commercial Vehicles COMP
POLICY SCHEDULE
RENEWAL
Intermediary Copy

POLICY INFORMATION		Policy No. : VCA/F1161844	
Source	: 04437 ALLINK INSURANCE AGENCY		
Insured	: JI RONG SHUN PRIVATE LIMITED		
Address	: P.O. BOX 568 BEDOK CENTRAL POST OFFICE SINGAPORE 914608		
Business/Profession	: - Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.		
Period of Insurance	: From 06/04/2018 To 07/04/2019 (Both Dates Inclusive)		
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
PREMIUM			
Premium After 20.00% NCD	: SGD 2,889.74		
GST 7.00%	: SGD 202.28		
Annual Premium	: SGD 3,092.02		
Total Payable	: SGD 3,092.02		
RISK DETAILS THE MOTOR VEHICLE			
Type of Cover	: Comprehensive		
Regn. No.	: XD2492U		
Type Of Use	: Commercial Vehicle		
Make/Model	: SCANIA P380CA6X42M2 12L MT TURBO		
Year of Manufacture	: 2008		
Seating Cap. (Excl. Driver)	: 1	Carrying Cap. (Tone)	: 90.00
Body Type	: PRIME MOVER		
Engine No.	: 6368009		
Chassis No.	: YS2P6X40002034886		
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)		
Limitations as to Use	: As specified in Certificate of Insurance		
Excess Applicable			
Sect 1 - Any Authorised Driver	: SGD 1,500.00		
Windscreen Excess	: SGD 300.00		

Continuation page 1

Page No. : 5
Unable to disclose
NRIC / driving licence

Accident Photo



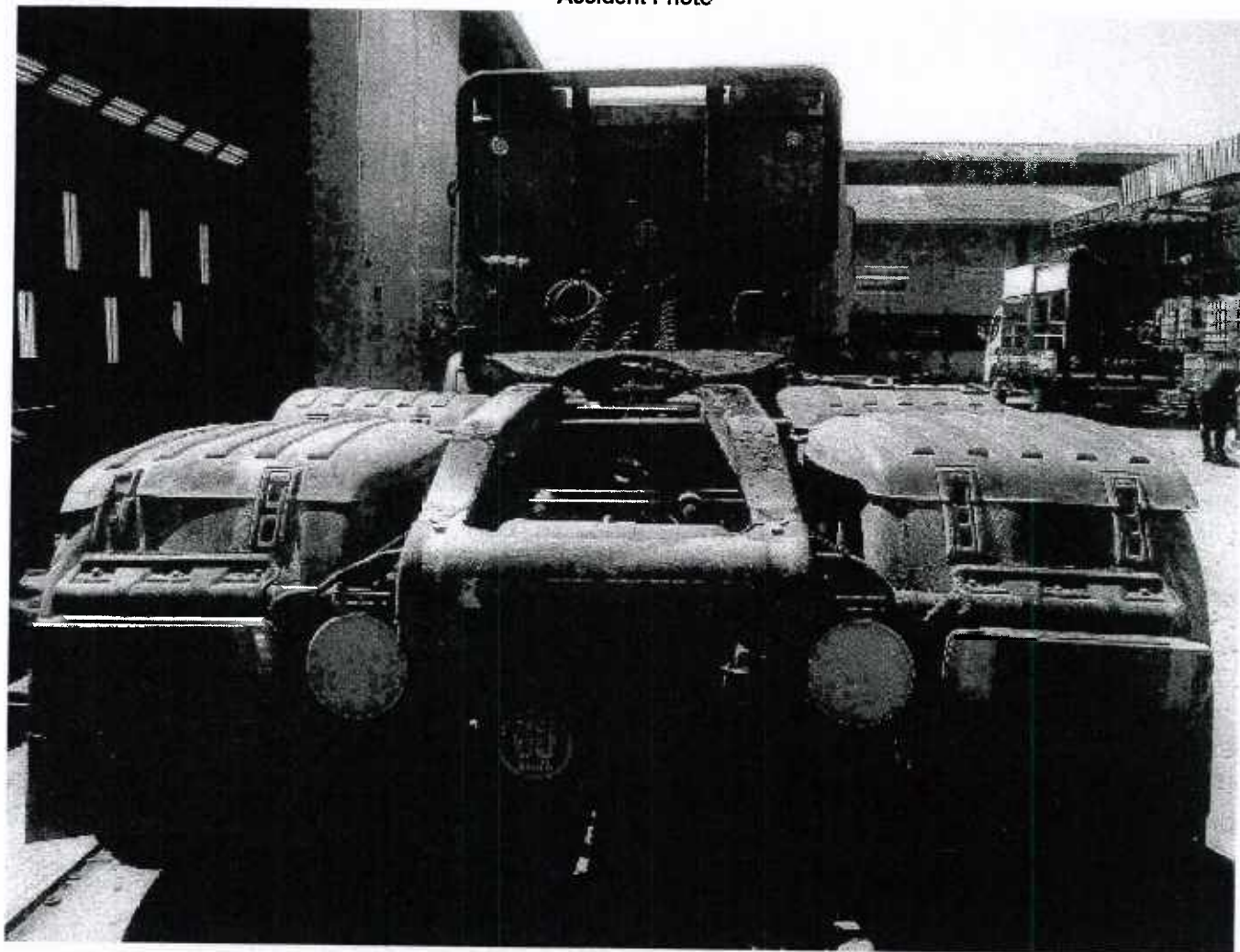
Accident Photo



Accident Photo



Accident Photo



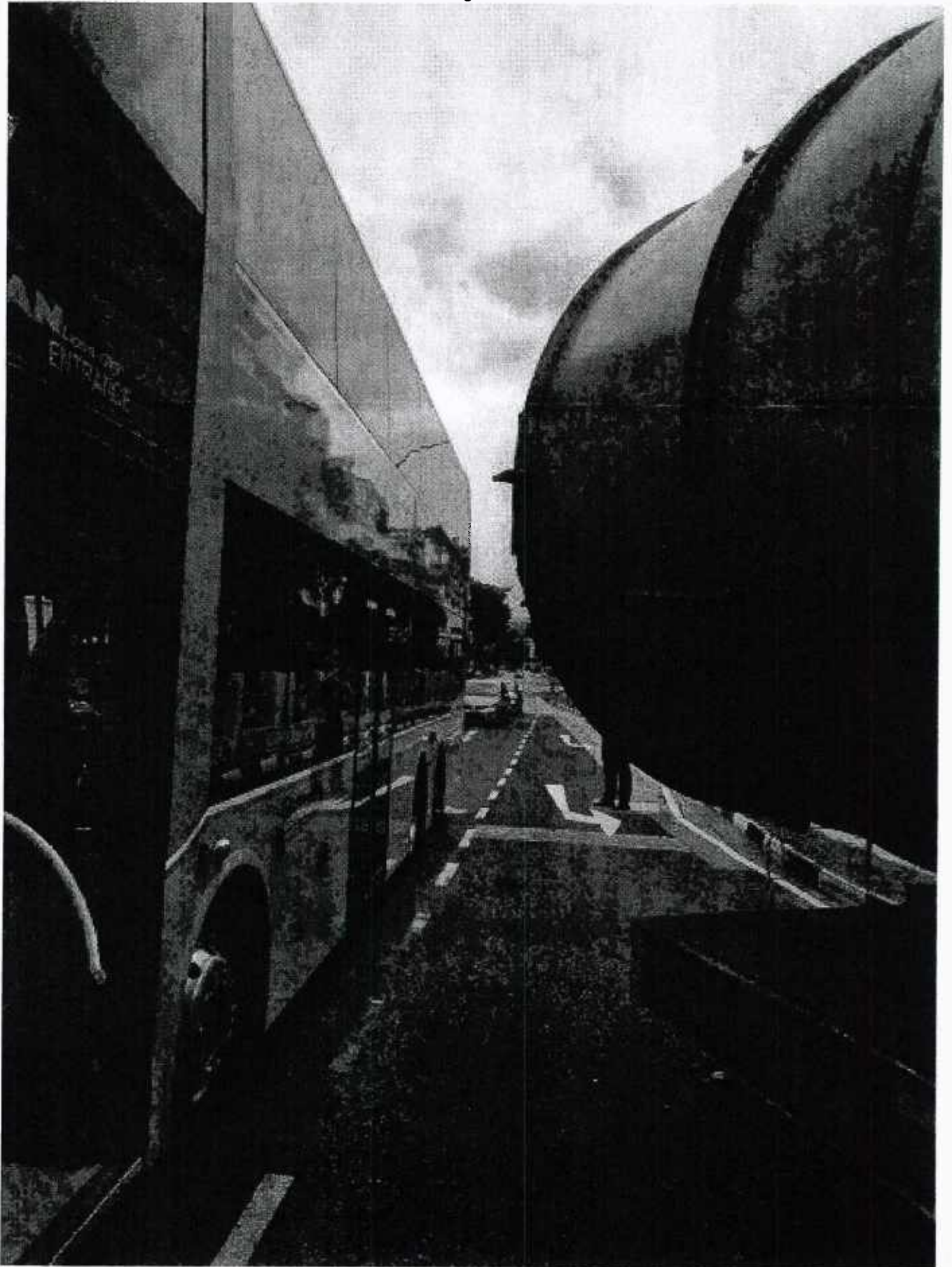
Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Enquire Vehicle & Owner Information (Vehicle No. XD2492U As At 23 May 2018 / 14:00:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: MLACC.8205.18.IT

Current Owner Details

Owner ID Type: Company

Owner ID: 200714720N

Owner Name: JI RONG SHUN PTE. LTD.

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.:21

Registered Street Name: WOODLANDS CLOSE

Registered Unit No.: # 04 - 09

Registered Building Name: PRIMZ BIZHUB

Registered Postal Code: 737854

Current Vehicle Details

Vehicle No.: XD2492U

Make Description/Model: SCANIA / P380CA6X4MNZ 12L MT TURBO

Insurance Company Name: AXA INSURANCE PTE LTD



RECORDS MANAGEMENT CENTRE

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

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Your Ref No: GR-18-087140
Date of Request: 07/06/2018

Your Ref No: Online Purchase

axBuild International Pte Ltd
Woodlands Sector 1 (Woodlands Spectrum 1)
05-12
Singapore 738068

Dear Sir/Madam,

Enquiry Date: 07/06/2018
Enquiry By: Tien Yong Shun
P Vehicle No: XD2492U
Accident Date: 23/05/2018

Enquiry Result

P Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
D2492U	AXA Insurance Pte Ltd	08/04/2018-07/04/2019	6338 7288

Thank You.

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.

From: **Kalvin Ang (LKKAuto)** kalvinang@lkkauto.com
Subject: RE: Quotation for SG 5906S (Go-Ahead Buses)
Date: 13 August 2018 at 8:21 AM
To: Yong Shun Tien yongshun@lexbuild.com

KA

Morning Yong Shun,

Re-offer Lumpsum \$11150 / 10 days.?

(Final Amount Subject to Insurance Approval)

Best Regards,

Kalvin Ang | Automotive Assessor

Technical Investigation & Accident Reconstructionist (SAE-A)

LKK Auto Consultants

phone: 6256-3561 | email: kalvinang@lkkauto.com | fax: 6256-4315

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

From: Yong Shun Tien [<mailto:yongshun@lexbuild.com>]

Sent: Saturday, 11 August 2018 10:31 AM

To: Calvin Ang (LKKAuto)

Subject: RE: Quotation for SG 5906S (Go-Ahead Buses)

Hi Calvin,

We would like to counter propose total lump sum amount @ \$11,500.00 for repairing SG5906S

Thank you

Best Regards,

Tien Yong Shun (田永顺)

Operation Executive (Capability)

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LexBuild International Pte. Ltd.

2 Woodlands Sector 1

#05-12 (Woodlands Spectrum 1)

Singapore 738068

Tel : +65 6456 3533

Fax : +65 6456 3353

Mobile : +65 9029 6574

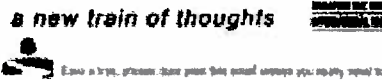
Email : yongshun@lexbuild.com

Website : www.lexbuild.com



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From: Yong Shun Tien [<mailto:yongshun@lexbuild.com>]
Sent: Saturday, 11 August, 2018 9:18 AM
To: 'Kalvin Ang (LKKAuto)' <kalvinang@lkkauto.com>
Subject: RE: Quotation for SG 5906S (Go-Ahead Buses)

Hi Calvin,

You that day was saying the parts will have no discount as it a brand new model?

Thank you

From: Calvin Ang (LKKAuto) [<mailto:kalvinang@lkkauto.com>]
Sent: Friday, 10 August, 2018
To: Yong Shun Tien (yongshun@lexbuild.com)
Subject: RE: Quotation for SC 5906S (Go-Ahead Buses)



Hi Yong Shun,

To confirm repair cost at LUMPSUM \$10900 / 10 days.? (Final amount subject to insurance approval)

Best Regards,

Kalvin Ang | Automotive Assessor

Technical Investigation & Accident Reconstructionist (SAE-A)

LKK Auto Consultants

phone: 6256-3561 | email: kalvinang@lkkauto.com | fax: 6256-4315

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

From: Yong Shun Tien [<mailto:yongshun@lexbuild.com>]
Sent: Friday, 10 August 2018 4:23 PM
To: Admin-D (LKKAuto)
Cc: claims@lexbuild.com; elsonlim@lexbuild.com; Calvin Ang (LKKAuto)
Subject: RE: Quotation for SBS6430D (Go-Ahead Buses)

Hi Catherine,

Please find attachment of after repair photo

CC: Calvin – Please provide Lump Sum Amount ASAP, thank you

Thank you

Best Regards,

Tien Yong Shun (田永順)

Operation Executive (Capability)



LexBuild International Pte. Ltd.

2 Woodlands Sector 1

#05-12 (Woodlands Spectrum 1)

Singapore 738068

Tel : +65 6456 3533

Fax : +65 6456 3353

Mobile : +65 9029 6574

Email : yongshun@lexbuild.com

Website : www.lexbuild.com



From: Catherine Chong (LKK Auto) [<mailto:admin-d@lkkauto.com>]

Sent: Wednesday, 13 June, 2018 5:10 PM

To: 'Yong Shun Tien' <yongshun@lexbuild.com>; assignments@LKKauto.com

Cc: claims@lexbuild.com; elsonlim@lexbuild.com; 'Kalvin Ang (LKKAuto)'

<kalvinang@lkkauto.com>

Subject: RE: Quotation for SBS6430D (Go-Ahead Buses)

Dear Yong Shun,

Kindly refer to the attachment.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Yong Shun Tien [<mailto:yongshun@lexbuild.com>]

Sent: Wednesday, 13 June, 2018 11:41 AM

To: assignments@LKKauto.com

Cc: claims@lexbuild.com; elsonlim@lexbuild.com

Subject: Quotation for SBS6430D (Go-Ahead Buses)

Good Afternoon Catherine,

As spoken, please refer above attachment for quotation SBS6430D

Repair Type: **Parts by Parts repair**

Thank you

Best Regards,
Tien Yong Shun (田永顺)
Operation Executive (Capability)

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Mobile : +65 9029 6574

Email : yongshun@lexbuild.com

Website : www.lexbuild.com



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TAX INVOICE

Invoiced To :

Go Ahead Loyang Pte Ltd
2 Loyang Way
Singapore 508776

Tel. : 6812 6458 Fax :
Attn : Mr Syahrul & Mr Alfian

Invoice No. : LBE201808-027
Date : 13/08/2018
Your Ref. :
Our Ref. :
Vehicle No. : SG5906S
Issued By : Yong Shun, Tien
Terms : 30 Days
Page No. : 1 of 1

Item Code	Description	Qty	Unit Price	Amount
	Being Third Party Claims for SG5906S - Accident Date : 23/05/2018 - Vehicle No : SG5906S & XD2492U - Insurance policy No.: D-16083754MFBP			
JOB	Cost of damage repair for SG5906S - Supply parts - Labour charges	1 JOB	11,150.00	11,150.00

E. & O.E.

Sub-Total S\$ 11,150.00
GST 7% S\$ 780.50

Total Inc. GST S\$ 11,930.50

Our bank details:

Account Name : LexBuild International Pte Ltd
Bank Name : Standard Chartered Bank
Account No. : 010-2075727
SWIFT Code : SCBLSG22XXX

Please indicate invoice number on reverse side of the cheque or send the remittance advice to finance@lexbuild.com.

Claim for damage or shortage shall not be considered unless we are notified in writing within seven (7) days of this invoice date.

Interest of 1% per month is chargeable on overdue account.

LexBuild International Pte Ltd



Authorised Signature

LexBuild International Pte Ltd

2 Woodlands Sector 1, #05-12 (Woodlands Spectrum 1), Singapore 738068
Tel: (65) 6456 3533, Fax: (65) 6456 3353
Website: www.LexBuild.com, Email: sales@lexbuild.com



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