

Survivor

REF: CS3 / ASM18016769 / R1v6-1

Special Instruction:

Smart claim

ASSIGNMENT (Office)

From (Person): Tan Wancang of Asm Date/Time: 17/12/2018

Estimated Cost: _____ Bill to: _____

US: \$17500.00

Third Parties:

Claimant:

Surveyor: CL AppraisersWorkshop: Teamwork

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SNC 1518Y Insured: YP 9162Bat Workshop m/s Teamwork Tel: _____of 53 Ubi Ave 1 # 01-24Policy No: _____ Claim No: S8MDOVE0

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 12/01/2018

(Client's Record)

18.12.2018 (Tuesday) @ 4pm

H.O.D. Endorsement/Date: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT

Date/Time: _____ Confirmed with _____ Final Fig _____, _____ days (Red \$ _____ / _____ %; Original 7 days)Date/Time: 21/1/19 Submit Final Fig LS \$15,650, 6 days (Red \$ 1850 / 11 %; Original _____ days)

Date/Time	Action/Instruction
	<u>SNC 1518Y - (CS3 / ASM18016769 / R1v6-1)</u>
	<u>YP 9162B - X</u>
	<u>01/12/2018</u>
	<u>RECEIVED 21 JAN 2019</u>
	<u>17/1/2019</u>

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

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:

Basic & Add
Transport
Photos
Others
Total

Date:

20182001) Date/Time 21/1 - typist File Pass to _____

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 _____

REF:

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 Vett: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMC 15184 Yr Regn: 18

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Primo Mover /

Truck / Trailer or

Make: Opel Zafira 1.4 C.C. 1362

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

Sp. Reading 7762 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C.No: W0VPE9EC05104 1804Gen. 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: 225/50 R17R: "

BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 18/12/18

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prol. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

2)

Transportation: _____

Add Fee: ☐ Site Insp (\$

) \$ + RS. \$

☐ Interview (\$

) Photos

☐ Tech. Invs (\$

) Others

☐ Weekend (\$

) TOTAL

Report Format :

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

TOTAL

PRs
Form

REF: ASM (AXA)

07574

ASSIGNMENT

From: Date: 14092018

Estimated Cost:

OD / TB / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No. SMC 1518Y
at Workshop m/s Teamwork
of 53 ubi Ave 1 #01-24

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 Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res: Yes or No

Lum Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SMC 1518Y Yr Regn: 2018 / Jun

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

Truck / Trailer or

Make: OPEL ZAFIRA 1.4 C.C. 1362

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

Sp. Reading: 3953 T/Radio: Insured / Std / NI / NA

Eng/No

C/No: WOVPC9660J1641804

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / SKIMP / STD A/Rim or

Tyre Size F: 225/50R17

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 12/09/18 D.O.I. 14/09/18 @ 1133 AM

Survey held at: Teamwork

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: 1

Survey Fee

Transportation

\$ - RS. \$

Photos

Others

TOTAL

Report Format: PRS

Lump Sum / I.B.I: \$

Add Fee: ☐ : Site Insp. \$

☐ : Interview \$

☐ : Tech. Invs \$

☐ : Weekend \$

100

100



Service Request Details

Claim

S8M00VE0

Reference

None 

Loss Date

12 September 2018

Request Date

17 December 2018

Due Date

24 December 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Re-inspection

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

SMC1518Y

Make

TPVD OPEL

Service Address

13 KAKI BUKIT ROAD 1, , 415928

Primary Contact/Insured

PACIFIC SHIP SUPPLIES PTE LTD
13 KAKI BUKIT ROAD 1, #02-01, 415928, Singapore
67468489

Claim Handler

TAN Wancong

tan.wancong@axa.com.sg

Additional Instructions

please conduct Reinspection

[Messages](#)[Invoices](#)[History](#)[Documents](#)[Assessment](#)[Metrics](#)[Notes](#)[New Message](#)

* 23/03/2018

ASS. REC. BY:

REF: (S3 / ASM18016769 / R1 dbe2)

Special Instruction:

SUVA/OT

ASSIGNMENT (Office)

From (Person):

Richard Ang

of

ACM

Date/Time: 13/09/2018 1:29 pm

Estimated Cost:

Bill to:

OD / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

Sme 1518Y

Insured:

YP 9162B

nt Workshop m/s

Teamwork

Tel:

6844 2475.

of

53 Ubi Ave 1 #01-24

Policy No:

Claim No:

S8MOBVED

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

12/09/2018

CA / REV / REP. / REV 24 HRS 'wp'

14/09/2018 @ Morning

H.O.D. Endorsement:

Date/Time: 13/09/2018 2:30 pm

Person Contacted:

Daren

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	Sme 1518Y - X
	YP 9162B
	Dismantle: 17/9/2018

Catherine Chong (LKK Auto)

From: andre <andre@parwanilaw.com.sg>
Sent: Monday, 17 December, 2018 1:21 PM
To: TAN Wancong
Subject: FW: Accident involving SMC 1518Y & YP 9162B | VP.282825.18(ac) | S8M00VE0MC/WG

Importance: High

From: andre [mailto:andre@parwanilaw.com.sg]
Sent: Monday, December 17, 2018 1:20 PM
To: 'shailendra.kumar@axa.com.sg'
Cc: Victor (victor@parwanilaw.com.sg)
Subject: Accident involving SMC 1518Y & YP 9162B | VP.282825.18(ac) | S8M00VE0MC/WG
Importance: High

Dear Sir,

We refer to the matter above and to your e-mail on 1st November 2018.

Please note that our client will be dropping by 53 Ubi Avenue 1, #01-23/24 Paya Ubi Industrial Park, Singapore 408934 on 18th December 2018 at 4pm.

Kindly arrange the necessary.

Best Regards,
Andre Chua* (Mr)
Legal Executive
Parwani Law LLC
Tel : (65) 6734 9100
Fax : (65) 6734 9160
Website: www.parwanilaw.com.sg

* For on and behalf of Vijai Parwani

CONFIDENTIALITY CAUTION : This message is intended only for the use of the individual or entity to whom it is addressed and contains information that is privileged and confidential. If you, the reader of this message, are not the intended recipient, you should not disseminate, distribute or copy this communication. If you have received this communication in error, please notify us immediately by return email and delete the original message. Thank you.



PARWANI LAW LLC

ADVOCATES & SOLICITORS
COMMISSIONER FOR OATHS
NOTARY PUBLIC

UEN No: 201410012K

Our Ref : 3019539146 - - -
Your Ref : VP.282825.18(ac)
S8M00VE0MC/RA
Date : 30 October 2018



AXA INSURANCE PTE LTD

8 Shenton Way
#24-01 AXA Tower
Singapore 068811

Attention: Motor Claims Department

- ☐ Via Fax ()
☐ Via AR Registered
☒ Via Certificate of Posting
☐ Via Ordinary Post
☒ Via Hand / Courier
☐ Via Email ()

60117236

Managing Director

Vijai Parwani

parwani@parwanilaw.com.sg

Associates

Shane Yeo

shane@parwanilaw.com.sg

Nicholas Chandra

nicholas@parwanilaw.com.sg

Victor Huang Po Han

victor@parwanilaw.com.sg

Legal Executive

Ari James

ari@parwanilaw.com.sg

We do not accept service of court documents by fax

PACIFIC SHIP SUPPLIES PTE. LTD.

13 Kaki Bukit Road 1
#02-01
Singapore 415928

CERTIFICATE OF POSTING
(For your information only)



Dear Sirs,

CLAIMANT: GIN LE LING (REN LILING)

**ACCIDENT INVOLVING SMC 1518Y & YP 9162B IN KPE TUNNEL TOWARDS
TUAS ON 12 SEPTEMBER 2018**

We act on the instructions of **GIN LE LING (REN LILING)**, the owner of Motor Vehicle No. **SMC 1518Y** (the "Vehicle").

We are instructed by our client to claim damages against you/your insured in connection with the abovementioned road traffic accident involving our client's motor vehicle (**SMC 1518Y**) and your/your insured's motor vehicle (**YP 9162B**) driven by you/your insured at the material time.

We are further instructed that the accident was caused by you/your insured's negligence in driving and/or management of your/your insured's 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: -



PARWANI LAW LLC
ADVOCATES & SOLICITORS
COMMISSIONER FOR OATHS
NOTARY PUBLIC

<u>S/No.</u>	<u>Description</u>	<u>Amount</u>
1	Repair Costs	\$18,725
2	Loss of Use at \$180 per day (11 days)	\$1,980
3	Loss of Use at \$120 per day (2 days)	\$240
4	Survey Report Fees	\$1,035
5	LTA Search	\$7.49
6	Cost Contribution (at this stage)	\$1,000
7	Disbursements (at this stage)	\$80
		TOTAL: \$23,067.49

We enclose a copy of each of the following supporting documents: -

- a) GIA Report lodged by our client;
- b) LTA Search;
- c) Vehicle Rental Agreements;
- d) Surveyor's report and invoice from M/s CL Appraiser Pte Ltd; and
- e) Copies of photographs of our client's damaged vehicle.

The demand herein is in respect of our clients' claim for damages pertaining to their motor vehicle and any settlement following or subsequent to this demand shall not prejudice our clients' claim in respect of damages and consequential loss in relation to personal injuries.

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

Our clients' claim is quantified based on the supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our clients.

Please also take note that if you have a counterclaim against our clients 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.



PARWANI LAW LLC

ADVOCATES & SOLICITORS
COMMISSIONER FOR OATHS
NOTARY PUBLIC

Yours faithfully,

PARWANI LAW LLC

Shane Yeo

cc. Clients

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	12/09/2018 14:17
Date Of Accident	12/09/2018 07:25
Exact Location Of Accident	KPE TUNNEL TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC1518Y
Insured/Policyholder	
Name Of Registered Owner	GIN LE LING (REN LILING)
NRIC No	S7530757H
Email Address	GINLELING@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-94577737
Alternative Phone No	OTHERS-94577737

Vehicle Particulars

Manufacturer	OPEL
Model	ZAFIRA TOURER-1.4 (A)

Exact Purpose for which vehicle was being used at time of accident

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 CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2153372
Cover Note Number	

Driver

Name of Driver	GIN LE LING (REN LILING)
NRIC No	S7530757H
Date Of Birth	10/10/1975
Occupation	INDOOR
Date Of Driving Pass	14/10/1997
Driving Experience	20 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94577737
Fax Number	
Contact Number	OTHERS-94577737
Email Address	GINLELING@YAHOO.COM.SG

Address	BLK 500 PASIR RIS STREET 52 #13-205 SINGAPORE
Postcode	510500
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	2
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68496799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	YP9162B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SULTAN
NRIC/Passport Number	G5241279Q
Contact Number	87894541
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

- No. Of Passenger (including Driver)

DETAILS OF INJURED PERSON 1

Name	GIN LE LING (REN LILING)
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMC1518Y
Were seat belts worn?	
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.
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:


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


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

1:15PM
12/1/18

PERW 61

Sketch Plan #2

SKETCH PLAN

Vehicle No
A - SWL 518 Y
B - W29162 B

Legend
Vehicle A
Bike

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report
T/20180912/2024

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time:

GAMING, SINGAPORE

Driver's Signature

(If driver is not the policyholder)

Date & Time:

1:15 PM
12/9/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

PERWEN

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



CL APPRAISER PTE LTD

24 Peshurst Place, Singapore 556440
Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783
Reg No: 201000228E

INVOICE

Gin Le Ling (Ren Liling)
C/o: Teamwork Garage Pte Ltd
53 Ubi Avenue 1 #01-24
Paya Ubi Industrial Park, Singapore 408934

Invoice No: CL/18859

Ref No: TWG/09/1802/TP

Date: 27 September 2018

DESCRIPTION

AMOUNT

OUR SERVICE FEE CHARGES:

- SURVEY INSPECTION FOR VEHICLE NO. SMC 1518 Y
- RESURVEY INSPECTION
- DIGITAL PHOTOGRAPHS SERVICES
(INCLUSIVE OF STORAGE AND SUBMISSION OF DIGITAL PHOTOGRAPHS)
- TRANSPORTATION

GRAND TOTAL S\$1,035.00

E & O. E

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

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



CL Appraiser Pte Ltd

CL APPRAISER PTE LTD

24 Peshurst Place, Singapore 556440
Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783
Reg No: 201000228E

INVOICE

Gin Le Ling (Ren Liling)
C/o: Teamwork Garage Pte Ltd
53 Ubi Avenue 1 #01-24
Paya Ubi Industrial Park, Singapore 408934

Invoice No: CL/18859

Ref No: TWG/09/1802/TP

Date: 27 September 2018

DESCRIPTION

AMOUNT

OUR SERVICE FEE CHARGES:

- SURVEY INSPECTION FOR VEHICLE NO. SMC 1518 Y
- RESURVEY INSPECTION
- DIGITAL PHOTOGRAPHS SERVICES
(*INCLUSIVE OF STORAGE AND SUBMISSION OF DIGITAL PHOTOGRAPHS*)
- TRANSPORTATION

GRAND TOTAL S\$1,035.00

E & O. E

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

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



CL Appraiser Pte Ltd

Enquire Vehicle & Owner Information (Vehicle No. YP9162B As At 12 Sep 2018 / 07:25:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: VP.282825.18(AC)

Current Owner Details

Owner ID Type: Company

Owner ID: 200721573K

Owner Name: PACIFIC SHIP SUPPLIES PTE. LTD.

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

Registered Block/House No.: 13

Registered Street Name: KAKI BUKIT ROAD 1

Registered Unit No.: # 02 - 01

Registered Building Name: -

Registered Postal Code: 415928

Current Vehicle Details

Vehicle No.: YP9162B

Make Description/Model: MITSUBISHI / CANTER FEB21ER4SDEN (CBU)

Insurance Company Name: AXA INSURANCE PTE LTD

S L APPRAISER PTE LTD

24 Penshurst Place, Singapore 556440
Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783
Reg No: 201000228E

VEHICLE INSPECTION REPORT

To: Gin Le Ling (Ren Liling) Date : 27 September 2018
C/o: Teamwork Garage Pte Ltd Our ref : TWG/09/1802/TP
53 Ubi Avenue 1 #01-24
Paya Ubi Industrial Park, Singapore 408934

Accident Date : 12 September 2018 Type of Survey : Third Party
Inspection Date : 14 September 2018
Repairer Name : Teamwork Garage Pte Ltd
53 Ubi Avenue 1 #01-24
Paya Ubi Industrial Park, Singapore 408934

PARTICULARS OF VEHICLE

Registration No : SMC 1518 Y Year / Capacity : 2017 / 1364 cc
Make / Model : Opel Zafira Colour : Black
Chassis No : W0VPE9EC0J1041804 Mileage : 3953
Engine No : B14NET19RY6260

CONDITION OF TYRES

	Make	Size	Thread Balance	Rim
Front Nearside	: Bridgestone	225/50 R17	5 mm	Sport
Front Offside	: Bridgestone	225/50 R17	5 mm	Sport
Rear Nearside	: Bridgestone	225/50 R17	5 mm	Sport
Rear Offside	: Bridgestone	225/50 R17	5 mm	Sport

GENERAL DESCRIPTION OF DAMAGE VEHICLE

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

Enclosed number of photographs: **115** copies

REMARKS

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

RECOMMENDATIONS

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

The repairer has agreed to undertake the job at a **Lump Sum of \$ 17,500.00** on a contractual basis.

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

SCL APPRAISER PTE LTD

Vehicle Registration No: SMC 1518 Y

Our Ref No: TWG/09/1802/TP

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

SPARE PARTS - LIST ITEMS

1	Rear windscreen glass	Damage	\$ 2,250.00	\$ 2,250.00
1	Rear windscreen moulding	Necessary	\$ 240.00	\$ 240.00
1	Rear tailgate	Damage	\$ 3,380.00	\$ 3,380.00
2	Rear tailgate dampers	Intact	\$ 490.00	
1	Rear tailgate inner board	Damage	\$ 560.00	\$ 560.00
2	Rear tailgate lamps	Damage	\$ 990.00	\$ 990.00
1	Rear tailgate inner lock	Damage	\$ 370.00	\$ 370.00
1	Rear tailgate logo	Necessary	\$ 98.00	\$ 98.00
1	Rear tailgate outer chrome moulding	Damage	\$ 365.00	\$ 365.00
1	Rear tailgate rubber	Necessary	\$ 375.00	\$ 375.00
1	Rear tailgate "ZAFIRA" emblem	Necessary	\$ 95.00	\$ 95.00
1	Rear tailgate "TURBO" emblem	Necessary	\$ 85.00	\$ 85.00
1	Rear tailgate opening switch	Damage	\$ 320.00	\$ 320.00
1	Rear wiper blade	Necessary	\$ 45.00	\$ 45.00
1	Rear wiper motor	Damage	\$ 750.00	\$ 750.00
2	Rear taillamps	Damage	\$ 1,190.00	\$ 1,190.00
1	Rear end panel	Damage	\$ 955.00	\$ 955.00
1	Rear end panel inner garnish	Damage	\$ 320.00	\$ 320.00
1	Rear bumper	Damage	\$ 2,050.00	\$ 2,050.00
2	Rear bumper side brackets	Damage	\$ 390.00	\$ 390.00
1	Rear bumper clip (1 set)	Necessary	\$ 80.00	\$ 80.00
1	Rear bumper inner sponge	Damage	\$ 145.00	\$ 145.00
1	Rear bumper inner frame pad	Damage	\$ 155.00	\$ 155.00
2	Rear bumper lower brackets	Damage	\$ 84.00	\$ 84.00
2	Rear bumper reflectors	Damage	\$ 290.00	\$ 290.00
1	Rear bumper reinforcement	Damage	\$ 990.00	\$ 990.00
2	Rear bumper side retainers	Necessary	\$ 216.00	\$ 216.00
1	Rear bumper lower center lid	Damage	\$ 615.00	\$ 615.00
1	Rear bumper tow hook cover	Damage	\$ 95.00	\$ 95.00
2	Rear bumper PDC sensors	Damage	\$ 900.00	\$ 900.00
1	Rear spare tyre inner tool box	Damage	\$ 590.00	\$ 590.00
1	Rear floor panel	Repair	\$ 1,860.00	
2	Rear fender inner trims	Damage	\$ 1,240.00	\$ 1,240.00
			\$ 22,578.00	\$ 20,228.00
			Less 10%	\$ 2,257.80
Total Cost - List Items			\$ 20,320.20	\$ 18,205.20



C L APPRAISER PTE LTD

Vehicle Registration No: SMC 1518 Y

Our Ref No: TWG/09/1802/TP

Qty	Description	Conditions	Repairer's Estimate	Revised Amount
List Items Total c/f			\$ 20,320.20	\$ 18,205.20

SPECIAL NETT ITEMS

1	Rear windscreen sealant	Necessary	\$ 80.00	\$ 50.00	
1	Rear number plate with holder	Damage	\$ 50.00	\$ 50.00	35
1	Rear reverse camera	Damage	\$ 450.00	\$ x Δ 450.00	250 X HI
1	Rear view camera recorder	Damage	\$ 680.00	\$ x Δ 680.00	300 X HI
Total Cost - Special Nett items			\$ 1,260.00	\$ 1,230.00	

585

Total cost of parts

\$ 21,580.20 \$ 19,435.20

SCL APPRAISER PTE LTD

Vehicle Registration No: SMC 1518 Y

Our Ref No: TWG/09/1802/TP

S/No	Description	Repairer's Estimate	Revised Amount
Total cost of parts c/f		\$ 21,580.20	\$ 19,435.20
<u>LABOUR</u>			
1	To remove, refit, replaced damaged lamps and check up rear electrical wiring	\$ 80.00	\$ 50.00 30
2	To remove and refit inner garnishes, inner trim to assist repair.	\$ 150.00	\$ 120.00 60
3	To remove and refit rear reverse sensor and camera.	\$ 150.00	\$ 120.00 80
4	To transfer rear tailgate mechanism and wiring assembly to assist repair.	\$ 120.00	\$ 80.00 60
5	To remove and refit rear windscreen glass.	\$ 180.00	\$ 120.00
6	To apply undercoating on repaired and replaced panel.	\$ 180.00	\$ 120.00 100
7	To provide labour charges, workmanship to dismantle above damaged parts, repair including cut and weld ; re-align body structure and damaged consistent to the accident.	\$ 1,400.00	\$ 1,000.00 800
8	To respray painting include polishing and waxing on the changed body parts, repaired portions where consistent to the accident.	\$ 1,200.00	\$ 880.00 800 2050
GRAND TOTAL		\$ 25,040.20	\$ 21,925.20

17,114.70
 585.00
 2050.00
 20,349.70
 20%
 16,279.76
 4/5 - 16,250
 6 days

Vehicle Registration No: SMC 1518 Y

Our Ref No: TWG/09/1802/TP

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a **Lump Sum Repair Contract of : \$ 17,500.00**

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

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

Disclaimer

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

C L APPRAISER PTE LTD



Cheong K. H
Automotive Appraiser

K & t Cars

53 Ubi Ave 1 #01-23 Paya Ubi Ind Park
Singapore 408934
Tel: 6844 5938 Fax: 6285 5228
Email: kntcars@gmail.com
Biz Reg. No.: S3208965X

VEHICLE RENTAL AGREEMENT

NO.: KT-

Veh. No.: SMC 1518 Y	Replace Veh. No.: SJS 3911 H.
Veh. M / M: OPEL ZAFIRA	Replace Veh. M / M: TOYOTA ALTIS

HIRER'S PARTICULAR		<input checked="" type="checkbox"/> SAME AS HIRER DRIVER'S PARTICULAR	
Name: GIN LE LING		Name:	
Address: BLK 500 PASIR RIS ST 52 # 13-205		Address:	
SINGAPORE 510500			
I/C: S753079TH	D.O.B: 10/10/1975	I/C:	D.O.B:
Contact: 9457 7737	Pass Date: 14/10/1997.	Contact:	Pass Date:

	A - ACCIDENT	Hirer's acceptance
	C - CRACKED	
	D - DENTS	Driver's acceptance
	S - SCRATCHES	

RENTAL DETAILS					
Mileage Out		REMARKS	Mileage In		REMARKS
Date Out	12.09.18		Date In	14.09.18	
Time Out	12.50 PM		Time In	1630	
ASSIGNED BY			CHECKED BY		

RENTAL CHARGES				PETROL / DIESEL LEVEL					
Daily	@ \$	120	2 Days @ \$ 240	OUT	E	1/4	1/2	3/4	F
Weekly	@ \$		Wks @ \$						
Monthly	@ \$		Mth @ \$	IN	E	1/4	1/2	3/4	F
Hours	@ \$		Hrs @ \$						
*Inclusive of additional charges (if any)				Petrol Charges		YES	NO	AMT: _____	
Amt payable* \$ 240				CDW		YES	NO	AMT: _____	
Payment: <input type="checkbox"/> CASH <input type="checkbox"/> NETS <input type="checkbox"/> CHQ <input type="checkbox"/> VISA <input type="checkbox"/> MAST				Security Deposit		YES	NO	AMT: _____	
Bank / Cheque No.:				Advance Payment		YES	NO	AMT: _____	

I/We have read and agree to the terms and conditions stated on this page and overleaf. I/We am/are also aware that should there be any parking and/or traffic offence committed during the leasing period when the vehicle is in my/our possession, we will be billed accordingly. Subsequently, our personal details may be tender accordingly to the government parking and/or traffic offence department. With us undersigning below, I/We am/are sure that all information I/We have given to K & t CARS in connection with this agreement are true and accurate.

IMPORTANT INFORMATION (To be go through by the personnel of K & t CARS to the hirer and/or driver upon leasing of vehicle)

- Only persons above 26 and below 60 years of age with 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle.
- Vehicle is strictly for Singapore use only and may not be driven out of Singapore without prior consent of the company K & t CARS.
- Use of the vehicle illegal purpose such as in connection with theft, drug peddling or trafficking, smuggling is strictly prohibited.
- Additional drivers are required to register with us before they are allowed to drive the vehicle. Otherwise, he/she will not be protected by the insurance cover.
- The hirer shall be liable for excess charges for any late return of the rate shown per hour or on a per day basis.
- In case of any accident, the hirer MUST report to K & t CARS immediately regardless of the seriousness of the impact occurred. If there are bodily injuries, a police report MUST be made within the next 24 hours.
- In view of all accident, the hirer will bear the full responsibility for the SGD\$3,500/- excess payable to K & t CARS and also the first SGD\$3,500/- excess for damaged to the third party vehicle.

ACKNOWLEDGEMENT	
 Signature of hirer / driver (company stamp if any)	 For and on behalf of K & t CARS (authorised signature only)

K & t Cars

53 Ubi Ave 1 #01-23 Paya Ubi Ind Park
Singapore 408934
Tel: 6844 5938 Fax: 6285 5228
Email: kntcars@gmail.com
Biz Reg. No.: 53208965X

VEHICLE RENTAL AGREEMENT

NO.: KT-13984

Veh. No.: SMC1518Y	Replace Veh. No.: SLA4730C
Veh. M/M: Opel Zafira	Replace Veh. M/M: Toyota Wsh

HIRER'S PARTICULAR		<input checked="" type="checkbox"/> SAME AS HIRER DRIVER'S PARTICULAR	
Name: Gin Le Ling		Name:	
Address: Blk 500 Pasir Ris St 52		Address:	
#13-205 S(510500)			
IC: S7530757H	D.O.B: 10/10/1975	IC:	D.O.B:
Contact: 94577737	Pass Date: 14/10/1997	Contact:	Pass Date:

	A - ACCIDENT	Hirer's acceptance
	C - CRACKED	
	D - DENTS	Driver's acceptance
	S - SCRATCHES	

RENTAL DETAILS					
Mileage Out		REMARKS	Mileage In		REMARKS
Date Out	14.09.18		Date In	25.09.18	
Time Out	1700		Time In	1600	
ASSIGNED BY			CHECKED BY		

RENTAL CHARGES				PETROL / DIESEL LEVEL					
Daily	@ \$	180	11 Days @ \$ 1980	OUT	E	1/4	1/2	3/4	F
Weekly	@ \$		Wks @ \$						
Monthly	@ \$		Mth @ \$	IN	E	1/4	1/2	3/4	F
Hours	@ \$		Hrs @ \$						
*Inclusive of additional charges (if any)				Petrol Charges		YES	NO	AMT: _____	
Amt payable* \$ 1980				CDW		YES	NO	AMT: _____	
Payment: <input type="checkbox"/> CASH <input type="checkbox"/> NETS <input type="checkbox"/> CHQ <input type="checkbox"/> VISA <input type="checkbox"/> MAST				Security Deposit		YES	NO	AMT: _____	
Bank / Cheque No.:				Advance Payment		YES	NO	AMT: _____	

I/We have read and agree to the terms and conditions stated on this page and overleaf. I/We am/are also aware that should there be any parking and/or traffic offence committed during the leasing period when the vehicle is in my/our possession, we will be billed accordingly. Subsequently, our personal details may be tender accordingly to the government parking and/or traffic offence department. With us undersigning below, I/We am/are sure that all information I/We have given to K & t CARS in connection with this agreement are true and accurate.

IMPORTANT INFORMATION (To be go through by the personnel of K & t CARS to the hirer and/or driver upon leasing of vehicle)

- Only persons above 26 and below 60 years of age with 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle.
- Vehicle is strictly for Singapore use only and may not be driven out of Singapore without prior consent of the company K & t CARS.
- Use of the vehicle for illegal purpose such as in connection with theft, drug peddling or trafficking, smuggling is strictly prohibited.
- Additional drivers are required to register with us before they are allowed to drive the vehicle. Otherwise, he/she will not be protected by the insurance cover.
- The hirer shall be liable for excess charges for any late return of the rate shown per hour or on a per day basis.
- In case of any accident, the hirer MUST report to K & t CARS immediately regardless of the seriousness of the impact occurred. If there are bodily injuries, a police report MUST be made within the next 24 hours.
- In view of all accident, the hirer will bear the full responsibility for the SGD\$3,500/- excess payable to K & t CARS and also the first SGD\$3,500/- excess for damaged to the third party vehicle.

ACKNOWLEDGEMENT	
 Signature of hirer / driver (company stamp if any)	 For and on behalf of K & t CARS (authorised signature only)



SINGAPORE 408934

UEN 201015366H

GST Reg 201015366H

AXA INSURANCE SINGAPORE PTE LTD
8 SHENTON WAY #27-01 AXA TOWER
SINGAPORE 068811

Tax Invoice

Invoice number : TI-6108

Date : 18/10/2018

Terms : C.O.D.

Vehicle number: SMC1518Y

Make / Model : OPEL ZAFIRA

Description	Amount (S\$)
<p>ACCIDENT INVOLVING SMC1518Y / YP9162B ON 12/09/2018 @ KPE TUNNEL TOWARDS TUAS</p> <p>INCLUSIVE OF SUPPLYING PARTS, LABOUR, PANEL BEATING, AND SPRAY PAINTING</p> <p>LUMP SUM BILLING</p> <p>SINGDOLLARS: EIGHTEEN THOUSAND SEVEN HUNDRED AND TWENTY FIVE ONLY</p>	\$17,500.00
<p><i>Thank you for your business and have a nice day !</i></p>	

Reference : 1809-22

Subtotal	\$17,500.00
----------	-------------

* Cheque payment should be issued in favour to TEAMWORK GARAGE PTE LTD

Add: GST 7%	\$1.225.00
-------------	------------

**** Please ensure that your vehicle is of good condition upon the point of collection.**

Total Inc GST 7%	\$18.725.00
------------------	-------------

Less: Deposit	\$0.00
---------------	--------

Balance Due	\$18,725.00
-------------	-------------

E. & O. E.



TEAMWORK GARAGE PTE LTD

CUSTOMER'S SIGNATURE