

WITHOUT PREJUDICE

RHTLaw TaylorWessing

PDX 8170

AVIVA LTD
4 SHENTON WAY,
#01-01
SGX CENTRE 2
SINGAPORE 068807
ATTN: CELYN LIM
YOUR REF: G0047917-BI-D/SKX280B/CL



RHTLaw Taylor Wessing LLP

Six Battery Road #10-01
Singapore 049909

Tel +65 6381 6868
Fax +65 6381 6869

www.rhtlawtaylorwessing.com

60113374

PDX 8176

AXA INSURANCE PTE LTD
8 SHENTON WAY
#27-01
AXA TOWER
SINGAPORE 068811
ATTN: DOMINIC YU
YOUR REF: S8M00CVPMC/DOM



Writer / Secretary's Contact

DID: +65 6381 6923 / 6922

Fax: +65 6381 6883

Email: jeekin.wee@rhtlawtaylorwessing.com /
theresa.hung@rhtlawtaylorwessing.com

Date	Our reference	Your reference
08 October 2018	WEJ.thh.2180007189	-

Dear Sir,

JEFF TAN CHEE WEE, NRIC No. S8703308B
ACCIDENT ON 04 APRIL 2018 INVOLVING SJU 4153L AND SGJ 8638Y
ALONG BUKIT BATOK ROAD

We refer to our letter of demand for personal injury dated 25 June 2018.

We further enclose herewith a copy each of the following supporting documents for your consideration:-

- a) Our client's GIA report;
- b) Our client's police report;
- c) GIA report of SGJ 8638Y;
- d) GIA report of SKX 280B;
- e) Invoices being search and report fee for GIA report of SGJ 8638Y and SKX 280B;
- f) LTA search on vehicle no. SGJ 8638Y and SKX 280B;
- g) Rental invoice;
- h) Survey invoice;
- i) Survey report;
- j) Fifty-one (51) copies of scanned coloured photographs showing damage to our client's vehicle.

We quantify our client's property damage claim as follows:-

1) Cost of repair	\$ 7,000.00
2) Loss of rental	\$ 2,250.00

1750



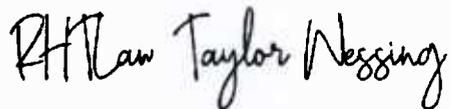
3) Survey report	\$ 500.00
4) LTA search	\$ 7.49
5) GIA search and report fee	\$ 43.00
6) Costs (inclusive of 7% GST)	\$ 1,070.00
7) Facsimile, photocopying, printing, postage, transport, telephone charges and other incidental disbursements (inclusive of 7% GST)	\$ 160.50
	<u>\$11,030.99</u>

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

Kindly let us have your offer for both property damage and personal injury matters.

Thank you.

Yours sincerely,



RHTLAW TAYLOR WESSING LLP

Enc. (By PDX)

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	04/04/2018 13:38
Date Of Accident	04/04/2018 08:20
Exact Location Of Accident	BUKIT BATOK ROAD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU4153L
Insured/Policyholder	
Name Of Registered Owner	JEFF TAN CHEE WEE
NRIC No	S8703308B
Email Address	JEFFTAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96255411
Alternative Phone No	OFFICE-96255411

Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D17MTPV01004995
Cover Note Number	

Driver

Name of Driver	JEFF TAN CHEE WEE
NRIC No	S8703308B
Date Of Birth	01/02/1987
Occupation	INDOOR
Date Of Driving Pass	10/11/2008
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96255411
Fax Number	
Contact Number	OFFICE-96255411
EMail Address	JEFFTAN@GMAIL.COM

Address	BLK 810B CHOA CHU KANG AVE 7 #17-519
Postcode	682810
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	CHAIN COLLISION
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT NO.T/20180404/2023.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGJ8638Y
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKX280B
Vehicle Make/Model/Colour
Details Of Properties VEH C
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) 2

DETAILS OF INJURED PERSON 1

Name JEFF TAN CHEE WEE
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJU4153L
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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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 regulate 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.

Jeff Tan @ Gmail . com

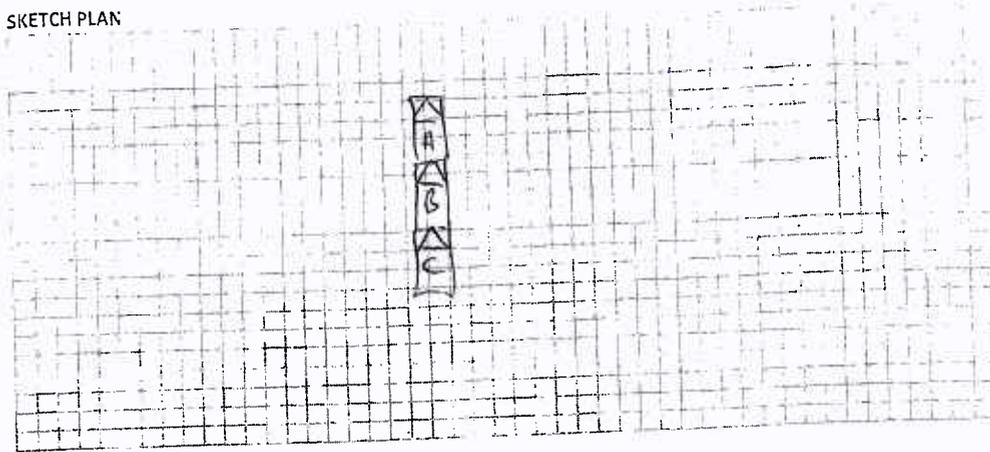
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE C RCUMSTANCES OF THE ACCIDENT

Refer to police report T/20180404/2023

DECLARATION

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


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.:

SECTION 11 - MOTOR VEHICLE LIABILITY INSURANCE POLICY

1. This policy is subject to the terms, coverages, conditions, exclusions, and limitations set forth in the policy. The policy is subject to the terms, coverages, conditions, exclusions, and limitations set forth in the policy. The policy is subject to the terms, coverages, conditions, exclusions, and limitations set forth in the policy.

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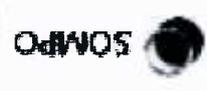
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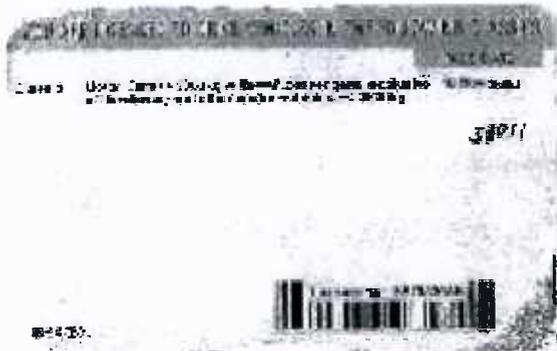
Identification Card



REPUBLIC OF SINGAPORE
IDENTIFICATION NO. S6703300B



JEFF TAN CHOO WFF
23-05-1987
M
S



S6703300B



S6703300B



JEFF TAN CHOO WFF
23-05-1987
M
S

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





**SINGAPORE
POLICE FORCE**



T/20180404/2023

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 4

Report No. T/20180404/2023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2018 11:02	Vide Report No.:	Station Diary No.: 75
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: JEFF TAN CHEE WEE		Address: APT BLK 810B CHO A CHU KANG AVENUE 7 #17-519 SINGAPORE 682810	
ID Type / ID No.: NRIC NO / S8703308B		Contact No.: Home/Office: Mobile: 96255411	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 31	Date of Birth: 01/02/1987	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SOLUTIONS CONSULTANT		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: 04/04/2018 08:20	Type of Location: Straight Road
Location: Along Road 1 BUKIT BATOK ROAD				
Heading towards Jurong Town Hall Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
SGJ8638Y	Car	MITSUBISHI		Black	Seriously Damaged	0
SJU4153L	Car	HONDA	ACCORD 2.0 A	Grey	Seriously Damaged	0
SKX280B	Car	TOYOTA		Silver	Slightly Damaged	1

Details of Vehicle Insurance			
Vehicle No.	Insurance Company	Insurance No.	Effective / Expiry Date



**SINGAPORE
POLICE FORCE**



T/20130404/2023

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

CONTINUATION OF REPORT

2 of 4

Report No. T/20180404/2023

Details of Vehicle Insurance				
Vehicle No. Insurance Company				
SJU4153L	TENET SOMPO INSURANCE PTE. LTD.	D17MTPV0100499 5	11/04/2017	10/04/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	NG XIN MEI	ID No.	S9048636E	
Related Vehicle	SGJ8638Y (Car)	Contact No.	98248023	
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	JEFF TAN CHEE WEE	ID No.	S8703308B	
Related Vehicle	SJU4153L (Car)	Contact No.	96255411	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	04/04/2018	Date Discharge	NIL	
No. of Days granted Medical Leave	06	Degree of Injury	Slight	
Driver				
Name	TAN QIFAN	ID No.	S9647145I	
Related Vehicle	SKX280B (Car)	Contact No.	83822172	
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	



**SINGAPORE
POLICE FORCE**



T/20180404/2023

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 4

Report No. T/20180404/2023

CONTINUATION OF REPORT

Brief Details.

On 04/04/2018 at about 0820hrs, I was traveling in my vehicle (SJU4153L) along Bukit Batok Road when I was involved in a chain collision. I was heading towards Jurong Town Hall when I had crossed the junction. The traffic was heavy at that point of time and I had stopped my vehicle after the traffic light junction. After coming to a complete stop, I felt an impact from behind. I then alighted from my vehicle and discovered that I was involved in a chain collision with 2 other vehicles and I was the first. I made a check at my vehicle and discovered that the rear of my vehicle was badly dented. We then exchanged our particulars and left. The vehicle that collided into me was SGJ8638Y.

After which, I felt pain at the left side of my neck and my back together with some bruises on my knees. As such, I went to see a doctor and was given 6 days of MC due to the accident. I wish to state that my vehicle has an in-car camera at the front and rear and had captured the whole incident.



**SINGAPORE
POLICE FORCE**



T/20180404/2023

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

4 of 4

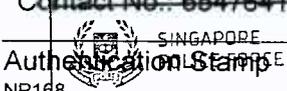
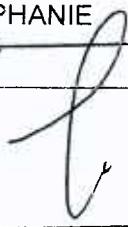
Report No. T/20180404/2023

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 / Sgt 2 NEO ZUO QUAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/04/2018 11:02
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
 SINGAPORE POLICE FORCE NP168  SN 168 SIGNATURE	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
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ACCIDENT STATEMENT

Date Of Report	04/04/2018 11:11
Date Of Accident	04/04/2018 08:20
Exact Location Of Accident	ALONG BUKIT BATOK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ8638Y
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Insured/Policyholder

Name Of Registered Owner	NG KAI SENG
--------------------------	-------------

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 (A)
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P1954768
Cover Note Number	

Driver

Name of Driver	NG XIN MEI
NRIC No	S9048636E
Address	APT BLK 206 CHOA CHU KANG CENTRAL #06-20 SINGAPORE

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR

Other Information

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

Circumstances of Accident

04 APRIL 2018 , 0820AM , BUKIT BATOK ROAD , CAR WAS DRIVING IN NORMAL SPEED ,WHEN COMING TO A STOP ,WAS HIT BY CAR BEHIND SO CAR WAS MOVED FORWARD AND RESULT IN MY CAR BANG A CAR INFRONT , 3 CAR INVOLVED (INCLUDING MINE)

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	SKX280B
Vehicle Make/Model/Colour	TOYOTA ALTIS
Name of Driver	TAN QIFAN
Insurance Company Name	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJU4153L
Vehicle Make/Model/Colour	HONDA ACCORD
Name of Driver	JEFF TAN CHEE 'WEE
Insurance Company Name	

SKETCH PLAN

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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: 04 April 2018
11:08 am


Driver's Signature
(If driver is not the policyholder)
Date & Time: 04 April 2018
11:08 am


Reporting Centre Personnel's Signature
Name: OO LEE KEO MB
NRIC/FIN No.: S1882145J




redefining / Insurance

Date: 04 April 2018

To: Owner of Vehicle Number: SGJ 8638 Y

The following has been advised to you via your workshop, GOLDBELL ENGINEERING through their staff, ANDY COI

Please tick the applicable box if you had been advice 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:

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp



Policy insurance Pg. 1

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



Private Cars COMP
 POLICY SCHEDULE
 NEW BUSINESS
 Original

POLICY INFORMATION		Policy No. : VPA/P1954768
Source	: (03) 05392 MAYBANK TELE-TEO HONG NIU	
Insured	: NG KAI SENG	
Address	: 206 CHOA CHU KANG CENTRAL #06-20 SINGAPORE 680206	
Business/Profession	: OTHER OCCUPATION Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance	: From 24/07/2017 To 23/07/2018 (Both Dates Inclusive)	
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.		
PREMIUM		
Premium After 50.00% NCD	: SGD 985.67	
Prem W/Shop Disc 15.00%	: SGD 147.85	
GST 7.00%	: SGD 58.65	
Annual Premium	: SGD 896.47	
Total Payable	: SGD 896.46	
RISK DETAILS THE MOTOR VEHICLE		
Type Of Cover	: Comprehensive	
Regn No.	: SGJ8638Y	
Type Of Use	: Private Car	
Make/Model	: MITSUBISHI LANCER 1.6 A	
Year of Manufacture	: 2006	Seating Capacity (excl. Driver) : 04
Body Type	: SALOON	Engine C.C. : 1584
Engine No.	: 4G18HK4506	
Chassis No.	: JMYSTCS3A6U011333	
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)	
Limitations as to Use : As specified in Certificate of Insurance		
Basic Own Damage Excess	: SGD 400.00	
Named Drivers		
1	NG KAI SENG	
2	CHUA SIEW HWA	
MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS		
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:		

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-C1
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel:(65)63387288 Fax:(65)63382522
 Website:www.axa.com.sg
 GST Registration Number: 199903512M
 customer.service@axa.com.sg



Private Cars COMP
 TAX INVOICE
 NEW BUSINESS
 Original

Tax Invoice No : P1954768-00001

POLICY INFORMATION		Policy No. : VPA/P1954768	
Source	: (03) 05392 MAYBANK TELE-TEO HONG NIU		
Insured	: NG KAI SENG		
Address	: 206 CHOA CHU KANG CENTRAL #06-20 SINGAPORE 680206		
Period of Insurance	: From 24/07/2017 To 23/07/2018 (Both Dates Inclusive)		
Transaction No.	: 00001		
Billing Currency	: SGD	Exchange Rate	: 1.0000
Gross Premium Less Discount SGD	Charges SGD	Total Payable SGD	
837.81	GST 7.00% 58.65	896.46	
Premium Details (SGD) Gross Premium : 837.81 Total Discount : 0.00 Gross Premium less Discount : 837.81 Note: Discount is only applicable to limited products.			
AXA INSURANCE PTE LTD  Authorized Signature			
IMPORTANT NOTICE : For Individual Policyholders : Premium due must be paid in full before the inception date of the risk otherwise no benefits whatsoever shall be payable by the Company. Please refer to the Payment Before Cover Warranty in the Policy for further details. For all other Policyholders : Premium due must be paid in full within 60 days from the inception date of the risk otherwise this Policy/endorsement is automatically terminated immediately. The Company will be entitled to a pro-rata premium for the period they have been on risk subject to the minimum premium as imposed in the policy. Please refer to the Premium Payment Warranty in the Policy for further details.			
Issued by - SGINOL on 20/07/2017			(R)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



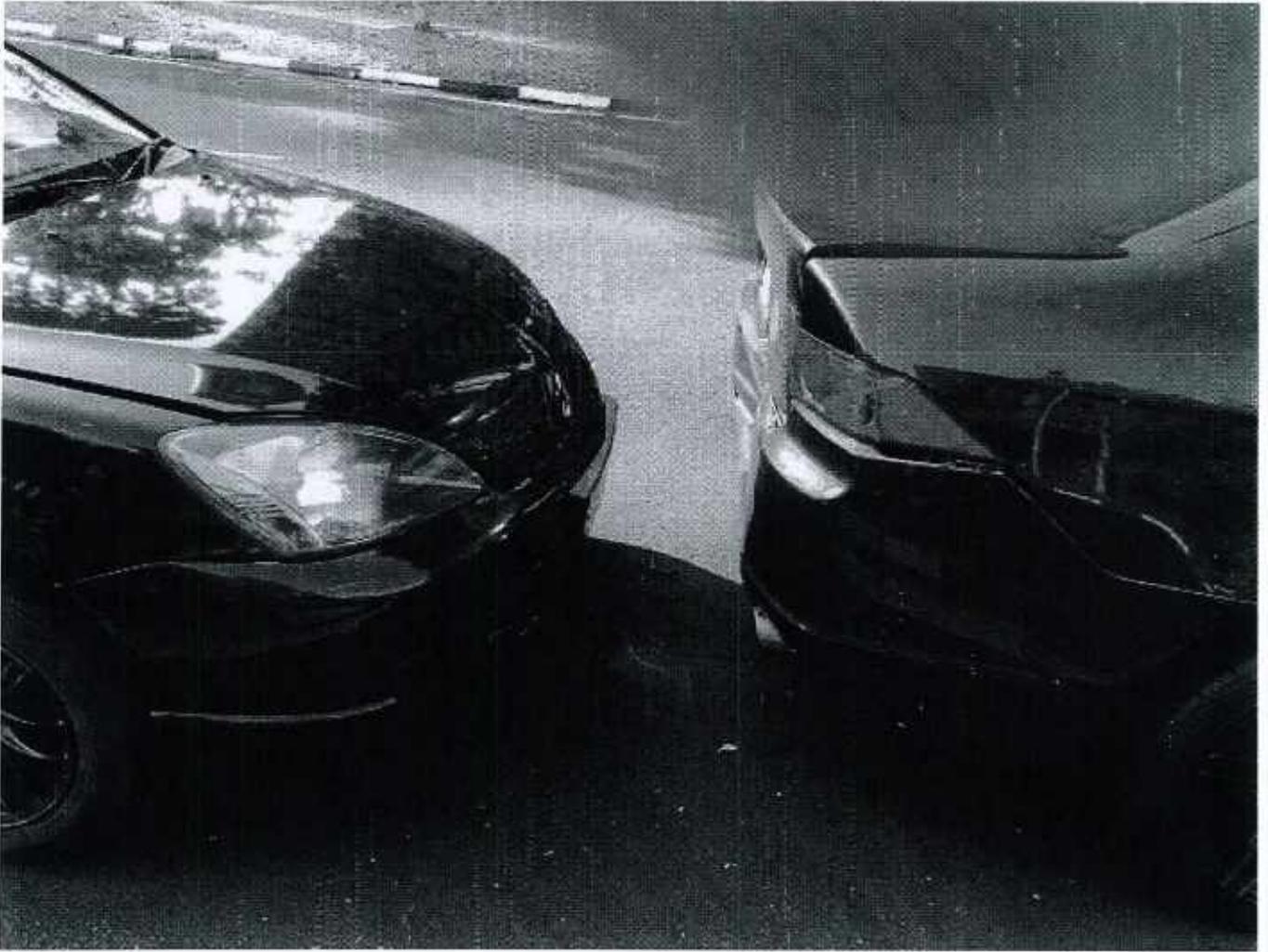
Accident Photo



Accident Photo



Accident Photo



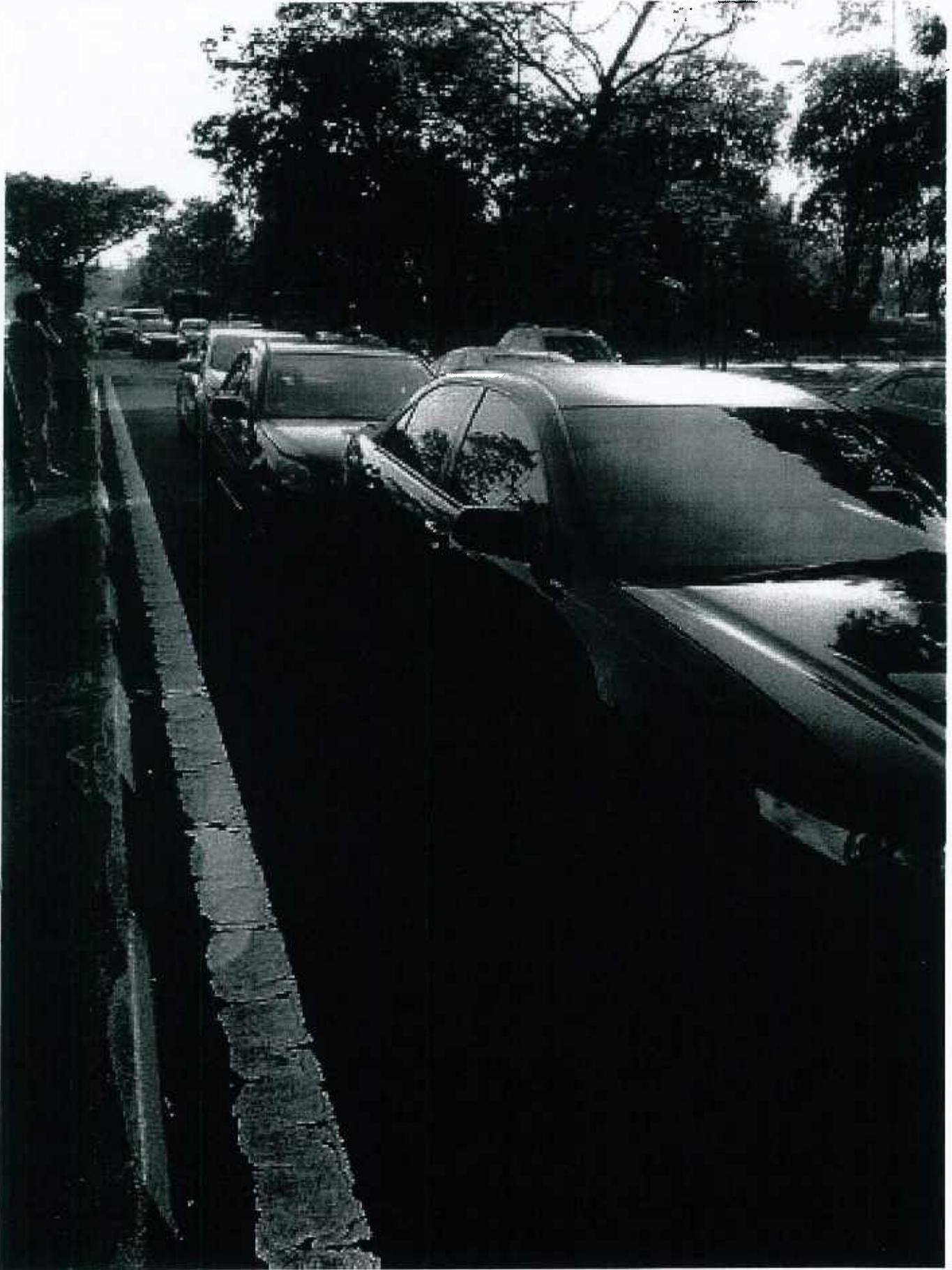
Accident Photo



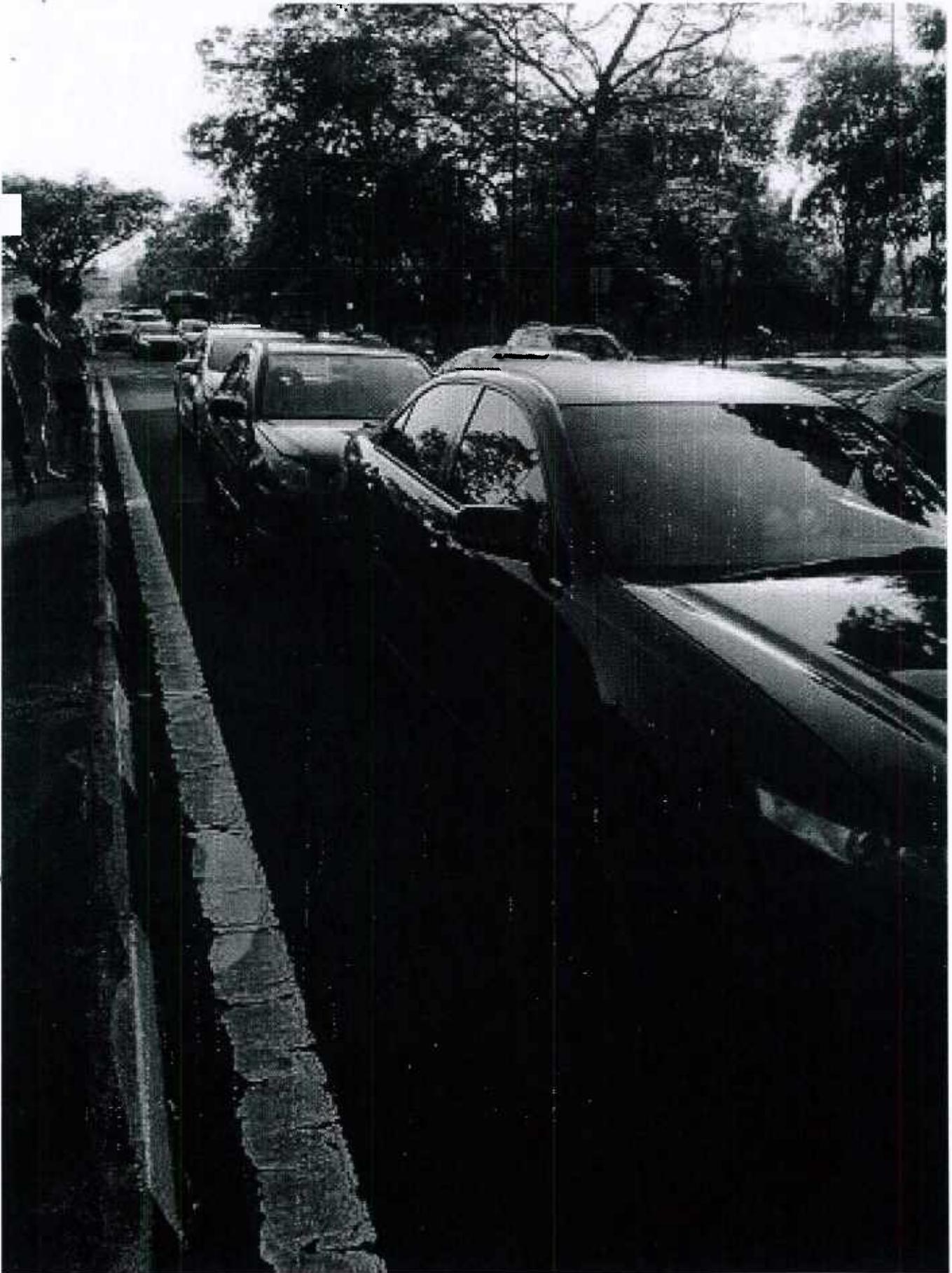
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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 judgement 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	04/04/2018 12:42
Date Of Accident	04/04/2018 08:20
Exact Location Of Accident	ALONG BUKIT BATOK RD TOWARDS JURONG EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX280B
Insured/Policyholder	
Name Of Registered Owner	TAN GIM HOO
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10700397
Cover Note Number	

Driver

Name of Driver	TAN QIFAN
NRIC No	S9647145I
Address	NA

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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

I WAS DRIVING ALONG BUKIT BATOK ROAD TOWARDS JURONG EAST AND AFTER THE JUNCTION OF BUKIT BATOK WEST AVE 7, VEHICLE SGJ8338Y SUDDENLY JAMMED BRAKE AND I COLLIDED ONTO THE REAR PORTION OF THE VEHICLE. I STEPPED TO NOTICE A THREE VEHICLE COLLISION INVOLVING ANOTHER VEHICLE SJU4153L AS THE FIRST VEHICLE. NO INJURIES WERE INVOLVED.

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	SGJ8638Y
Vehicle Make/Model/Colour	MITSUBISHI/LANCER 1.6 A
Name of Driver	NG XIN MEI
Insurance Company Name	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJU4153L
Vehicle Make/Model/Colour	SJU4153L/ ACCORD 2.0A
Name of Driver	JEFF TAN CHEE WEE
Insurance Company Name	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

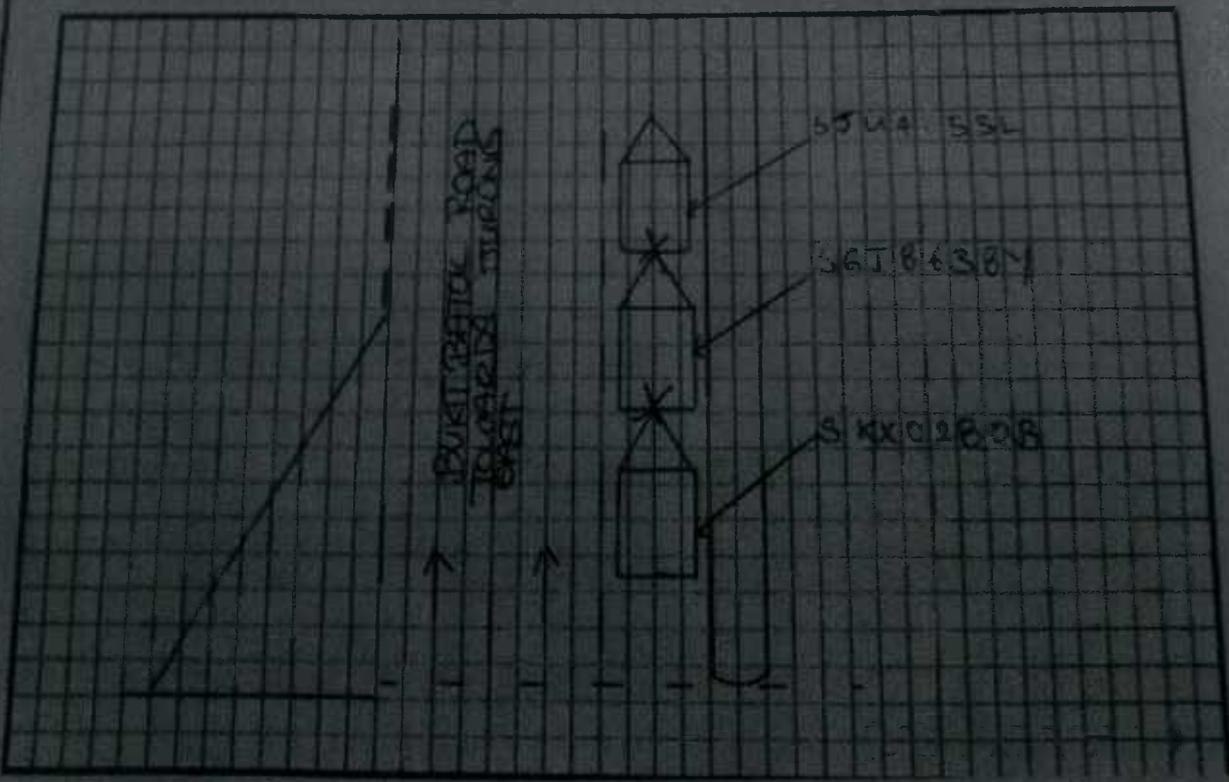
1. Please report correctly the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorized Driver.
 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow Insurers to terminate or repudiate policy liability.
 4. The truth and consistency of this form by Insurers remain as a not an admission of policy liability on the part of Insurers' companies.
 5. Any false reporting may be referred to the Police for investigation.
 6. This report will be forwarded by the Insurers of the GIC Accident Management Centre established by the General Insurance Association of Singapore (GIAS) for settling and the costs of this report will for a fee be made available application by interested parties.
 7. By the completion of this report to the Insurers, you hereby consent to the archiving of the report at the centre and to copies of the report being made available wherever.
- A. Consent under the Personal Data Protection Act (PDPA)**
- I, the named, acknowledge, agree and consent that:
- (a) My Insurer, my Insurer and the General Insurance Association of Singapore ("GIAS") may be permitted to collect, use, disclose and/or process my personal information (information set out in the Form) and any other personal information provided by me or possessed by me (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurers who have insured against me in the accident (all Insurers) who have issued policies, involved in the accident shall be collectively referred to as the "Insurers". The Insurers, Insurers, Insurers, the Secretary Authority of Singapore and any relevant government agency/authority (such as the relevant for the accident) and
 - (b) Insurers, Insurers and/or Insurers with my claims including the settlement of the claims and any necessary investigations relating to the claims.
 - (c) Investigating the accident under the claims.
 - (d) All third party Insurers dealing with any Insurers, or relating to any Insurers by me.
 - (e) Administering the claims including the making of correspondence, statements, reports, reports of notes to me, which could involve disclosure of certain personal data about me to bring about delivery of the claim as well as on the external part of correspondence, Insurers, Insurers.
 - (f) Complying with Insurers' use of administering, processing, handling and/or dealing with my claims.
 - (g) Collectively the "Purposes".
 - (h) All Insurers who have insured vehicles, involved in the accident and the Insurers' Insurers/Insurers, Insurers permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and
 - (i) My Personal Information may also be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their Insurers/Insurers/Insurers), which may be used outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARS
 REPORTING OFFICER
 Ammar Hamizan Bin
 Khairudin

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

Witnessed by Reporting Centre
 Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I WAS DRIVING ALONG BUKIT BATOK ROAD TOWARDS JURONG EAST AND AFTER THE JUNCTION OF BUKIT BATOK WEST AVE 7, VEHICLE SGJ8638Y SUDDENLY JAMMED BRAKE AND I COLLIDED ONTO THE REAR PORTION OF THE VEHICLE. I STEPPED TO NOTICE A THREE VEHICLE COLLISION INVOLVING ANOTHER VEHICLE SJU4153L AS THE FIRST VEHICLE. NO INJURIES WERE INVOLVED.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
AMMAR HAMIZAN



MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

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

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

TAX INVOICE

Our Ref No: GR-18-069579

Date of Request: 08/05/2018

Your Ref No: SSM.THH.2180007189

RHTLAW TAYLOR WESSING LLP
Six Battery Road
#10-01
Singapore 049909

Dear Sir/Madam,

Date of Accident: 04/04/2018
Vehicle No: SJU4153L
Place of Accident: BUKIT BATOK ROAD.
Involving Vehicle No: SKX280B

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$)	QTY	AMOUNT (\$)
SKX280B	BUKIT BATOK ROAD.	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO Cash Cheque



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**
 6 Raffles Quay #18-00, Singapore 048580
 Phone: +65 6224 0010 Fax: +65 6224 0030
 Operating Hours: Monday to Friday 9am to 5pm
 GST Registration No: M40007735

TAX INVOICE

Our Ref No: GR-18-069581
 Date of Request: 08/05/2018
 Your Ref No: SSM.THH.2180007189

RHTLAW TAYLOR WESSING LLP
 Six Battery Road
 #10-01
 Singapore 049909

Dear Sir/Madam,

Date of Accident: 04/04/2018
 Vehicle No: SJU4153L
 Place of Accident: EUKIT BATOK ROAD.
 Involving Vehicle No: SGJ8638Y

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SGJ8638Y	BUKIT BATOK ROAD.	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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

Thank You.

This is a computer generated document and requires no signature.

For GIARVC Official use:

Date:

GIRO Cash Cheque



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**
6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-069566
Date of Request: 08/05/2018

Your Ref No: SSM.THH.2180007189

RHTLAW TAYLOR WESSING LLP
Six Battery Road
#10-01
Singapore 049909

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 04/04/2018
Place of Accident: BUKIT BATOK ROAD
Client Vehicle No: SJU4153L

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:
 GIRO Cash Cheque

Enquire Vehicle & Owner Information (Vehicle No. SGJ8638Y As At 04 Apr 2018 / 08:20:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: SSM.THH.2180007189

Current Owner Details

Owner ID Type: Singapore NRIC
Owner ID: S14341121
Owner Name: NG KAI SENG
Registered Address Type: HDB / HUDC
Registered Block/House No.: 206
Registered Street Name: CHOA CHU KANG CENTRAL
Registered Unit No.: # 06 - 20
Registered Building Name: -
Registered Postal Code: 680206

Current Vehicle Details

Vehicle No.: SGJ8638Y
Make Description/Model: MITSUBISHI / LANCER 1.5 A
Insurance Company Name: AXA INSURANCE PTE LTD

Print

OK

Enquire Vehicle & Owner Information (Vehicle No. SKX280B As At 04 Apr 2018 / 08:20:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: WEJ.THH.2180007189

Current Owner Details

Owner ID Type: Singapore NRIC
Owner ID: S1632383G
Owner Name: TAN GIM HOO
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.: 337
Registered Street Name: CHOA CHU KANG AVENUE 3
Registered Unit No.: # 06 - 15
Registered Building Name: -
Registered Postal Code: 689872

Current Vehicle Details

Vehicle No.: SKX280B
Make Description/Model: TOYOTA / COROLLA ALTIS CLASSIC 1.6 CVT
Insurance Company Name: AVIVA LTD

Print OK

INVOICE



Dream Car Leasing Pte. Ltd. (Co. Reg. 201420013Z)

155 Shun Li Industrial Park, Kaki Bukit Ave 1, #02-01 S(416012)

Tel: 6748 9747 Mobile: 8128 8789/ 9845 1151

BILL TO

JEFF TAN CHEE WEE (CHEN ZHIWEI)

BLK 810B CHOA CHU KANG AVE 7

#17-519

SINGAPORE 682810

INVOICE #

00205

INVOICE DATE

18/04/2018

DESCRIPTION	AMOUNT
Rental from 04/04/2018 to 19/04/2018.	2,250.00
TOTAL	\$ 2,250.00

ECLIPSE AUTO PTE LTD

155 KAKI BUKIT AVENUE 1, SHUN LI INDUSTRIAL PARK LEVEL 1 & 2, SINGAPORE 416012

TEL : (65) 6844 2814 FAX :(65) 6748 3762

Co. Reg. No.: 201221209k

Vehicle No: SJU 4153L

Made / Model: HONDA ACCORD 2.0 A

Name: JEFF TAN CHEE WEE

Address: C/o: 155 Kaki Bukit Avenue 1, Shun Li Industrial Park
#01-00 Singapore 416012

Accident Date: 4/4/18

RE: FINAL BILL FOR VEHICLE NO. SJU 4153L

(LUMP SUM REPAIR)

\$ 7,000.00

Singapore Dollars: Seven Thousand Only.



INVOICE

TO : JEFF TAN CHEE WEE
C/O: ECLIPSE AUTO PTE LTD
155 KAKI BUKIT AVE 1 #01-00,
SHUNLI INDUSTRIAL PARK
SINGAPORE 416012

Invoice No.: 418/EA604
Date: 30-Apr-2018

PARTICULARS

Vehicle Registration No.: SJU 4153 L
Date of Loss: 04-Apr-2018
Date of Assessment: 05-Apr-2018

SERVICES

1. Assessment with report Photographs -
Including films, developing, storage and Transport.

FEES

\$500.00

TOTAL \$500.00

SINGAPORE DOLLARS FIVE HUNDRED ONLY

We would appreciate your cheque crossed and made payable to:
"AEON AUTO CONSULTANTS LLP" with our invoice no. written on the back of the cheque.

AEON AUTO CONSULTANTS LLP



AEON AUTO CONSULTANTS LLP
50 Chin Swee Road #09-04 Thong Chai Building Singapore 169874
Telephone +65 97687958 Facsimile +65 68264112 Email amas@aeonac.com
Reg. No. LL0701273L (registered with limited liability)

AUTOMOBILE ASSESSMENT REPORT

TO: JEFF TAN CHEE WEE
C/O: ECLIPSE AUTO PTE LTD
155 KAKI BUKIT AVE 1 #01-00,
SHUNLI INDUSTRIAL PARK
SINGAPORE 416012

Our Reference: 418/EA604
Date: 30-Apr-2018

ASSESSMENT OF VEHICLE NO. SJU 4153 L

DATE OF LOSS: 04-Apr-2018

We have carried out a physical assessment at **ECLIPSE AUTO PTE LTD**,
155 Kaki Bukit Ave 1 #01-00 Shunli Industrial Park, Singapore 416012, according to your instruction
on **05-Apr-2018** and are pleased to submit our report herewith.

1. VEHICLE PARTICULARS

Registration No.: SJU 4153 L
Make & Model: HONDA ACCORD 2.0 A
Year of Registration: 2006
Engine Capacity: 1998
Chassis No.: CL73200864
Engine No.: K20A6041095
Colour: BLACK
Mileage (km): 183108

2. VEHICLE CONDITION

Body Paint: GOOD
Steering: SERVICEABLE
Foot Brake: SERVICEABLE
Parking Brake: SERVICEABLE
Modification: NIL

3. TYRE PARTICULARS & CONDITION

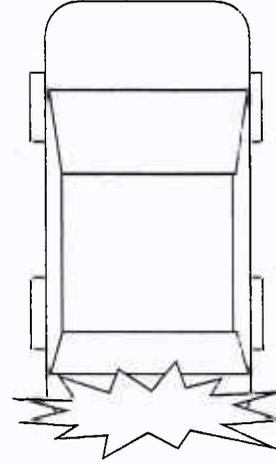
Front
RH Make/Size/Thread: BRIDGESTONE 205/55 R16 – 70%
LH Make/Size/Thread: BRIDGESTONE 205/55 R16 – 70%
Rear
RH Make/Size/Thread: BRIDGESTONE 205/55 R16 – 70%
LH Make/Size/Thread: BRIDGESTONE 205/55 R16 – 70%

4. DESCRIPTION OF DAMAGE

At the time of the inspection, the vehicle sustained damages to the REAR portion.

5. REMARKS

Market Value:	Na
Salvage Value:	Na
Repair Limit:	Na
Estimated Amount:	\$11,570.76
Adjusted Amount:	\$9,797.96
Lump Sum:	\$7,000.00
Estimated Repair Days:	7 days



Pursuant to your instruction, we have **NOT AUTHORISED** repair
The assessment was conducted on a “**Without Prejudice**” basis.
If we are not notified of anything to the contrary within **14 days** from the date hereof, this report shall be treated as correct.

Disclaimer

This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle is involved. No liability or responsibility whatsoever shall be held by Aeon Auto Consultants LLP for any reliance on this report by any third party.

ASSESSMENT REPORT FOR VEHICLE NO. SJU 4153 L

PARTS (LIST ITEMS)

Qty	Description	Condition	Workshop's Estimate	Our Assessment
1	REAR BOOTLID	Bent	561.60	561.60
2	REAR BOOTLID HINGES GARNISH CLIPS	Necessary	11.00	11.00
2	REAR BOOTLID HINGES GARNISH L/R	Bent	70.00	70.00
2	REAR BOOTLID HINGES L/R	Bent	176.00	176.00
1	REAR BOOTLID INNER UPHOSLTERY TRIM	Cracked	157.30	157.30
10	REAR BOOTLID INNER UPHOSLTERY TRIM CLIPS	Necessary	55.00	55.00
1	REAR BOOTLID MECHANISM LOCK	Bent	189.20	189.20
2	REAR BOOTLID REFLECTOR LAMP L/R	Cracked	314.60	314.60
2	REAR BOOTLID REFLECTOR CLIPS	Necessary	11.00	11.00
2	REAR BOOTLID NUMBER PLATE LAMP L/R	Bent	52.80	52.80
4	REAR BOOTLID RUBBER GUIDE STOPPER	Bent	28.00	28.00
1	REAR BOOTLID WEATHER STRIP	Cut	100.10	100.10
2	REAR TAILLAMP L/R	Cracked	382.00	382.00
4	REAR TAILLAMP CLIPS	Necessary	22.00	22.00
2	REAR FENDER L/R	Repair	1,616.00	-
2	REAR FENDER INNER UPHOSLTERY TRIM L/R	Cracked	314.60	314.60
1	REAR BUMPER	Cracked	976.00	976.00
2	REAR BUMPER CORNER BRACKET L/R	Bent	27.00	27.00
1	REAR BUMPER EXHAUST COVER	Cracked	36.00	36.00
2	REAR BUMPER INNER BRACKET L/R	Bent	13.20	13.20
2	REAR BUMPER REFLECTOR L/R	Cracked	80.80	80.80
2	REAR BUMPER SIDE RETAINER L/R	Bent	37.00	37.00
1	REAR END PANEL	Bent	381.90	381.90
1	REAR END PANEL INNER TOP GARNISH	Cracked	69.10	69.10
4	REAR END PANEL INNER TOP GARNISH CLIPS	Necessary	22.00	22.00
1	SPARE TYRE PANEL TOP CARD BOARD WITH CARPET	Cut	560.00	560.00
1	SPARE TYRE PANEL TOP TOOL COMPARTMENT SPONGE	Cracked	180.00	180.00
1	SPARE TYRE PANEL INSULATOR MAT	Necessary	325.30	325.30
1	SPARE TYRE RETAINER LOCK	Bent	22.00	22.00
1	SPARE TYRE PANEL LOWER GARNISH	Cracked	125.00	125.00
8	SPARE TYRE PANEL LOWER GARNISH CLIPS	Necessary	44.00	44.00
1	REAR EXHAUST ALUMINIUM HEAT SHIELD	Bent	55.00	55.00
3	REAR EXHAUST RUBBER MOUNTING	Bent	33.60	33.60
1	REAR EXHAUST END CHROME PIPE	Bent	112.30	112.30
1	REAR EXHAUST SILENCER BOX	Bent	1,033.30	1,033.30
			8,194.70	6,578.70
			Less 20% discount	1,638.94
			Parts Total:	5,262.96

ASSESSMENT REPORT FOR VEHICLE NO. SJU 4153 L

SPECIAL NETT ITEMS

1	REAR BOOTLID NUMBER PLATE	Cracked	25.00	25.00
1	REAR BOOTLID NUMBER PLATE GARNISH	Cracked	50.00	50.00
2	REAR FENDER INNER UPHOLSTERY TRIM CLIPS L/R - SET	Necessary	60.00	60.00
1	REAR BUMPER CLIPS - SET	Necessary	30.00	30.00
1	REAR BUMPER REVERSE SENSOR - SET	Cracked	350.00	350.00
1	REAR TAILGATE REVERSE CAMERA	Faulty	800.00	800.00
Special Nett Total :			1,315.00	1,315.00

LABOUR

S/N	Description		Workshop's Estimate	Our Assessment
1	To provide towing charge.		50.00	50.00
2	To remove, reinstall electrical wiring harness, check lighting, and rewire for parking sensor.		150.00	130.00
3	To remove, reinstall top trim upholstery, cushion seat, trim garnish, trim liner carpet.		140.00	120.00
4	To remove and change exhaust silencer box with pipe, re-align where necessary consistent to the accident.		140.00	120.00
5	To re-spray painting on the change bodyparts, repair portion, and where consistent to the accident.		1,400.00	1,200.00
6	To provide labour, workmanship to change the above damaged bodyparts, repair, re-construct and re-align body structure, body alignments and damaged consistent to the accident.		1,700.00	1,500.00
7	To apply anti-rust chemical on repaired and replaced panel.		120.00	100.00
Labour Total :			3,700.00	3,220.00
TOTAL (PARTS & LABOUR) \$			11,570.76	9,797.96

The workshop has agreed to undertake the repair on a Lump Sum basis.

The final adjusted Lump Sum contract amount is

\$7,000.00

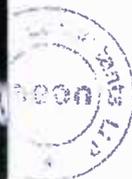
(SINGAPORE DOLLARS SEVEN THOUSAND ONLY)

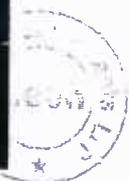
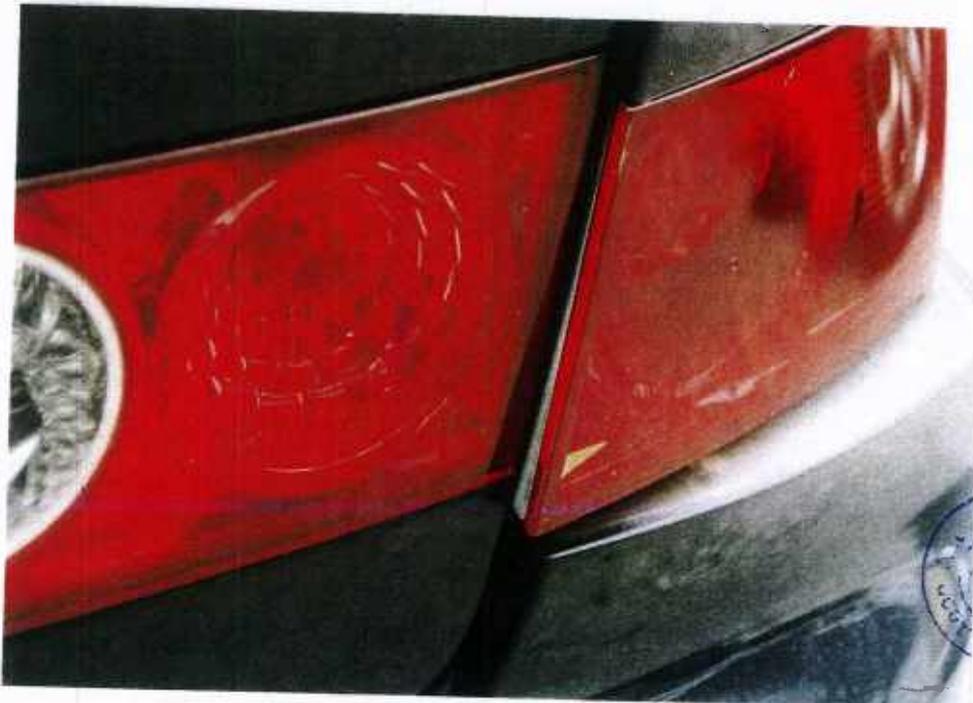


Amas Ong
Automobile Assessor



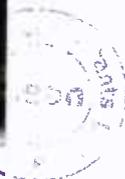








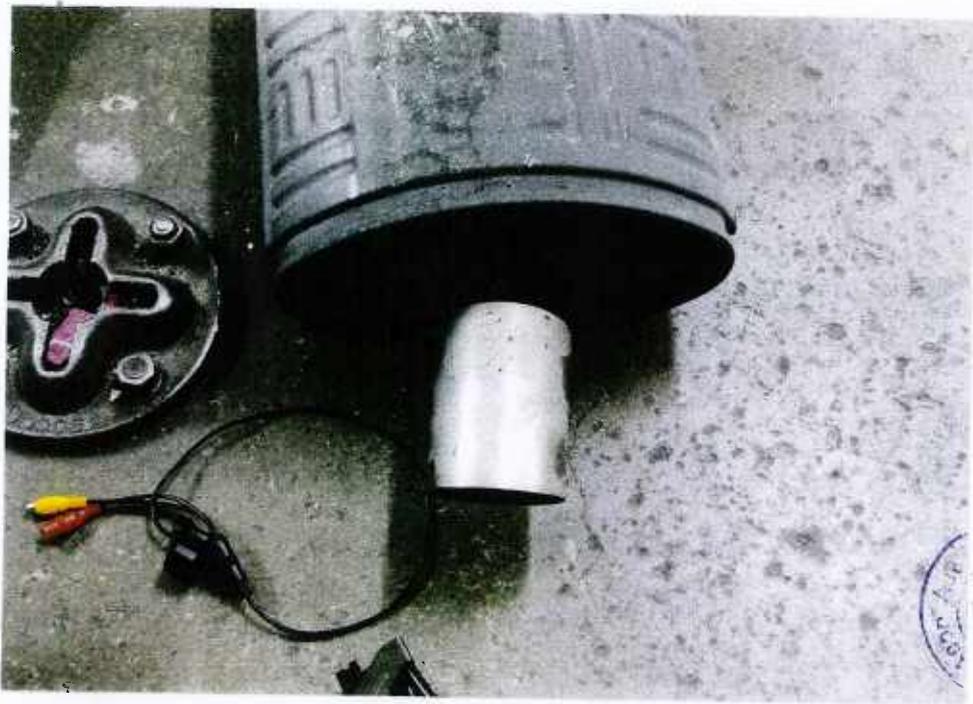


























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