

REF: CS3/ASm18015091/Gtb-1

Special Instruction:

45: 4 5750.00

From (Person): Heng Xinyi of Seah Ong Date/Time: 25-10-2018  
Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

*Third Parties:*

**Claimant:**

Survivor:

Workshop:

OD(TP Re-inspection) / Evaluation

To Inspect Vehicle No: SMA 9820G Insured: S6V 8998U

at Workshop m/s My Car Consultant  
of 53 Ubi Ave 1 # 01-33

Tel:

Policy No: \_\_\_\_\_ Claim No: 18-25389 PD-0

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 1008018

(Client's Record)

18.12.2018 (Tuesday) @ 11am

H.O.D. Enrolment/Date:

Date/Time: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle IN / OUT \_\_\_\_\_

Date/Time: 18/12 Confirmed with \_\_\_\_\_ Final Fig \_\_\_\_\_, \_\_\_\_\_ days (Red \$ \_\_\_\_\_ / \_\_\_\_\_ %; Original 8 days)

Date/Time: 18/2 Submit Final Fig 4750, 5 days (Red \$ 1000 / 17 %; Original 8 days)

[illegible]

Para(1) : Parts found not replaced	(To highlight <i>R or UB, LR, Etc</i> )
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**Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)**

**Para(3) : Nett Value**

Market Value : \_\_\_\_\_

Salvage Value :

Nett Value : \_\_\_\_\_

Inspected/  
Evaluated by:

*Fee Charged:*

Date: \_\_\_\_\_

Basic &amp; Add

Transport

## Photos

Others

Total

1) Date/Time 20/12/2018 File Pass to Typist

2) Date/Time \_\_\_\_\_ File Return to \_\_\_\_\_

3) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_

4) Date/Time \_\_\_\_\_ File Return to \_\_\_\_\_

5) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_

6) Date/Time \_\_\_\_\_ File Return to \_\_\_\_\_

SYNDICATE

REF:

C0504E

## ASSIGNMENT

From \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No:

Claims No:

Sum Insured:

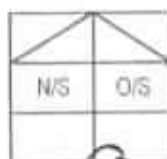
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its  
 repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt: Consistent? Yes or No

GIA / PR Seen: Consistent? Yes or No

Est. Repairs: 5 days Res: Yes or No

Lump Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SMA 9820G Yr Regn: 25 Jun 2018

Type: ☒ M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Altis O.C. 1598

Colour: Black A/C: Insured / Std / NI / NA

Sp Reading: 32839 T/Radio: Insured / Std / NI / NA

Eng/No:

C/Nr: MRO53 REH 604 583 468

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/55 R16  
R: 11BS: ☒ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or

Front

Rear

R/Bal: 7 mm R/Bal: 7 mm

L/Bal: 7 mm L/Bal: 7 mm

D.O.A. D.O.I. 18-12-18

Survey held at IPAC UBi 11AM

Des. of Damages: Frt / ☒ Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

} \$ + RE. \$

} Photos

} Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$)

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech Invs (\$)☐ Weekend (\$)

*[Signature]*  
 19/12/2018

**Catherine Chong (LKK Auto)**

---

**From:** Xin Yi <xinyi@seahong.com.sg>  
**Sent:** Thursday, 25 October, 2018 6:26 PM  
**To:** 'Catherine Chong (LKK Auto)'  
**Cc:** 'Chee Kiong'; samson@seahong.com.sg; amanda@seahong.com.sg  
**Subject:** SMA 9820G [Our file ref: 18.25389 PD-O]

Dear Catherine,

<b>CLAIMANT :</b>	<b>MICRO CREDIT (CAR LEASING) PTE LTD</b>
<b>VEHICLE NUMBER :</b>	<b>SMA 9820G</b>
<b>ALLEGED ACCIDENT DATE :</b>	<b>10.08.2018</b>
<b>AXA VEHICLE NUMBER :</b>	<b>SGV 8998U</b>

We act for AXA Insurance Pte Ltd for the above matter.

We understand that you were engaged to survey the claimant's vehicle.

The claimant has issued their LOD and their surveyor's report is attached. Copies of the relevant documents can be downloaded via <https://1drv.ms/b/s!AtyQ5g-0066hiJEggZKOZ1irbJhwg>.

Please let us hear from you on the following: -

- a. If you have conducted post-repair inspection already, please let us have your survey report urgently.
- b. If you have not conducted post-repair inspection, please arrange for inspection with the claimant's solicitor and let us have your survey report in due course.

May we hear from you on the above soonest.

Thanks & Best Regards  
**Heng Xinyi, on behalf of Mr Tan Chee Kiong**  
(Secretary to Mr Tan Chee Kiong)  
Seah Ong & Partners LLP  
36 Robinson Road  
#12-03 City House  
Singapore 068877

Tel: 6536 5369  
Fax: 6536 5811

18.12.2018 @ 11am  
RL

This message is intended for the recipient named above. It may contain confidential or privileged information. If you are not the intended recipient, please notify the sender immediately by replying to this message and then delete it from your system. Do not read, copy, use or circulate this communication. Thank you.

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Our Ref: 2018.1369.PD.MCC  
Your Ref: SCV8998U

3019539137 - - -

Date: 19 OCT 2018

WITHOUT PREJUDICE

To: **Tan Khoon Hui**  
1C Pine Grove  
#09-12  
Singapore 592001

60115376

BY CERTIFICATE OF  
POSTING

cc: **AXA Insurance Singapore Pte Ltd**  
(Motor Claims Dept)  
8 Shenton Way  
#27-C1 AXA Tower  
Singapore 068811

BY HAND

Dear Sirs

**Micro Credit (Car Leasing) Pte Ltd**  
101 Kitchener Road  
#03-03, Jalan Besar Plaza  
Singapore 208511



We are instructed by the abovenamed to claim damages against you in connection with an accident on 10 August 2018 at about 19:45 hours at the junction of Marymount Road and Sin Ming Avenue involving our clients' vehicle no. SMA9820G and vehicle no. SGV8998U driven by you at the material time.

We are instructed that the accident was caused by your negligence in the driving, management and/or control of vehicle no. SGV8998U.

As a result of this accident, our clients' vehicle no. SMA9820G was damaged and our clients have been put to loss and expense, particulars of which are as follows:-

<b>A</b>	<b>DAMAGES</b>		
(i)	Cost of repair	\$	5,750.00
(ii)	Rental (10 days x \$150.00 per day)	\$	1,500.00
<b>B</b>	<b>DISBURSEMENTS</b>		
(i)	Survey Report Fee	\$	514.00
<b>C</b>	<b>LEGAL COSTS (AT THIS STAGE)</b>	\$	700.00
	<b>Total</b>	\$	8,464.00



A copy each of the following supporting documents is enclosed :-

- a) Singapore Accident Statement of owner/driver of SMA9820G;
- b) Singapore Accident Statement of owner/driver of SGV8998U;
- c) Vehicle Rental Agreement from My Car Consultant Pte Ltd;
- d) Invoice from My Car Consultant Pte Ltd;
- e) Invoice and Vehicle Assessment Report from Prominent Appraiser Services Pte Ltd together with photographs depicting the damage to vehicle no. SMA9820G; and
- f) All Disbursements Receipts.

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 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 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



Princeps Law Corporation  
Email: [claims@esthermoey.com](mailto:claims@esthermoey.com)  
Encl

## 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 11/08/2018 16:38  
 Date Of Accident 10/08/2018 19:45  
 Exact Location Of Accident JUNC OF MARYMOUNT RD AND SIN MING AVENUE  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA9820G  
**Insured/Policyholder**  
 Name Of Registered Owner MICRO CREDIT ( CAR LEASING ) PTE LTD  
 Co Reg No -  
 Email Address NOEMAIL  
 Mobile Phone No (LOCAL) +65-90932248  
 Alternative Phone No OFFICE-90932248  
**Vehicle Particulars**  
 Manufacturer TOYOTA  
 Model -  
 Exact Purpose for which vehicle was being used at time of accident WORK  
 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 PRIVATE HIRE  
**Insurance Company**  
 Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number 999994694  
 Cover Note Number  
**Driver**  
 Name of Driver LAI SHIN WEI DESMOND  
 NRIC No S7118952Z  
 Date Of Birth 10/06/1971  
 Occupation OUTDOOR  
 Date Of Driving Pass 18/08/2004  
 Driving Experience 13 YEARS AND 11 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-90932248  
 Fax Number  
 Contact Number OTHERS-90932248  
 Email Address NOEMAIL

Address 102 HAIG ROAD  
#08-05  
Postcode 438798  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured OTHER - HIRER  
Vehicle Registration Number of Driver's Own Vehicle -  
-  
Insurance Company of Driver's Own Vehicle -  
-

**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 this accident? NO  
Number of vehicles involved in the accident:  
Was any body injured in the Accident? YES  
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) 5  
Passenger 1  
NAME: : NIL  
GENDER: : MALE  
Passenger 2  
NAME: : NIL  
GENDER: : MALE  
Passenger 3  
NAME: : NIL  
GENDER: : MALE  
Passenger 4  
NAME: : NIL  
GENDER: : MALE

**Details of Police Action**

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name THOMSON NPP 25 SIN MING ROAD  
Police Station Address ROAD: 25 SIN MING ROAD #01-180 , POSTCODE: 570025 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: - FAX NO:  
Was notice of Intended Prosecution given? NO  
If Yes, against whom?

**Circumstances of Accident**

PLS REFER TO THE POLICE REPORT : T/20180810/2147

**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 Registratin Number	SGV8998U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	LAI SHIN WEI DESMOND
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SMA9820G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	



## Sketch Plan

### 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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 lodging 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 purposes) 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 making 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 cited outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (d) above may be stored / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time

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

Reporting Centre Personnel's Signature  
Name:  
NIC/FIN No.:

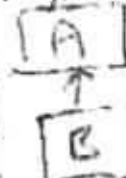
Sketch Plan #2

SKETCH PLAN

A - SMA9870G  
B - SGV8998U

Sun Ming Ave

Marginal Road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the file  
20180810/2147

DECLARATION

I/we declare the particulars are true in every respect.

X

Policyholder's Signature  
Date & Time:



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

Reporting Centre Person's Signature  
Name:  
NRIC/PPN No:

11/8/2018

## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/201808102147

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-120 SINGAPORE  
570025  
Tel No: 1800-4520009

2 of 4

Report No: T/201808102147

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN KHOON HUI	ID No.	S1536234C
Related Vehicle	SGV8998U (Car)	Contact No.	98565562
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LAI SHIN WEI DESMOND	ID No.	S7118952Z
Related Vehicle	SMA8820G (Car)	Contact No.	96032248
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/08/2018	Date Discharge	10/08/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 10th August 2018 at 7.45am, I was driving my vehicle registration number: SMA8820G along Marymount Road. I have 4 other passengers in my vehicle. (Grab ICS 366340-4-032)

Upon reaching the junction of Marymount Road/Sin Ming Avenue, I was at the stationary position while waiting for arrow turning right. Then, there was a strong impact from my rear portion. I alighted and discovered that there was another vehicle registration number: SGV8998U (V2) had collided to my rear portion.

The driver told me to claim from my insurance company. I exchanged particulars with the other driver. I do have CCTV installed in my vehicle.

Due to the impact, I went to seek medical attention and was given 5 days MC. I am lodging this report for insurance claim.

My passengers also claimed that they were in pain too.

Accident Photo



Accident Photo



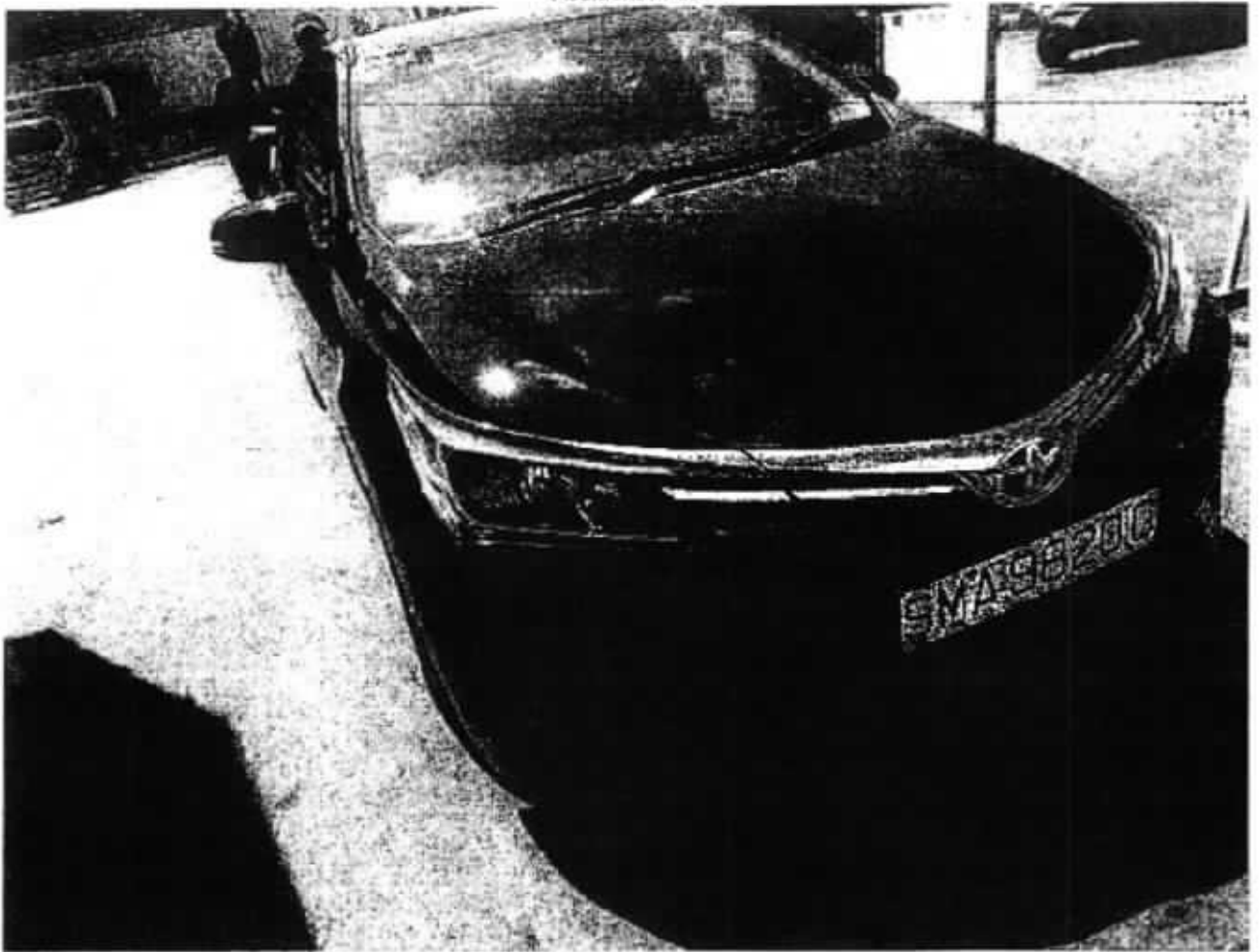
Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



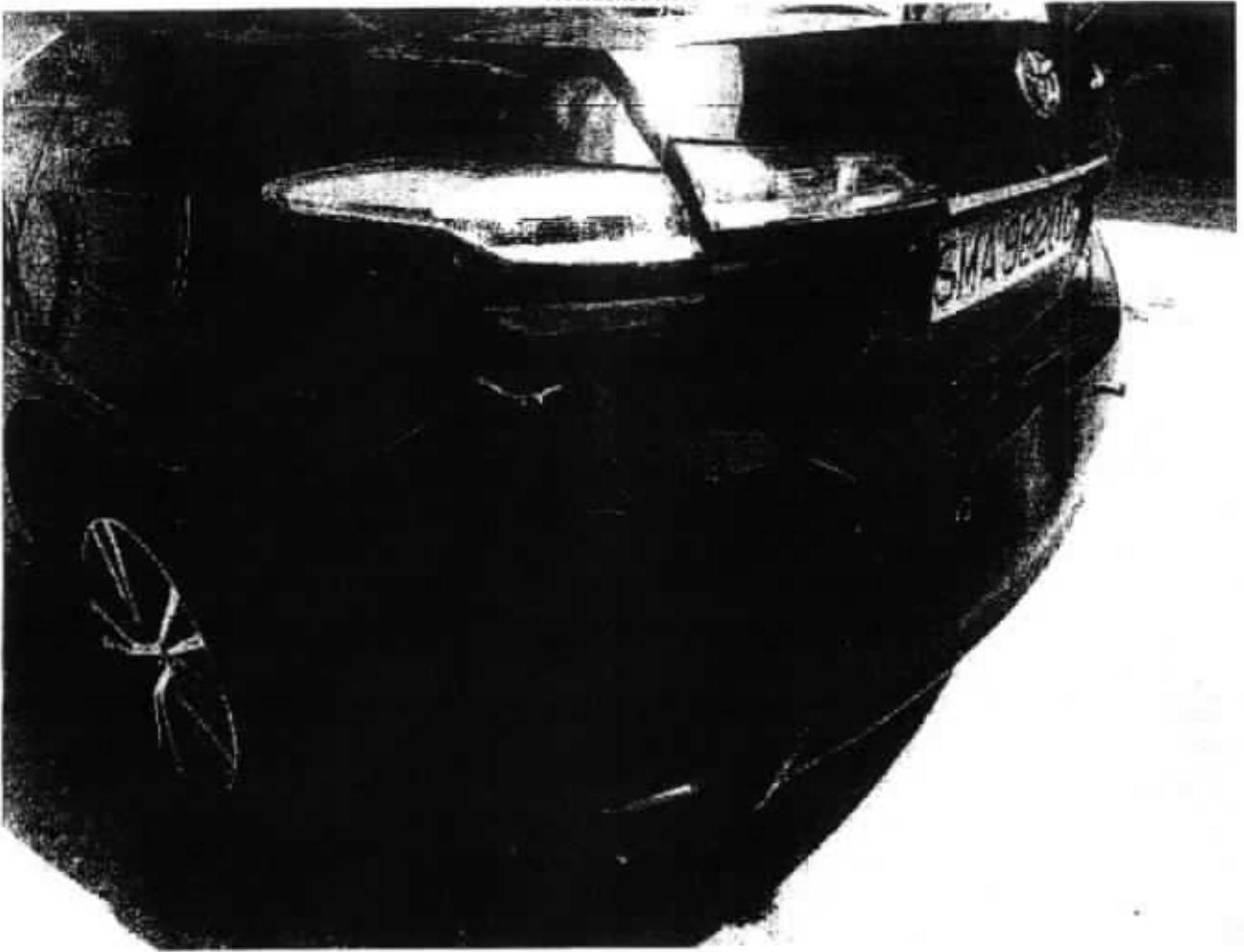
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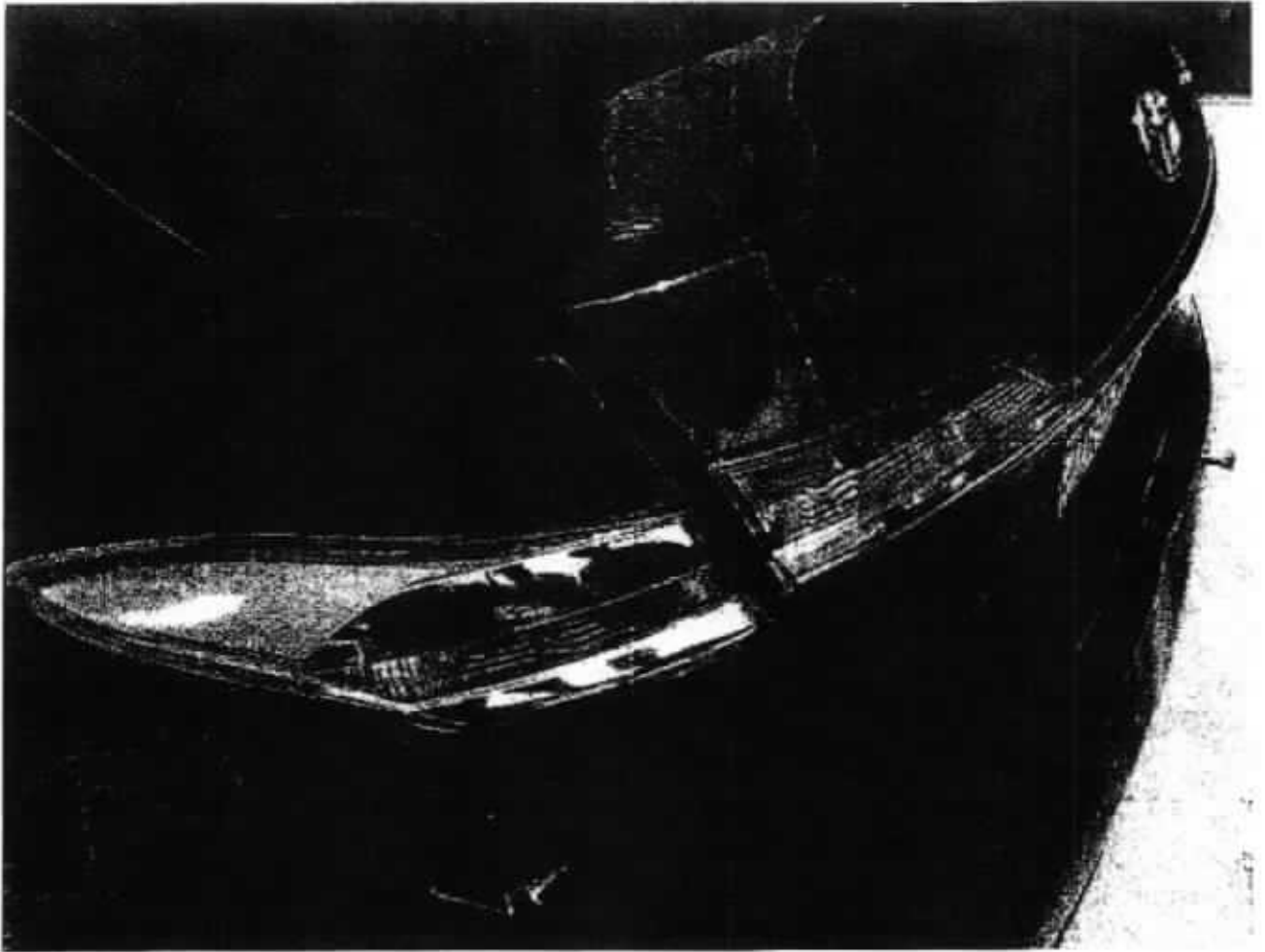
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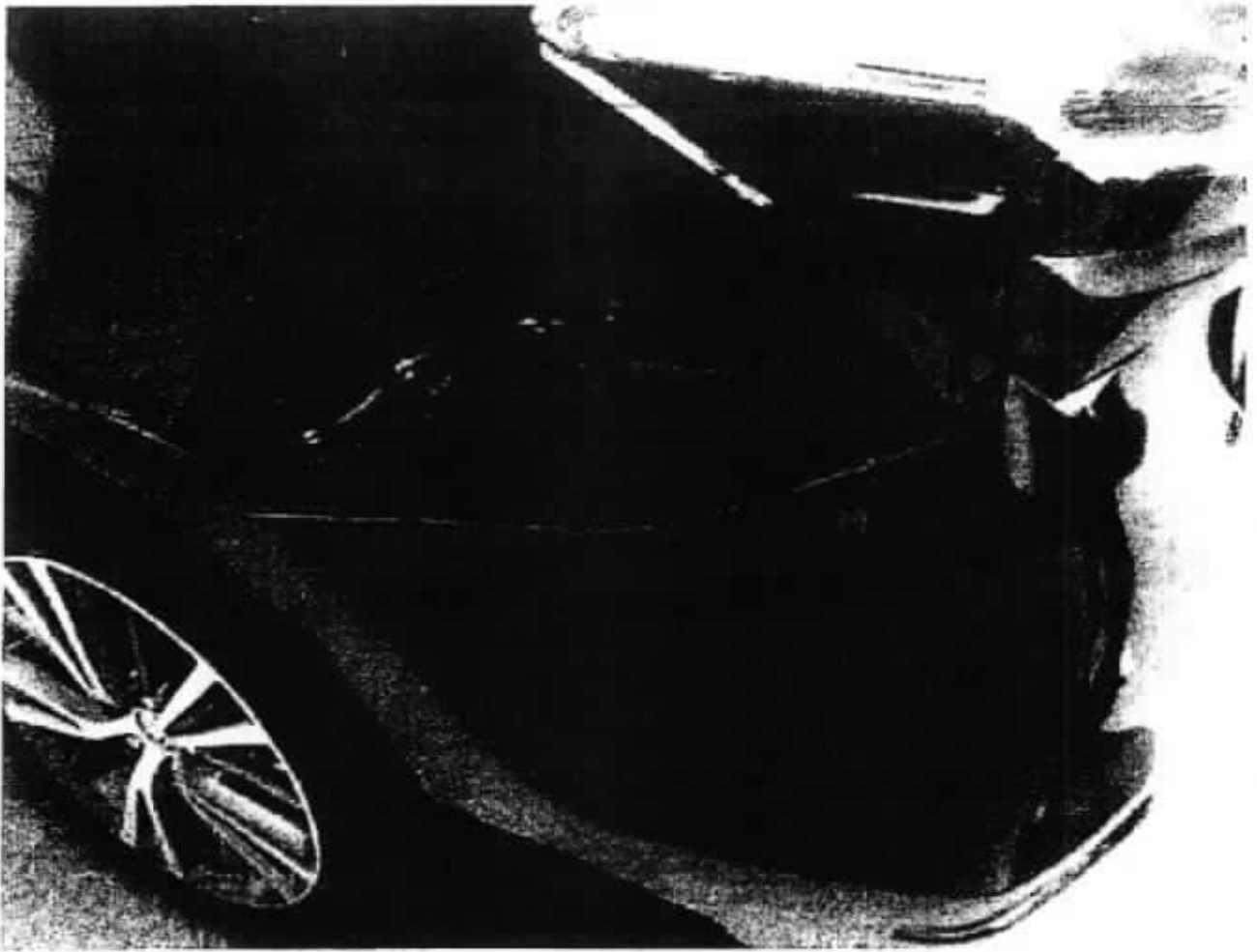
Accident Photo



Accident Photo



Accident Photo





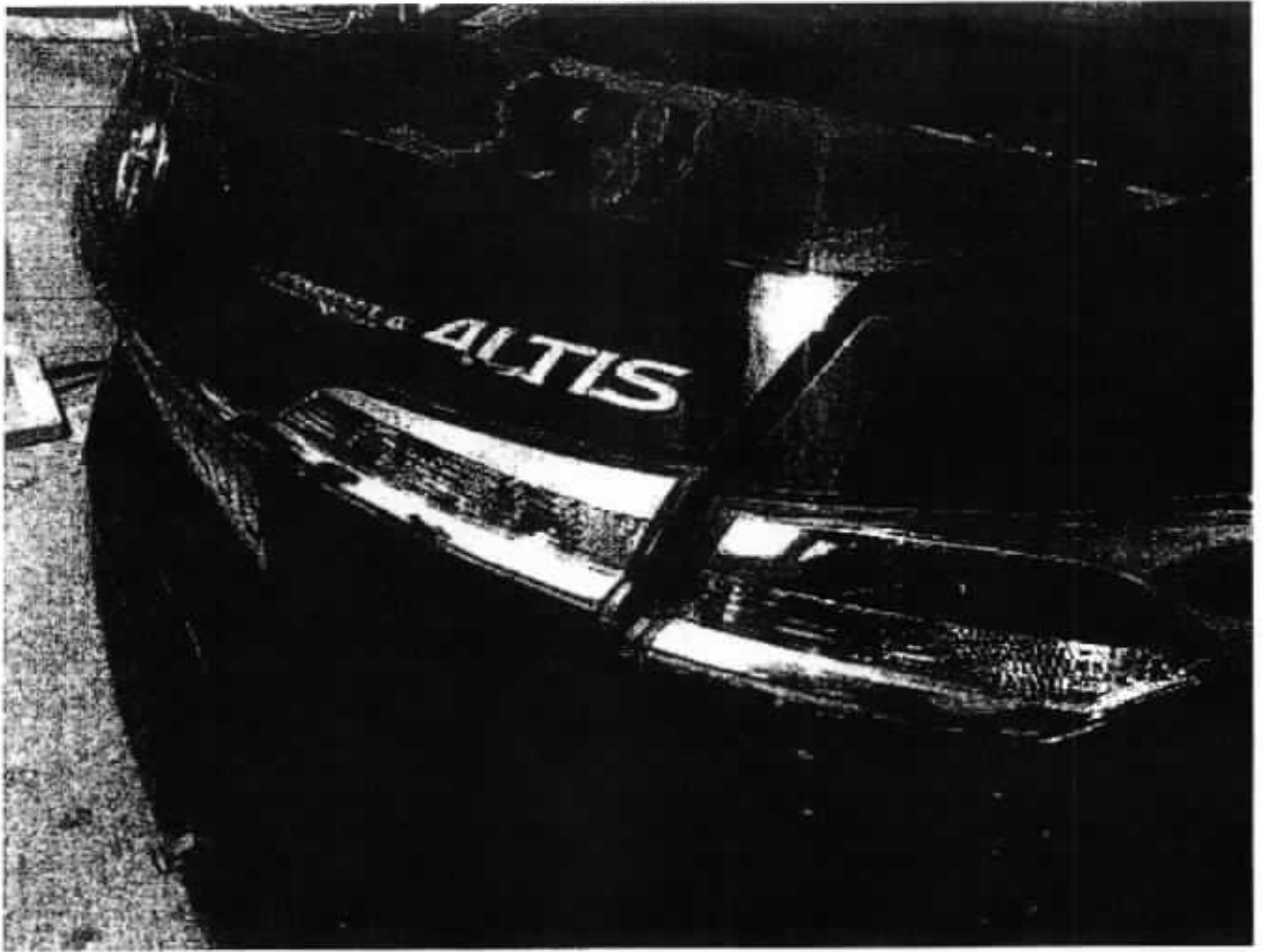
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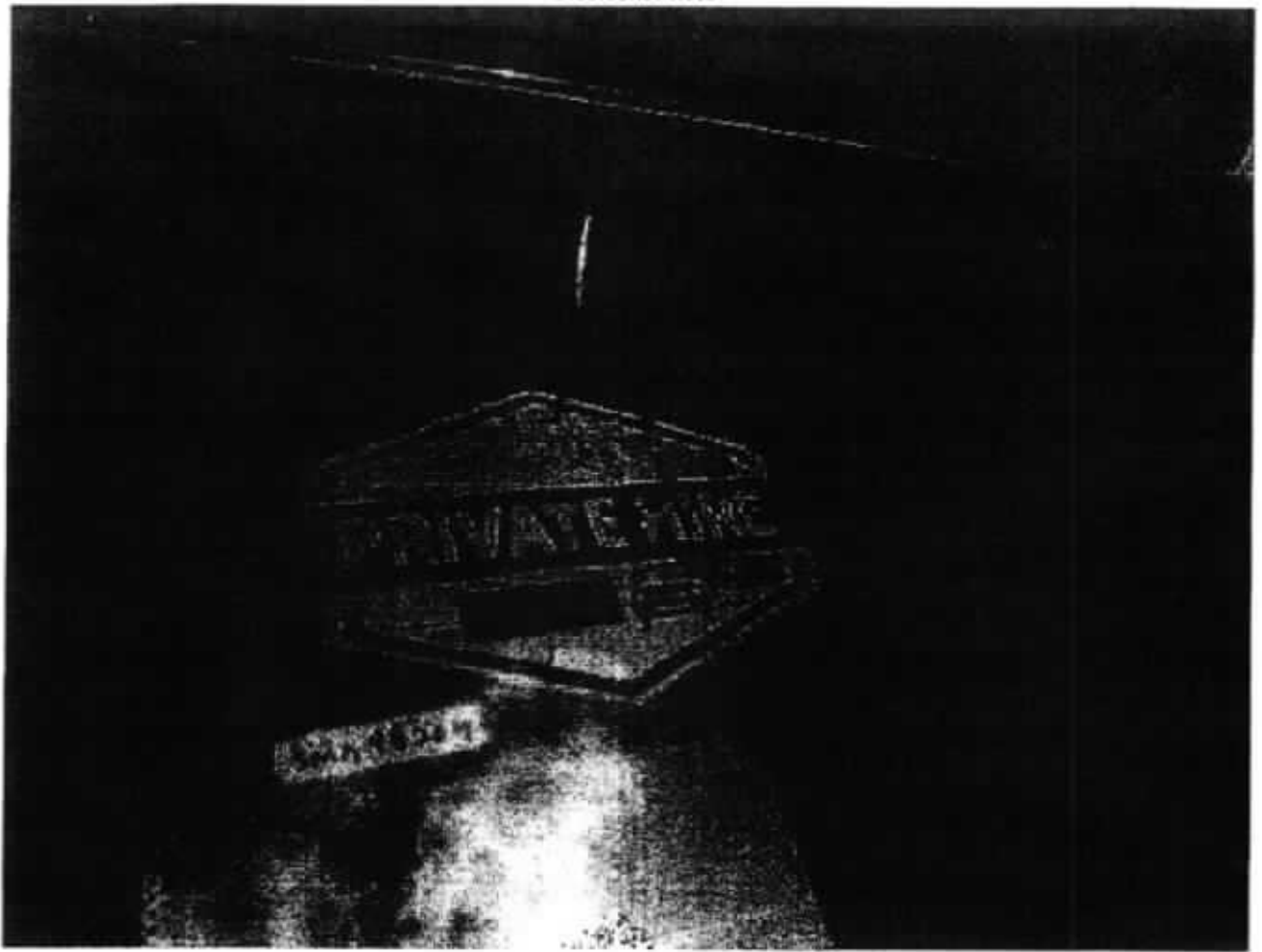
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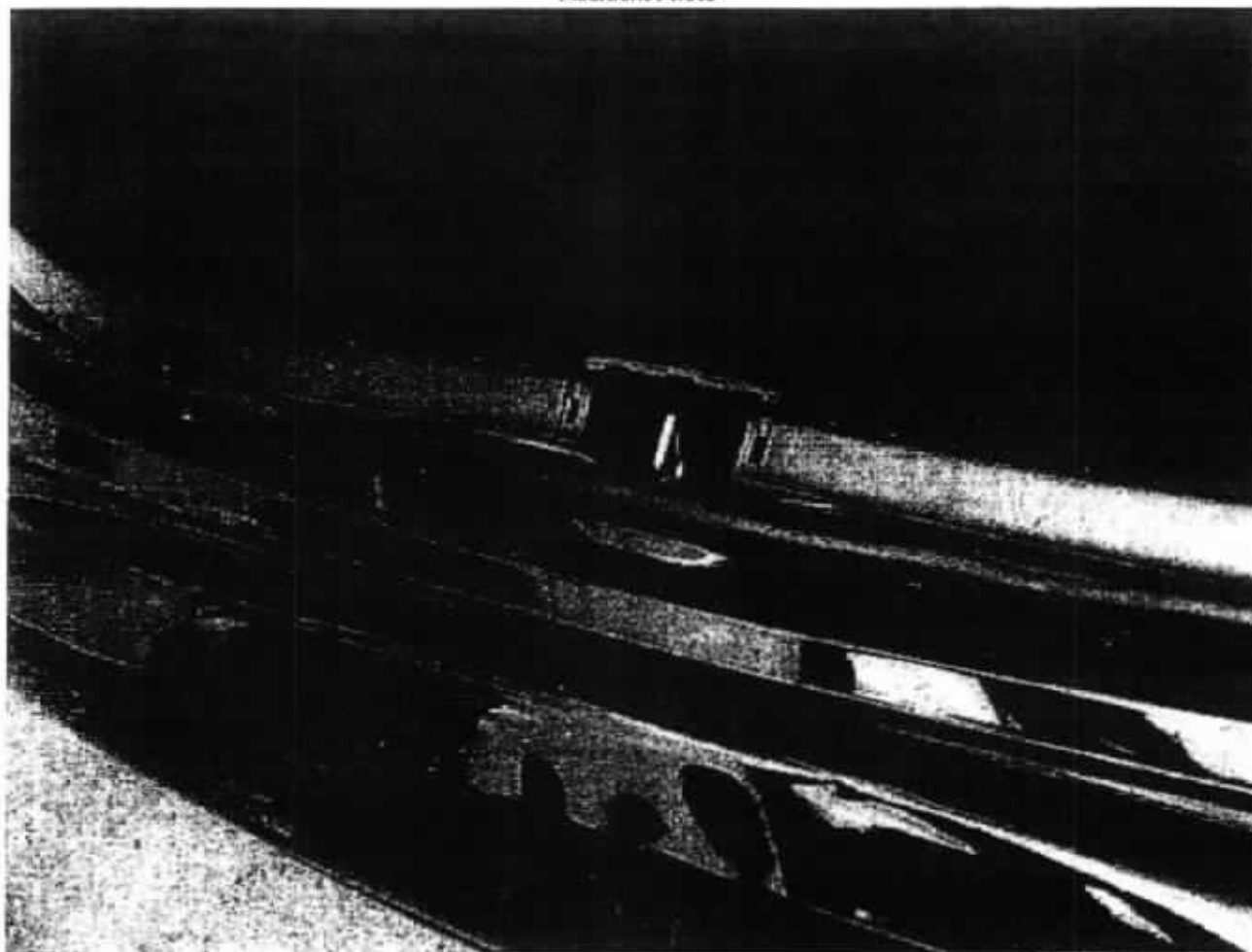
Accident Photo



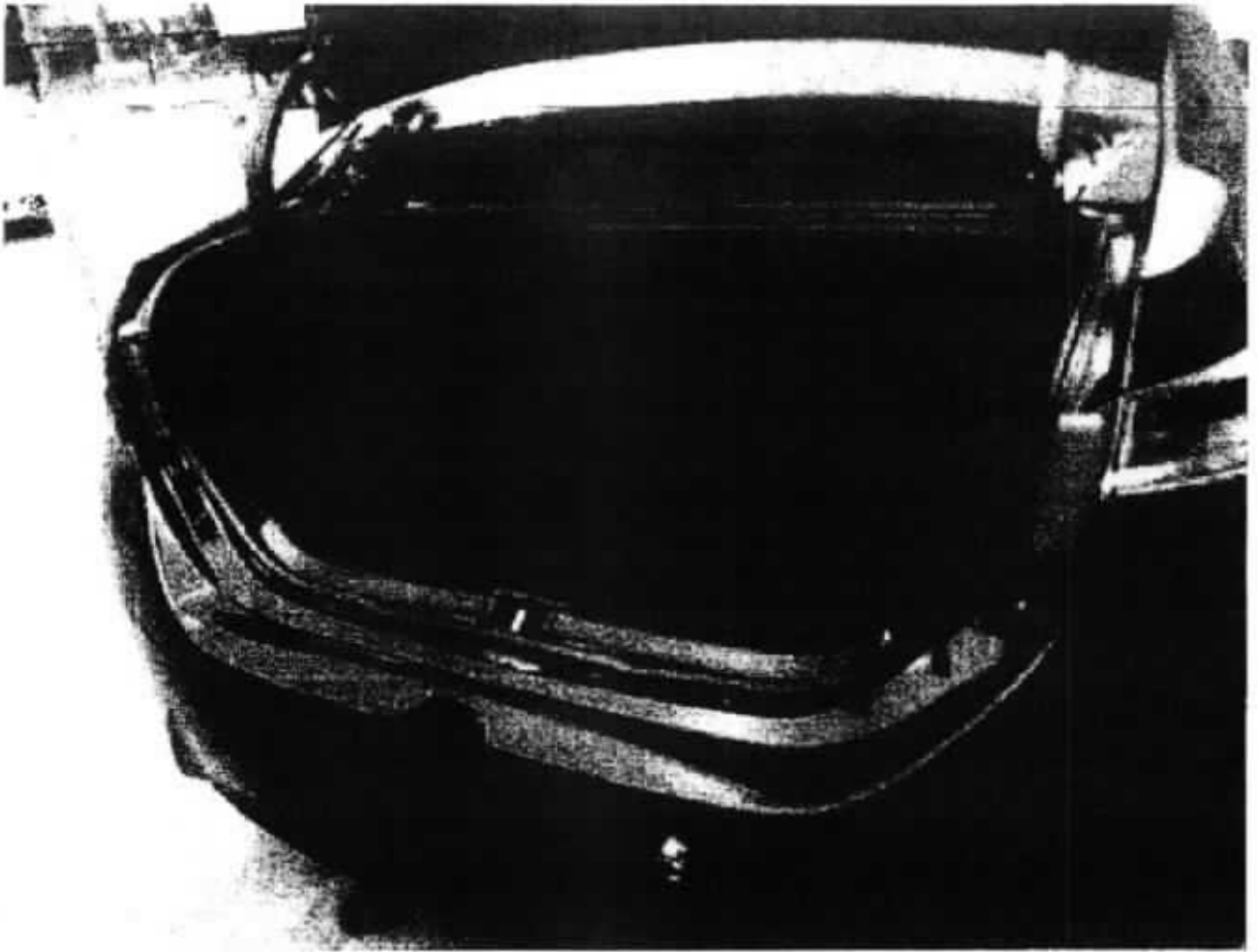
Accident Photo



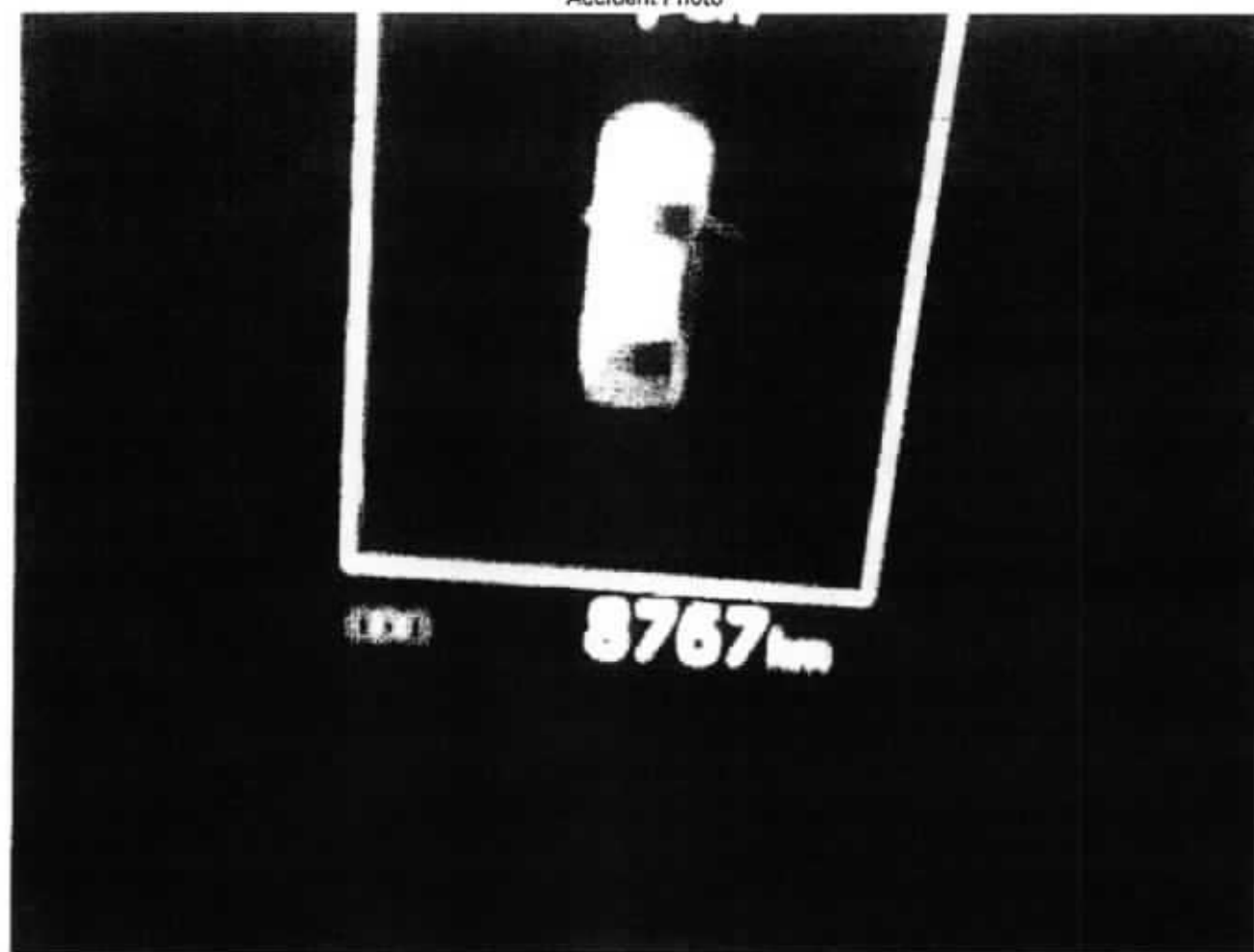
Accident Photo



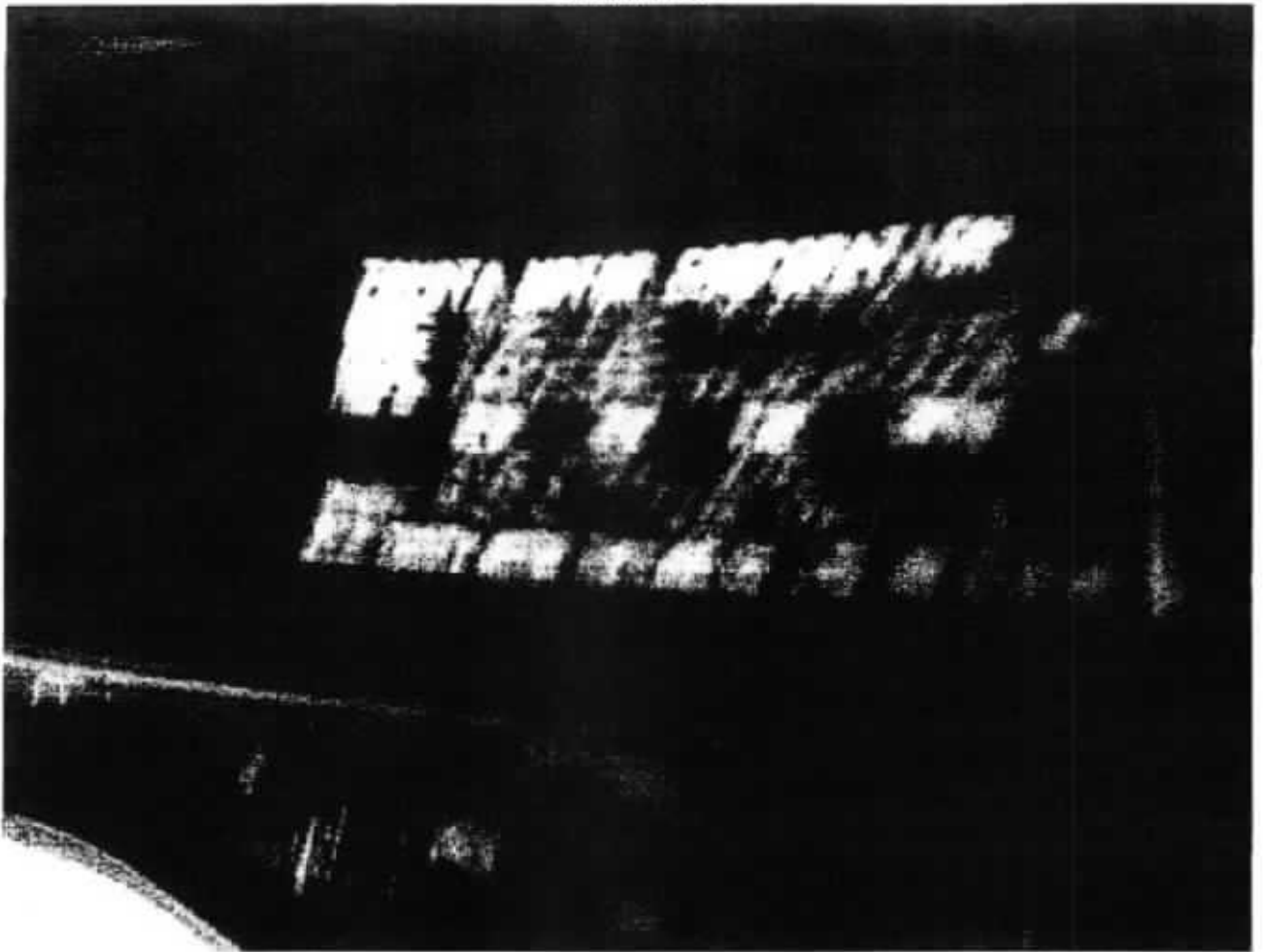
Accident Photo



Accident Photo



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	13/08/2018 15:01
Date Of Accident	10/08/2018 19:50
Exact Location Of Accident	ALONG SIN MING ROAD TOWARDS BISHAN ST 21
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV8998U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN KHOON HUI
<b>Vehicle Particulars</b>	
Manufacturer	VOLVO
Model	XC90-2.5 T (A)
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA342603/1
Cover Note Number	11/04/2018-05/05/2019
<b>Driver</b>	
Name of Driver	TAN KHOON HUI
NRIC No	S1536238C
Address	1C PINE GROVE 09-12

### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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)	2

### Circumstances of Accident

REFER TO THE SKETCH PLAN

### 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

SMA9820G

Vehicle Make/Model/Colour

B

Name of Driver

LAI SHIN WEI DESMOND

Insurance Company Name

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

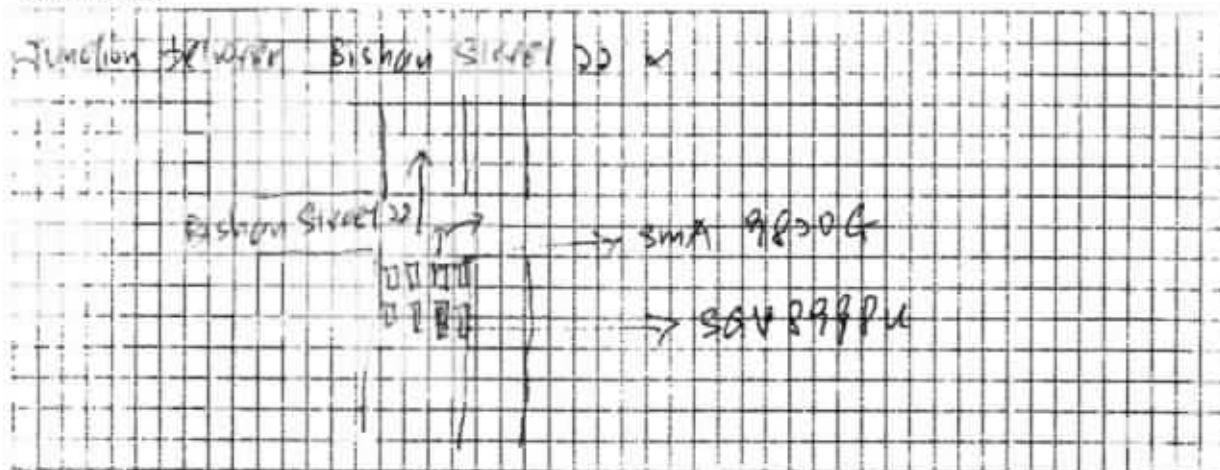
13/8/2018

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

13/8/2018

Reporting Centre Personnel's Signature  
Name: Kenneth  
NRIC/FIN No:

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Friday Night at the junction bet Bishop St & 22  
on 11/8/2018 vehicles stopped at the junction awaiting  
for the green light.

I saw the cars on my left lane started moving. I  
released my brake to move forward.

However it appeared that the car in front - SMA 9820G  
did not move or moved slowly → Thus my vehicle  
SAV 898PU banged against his car SMA 9820G → The  
bumper suffered slight bent.

My vehicle SAV 898PU only had slight damage to rear  
number plate. I therefore is not claiming for my own  
car damage.

This is only for claim reporting purpose only.

**Important:**

You have been advised by the workshop that in the event that you wish to  
claim against your own policy (OD CLAIM), There is a FOURTEEN (14)  
DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame  
from the day of the occurrence.

- |                                     |                                  |
|-------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> | - Reporting Only                 |
| <input type="checkbox"/>            | - Claim OD                       |
| <input type="checkbox"/>            | - Claim TP                       |
| <input type="checkbox"/>            | - Claim OD/ TP at other workshop |

## DECLARATION

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

Policyholder's signature

Date & Time

13/8/2018

Driver's Signature

(If driver not the policyholder)

Date & Time

13/8/2018

Reporting Centre Personnel's Signature

Name: Kenneth

Nric/Fin No.



redefining / insurance

Date: 13/8/18

To: Owner of Vehicle Number: SGV 995W

The following has been advised to you via your workshop, CHU2 PROTECT AS6 LTD through their staff, Kenneth

Please tick the applicable box if you had been advised on the content as seen below:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☒ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ The estimated waiting time for the spare parts to arrive is \_\_\_\_\_. The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☐ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- ☐ For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using any combination of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☐ Others \_\_\_\_\_

Signed and acknowledge by:

[Signature] 13/8/2018  
Name and signature of policyholder/authorised driver

Kenneth

Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





**MY**  
CONSULTANT

# OPERATING LEASE AGREEMENT

68 KAKI BUKIT AVENUE 6 #02-05 ARK@KB S417896 Tel: (+65) 9060 6244  
Email: mycarconsultantsg@gmail.com (Company Registration No: 201605878Z)

## VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULARS	ADDITIONAL HIRER'S PARTICULARS
Name (As in NRIC) LAI SHINWEI DESMOND	Name (As in NRIC) :
NRIC/Passport No : S718952/2	NRIC/Passport No :
Date of birth : 10/06/1971 Age : 47	Date of birth : Age :
Address : 102 HAIG ROAD #09-05 S(438798)	Address :
Mobile No : 90932248	Mobile No :
Type of driving license : Local / International	Type of driving license : Local / International

## VEHICLE DETAILS

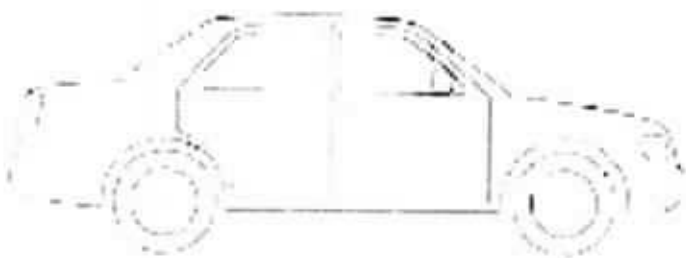
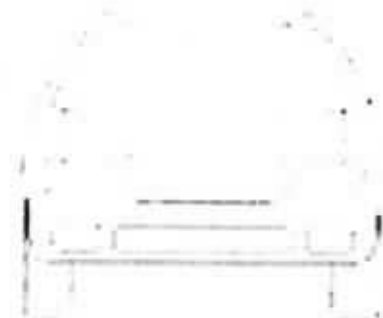
Make & Model :	Vehicle No :
Vehicle Out Date : 10/08/2018	Vehicle Return Date : 27/8/2018
Time Out : 10.25pm	Time Return :

Daily - 10	Day/s	@ S\$ 150	Per Day	\$ 1,500
Weekly -	Week/s	@ S\$	Per Week	\$
Monthly -	Month/s	@ S\$	Per Month	\$
Deposit :				\$
Delivery Service :				\$
Others :				
Total Nett Charges				\$ 1,500

  
Hirer Signature

\_\_\_\_\_  
Additional Hirer Signature

COLLECTION OF VEHICLE



FUEL : Low - 1/8 - 1/4 - 3/8 - Half - 5/8 - 3/4 - 7/8 - Full

Remarks :

Hirer Signature

My Car Consultant Pte Ltd

RETURN OF VEHICLE



FUEL : Low - 1/8 - 1/4 - 3/8 - Half - 5/8 - 3/4 - 7/8 - Full

Remarks :

Hirer Signature

My Car Consultant Pte Ltd

6. Replacement

6a. If for any reason, the stated vehicle described in the schedule of any other vehicle ordered by The Hirer prior to the commencement of the period of hire is not available at the time of such commencement, MCCPL will have the right to replace the stated vehicle with an alternative vehicle of similar seating capacity and performance. If no such vehicle is available, The Hirer shall be repaid any hire charge and deposit (if any) paid by him after offsetting the payment charge and costs incurred but shall have no claims of any kind whatsoever against MCCPL.

6c. Any damage of the vehicle will be charged to The Hirer according to MCCPL renewable repair costs to make good of the said damage to the same condition as it was at the start of the rental period.

7. Restriction of Use

7a. The Hirer shall not take the stated vehicle outside mainland Singapore without the written consent or authorised by MCCPL. Failure to comply with this term may entail serious consequences and The Hirer shall assume personal and fully responsibility and in the event of the stated vehicle being damaged, confiscated, forfeited or seized as a result thereof, The Hirer shall indemnify MCCPL for all the lost incurred of the full value of the stated vehicle.

7b. The Hirer / Authorized Driver shall refrain from dirtying the interior of the vehicle. A cleaning charge of \$50.00 will be levied for smoke odour and / or dirty vehicle. The Hirer shall bear all cost for all tires repair during long/short term rental period.

8. Others

8a. The vehicle may only be driven by The Hirer or by persons who have been expressly authorized by MCCPL in the stated Rental Invoice. The Hirer/Authorized Driver is NOT ALLOWED to sublet/lend/borrow the rental vehicle to a third party driver. The Hirer must not sublet/lend/borrow the stated vehicle to a third party without authorization by MCCPL.

8b. The Hirer must not repair the stated vehicle at any unauthorized workshop during or within the rental period.

8c. The Hirer must not use the stated vehicle, for racing, speeding above 130km/h (Include Oversea Usage), EXITING SINGAPORE (without written consent), using for Uber or Grab Car without written consent or declaring of false destination for Malaysia usage.

8d. Each clauses on Breaching of Agreement, The Hirer will have to bear a Compensation of Company loss not up to \$3500.00 to MCCPL, AND the vehicle shall be seized by MCCPL without any refund of the vehicle rental and deposit. The Hirer / Authorized Driver is to use the vehicle only for Lawful and Legitimate purposes.

**For bank transfer, to DBS Current 018-904614-2. For cheque to "My Car Consultant Pte Ltd".**

I/We have read and agreed to the above-mentioned Rental Agreements.



Hirer Signature

My Car Consultant Pte Ltd

## **RENTAL AGREEMENT, TERMS AND CONDITIONS.**

1. The Hirer / Authorized Driver ("Driver") , My Car Consultant Pte Ltd ("MCCPL").

1a. The Hirer and the authorized driver must be over 21 years of age and under 60 years old and be holding valid driving license. Failure to observe stipulation may return all damage cost to be borne by The Hirer.

2. Rates

2a. All vehicles rates quoted include insurance, maintenance in wear and tear of vehicle and unlimited mileage. Each excess hour is charged at \$20.00 per hour. Vehicles returned with less petrol than what it was taken by The Hirer, The Hirer shall have to pay additional of \$20.00 per quarter of the patrol less. The Hirer have to bear all Parking and Traffic Fines / Fees and ERP charges during the rental period.

3. Accident and Breakdowns

3a. In the event of any accident, insurance excess for those aged 24 and above with at least 2 years of driving experience would be \$4500. Whereas for those aged 24 and below and without at least 2 years of driving experience would be \$6000. The vehicle is not covered by a motor insurance policy covering personal accident for the hirer, his passenger or authorized driver. MCCPL shall not be responsible for any liability claims, injuries or otherwise in connection with any accident death or the losses arising from the stated vehicle. MCCPL may at the request of The Hirer and upon payment of the requisite charges arrange for separate personal accident coverage for bodily injury or death.

3b. The Hirer/Authorized driver shall report all accidents involving the stated vehicle to the owner immediately and should there be bodily injuries also to the police not later than 24 hours after the accident. The Hirer/Authorized Driver shall not agree or compound any claim partially or in full. The Hirer is to secure the names, contact numbers and addresses of all witnesses as well as the registration number of all vehicles involved in the accident. All communications/letters received from the police or third parties are to be referred to The Hirer/Authorized Driver is NOT ALLOWED to sublet/lend/borrow the rental vehicle to a third party driver. If The Hirer was caught sublet/lend/borrow the vehicle to a third party without authorized by MCCPL immediately. The Hirer shall not abandon the stated vehicle without adequate provisions for safeguarding and security at the same time. Failure to comply will render The Hirer liable for all cost and third party claims.

3c. MCCPL shall not be liable to The Hirer or any person for any loss or damage whatsoever and howsoever caused or occasioned by reason of MCCPL resuming possession of the said vehicle nor shall MCCPL be liable to any person for any monies, goods, articles or things not belonging to MCCPL which are in or alleged to be in the vehicle at the time the owner resumes possession of the vehicle.

3d. The Hirer shall agree that punctured tyre/s, empty petrol tank, loss of vehicle's key and locked keys inside of vehicle does not constitute a breakdown and that in the event of MCCPL's 24 hours emergency breakdown service is called upon to respond to such occurrence, the Hirer shall bear the cost of such response at \$50 per trip.

4. Rental Extension

4a. The Hirer wishes to extend the rental period are to inform MCCPL before the return date and is required to make full payment of the vehicle rental extension cost before the date/time of the extension starts. If no payment have been made on time, MCCPL will have the rights to seize the vehicle back and The Hirer will still have to bear the outstanding extension of the rental vehicle without using the rental vehicle.

5. Payments and Refundable Deposits

5a. Full payment have to be made upon collecting of rental vehicle. A final adjustment will be made upon collection of the rental vehicle. No part of such hire period charge shall in any circumstances be refundable except at the discretion of MCCPL.

# My Car Consultant Pte Ltd

53, Ubi Avenue 1, Paya Ubi Industrial Park,  
#01-33, Singapore 408934  
HP: 9888 8885 (Jeremy) Email: Jeremy\_dav\_86@live.com

## INVOICE

Claimant: M/s. Micro Credit (Car Leasing) Pte Ltd

Date of Invoice : 03/09/2018

C/o. M/s. My Car Consultant Pte Ltd  
53, Ubi Avenue 1 #01-33  
Paya Ubi Industrial Park  
Singapore 408934

Claim Type : Third Party  
Vehicle Reg. No : SMA9820G  
Vehicle Make/Model : Toyota Corolla Altis

Date of Accident : 10/08/2018

Description	Amount (S\$)
Lump Sum Repairs As Per Recommendation.	\$ 5,750.00
<b>Total</b>	<b>\$ 5,750.00</b>

Singapore Dollar : Five Thousand Seven Hundred Fifty Dollars Only.





# PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers

Correspondence Address: 1 Simei St 3 #02-24 S(529890)

Mobile 9295 2204 Fax 6722 8508 Email: pasvcs@hotmail.com

Business Reg 201404434D

## INVOICE

M/s. Micro Credit (Car Leasing) Pte Ltd  
C/o. 53 Ubi Avenue 1 #01-33  
Paya Ubi Industrial Park  
Singapore 408934

Invoice No. : HA/1808-57

Date : 31/08/2018

Descriptions	Amount (SGD)
Services rendered for appraiser / inspection report :-	
Survey Fee	
Photographs	
Transport Fees	
Re-inspector. Fees	
Total :	SGD : S 514.00
SGD Dollar : Five Hundred Fourteen Dollars Only.	
Our Reference : PAS/TP/0240818	
Vehicle No. : SMA9820G	
Make & Model : Toyota Corolla Altis	
Your Claim No. : Third Party Claim	

### Notes:

All cheque payment should be Crossed and made payable to "PROMINENT APPRAISER SERVICES PTE LTD".

Please indicate our "INVOICE NO." on the reverse side of the cheque.

Should you have any enquiries, please do not hesitate to contact us.



For PROMINENT APPRAISER SERVICES PTE LTD



# PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers

Correspondence Address: 1 Simei St.3 #02-24 S(529890)

Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg. 201404434D

## VEHICLE INSPECTION REPORT

Report No. : PAS/TP/0240818

Date of Report : 31/08/2018

To : M/s. Micro Credit (Car Leasing) Pte Ltd  
C/o. 53 Ubi Avenue 1 #01-33  
Paya Ubi Industrial Park  
Singapore 408934

Date of Assignment : 13/08/2018  
Report requested by : M/s. Micro Credit (Car Leasing)  
Date of Accident : 10/08/2018  
Date of Inspection : 13/08/2018  
Claim No. : Third Party Claim  
Policy No. : -

### PARTICULARS OF DAMAGED VEHICLE

Vehicle Registration No. : SMA9820G  
Make & Model : Toyota Corolla Altis  
Date of Registration : 25/06/2018  
Colour : Met. Black

Engine Capacity (cc) : 1598cc  
Mileage (km) : 8757km  
Chassis / Frame No. : MR053REH604583468  
Engine No. : 1ZR0B65498

### TYRE CONDITION

Front LH : 8 mm  
Make : Dunlop

Front RH : 8 mm  
Make : Dunlop

Rear LH : 8 mm  
Make : Dunlop

Rear RH : 8 mm  
Make : Dunlop

Road wheels Type : Alloy

(The above represents the approximate remaining life of tyre treads)

### PRE-ACCIDENT CONDITION OF DAMAGED VEHICLE (Static tests only)

General Bodywork : Good  
Paintwork : Good  
Handbrake : Serviceable  
Footbrake : Serviceable  
Steering : Serviceable  
Apparent Engine Modification : Nil

### PLACE OF REPAIRER OFFICE/WORKSHOP

Location : M/s. My Car Consultant Pte Ltd  
53, Ubi Avenue 1, #01-33, Paya Ubi Industrial Park, Singapore 408934

### ASSESSMENT

Repairer's Estimate : \$ 9,007.73  
Revised Amount : \$ 7,182.00  
Less Excess : \$ -  
Recommended Reserve : \$ 5,750.00 (Lump Sum)

Estimated Normal Period of Repairs : 8 Working Days

*Disclaimer: This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle involved. No liability or responsibility whatsoever shall be held by PROMINENT APPRAISER SERVICES PTE LTD for any reliance on this report by any third party.*



# PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers

Correspondence Address: 1 Simel St.3 #02-24 S(529890)

Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg. 201404434D

Vehicle No : SMA9820G

Report No. : PAS/TP/0240818

## GENERAL REMARKS

WITHOUT PREJUDICE

### THE ASSIGNMENT

The survey was conducted at M/s. My Car Consultant Pte Ltd, 53, Ubi Avenue 1, #01-33, Paya Ubi Industrial Park, Singapore 408934.

(Subsequent inspections have been conducted)

### POINT OF IMPACT

At the rear portion.

### DAMAGES

The boot lid, rear bumper, rear end panel, rear floor panel, rear chassis members, rear fenders, taillamps, etc.

*Other parts were also found damaged. (See schedule for details)*

### ADJUSTMENT / RECOMMENDATION

We have inspected thoroughly each and every item on the repairer's estimate against the actual damaged found on the vehicle. We list the breakdown of our findings and our recommendation as per schedule attached.

Our adjusted amount for the cost of repairs is SGD \$7,182.00.

### CONCLUSION

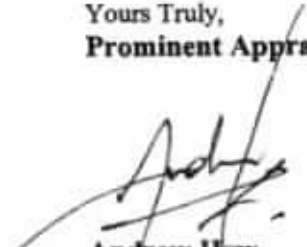
The repairer has agreed to undertake the repairs at a lump sum of SGD \$5,750.00.

This inspection was conducted entirely on a 'Without Prejudice' basis. We have not given an authorization and/or instruction to the repairer to proceed with the repairs.

We hereby reverting the matter to you for your discretion on repairs.

Assuring you of our best services always.

Yours Truly,  
**Prominent Appraiser Services Pte Ltd**

  
**Andrew How**  
Automobile Appraiser  
MSAAA  
Licensed Appraiser



# PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers

Correspondence Address: 1 Simei St 3 #02-24 S(528890)

Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg. 201404434D

Vehicle No. : SMA9820G

Report No. : PAS/TP/0240818

## APPRAISEMENT SCHEDULE

S/No.	Qty	Parts Descriptions	Condition		Repairer's Estimate (\$S)	Our Assessment (\$S)
1	1 pc	Boot lid	Dented/Distorted		\$ 721.50	\$ 721.50
2	2 pcs	Boot lid hinge R/L	Bent/Repair	\$ 84.20	\$ 168.40	\$ -
3	1 pc	Boot lid emblem (Logo)	Necessary		\$ 58.90	\$ 58.90
4	1 pc	Boot lid emblem (Corolla)	Necessary		\$ 39.30	\$ 39.30
5	1 pc	Boot lid emblem (Altis)	Necessary		\$ 43.60	\$ 43.60
6	2 pcs	Boot lid reflector R/L	Refit	\$ 367.40	\$ 734.80	\$ -
7	1 pc	Boot lid inner trim	Refit		\$ 349.30	\$ -
8	13 pcs	Boot lid inner trim clip	Necessary	\$ 2.20	\$ 28.60	\$ 28.60
9	1 pc	Boot lid lock	Bent/Damaged		\$ 382.70	\$ 382.70
10	1 pc	Boot lid lock striker	Bent		\$ 23.10	\$ 23.10
11	2 pcs	Taillamp R/L	Dented/Cracked	\$ 401.60	\$ 803.20	\$ 803.20
12	1 pc	Rr bumper	Dented		\$ 493.20	\$ 493.20
13	2 pcs	Rr bumper ultrasonic sensor R/L	Broken/Damaged	\$ 381.60	\$ 763.20	\$ 763.20
14	2 pcs	Rr bumper reflector R/L	Refit	\$ 62.70	\$ 125.40	\$ -
15	6 pcs	Rr bumper clip	Necessary	\$ 3.80	\$ 22.80	\$ 22.80
16	2 pcs	Rr bumper support R/L	Necessary	\$ 57.60	\$ 115.20	\$ X 115.20 NN
17	2 pcs	Rr bumper retainer R/L	Cracked/Necessary	\$ 104.40	\$ 208.80	\$ 208.80
18	1 pc	Rr bumper reinforcement	Dented		\$ 382.70	\$ 382.70
19	2 pcs	Rr bumper arm R/L	Dented	\$ 65.70	\$ 131.40	\$ X 131.40 NN
20	1 pc	Rr weatherstrip	Torn/Necessary		\$ 168.20	\$ 168.20
21	1 pc	Rr end panel	Dented		\$ 587.20	\$ 587.20
22	1 pc	Rr end panel garnish	Dented/Cracked		\$ 232.00	\$ 232.00
23	1 pc	Rr spare tyre cover	Serviceable		\$ 256.40	\$ -
24	2 pcs	Rr fender trim R/L	Torn/Deformed	\$ 332.40	\$ 564.80	\$ 664.80
25	8 pcs	Rr fender trim clip R/L	Necessary	\$ 3.20	\$ 25.60	\$ 25.60
26	2 pcs	Rr fender panel R/L	Dented/Repair		(Refer labour no. 1 & 2)	
27	1 pc	Rr floor panel	Dented/Repair		(Refer labour no. 1 & 2)	
					\$ 7,530.30	\$ 5,896.00
					Less Discount : 25%	\$ 1,882.58
					25%	\$ 1,474.00
					List Parts Sub-Total :	\$ 5,647.73
						\$ 4,422.00
1	1 pc	Rr end panel sealant	Necessary	S/N	\$ 40.00	\$ 40.00
					Special Nett Sub-Total :	\$ 40.00
					Parts Total :	\$ 5,687.73
						\$ 4,462.00

4886.2  
25% 3664.65



# PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers

Correspondence Address: 1 Simei St.3 #02-24 S(529890)

Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg. 201404434D

Vehicle No. : SMA9820G

Report No. : PAS/TP/0240818

S/No.	Labour Descriptions	Repairer's Estimate (S\$)	Our Assessment (S\$)
1	To straighten, repair, realign on affected area and replace damaged parts.	\$ 1,400.00	\$ 1,100.00 <sup>800</sup>
2	To spray painting, b'ending on affected and adjacent area.	\$ 1,400.00	\$ 1,200.00 <sup>1000</sup>
3	To remove and reinstall rear interior trims, garnishes, seats, etc. for necessary repairs.	\$ 150.00	\$ 120.00 <sup>60</sup>
4	To check rear electrical wiring system.	\$ 60.00	\$ 50.00 <sup>30</sup>
5	To transfer boot component parts to new boot.	\$ 100.00	\$ 80.00 <sup>60</sup>
6	To remove, replace and reinstall rear reverse sensors & control unit.	\$ 60.00	\$ 50.00 <sup>40</sup>
7	To spray anti-rust coating on new and affected panels.	\$ 150.00	\$ 120.00 <sup>60</sup>
Labour Total :		\$ 3,320.00	\$ 2,720.00 <sup>250</sup>
Total (Parts & Labour) :		\$ 9,007.73	\$ 7,182.00

## For Lump Sum Repairs

The final adjusted Lump Sum contract amount is \$ 5,750.00

Under normal circumstances, the repairs should be completed within a reasonable period of 8 Working Days. (Exclude waiting days of PRI, Sunday, Public Holiday and awaiting of shipment for spare parts)

84 Photographs were taken at the time of inspection.

**N.B:** By accepting to carry out the repairs on a contract Lump Sum basis, the repairer shall have the prerogative and discretion to replace the damaged parts with new, used, OEM or reconditioned parts and/or to repair the vehicle on a roadworthy condition to the entire satisfaction of owner.

## 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	11/08/2018 16:38
Date Of Accident	10/08/2018 19:45
Exact Location Of Accident	JUNC OF MARYMOUNT RD AND SIN MING AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA9820G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MICRO CREDIT ( CAR LEASING ) PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90932248
Alternative Phone No	OFFICE-90932248

### Vehicle Particulars

Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994694
Cover Note Number	

### Driver

Name of Driver	LAI SHIN WEI DESMOND
NRIC No	S7118952Z
Date Of Birth	10/06/1971
Occupation	OUTDOOR
Date Of Driving Pass	18/08/2004
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90932248
Fax Number	
Contact Number	OTHERS-90932248
Email Address	NOEMAIL

Address	102 HAIG ROAD #09-05
Postcode	438798
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### 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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
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)	5
Passenger 1	NAME: : NIL GENDER: : MALE
Passenger 2	NAME: : NIL GENDER: : MALE
Passenger 3	NAME: : NIL GENDER: : MALE
Passenger 4	NAME: : NIL GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NPP 25 SIN MING ROAD
Police Station Address	ROAD: 25 SIN MING ROAD #01-180 , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180810/2147

#### 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	SGV8998U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1	
-----------------------------	--

Name	LAI SHIN WEI DESMOND
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SMA9820G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	



## Sketch Plan

### 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 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. 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 lodgment 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.

#### 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 agent(s) (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time

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

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

# Sketch Plan #2

## SKETCH PLAN

A-SMA9820G  
B-SGV8998U

Sunning  
Ave

Marginal Road



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the Police Report  
1/20180810/2147

## DECLARATION

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

X

Policyholder's Signature  
Date & Time



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

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

11/8/2018

## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180810/2147

Police Station Of Origin  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No 1800-4529999

2 of 4

Report No. T/20180810/2147

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TAN KHOON HUI	ID No.	S1536238C
Related Vehicle	SGV8998U (Car)	Contact No.	98565582
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	LAI SHIN WEI DESMOND	ID No.	S7118952Z
Related Vehicle	SMA9820G (Car)	Contact No.	90932248
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/08/2018	Date Discharge	10/08/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL

**Brief Details.**

On 10th August 2018 at 7.45am, I was driving my vehicle registration number: SMA9820G along Marymount Road. I have 4 other passengers in my vehicle. (Grab IOS 3866340-4-032)

Upon reaching the junction of Marymount Road/Sin Ming Avenue, I was at the stationary position while waiting for arrow turning right. Then, there was a strong impact from my rear portion. I alighted and discovered that there was another vehicle registration number: SGV8998U (V2) had collided to my rear portion.

The driver told me to claim from my insurance company. I exchanged particulars with the other driver. I do have CCTV installed in my vehicle.

Due to the impact, I went to seek medical attention and was given 5 days MC. I am lodging this report for insurance claimed.

My passengers also claimed that they were in pain too.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180810/2147

Police Station Of Origin  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No. 1800-4529999

1 of 4

Report No. T/20180810/2147

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made 10/08/2018 21:39	Vide Report No.	Station Diary No. 33
---	-----------------	-------------------------

**Informant's Particulars**

Name of Informant: LAI SHIN WEI DESMOND			Address 102 HAIG ROAD #09-05 SINGAPORE 438798	
ID Type / ID No. NRIC NO / S7118952Z			Contact No. Home/Office	Mobile: 90932248
Nationality SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 47	Date of Birth 10/06/1971	Type of Informant: Driver	
Race Chinese			Language: English	Institution / School Name
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3	Date of Expiry

**General Information of the Accident**

Type of Accident	Injury Others	Drink Drive No	Date/Time of Accident 10/08/2018 07:45	Type of Location X-Junction
Location Junction of Road 1 and Road 2 MARYMOUNT ROAD SIN MING AVENUE At the junction				
Weather Clear		Road Surface Dry		Road Speed Limit
Traffic Flow Two Way		Traffic Control Traffic Light - Working		Traffic Volume No Traffic
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
SGV8998U	Car	VOLVO	XC90 2.5T A/T ABS D/AB 4WD 5DR TC	Grey		0
SMA9820G	Car	TOYOTA	COROLLA ALTIS STANDARD AUTO	Black		4

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180810/2147

Police Station Of Origin  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No 1800-4529999

2 of 4

Report No. T/20180810/2147

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TAN KHOON HUI	ID No.	S1536238C
Related Vehicle	SGV8998U (Car)	Contact No.	98565582
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	LAI SHIN WEI DESMOND	ID No.	S7118952Z
Related Vehicle	SMA9820G (Car)	Contact No.	90932248
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/08/2018	Date Discharge	10/08/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL

### Brief Details.

On 10th August 2018 at 7.45am, I was driving my vehicle registration number: SMA9820G along Marymount Road. I have 4 other passengers in my vehicle. (Grab IOS 3866340-4-032)

Upon reaching the junction of Marymount Road/Sin Ming Avenue, I was at the stationary position while waiting for arrow turning right. Then, there was a strong impact from my rear portion. I alighted and discovered that there was another vehicle registration number: SGV8998U (V2) had collided to my rear portion.

The driver told me to claim from my insurance company. I exchanged particulars with the other driver. I do have CCTV installed in my vehicle.

Due to the impact, I went to seek medical attention and was given 5 days MC. I am lodging this report for insurance claimed.

My passengers also claimed that they were in pain too.

Police Report



**SINGAPORE  
POLICE FORCE**



T/201808102147

Police Station Of Origin  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

3 of 4

Report No: T/201808102147

CONTINUATION OF REPORT

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180810/2147

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

4 of 4

Report No: T/20180810/2147

## CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report  
E /  
Sr Staff Sgt MOHAMAD FARID BIN JAMAL

Signature Of Informant:

Signature Of Interpreter  
Not applicable

Date/Time:  
10/08/2018 21:39

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN  
ABDULLAH  
Contact No: 65476367

Classification Of Case

Authentication Stamp  
NP158



## LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
AXA INSURANCE PTE LTD			Ref : CS3/ASM18015091/Gtbe2-1	
C/O: SEAH ONG & PARTNERS LLP 36 ROBINSON ROAD #12-03 CITY HOUSESINGAPORE 068877			Date : 21-12-2018	
			Code : ASM	
<b>1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)</b>				
Insured Veh.	SGV 8998U	Veh. Inspected	SMA 9820G	
Policy No.		Coverage (\$)	0.00	
Claim No.	18.25389 PD-O	Excess (\$)	0.00	
Assign From	HENG XIN YI	Assign Date	25/10/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA ALTIS	c.c	1598	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	MR053REH604583468	Colour	BLACK	
Odometer	32839	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	205/55 R16	DUNLOP	7 mm	
L/H Front Tyre	205/55 R16	DUNLOP	7 mm	
R/H Rear Tyre	205/55 R16	DUNLOP	7 mm	
L/H Rear Tyre	205/55 R16	DUNLOP	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE HAD COMPLETED ITS REPAIR WORKS.				
REPAIR CONDITION SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	10/08/2018	Inspection Date	18/12/2018	
Survey held at	MY CAR CONSULTANT PTE LTD 53 UBI AVENUE 1 #01-33 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>5 Working Days</b>		



# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMA 9820G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>REPLACEMENT OF PARTS</b>			
1	BOOT LID	REPLACED	721.50	721.50
2	BOOT LID HINGE R/L @\$84.20	REPAIRED SEE LABOUR	168.40	-
1	BOOT LID EMBLEM (LOGO)	REPLACED	58.90	58.90
1	BOOT LID EMBLEM (COROLLA)	REPLACED	39.30	39.30
1	BOOT LID EMBLEM (ALTIS)	REPLACED	43.60	43.60
2	BOOT LID REFLECTOR R/L @\$367.40	REFIT	734.80	-
1	BOOT LID INNER TRIM	REFIT	349.30	-
13	BOOT LID INNER TRIM CLIP @\$2.20	REPLACED	28.60	28.60
1	BOOT LID LOCK	REPLACED	382.70	382.70
1	BOOT LID LOCK STRIKER	REPLACED	23.10	23.10
2	TAILLAMP R/L @\$401.60	REPLACED	803.20	803.20
1	RR BUMPER	REPLACED	493.20	493.20
2	RR BUMPER REFLECTOR R/L @\$62.70	REFIT	125.40	-
6	RR BUMPER CLIP @\$3.80	REPLACED	22.80	22.80
2	RR BUMPER SUPPORT R/L @\$57.60	NOT NECESSARY	115.20	-
2	RR BUMPER RETAINER R/L @\$104.40	REPLACED	208.80	208.80
1	RR BUMPER REINFORCEMENT	REPLACED	382.70	382.70
2	RR BUMPER ARM R/L @\$65.70	NOT NECESSARY	131.40	-
1	RR WEATHERSTRIP	REPLACED	168.20	168.20
1	RR END PANEL	REPLACED	587.20	587.20
1	RR END PANEL GARNISH	REPLACED	232.00	232.00
1	RR SPARE TYRE COVER	SERVICEABLE	256.40	-
2	RR FENDER TRIM R/L @\$332.40	REPLACED	664.80	664.80
8	RR FENDER TRIM CLIP R/L @\$3.20	REPLACED	25.60	25.60
2	RR FENDER PANEL R/L (NPA)	REPAIRED SEE LABOUR	-	-
1	RR FLOOR PANEL (NPA)	REPAIRED SEE LABOUR	-	-
	LESS 25% DISCOUNT		-1,691.78	-1,221.55
			5,075.32	3,664.65
2	RR BUMPER ULTRASONIC SENSOR R/L @\$381.60 (SN)	REPLACED	763.20	200.00

Report Ref No. CS3/ASM18015091/Gtbe2-1



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51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LESS 25% DISCOUNT		-190.80	-
			572.40	200.00
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	RR END PANEL SEALANT (SN)	REPLACED	40.00	40.00
			40.00	40.00
	<b><u>LABOUR</u></b>			
	TO STRAIGHTEN, REPAIR, REALIGN ON AFFECTED AREA AND REPLACE DAMAGED PARTS, INCLUSIVE OF THE REPAIR OF BOOT LID HINGE R/L, RR FENDER PANEL R/L AND RR FLOOR PANEL.		1,400.00	800.00
	TO SPRAY PAINTING, BLENDING ON AFFECTED AND ADJACENT AREA.		1,400.00	1,000.00
	TO REMOVE AND REINSTALL REAR INTERIOR TRIMS, GARNISHES, SEATS, ETC. FOR NECESSARY REPAIRS.		150.00	60.00
	TO CHECK REAR ELECTRICAL WIRING SYSTEM.		60.00	30.00
	TO TRANSFER BOOT COMPONENT PARTS TO NEW BOOT.		100.00	60.00
	TO REMOVE, REPLACE AND REINSTALL REAR REVERSE SENSORS & CONTROL UNIT.		60.00	40.00
	TO SPRAY ANTI-RUST COATING ON NEW AND AFFECTED PANELS.		150.00	60.00
			3,320.00	2,050.00
	<b>GRAND TOTAL</b>		<b>9,007.72</b>	<b>5,954.65</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>4,750.00</b>

Report Ref No. CS3/ASM18015091/Gtbe2-1

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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