ASS. REC. B	Stanley Lai	ASSIGNMENT (OF	Tice)	ate/Time 03/12/2019
Estimated Co	out.	F1710 .		111/1 me 03/12/2017
OD TP W	/S/TP RES/OD RES	EVA/INV/MV/CS		
To Inspect V	chicle No.	3KW 41932	Insured:	SHC 3531D
at Workshop	III/II	Precise Auto	Tel:	67457367
of	Ikaki	Bukit Ave 6 #	02-31/36	
Policy No		Claim	No: MCT190	
Sum Insared	100 100	2 Exce	1000	
Make of Veli (Climit's Recor			D.0	17/01/2019
	REP. / REV 24 HRS			11-11-010
Date/Time-1	57pm@21/11/19			LO.D. Endorsement:
	THE STATE	Person Contacted 1	NCC Vehi	cle(INI))UT
Date/Time	Action/Instruction (*) Estimate		
	SKW 41432-	X		
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h.		Add Fee:	Site Insp (\$		Transposition)s +RSsi	
			Interview (\$] Prose.	
Report Format:	2.99		Tech Invs (5) Ones	10
Lump Sum / I.B.U (S		,	Weekend (5		1	
					TOTAL	130

Nivitha (LKK Auto)

From:

Stanley Lai <stanley.lai@iii.com.sg>

Sent:

Tuesday, 3 December 2019 8:53 PM

To:

'sur@lkkauto.com'; Admin-D (LKKAuto)

Cc:

Mekavathanan Sarangapani; Zuhaidah Samsuri

Subject:

III REF: MCT19010500 | REQUEST PAPER SURVEY TP VEH SKW4193Z

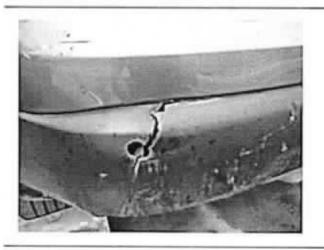
Dear Sir/Mdm,

Please assess consistency of damages & adjust excessive COR – S\$17,655 urgently let us have your report urgently. LOD uploaded and rights granted to you in Merimen.

TP Veh No.: SKW4193Z









Thank you.

Warmest regards,

Stanley fai

Motor & Work Injury Claims Department India International Insurance Pte Ltd

64 Cecil Street, IOB Building, Level 5

Singapore 049711 Tel: 6347 6100 Ext 206 Fax: 6224 4174

S&P 'A-' rated Company



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******** TX REPORT *************

TRANSMISSION OK

TX/RX NO RECIPIENT ADDRESS DESTINATION ID

ST. TIME TIME USE PAGES SENT RESULT

2271 65340220

18/11 15:30 00 29

OK

FAXED 5 A NOV 2019 MOTCLM DEPT.



FROM PDX Box No.

RIAZ LLC

ADVOCATES AND SOLICITORS COMMISSIONER FOR OATHS

ACRA NUMBER : 200911678H

Your Reference: Our Reference:

Your Insured (SHC 3531D)

RA.513248.L (K)

8 November 2019

India International Insurance Pte Ltd 64 Cecil Street #04/#05 IOB Building

Singapore 049711

Attention: Motor Claim Department

Comfort Transportation Pte Ltd 383 Sin Ming Drive Gas Building

Singapore 575717

Dear Sirs,



(DIRECTOR)

1 1 NOV 2019 BENAMACHON MISURUMOSE PTE LTD GST REGISTRATIO

RIAZ QAYYUM (LLB HONS) NUS

ABDUL HALIM BIN ROSALAN ILLE HONE) UTAS

IASSOCIATES

MUHD RIDHWAN ABOUL RAHIM (LLB HONS) LEEDS (ASSOCIATE)

BY PDX#8172

WITHOUT PREJUDICE

BY POST

ACCIDENT ON 18 JANUARY 2019 ALONG PIE TOWARDS TUAS (BEFORE CTE/SLE EXIT) INVOLVING MOTOR VEHICLES NO. SKW 4193Z AND SHC 3531D

We act for MUHAMMAD ASHRAF BIN MOHD SALIM, the owner & driver of motor vehicle SKW 4193Z involved in the captioned accident.

We are instructed by the abovenamed to claim damages against you in connection with the road traffic accident involving motor vehicle no. SKW 4193Z AND SHC 3531D ON 18 JANUARY 2019 ALONG PIE TOWARDS TUAS (BEFORE CTE/SLE EXIT).

We are instructed that the accident was caused by your negligence in driving and/or management of your vehicle. As a result of the accident, our client suffered personal



PDX Box No.



ADVOCATES AND SOLICITORS COMMISSIONER FOR OATHS

1 NOV 2019 10000000000 NSURANCE PTE LT.

ACRA NUMBER 200911678H

Your Reference: Our Reference:

Your Insured (SHC 3531D) RA.513248.L (K)

RIAZ QAYYUM ILLII HONE NI II ORECTOR

BY PDX#8172

GST REGISTRATI

ABBUL HALIM BIN ROSALAN ILLE HONELUTAE

MUHD RIDHWAN ABDUL RAHIM (LLB HONS) LEEDE LASSOCIATE

8 November 2019

India International Insurance Pte Ltd 64 Cecil Street #04/#05 IOB Building Singapore 049711 Attention: Motor Claim Department

Comfort Transportation Pte Ltd

383 Sin Ming Drive Gas Building Singapore 575717

Dear Sirs.

WITHOUT PREJUDICE

BY POST

ACCIDENT ON 18 JANUARY 2019 ALONG PIE TOWARDS TUAS (BEFORE CTE/SLE EXIT) INVOLVING MOTOR VEHICLES NO. SKW 4193Z AND SHC 3531D

We act for MUHAMMAD ASHRAF BIN MOHD SALIM, the owner & driver of motor vehicle SKW 4193Z involved in the captioned accident.

We are instructed by the abovenamed to claim damages against you in connection with the road traffic accident involving motor vehicle no. SKW 4193Z AND SHC 3531D ON 18 JANUARY 2019 ALONG PIE TOWARDS TUAS (BEFORE CTE/SLE EXIT).

We are instructed that the accident was caused by your negligence in driving and/or management of your vehicle. As a result of the accident, our client suffered personal injuries. His injuries are set out in the medical report[s] annexed hereto. He has been put to loss and expense, particulars of which are as follows;

We quantify our client's claim as follows:-

General Damages

Pain & Suffering

Contusion of right upper limb

\$ 7,000.00

Special Damages

a. Medical expenses

Transport expenses

c. Cost of Repair

d. Loss of rental (\$120 x 12 days)

636.35 \$ 100.00 \$17,655.00

\$ 1,800.00



ACBA NUMBER . LOOR LEGISLA

GST REGISTRATION NUMBER: 200911678H

Page 2

Please note that the above quantification on damages is subject to client's confirmation upon receiving your offer. Should client's condition worsen or further claims arise, we also reserve the right to add to the quantification.

RIAZ QAYYUM (ILII HONS) HUS CHROCTON

ABBUL HALIM BIN ROBALAN ILLI HOWELITES

MUHD RIDHWAN ABOUL RAHIM BLB HONS-LEEDS

m m 4

In compliance with the Pre-Action protocol for Personal Injury Claims, we disclose the following, we forward copies of the following documents for your perusal and considerations: -

- Medical tax invoices/bills and certificates;
- b) Medical Report of our client;
- Police/GIA Reports of Plaintiff in our possession;
- d) GIA report of your insured SHC 3531D;
- e) LTA search extract;
- f) Repairer Bill;
- g) Rental Invoice / Agreement;
- h) Survey report

We also in compliance with the pre-action protocol under the State Court's Direction 38, we propose use one of the following medical experts as a single joint expert:-

- Dr Terence Seah from Ng Teng Fong General Hospital
- 2. Dr Chui Chow Yin from Sunnyvale Clinic & Surgery

Please note that you should send to us an acknowledgement of receipt to us within 14 days of the receipt of this letter. Please also inform us, within 14 days of your acknowledgement of receipt of this letter, whether you have any objections to our proposed medical experts or whether you wish to propose other medical experts.

Should you fail to acknowledge receipt of this letter within 14 days, our client may commence Court proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim against our client arising our 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.

We propose costs \$2,675.00 (including GST) at this stage.



ACRA NUMBER: 200911678H

GST REGISTRATION NUMBER : 200911678H

RIAZ QAYYUM ILLD HONSI NUB

ABDUL HALIM BIN ROSALAN ILLE HONSI UTAS

MUHD RIDHWAN ABDUL RAHIM (LLE HONS) LEEDS (ASSOCIATE)

Page 3

In the event that an amicable settlement is reached, we render below a list of disbursements incurred.

Disbursements incurred as to date:-

a)	Medical Report fees	\$ 388.00
b)	LTA search fee	\$ 7.49
c)	GIA search & report fee	\$ 29.00
d)	Survey report fee	\$ 954.00
e)	Incidentals (including GST)	\$ 160.50

Yours faithfully



A member of the NUHS

CONFIDENTIAL

Your Ref

RA.513248 (K)

Our Ref

117020

11 March 2019

RIAZ LLC 133 New Bridge Road #09-09 Chinatown Point Singapore 059413

Dear Sirs.

Through Head, Emergency Medicine Department, Ng Teng Fong General Hoppital

Name

MUHAMMAD ASHRAF BIN MOHD SALIM

NRIC No.

S8611344I

The abovementioned patient was seen at 1315hrs on 22/01/2019 at Emergency Medicine Department. He was attended to by Dr. Sohn Joo TAN.

History according to the patient; Patient was a driver of a vehicle that was rear ended by another vehicle on 17/01/19. Patient came into our Department complaining of right neck pain to right thumb.

On our examination, patient was diagnosed with the following injuries

1. Contusion of right upper limb

X-rays of his Cervical spine, right shoulder, right humerus, right elbow, right radius/ulna, right wrist and right hand did not reveal any obvious fractures.

Patient was subsequently discharged on the same day with paracetamol-orphenadrine, etoricoxib and outpatient sick leave from 22/01/19 to 24/01/19.

He was given an appointment to Ng Teng Fong General Hospital Orthopaedic Surgery Department to be reviewed in their Specialist Outpatient Clinic, to which he attended.

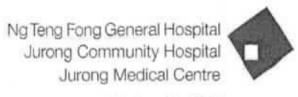
You may request a report from the Orthopaedic Surgery Department should you require.

DR TERENCE SEAH

MEDICAL OFFICER EMERGENCY MEDICINE DEPARTMENT

NG TENG FONG GENERAL HOSPITAL

MCR: M63780G



Members of the NUHS

Your Ref

: RA.513248 (K)

Our Ref

: 117020

Date

22/2/19

RIAZ LLC 133 NEW BRIDGE ROAD #09-09 CHINATOWN POINT Singapore 059413

RE: MEDICAL REPORT FOR MUHAMMAD ASHRAF BIN MOHD SALIM (NRIC NO: SXXXX344I)

We refer to your request dated 22/2/2019 for a Ordinary Medical Report. The medical report will be forwarded in due course.

For patients who are collecting the report personally, please bring along your NRIC. If patient is authorising someone to collect on his/her behalf, please provide a photocopy of patient's NRIC and an authorisation letter. Please note that Ministry of Manpower Workmen Compensation Report will be forwarded directly to the Ministry.

For enquiries, please contact the undersigned at 6716 6755.

Thank you.

Yours faithfully

Muhammad Nur Hidayat Bin Yunus Medical Records Office Ng Teng Fong General Hospital and Jurong Community Hospital

This is a computer generated letter and no signature is required.

OFFICIAL RECEIPT

GST REG NO. : 200910555Z

Receipt No. : 117020

Date

: 22/2/2019

	SERVICE DESCRIPTION	AMOUNT (S\$)
ORDINARY	MEDICAL REPORT	88.00
MUHAMMA SXXXX344I)	D ASHRAF BIN MOHD SALIM (NRIC NO:	
Your Ref Our Ref Payment	RA.513248 (K) : 117020 Cheque DBS 001445	

7% GST is included in the amount charged.

Note: Administrative charges of 1/3 of the cost of medical report will be imposed if a

Members of the NUHS

RIAZ LLC Advocates and Solicitors

REF: RA.5123248 5132418

Medical Report for Muhammad Ashraf Bin Mohd Salim, NRIC 586113441

Dear Sir/Madam,

The above named person was seen for the first time at my clinic on 18th Jan 2019.

He gave a history of a traffic accident on the day before, 17th Jan 2019. Mr Muhammad was driving his car on a wet day when he had to apply his brakes suddenly. The taxi from behind then hit his vehicle. The patient did not feel any pains or aches on that day.

On 18th Jan 2019 he came for consultation of right elbow pain. All vital signs were stable. Examination showed full range of movements of the joint. There was no swelling or tenderness. Examination of his neck also did not reveal any tenderness. There were painless, full range of movements of the head and neck. He was given oral analgesics and given medical leave of 3 days.

The patient returned on 22nd Jan 2019, this time with a complaint of right upper limb numbness and right shoulder pain. There was full movements of his right upper limb during consultation. He was then referred to the Emergency Department for further assessment in view of his increasing discomfort.

Thank you.

M.B.,B.S. (S'PORE)

SUMNYVALE CLINIC & SURGERY Blk 498, Jurong Wort St 41, #01-466 SINCAPORE 540498

TEL: 65670554

1 9 MAR 2019



19 FEB 2019

HERAY Sunnyvale Clinic & Surgery
HAMER DOLLARS SECTION CONTRACTOR

S\$

RIAZ LLC - OFFICE ACCOUNT

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PAYMENT VOUCHER

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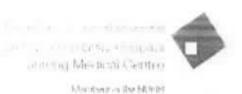
1 9 FEB 2019

PAYTO Sunnyvale Clinic & Surgery Date:			
DESCRIPTION		AMOUN	т
Medical Report Fu- 513248 (K)			
RIAZ			
L. L. C (RIAZ OFFICE)	-		+
A/c A/C NO. 389-301-559-9 Countcheque 456905	s	300	000

The Sum of Dollars

Payment Approved by:

687622 002603



TO:

MR. MUHAMMAD ASHRAF BIN MOHD SALIM

MRN/NRIC

: S8611344I

BILL NO

: 13209878F

BILL DATE

: 28.02.2019

VISIT DATE

: 28.02.2019

TYPE OF SUPPLY : CASH/CREDIT

GST REG NO

: 200910555Z

PATIENT NAME: MUHAMMAD ASHRAF BIN MOHD SALIM

PLEASE PAY UPON RECEIPT OF THIS INVOICE

	AMOUNT PAYABLE (\$)	
Case No : 9218650341F	Specialty / Class : Orthopaedics / SUB	
Consultation and Services Consultation - First Visit		74.00
Subtotal Charges (before Govern Less: Government Subsidy	ment Subsidy)	74.00 37.00-
Subtotal Charges (after applica	ble Government Subsidies)	37.00
Total Charges Add: 7% GST Less: GST Absorbed		37.00 2.59 2.59-
Amount Payable		37.00
For Information: With Referral		

Payer(s) Summary					
Payable By	Payable Amt (\$)	Payment Amt (\$)	Adjustment (\$)	Amount Due (\$)	Policy No
Total Bill Amount	37.00				
MUHAMMAD ASHRAF BIN MOHD SALIM	37.00	37.00-	0.00	0.00	

Amount to be paid: \$0.00

Receipt Information

18.02.2019

Receipt No: J000949590

\$37.00 (NETS)



Manhour of the Little is

TO:

MR. MUHAMMAD ASHRAF BIN MOHD SALIM

MRN/NRIC

: S8611344I

BILL NO

: 13177279C

BILL DATE

: 04.02.2019

VISIT DATE

: 04.02.2019

TYPE OF SUPPLY : CASH/CREDIT

GST REG NO

: 200910555Z

PATIENT NAME: MUHAMMAD ASHRAF BIN MOHD SALIM

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICES	AMOUNT PAYABLE (\$)
Specialty / Class : Orthopaedics / SUB	
	74.00
ent Subsidy)	74.00 37.00-
e Government Subsidies)	37.00
	10.80 6.90 4.80
ent Subsidy)	22.50 11.25-
e Government Subsidies)	11.25
	2.40
	2.40
	50.65 3.55 3.55-
	50.65



Members of the NUHS

PATIENT NAME: MUHAMMAD ASHRAF BIN MOHD SALIM

MRN/NRIC

: S8611344I

BILL NO

: 13177279C

Payer(s) Summary					
Payable By	Payable Amt (\$)	Payment.Amt (\$)	Adjustment (\$)	Amount Due (\$)	Policy No
Total Bill Amount	50.65				
MUHAMMAD ASHRAF BIN MOHD SALIM	50.65	50.65-	0.00	0.00	

Amount to be paid: \$0.00

Receipt Information

04.02.2019 Receipt No: J000933106

\$50.65 (NETS)



TO:

MR. MUHAMMAD ASHRAF BIN MOHD SALIM

MRN/NRIC

: S8611344I

BILL NO

: 13208840C

BILL DATE

: 04.02.2019

VISIT DATE

: 04.02.2019

COTTO

TYPE OF SUPPLY : CASH/CREDIT

GST REG NO

: 200910555Z

PATIENT NAME: MUHAMMAD ASHRAF BIN MOHD SALIM

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICES	AMOUNT PAYABLE (\$)
Specialty / Class : Radiology / SUB	
	836.00
nent Subsidy)	836.00 418.00-
ole Government Subsidies)	418.00
	418.00 29.26 29.26-
	418.00

Tyable By	Payable Amt	Payment Amt	Adjustment	Amount Due	Policy No
	(\$)	(\$)	(\$)	(\$))/2
Total Bill Amount	418.00				
MEDISAVE	300.00	0.00	0.00	300.00	
MUHAMMAD ASHRAF BIN MOHD SALIM	118.00	118.00-	0.00	0.00	

Amount to be paid: \$0.00

Receipt Information

04.02.2019

Receipt No: J000933125

\$118.00 (NETS)

For Information

MEDISAVE A/C HOLDER

CPF NO

Estimated Withdrawal Amt(\$)



Members of the NUHS

PATIENT NAME: MUHAMMAD ASHRAF BIN MOHD SALIM

MRN/NRIC

: S8611344I

BILL NO

: 13208840C

3218649861G

MUHAMMAD ASHRAF BIN MOHD SALIM

S8611344I

300.00



A mamber of the NUHS

MEDICAL CERTIFICATE (Ref:50550511)

ORIGINAL

NAME: MUHAMMAD ASHRAF BIN MOHD SALIM

NRIC: S8611344I

Type of Medical Leave granted: HOSPITALISATION LEAVE

The above named is unfit for duty from 4/2/2019 to 3/3/2019 inclusive

The certificate is not valid for absence from court attendance.

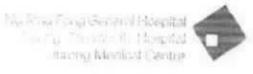
The aboved name attended our facility / received treatment on 04/02/2019.

04/02/2019 Date Dr. Jing Hui Kevin YIK (14841E) Issued by

Signature

Location: A51 ORTHOPAEDICS

Dr Kevin Ylk Jing Hui MBB6 (S'pore), MRCS (Glesg), MMed (Ortho Surg), FRCS (Ortho Surg) (Edin) Associate Consultant Department of Outhopsedic Surgery Ng Teng Fong General Hospital & Jurong Community Hospital MCR No. 14841E



Abidous of Red R 18

TO:

MR. MUHAMMAD ASHRAF BIN MOHD SALIM

MRN/NRIC

: S86113441

BILL NO

: 13173710F

BILL DATE VISIT DATE

: 22.01.2019

: 22.01.2019

TYPE OF SUPPLY : CASH/CREDIT

GST REG NO

: 200910555Z

PATIENT NAME: MUHAMMAD ASHRAF BIN MOHD SALIM

PLEASE PAY UPON RECEIPT OF THIS INVOICE

	AMOUNT PAYABLE (S)	
Case No : 9218632278J	Specialty / Class : Accident & Emergency / NA	(0)
A&E Attendance Fee XR Cervical Spine AP & Lateral XR Elbow AP & Lateral Right XR Hand PA & Oblique Right XR Humerus AP & Lateral Right XR Radius Ulna AP & Lateral Right XR Shoulder AP & Axial RT XR Wrist Joint AP & Lateral Right Orphenadrine 35MG/Paracetamol 450l Etoricoxib 90MG Tab (Arcoxia)	MG Tab NETS HE ISSUANCE AGO HI FOR THE INCLUDENCE AGO 11 FOR THE ISSUE AGO TOTAL : \$130.70	120.00 60.50 40.70 40.70 39.60 40.70 39.60 42.90 4.00
Total Charges Less: Government Subsidy Add: 7% GST Less: GST Absorbed Amount Payable	APPROVED NETS	439.40 308.70- 9.15 9.15-

Payer(s) Summary					
Payable By	Payable Amt (\$)	Payment Amt (\$)	Adjustment (\$)	Amount Due (\$)	Policy No
Total Bill Amount MUHAMMAD ASHRAF BIN MOHD SALIM	130.70 130.70	130.70-	0.00	0.00	*

Amount to be paid: \$0.00

Receipt Information

22.01.2019

Receipt No: J000924546

\$130.70 (NETS)



Emergency Department Discharge Summary - Patient Copy

MUHAMMAD ASHRAF BIN MOHD SALIM | S8611344I | 32 years | Male | Malay | 9218632278J

REGISTRATION DETAILS

Registration Date : 22/01/2019

Registration Time : 10:43 Doctor In-Charge

: TAN SOHN JOO(06878J)

DOB : 15/4/1986

: 32 yrs (as of admission) Age

DISCHARGE DETAILS

Discharge Date

: 22/01/19 14:38

Discharge Status

: Follow-up at SOC

Condition at Discharge

: Stable

DIAGNOSIS

Primary Diagnosis

: Contusion Of Upper Limb, Right

Secondary Diagnosis

DRUG ALLERGY

No Known Allergies

DISCHARGE MEDICATIONS

Medication List

Take/Continue this Medication etoricoxib (ARCOXIA) 60 MG tablet

Duration in days: 5

Take 90 mg every morning.

paracetamol-orphenadrine citrate (SUNITON) 450-35MG tablet

Duration in days: 6

Take 2 tablets 3 (three) times a day as needed for pain.

DISCHARGE PLAN

Follow ups

Procedures

· TCU ORTHO - Shoulder & Elbow Surgery (3-8 wks)

Medical Certificate Information

Outpatient Sick Leave Start Date: 22/1/2019 End Date: 24/1/2019

Light Duty Start Date: 25/1/2019 Light Duty End Date: 31/1/2019

DISCLAIMER: This is computer generated letter. No signature is required.

MEDICAL CERTIFICATE (Ref:50550502)

ORIGINAL

NAME: MUHAMMAD ASHRAF BIN MOHD SALIM

NRIC: \$86113441

Type of Medical Leave granted: OUTPATIENT SICK LEAVE

The above named is unfit for duty from 22/1/2019 to 24/1/2019 inclusive

He/She is fit for light duty as from 25/1/2019 to 31/1/2019

The certificate is not valid for absence from court attendance.

The aboved name was in Emergency Department from 22/01/2019 10:43 to 22/01/2019 14:41.

22/01/2019 Date Dr. Sohn Joo TAN (06878J) Issued by

\$ignature

Location: NTFGH EMERGENCY

SUNNYVALE CLINIC & SU	RGERY		
BLK. 498, JURONG WEST ST. 41, #01-466 SINGAPORE 640498. TEL: 6567 0554	76000	VETE	3
SINGAPONE 640498. TEL: 6567 0554	ANO. 76266	(1)	58-4.0
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the sum of Dollars Seven fy	Krk arly	TOTAL :	\$75.00
		APPROVEC)
being payment of medical fees.		NETE	1
s 757-	h	Intribute 1 fale	
Cash / Cheque No.	Authorised Signature		
Blk.	ALE CLINIC & SURGE 498, Jurong West St. 41, #01-466 agapore 640498. Tel: 6567 0554	RY	
	*ONDOORNOON ON TAKE WELLOW	No. 30320	
	EDICAL CERTIFICATE	2 A	0
This is to certify that: MR/MS/MNRIC No. 5861134	iom Muhal Ashra	oba Moh	ol .
	thin	(3)	
1) Is unfit for duty / to atterna	2 2 VILIA	days from	la la
(D) C)	inclu	sive after which	

NOTE: This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

REMARK: Specification (R) which is a light of the court of the proceedings unless specifically stated.

was seen at _____ am/pm and test the clinic at ____ am/pm after treatment.

te: 807109 Signature

she / he will be fit for ordinary duty.

DR. CHUI CHOW YIN M.B.B.S. (S'PORE)





1 of 4 Report No. T/20190118/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2019 11:42		Made:	Vide Report No.:	Station Diary No.: 20	
Informa	int's Partic	ulars	Marie Description		
Name of Informant: MUHAMMAD ASHRAF BIN MOHD SALIM			Address:		
ID Type / ID No.: NRIC NO / S8611344I Nationality: SINGAPORE CITIZEN		441	Contact No.: Home/Office: Mobile: Email:		
		EN			
Sex: Age: Date of Birth: Male 32 15/04/1986		Date of Birth: 15/04/1986	Type of Informant: Driver		
Race: Boyanese		es I	Language:	Institution / School Name:	
Occupation: AVIATION SUPERVISOR		VISOR	Driving Licence Information: Class: 3,4	Date of Expiry:	

General Infor	mation of the Accident	\$10 at 12 at		
Type of Accident:	Injury, Attended by Police	Drink Drive; No	Date/Time of Accident: 18/01/2019 08:40	Type of Location: Straight Road
	EXPRESSWAY Tuas before CTE/SLE exit			
Weather: Road		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Traffic Control: One Way Not Controlled				Traffic Volume: Moderate
Type of Collis Between Mov	sion: /Ing Vehicles - Head To R	ear	*	Anyone conveyed by ambulance: No

Details of V	The state of the s	veu	Harland Harland	学を1400年 1130	-449 4 7 7 7 7 1	والتحويلات فالمنافعة التهم
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHC3531D	Car				Seriously Damaged	1
SKW4193Z	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	Brown	Seriously Damaged	0





2 of 4 Report No. T/20190118/2060

CONTINUATION OF REPORT

Details of V	ehicle Insurance			A THURSDAY
Vehicle No.	Insurance Company	Insurance No	Effective	Explry Date
SKW4193Z	AXA INSURANCE SINGAPORE PTE	GA401863	26/09/2018	25/09/2019

Details of Person	n Involved	THE WORLD	13.7	The state of	新兴县南部 国市设置的国际
Any Pedestrian Ir	ivolved: No				
No. of Pedestrian	Use of Pedestrian Crossing; NA			ing: NA	
Driver		Charles and	PANEL PROPERTY.	ACT IS	THE REAL PROPERTY OF THE PARTY
Name	Yap Kee Sun		ID No.		S0167177D
Related Vehicle	SHC3531D (Car)		Contac	ct No.	91706086
Hospital/Clinic	NIL			of e & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL.	Date Disc			
	ted Medical Leave NIL	Degree of			
Driver		VADIO VAL	HE S	1100	
Name	MUHAMMAD ASHRAF BIN MOH	ID No.	=	S8611344I	
Related Vehicle	SKW4193Z (Car)	Conta	ct No.	19.1	
Hospital/Clinic	SUNNYVALE CLINIC & SURGE	Class Driving Licent Expiry	g	Class: 3,4 Date of Expiry: NIL	
Date Treatment	18/01/2019	Date Disc	charge	18/0	1/2019
No. of Days gran	ted Medical Leave 03	Degree o		Sligh	t.

Brief Details.

On 17/01/2019 at about 08.38pm, I was driving my vehicle bearing registration plate number SKW4193Z along PIE towards Tuas before CTE/SLE exit, on the 1st lane. It was raining at that point of time. While driving, the car in front of me suddenly applied its brakes.

I applied my brakes as well and managed to stop before the vehicle. Suddenly I felt an impact from the back of my vehicle. My vehicle did not hit onto the front vehicle. I then stepped out to make a check. A taxi bearing registration plate number SHC3531D had hit onto the back of my vehicle. I then exchanged my particulars with the other driver. He is one Yap Kee Sun, S0167177D, B/141 Jalan Bukit Merah #08-1188, H/P: 91706086.

The rear bumper and rear door was damaged, along with some other internal damages. I felt some discomfort during that time. A traffic police then came over and took some pictures and our particulars and left.





3 of 4 Report No. T/20190118/2060

CONTINUATION OF REPORT

I then went to Sunnyvale Clinic & Surgery located at B/498 Jurong West St 41 #01-466 on 18/01/2019 and received a total of 03 days of medical leave from 18/01/2019 to 20/01/2019. I sprained my right wrist and elbow.





4 of 4 Report No. T/20190118/2060

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: D / Sgt 3 MUHAMMAD HAFIZ BIN ROZAINI	Signature Of Informant:
Signature Of Interpreter: / Not applicable	Date/Time: 18/01/2019 11:42
Officer In Charge Of Case: TP / GIT / , Sgt 3 MARIAH BINTE ZAKARIA , Contact No.: 65476433	Classification Of Case:
Authentication Stamp	31(33)



Traffic Police Department Charge Office 10 Ubi Avenue 3 Singapore 408865

NP 168 No : T/ 20190118/2060	Name:	monominad Ash	e round and hore	
Accident Date/Time : 1901/19@	1035ms Address:			
Vehicle(s) involved : 5mc 253	. 0			
5 KW 410		: 586113441		
	Tel No :	8298 4436		
-	Date :	18/1/19		
Dear Sir / Madam			9.	
I wish to amend as follows				
The accident toc place		222544	a manufacture comment	
18/1/19 at 0640his w			not on	
16 TIP IN DOGONIS D	tion is stoled in	non is all	197	
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To the		- 7		
			3.	

Neighbourkond Patrice Centre
No 52 Room Lay Way
Stagapore 600002
Tol. 1000-85 00001

MBME19006725 / SME Motor Pia Ltd - Kald Built ENTRY DATE & TBJE: 16/01/2019 16:23 SUBMITTED BY: Chia Pel Ying

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 witholding 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.
- 5. 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.	serving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	18/01/2019 16:23
Date Of Accident	18/01/2019 08:40
Exact Location Of Accident	ALONG PIE TWDS TUAS (BEFORE CTE/SLE EXIT)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW4193Z
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ASHRAF BIN MOHD SALIM
NRIC No	S8611344I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL)
Alternative Phone No	OFFICE
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI
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	

Insurance Company

Name of Insurance Company

AXA INSURANCE PTE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

GA401863

Cover Note Number

Driver

Name of Driver

MUHAMMAD ASHRAF BIN MOHD SALIM

NRIC No Date Of Birth

S8611344I 15/04/1986

Occupation INDOOR Date Of Driving Pass 07/04/2008

Driving Experience

10 YEARS AND 9 MONTHS

Gender Mobile Number

MALE

(LOCAL)

Fax Number

Address

Postcode

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

2

NO

NO

YES

NO

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions DRIZZLING

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

JURONG EAST NEIGHBOURHOOD POLICE CENTRE

NO

YES

ROAD: NO. 92 BOON LAY WAY, POSTCODE: 608962, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-8999999 - FAX NO: 66655791

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20190118/2060.

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

SHC3531D

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE B

Vehicle Category

DOAT

Name of Driver

YAP KEE SUN

NRIC/Passport Number

Contact Number

91706086

Address

Postcode

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.
- By the ladgment 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)

Lunderstand, 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 insurers) 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:
 - 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:
 - 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.:

PERCUSE

Sketch Plan #2 Pg. 1

SKETCH PLAN

1 1	€ 5 w 41932.
101111	B SHC 3531 D.
	Along PIE. Towards Tues
111	(Before CTE/SLE GXT)
1111	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	

Statement Please Refer to Police Report
No = 1720190114/2060

DECLARATION

(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:

18 01/19 1349HES.

Reporting Centra Personnel's Signature

NRIC/FIN No.:

Sketch Plan #6 Pg. 1

LETTER OF UNDERTAKING

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, Precise Auto Senice

Signed and Acknowledge by:

18013441

Nric no. and signature of policyholder Company Stamp Date



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-19-012370

Date of Request:

22/01/2019

Your Ref No:

WALK IN NG KA

PRECISE AUTO SERVICE NO 1 KAKI BUKIT AVE 6, #02-34/36 SINGAPORE 417883

Dear Sir/Madam,

Date of Accident:

18/01/2019

Vehicle No:

SKW4193Z

Place of Accident:

ALONG PIE TWDS TUAS (BEFORE CTE/SLE EXIT)

Involving Vehicle No: SHC3531D

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\$)
SHC3531D	ALONG PIE TWDS TUAS (BEFORE CTE/SLE EXIT)	14.00	1	13.08
GST Amount				0.92
Total Amount Du	ue (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:

[] GIRO [X] Cash [] Cheque

MCD61909631 / CombriDelGro Engineering Pte Ltd - Loyang ENTRY DATE & TIME: 18/01/2019 14:20 SUBMITTED BY, Huang XiacYan

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Circumstances of Accident PLS REFER TO ATTACHED

Was there any audio recorded?

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Attachment(s)

Remarks/ Reasons:

- 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 witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

	ACCIDENT STATEMENT	
Date Of Report	18/01/2019 14:20	
Date Of Accident	17/01/2019 20:45	
Exact Location Of Accident	PIE TWDS JURONG B4 TOA PAYOH EXIT	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC3531D	
Insured/Policyholder		
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	E220	
Vehicle Category	TAXI	
Insurance Company		
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE L	TD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT	
Fleet Policy	YES	
Policy Number	MCOM0015	
Cover Note Number		
Driver		
Name of Driver	YAP KEE SUN	
NRIC No	S0167177D	
Address	BLK 141 JALAN BUKIT MERAH #08-1188	
General Information of the Accident		
Type Of Accident	COLLISION - HEAD TO REAR	
Weather Conditions	DRIZZLING	
Other Information		
Was any foreign vehicle involved in this accident?	NO	
Was any body injured in the Accident?	NO	(5)
Was any other material or property damaged?	YES	
Number of Passengers (Including Driver)	2	

YES

YES

NO

Vehicle Registration Number Vehicle Make/Model/Colour Name of Driver Insurance Company Name SKW4193Z

Sketch Plan Pg. 1

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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to regudiate policy liability.
- 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.
- 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.
- 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 aforesald.
- 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:
 - 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 igw in administering, processing, handling and/or dealing with my cialms. [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:
 - 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.

COMPORT TRANSPORTATION PLE LTI

Policyholder's Signature Date & Time:

Orlver's Signature
[If driver's not the policyholder]
Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

GIAMAC SkeichPlanForm, V3

Sketch Plan Pg. 2

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	JB 18
	J9 15

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

CO. REG. NO. 1872635218

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

EMPTRESS AND LOCAL TO SERVICE OF SERVICE OF

1/18/2019

Enquire Vehicle & Owner Information (Vehicle No. SHC3531D As At 18 Jan 2019 / 08:40:00)

Search Reason:

Insurance claim in relation to traffic accident

Law Firm Case No.:

PRECISE(V)

Owner ID Type:

Company

Owner ID:

199303821R

Owner Name:

COMFORT TRANSPORTATION PTELTD

Registered Address Type:

Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 383

Registered Street Name:

SIN MING DRIVE

Registered Unit No.:

Registered Building Name: GAS BUILDING

Registered Postal Code:

575717

i turent Vehicle thands

Vehicle No.:

SHC3531D

Make Description/Model: MERCEDES BENZ / E 220 CDI BLUEEFFICIENCY

Insurance Company Name: INDIA INT'L INS PTE LTD



Fun Lynn has successfully logged out.

Your last login date and time was 18 Jan 2019, 15:46:18.

To return to ONE MOTORING, please click here

For security reasons, please CLEAR YOUR CACHE after each session.

Session Transaction History

 S/No.IL
 Asset Type:
 Asset ID
 Asset Owner ID:
 Transaction Type:

 1
 Vehicle
 SHC3531D
 18.19 Enquire Veh Owner Info (Others) by Law Firm

Precise Car Rental Pte Ltd

1 Kaki Bukit Avenue 6 #02-34 Autobay@KakiBukit Singapore 417883

Phone 67457367 Fax 68413390

DATE:

February 2, 2019

INVOICE # PCR/RI/2019/02/011

RA#

R-0516

FOR:

Accident Car

Replacement

Vehicle #

SJL 6500 C

Payment Method:

Bill To:

PRECISE AUTO SERVICE

CO: MUHAMMAD ASHRAF BIN MOHD SALIM

RENTAL (18/01/2019 - 02/02/2019) 15 \$ 120.00 \$ 1.800.0	DESCRIPTION	NUMBER OF DAYS	RATE	AMOUNT
T-P)	RENTAL (18/01/2019 - 02/02/2019) OUR REF: SKW 4193 Z	15	\$ 120.00	\$ 1,800.00
	(P)			

Make all cheques payable to Precise Car Rental Pte Ltd

Signature



PRECISE CAR RENTAL

1 Kakı Bukit Avenue 6 #02-34 Autobay @ Kakıbukit S(417883) Tel: 6745 7367 Fax: 6841 3390

RANO . 2-0516

PRECISE CAR RENTAL

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Time Out

Date Out

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VEHICLE HIRING AGREEMENT

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Name is Address of Entrary		Weekly/Monthly	week #5	Pro week/Alonthly	TOLL	co
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and the second s	200	CDW/PAL		Per day Montaly		
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Dt Type LocalistiChiers _		Derivery/Collection	H1.25W	***		
TokO) (F)	HP	-		GST		
DRIVER'S PARTICU	LARS	OR No:		(A) SUB-TOTAL		
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Dit. Type: Localitrici Others	Contract No	CASH/NETS/VIS	A/MC/AMEX/CHO	No:		
HICHCAFE A Assistants D Duels	5	ACCESSORIES	CHECK STD Trots Tyre Openar	Retrol Cup Sput	EO I- (M no r CD Carun ne Tyre	ALAYS dge
5 Scratches		Hirer's Signature		Additional Dr	ivers Signa	ture :
(17 KB	SINGAPORE Use	100			
e read and agree to the terms and condition payable undor this agreement and for parking as	ind traffic infringements may :	be billed to that acco	unt and my mignati	are above will be consid	fered to hav	er biereins
made on the charge/credit card voucher. All	Information I have been	given Precise C	ar Rental in	connection with this a	igreement i	s true
The Mind and Person in the distribution of the instrument and the feeding such that is a removed and the and qualified. Inviting a person of a traversity of the and qualified the large in the service of the analysis of the service of the analysis of the service of the person of the person of the service o	the distriction of a promotion of the single control of the single	e-Mind of encu- very services of the very services of the serv	red by pass or religion to the second or region of the reg	a linform one and to writing of the popular to the line of the popular to the line of the popular to the line of t	Business and a second s	Any state of the s

Hirer's/Driver Signature Return Of Vehicle: The Heer Driver is Required To Sign in The Column Segreture Of Heer Driver Foliag Willett The Cay And Time Inserted Below Shall Be Deemed to Be The

The transitives are have the responsibility to ensure that the radiation which the radiation when the site of the selection and the selection and the selection of the selection

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confinent water Any damage to the engine will be teat by the incombine 12 All customers data will be kept strictly confidencial and is sonely used for the process of completing the sales transactions and other relating matters.

PRECISE AUTO SERVICE

NO 1 KAKEBUKIT AVE 6 #02-33/34/36 AUTORAY SINGAPORE 417/8/3 THE 6745 7367 FAX 6841 1300.

CO. REG. NO.: 35700000C GS1 REG. NO.: 35700000C

Accident Date: 18-01-19

OUR REF: SKW 4193Z/T/19

TAX INVOICE

MUHAMMAD ASHRAF BIN MOHD SALIM

Invoice No.: TP1909-009

DATE: 30-09-19

FINAL BILL ON VEH. NO.: SKW 4193Z VEHICLE MODEL: NISSAN OASHOAI

LUMP SUM REPAIR

INCLUDING SUPPLY OF PARTS & LABOUR

PANEL BEATING & SPRAY PAINTING

16,500.00

SUB-TOTAL :

16,500.00

ADD GST 7%

1,155.00

TOTAL AMOUNT SGD

17,655.00

This is a computer generated document and requires no signature.

Insurance Loss Adjusters and Qualified Appraisers 16 Sin Ming Walk, #03-02 Singapore 575568 Tel: 6554-2269 Fax: 6685-1399 Regn. No: 52864369W

To Mr. Muhammad Ashraf Bin Mohd Salim

c/o 1 Kaki Bukit Ave 6 #02-34/36 AutoBay Singapore 417883

Our Ref

INVOICE NO : PT1901007 : PT1901007-L

Your Ref

Date

: 11th February 2019

	MOUN
VEHICLE REGISTRATION NO : SKW 4193 Z VEHICLE MAKE/MODEL : Nissan Qashqai 1.2	
TO SERVICE RENDERED:- X CONSULTANT/APPRAISER FEES	\$ 730.
X PHOTOGRAPHS	\$ 164.0
▼ TRANSPORT CHARGES □ RE-INSPECTION FEES	\$ 60.0
	\$ 954.
DOLLARS :- NINE HUNDRED & FIFTY FOUR ONLY	

E. & O. E.

for PREMIER APPRAISER SERVICES

Insurance Loss Adjusters and Qualified Appraisers 16 Sin Ming Walk, #03-02 Singapore 575568 Tel: 6554-2269 Fax: 6685-1399 Regn. No: 52864369W

Our Ref: PT1901007-L

Date : 11th February 2019

Mr. Muhammad Ashraf Bin Mohd Salim c/o 1 Kaki Bukit Ave 6 #02-34/36 AutoBay Singapore 417883

WITHOUT PREJUDICE

Dear Sir.

Re: Third Party Claim / Workshop :- Precise Auto Service Vehicle Regn. No. : SKW 4193 Z

We refer to your instruction to appraise the above-mentioned vehicle on 21st Jan 2019 .

A static inspection was carried out and our report is enclosed for your perusal. The estimated repair costs submitted by the repairer for S\$ 23,328.66 as per our attached schedule have been scrutinized and revised by us against the actual damages found on the vehicle and we recommend the replacements and rectification accordingly.

The repairer has agreed to undertake the repairs at our adjusted amount of S\$ 16,500.00 lump sum corresponding to supply of parts, labour charges and spraypainting. However, we have not given instruction to authorize.

Under normal circumstances the estimated period of repairs is FOURTEEN (14) days. The estimated period of repairs given above is based on Working Day(s) only.

Photographs of the damaged vehicle taken by us during our inspection are enclosed.

We are leaving the matter to you for a decision.

Please do not hesitate to contact us if you need any clarification.

Assuring you of our best services always.

Very truly yours

PREMIER APPRAISER SERVICES

LESLIE K CLÍM CAE (UK), MIMI (UK)

MSAAA, Automotive Appraiser Dip.MTM. Automotive Engineer

VEHICLE INSPECTION REPORT

To: Mr. Muhammad Ashraf Bin Mohd Salim

c/o 1 Kaki Bukit Ave 6 #02-34/36 AutoBay Singapore 417883 Our Ref. : PT1901007-L

Policy No. : -Claim No. : -Sum Insured : -

Type of Claims : T/P Claim

Date 11th February 2019

Assigned By : Mr. Muhammad Ashraf Bin Mohd Salim

Date of Assignment : 21st Jan 2019
Date of Accident : 18th Jan 2019

Date of Inspection : 22nd Jan 2019 Follow up inspections were also conducted.

Name of Workshop : Precise Auto Service

Place of Inspection : 1 Kaki Bukit Ave 6 #02-34/36 AutoBay

Singapore 417883

PARTICULARS OF VEHICLE

Registration No. : SKW 4193 Z Odometer/km : 83685

Make/Model: Nissan Qashqai 1.2 Chassis No.: SJNFEAJ11U1488879

 Type Of Body
 : SUV
 Engine No.
 : HRA2189760A

 Year of Manuf./Regn.
 : 2015
 Engine Cap.
 : 1197 cc

 Colour
 : Brown
 Carrying Cap.
 : 4 Passengers

PRE-ACCIDENT CONDITION (Static tests only)

Handbrake : Serviceable Body Work : Good Market Value : N/A
Footbrake : Serviceable Paint Work : Good Scrap Value : Steering : Serviceable Modifications : None Others : -

CONDITION OF TYRES

Size N/s - Tread Depth/Make O/s - Tread Depth/Make

Front Tread 215/60 - R17 6mm - Continental 6mm - Continental

Rear Tread (inner)

Rear Tread (outer) : 215/60 - R17 6mm - Continental 6mm - Continental

The above represent an estimated remaining life of the tyre treads in mm.

POINT OF IMPACT/GENERAL DESCRIPTION OF DAMAGES

The vehicle sustained an impact of heavy nature on the rear portion.

The n/s rear chassis members, tail gate, boot floor, boot floor n/s extension panel, rear end panel, rear end panel inner structure, tail lamp posts, n/s rear fender, fender inner structure, bumper, bumper reinforcement, exhaust silencer, exhaust heat shield, exhaust centre pipe were badly dented/ chafed/ buckled/ distorted/ bent. Our follow up inspections revealed that many other parts were also affected.

For details of damages please refer to our schedule attached.

REMARKS :

This survey was conducted strictly without prejudice.

This rannel to confidential and to clean for the use of clients and their ments and any disclosure or cublination

Our Ref: PT1901007-L

Vehicle No: SKW 4193 Z

Qty	Parts Descriptions	Conditions	Repairer's Est.	Our Revised
	NETT ITEMS:			
1	tail gate	dented/distorted S\$	2,936.80	S\$ / 2,936.80 /
2	tail gate absorber	stiffened/damaged	419.60	
2	tail gate stopper	serviceable	20.00	(VC × 419:60 K
1	tail gate lock	stiffened/damaged	116.80	116.00
- 1	tail gate lock striker	bent	31.70	116.80
1	tall gate weatherstrip	warped	158.70	SVC X 31.70 X
- 1	tall gate inner trimboard	warped		/ 158.70
12	tail gate inner trimboard clips		316.80	316.80
1	tail gate badge	necessary	60.00	60:00 36
1	tail gate emblem "QASHQAI "	damaged	39.70	SUC × 39.70 ×
1	tail gate outer garnish	damaged	87.00	87.00
4	tail gate outer garnish clips	dented/distorted	336.00	SUF (× 336:00 ×
1	tail gate glass moulding	necessary	20.00	× 20.00 /
14	사람이 있었다. 그리고 없는 나는 없이 얼마나가 되고 있다면서 없었다. 이 분들이 없는 것이 없다.	necessary	267.10	/ 267.10 /
1	tail gate glass moulding clips	necessary	77.00	SVC X 77.00 X
2	tail gate glass inner seal	necessary	38.10	38.10
	tail gate reflector	chafed/cracked	577.20	/ 577.20 ²
2	tail gate reflector sealant	necessary	76.00	6/2 (X 76:00 X
4	tail gate reflector clips	necessary	20.00	7VC X 20:00 X
2	tail lamp assy	chafed/broken	647.40	647.40
2	tail lamp sealant	necessary	76.20	/ × 76.20 ×
6	tail lamp clips	necessary	30.00	50C X 30:00 X
2	tail lamp base panels < THX 5VC	damaged	323.40	/ 323.40 6/
1	rear bumper	badly dented/distorted	717.00	/717.00 /
10	rear bumper clips	necessary	55.00	55.00 €
2	rear bumper side retainers	damaged	2,111.00	21110 70
1	rear bumper side attachment	damaged	219.40	SVC × 219.40 ×
1	rear bumper reinforcemnet	badly dented/distorted	619.00	619.00
2	rear bumper reinforcemnet bracket	damaged	252.00	/ 252.00 /
1	rear bumper reinforcemnet bracket- n/s	damaged	23.80	OL/O & 23:80 x
1	rear bumper sponge	damaged	126.40	126.40
2	rear bumper reflector < 2H x SVC	damaged	110.00	110.00 55
1	rear bumper tow cover	chafed	27.80	/ 27.80 /
1	rear end panel	badly dented/distorted	482.80	/ 482.80 /
1	rear end panel top trim	warped	63.90	63.90
4	rear end panel top trim clips	necessary	20.00	20.00
1	n/s rear fender	buckled	1,169.40	Report X 1,169.40 X
1	n/s rear fender splash shield	warped	186.40	× 186.40 X
6	n/s rear fender splash shield clips	necessary	30.00	SVC1 × 30:00 ×
1	n/s rear fender wheel arch garnish	damaged	483.00	483.00
1	o/s rear fender wheel arch garnish	damaged	483.00	483.00 /
1	n/s rear fender air vent	damaged	62.80	62.80
8	n/s rear fender inner trim board	warped	361.80	4VL X 361.80 X
1	n/s rear fender inner trim board clips	necessary	40.00	40.00 /
1	n/s rear fender glass inner seal	necessary	31.80	X 31.80
1	n/s rear fender glass clips	necessary	22.00	× 22.00
2	floor panel board	damaged	504.00	X 594.00
1	floor panel insulator cloth	damaged	394.70	5VC X394.70
1	floor panel sponge	damaged	240.00	× 240.00
1	floor panel side tray garnish	damaged	231.70	231,70

ur I	tef: PT1901007-L			Vehicle No : SI	CW 4193 Z
Qty	Parts Descriptions	Conditions		Repairer's Est.	Our Revised
		Balance b/f	S\$	15,744.20	S\$ 13,824.30
	NETT ITEMS: (Con't)				
1	exhaust silencer	bent/buckled		771.70	771.70
3	exhaust mountings	damaged		75.30	75.30
1	exhaust gasket	necessary		15.00	15:00 X
1	exhaust heat shield	buckled		126.80	126.80
1	exhaust centre pipe heat shield	buckled		59.40	59.40
1	exhaust centre pipe gasket	necessary		15.00	SVEX 15.00
		10.000001	S\$	16,807.40	S\$ 14,887.50 92
		LESS		1,680.74	10% 1,488.75
				15,126.66	13,398.75
	S/NETT ITEMS:				10,000,10 8 %
1	tail gate glass sealant	necessary		60.00	60:00 40
1	rear fender glass moulding	necessary		68.20	C (× 68:20
1	rear fender glass sealant	necessary		60.00	VC X 45:00
1	rear number plate	damaged		45.00)	
1	rear number plate casing	damaged		29.00)	40 50:00
1	reverse sensor	damaged		380.00	2.00 250.00
1	exhaust centre pipe	bent	2	429.80	429.80
		TOTAL S/PARTS	S\$	16,198.66	S\$ 14,301.75 70
	Towing charges - King Dolly			120.00	/ 100.00
	To remove/refit tail gate glass & n/s rassist repairs.	ear fender glass to		280.00	120 200:00
	To remove/refit rear seat, interior gar to assist repairs.	nish & luggage trims		250.00	60 188:00
	To mount vehicle on Car O Liner inor alignment.	der to conduct chassis		380.00	× 300.60
	To remove/refit fuel tank to assist rep	pairs.		280.00	X 120.00
	To remove/refit rear undercarriage.to	assist repairs.		450.00	∑ 380:00
	Labour charges to repair, panel beat damaged parts and replace the above	and straighten e-mentioned parts.		1,800.00	800 1,490:00
	To remove/replace exhaust exhaust	silencer & centre pipe.		350.00	20 250.00
	To transfer tail gate fittings.			180.00	60 70.00
	To remove/refit reverse camera to as	sist repairs.		180.00	50,00

Our Ref: PT1901007-L

Vehicle No : SKW 4193 Z

		Repairer's Est.	Our Revised
Balance b/f	S\$	20,648.66	S\$ 17,401.75
To check wiring functions.		180.00	30 40.00
To check & adjust wheel alignment. & steering geometry. (before & after)		240.00	× 160:00
To reset ECU.		280.00	X 250.00
To putty, apply primer & spray-paint the affected areas.		1,800.00	1/00 1,400.00
To apply rust-proofing on repaired/replaced panels.	S\$	180.00 23,328,66	80 150:00 S\$ 19,401.75
		- 60	r.e.

2550

Note: The repairer has agreed to undertake the repairs at our adjusted amount of S\$ 16,500.00 lump sum corresponding to supply of parts, labour and spray painting charges.

The estimated period of repairs is FOURTEEN (14) days. Pursuant to your instruction we have not authorised repairs on your behalf.

11626.38 2090, 3300 7 Days.

PREMIER APPRAISER SERVICES

LESLIE K OLIM CAE (UK), MIMI (UK) MSAAA Automotive Appraiser

MCD619008531 / ComfortDelGro Engineering Pte Ltd - Loyang ENTRY DATE & TIME: 18/01/2019 14:20 SUBMITTED BY: Hueng XisoYan

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

Gender

- 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 witholding 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.
- 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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available.
	ACCIDENT STATEMENT
Date Of Report	18/01/2019 14:20
Date Of Accident	17/01/2019 20:45
Exact Location Of Accident	PIE TWDS JURONG B4 TOA PAYOH EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC3531D
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E220
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	REPORTING ONLY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
Driver	
Name of Driver	YAP KEE SUN
NRIC No	S0167177D
Date Of Birth	28/01/1954
Occupation	OUTDOOR
Date Of Driving Pass	16/09/1974

MALE

44 YEARS AND 4 MONTHS

(LOCAL) +65-91706086

Address

BLK 141 JALAN BUKIT MERAH #08-1188

Postcode

160141

Was driver an employee of the Insured's Company NO

was driver an employee of the institutes company. He

If No, Relationship of the Driver with the Insured

OTHER - TAXI DRIVER

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

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

1111

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

GENDER:

Passenger 1

NAME: :

: MALE

ALVANIET.

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKW4193Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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-
- 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.
- 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:
 - 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:
 - 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.

COMPORT TRANSPORTATION PIE LTI

Policyholder's Signature

Date & Time:

Orivers Signature (If drivers not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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DECLARATION

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

CO REG NO 1822025518

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 Photo

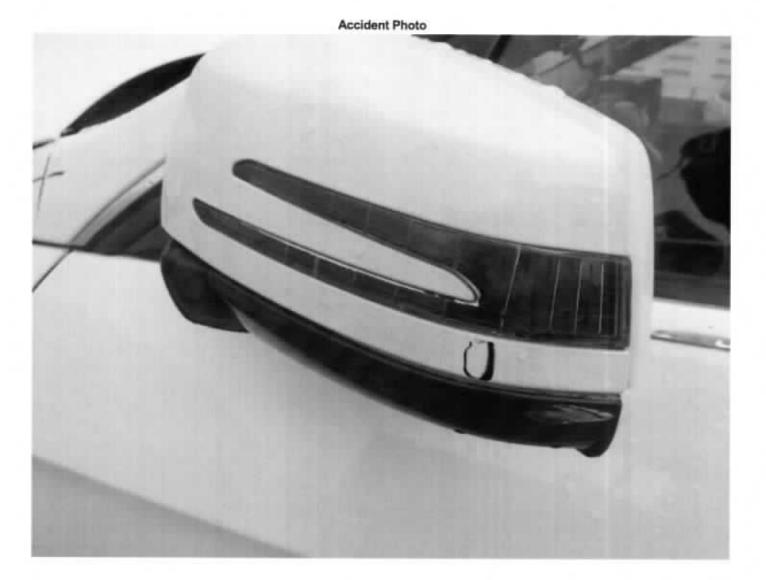
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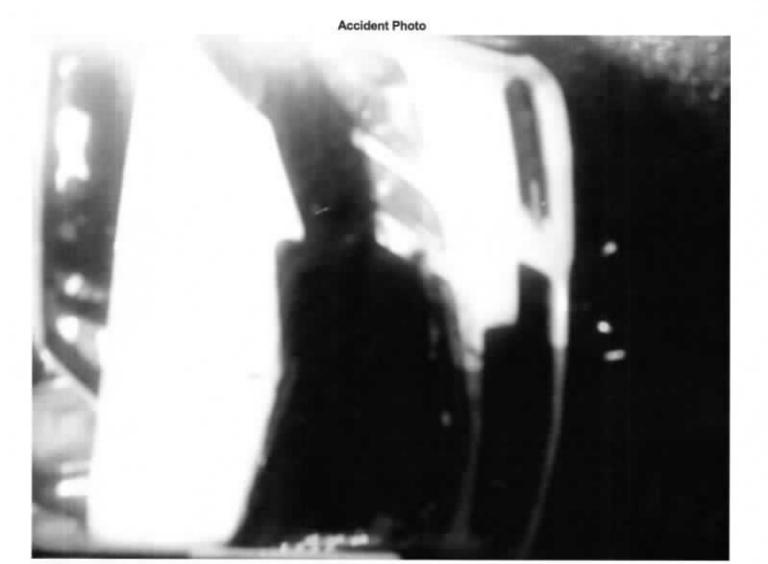


Accident Photo











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 Intern	nationale Des Experts En Autom	obile
NDIA INTERNATIO	NAL INSURANCE PL	Ref : CS3/III1900128	5/Gsd3e2-1
64 CECIL STREET #05-02 IOB BUILDIN	IG SINGAPORE 049711	Date : 10-01-2020 Code : III2	
1.	Policy Particul	ars :- THIRD PARTY CLAI	M
Insured Veh.	SHC 3531D	Veh. Inspected	SKW 4193Z
Policy No.	MCOM0015	Coverage (\$)	0.00
Claim No.	MCT19010500	Excess (\$)	0.00
Assign From	STANLEY LAI	Assign Date	03/12/2019
	Vehicle P	articulars & Condition	
Make & Mode	NISSAN QASHQAI	c.c	1197
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	SJNFEAJ11U1488879	Colour	BROWN
Odometer	83685	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3.	Cor	nditions of Tyres	
	Size	Make	Balance
R/H Front Tyr	e 215/60 R17	CONTINENTAL	6 mm
L/H Front Tyr	e 215/60 R17	CONTINENTAL	6 mm
R/H Rear Tyre	215/60 R17	CONTINENTAL	6 mm
L/H Rear Tyre	215/60 R17	CONTINENTAL	6 mm
k sy i i i i i i i i i i	Descr	ription of Damages	
THE VEHICLE	SUSTAINED DAMAGES AT THE	REAR PORTION.	
DAMAGES SEE	DETAILS.		
5.	Ger	neral Information	
Accident Date	17/01/2019	Inspection Date	21/01/2019
Survey held a	t PRECISE AUTO SERVICE		
	NO.1 KAKI BUKIT AVE 6 #02-34/36 SINGAPORE 417883		
5a.		Remarks	
	TION WAS CONDUCTED ON A INCE TO YOUR INSTRUCTION		
5b.	Estim	nate Days of Repair	
	ORMAL PERIOD FOR REPAIR:	7 Working Day	/5



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 4

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKW 4193Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	TAIL GATE (N)	DENTED / DISTORTED	2,936.80	2,936.80
2	TAIL GATE ABSORBER (N)	SERVICEABLE	419.60	
2	TAIL GATE STOPPER (N)	SERVICEABLE	20.00	
1	TAIL GATE LOCK (N)	STIFFENED / DAMAGED	116.80	116.80
1	TAIL GATE LOCK STRIKER (N)	SERVICEABLE	31.70	
- 1	TAIL GATE WEATHERSTRIP (N)	WARPED	158.70	158.70
1	TAIL GATE INNER TRIMBOARD (N)	WARPED	316.80	316.80
12	TAIL GATE INNER TRIMBOARD CLIPS (N)	NECESSARY	60.00	30.00
1	TAIL GATE BADGE (N)	SERVICEABLE	39.70	1
1	TAIL GATE EMBLEM "QASHQAI" (N)	DAMAGED	87.00	87.00
1	TAIL GATE OUTER GARNISH (N)	SERVICEABLE	336.00	
- 4	TAIL GATE OUTER GARNISH CLIPS (N)	SERVICEABLE	20.00	
1	TAIL GATE GLASS MOULDING (N)	NECESSARY	267.10	267.10
14	TAIL GATE GLASS MOULDING CLIPS (N)	SERVICEABLE	77.00	-
1	TAIL GATE GLASS INNER SEAL (N)	NECESSARY	38.10	38.10
2	TAIL GATE REFLECTOR (N)	N/S CRACKED / O/S SERVICEABLE	577.20	288.60
2	TAIL GATE REFLECTOR SEALANT (N)	SERVICEABLE	76.00	1
- 4	TAIL GATE REFLECTOR CLIPS (N)	SERVICEABLE	20.00	
2	TAIL LAMP ASSY (N)	N/S CRACKED / O/S SERVICEABLE	647.40	323.70
2	TAIL LAMP SEALANT (N)	SERVICEABLE	76.20	-
6	TAIL LAMP CLIPS (N)	SERVICEABLE	30.00	
2	TAIL LAMP BASE PANELS (N)	N/S BUCKLED / O/S SERVICEABLE	323.40	161.70
1	REAR BUMPER (N)	BADLY DENTED / DISTORTED	717.00	717.00
10	REAR BUMPER CLIPS (N)	NECESSARY	55.00	35.00
2	REAR BUMPER SIDE RETAINERS (N)	DAMAGED	2,111.00	70.00
1	REAR BUMPER SIDE ATTACHMENT (N)	SERVICEABLE	219.40	

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Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
. 1	REAR BUMPER REINFORCEMENT (N)	BADLY DENTED / DISTORTED	619.00	619.00
2	REAR BUMPER REINFORCEMENT BRACKET (N)	DAMAGED	252.00	252.00
1	REAR BUMPER REINFORCEMENT BRACKET - N/S (N)	SERVICEABLE	23.80	
1	REAR BUMPER SPONGE (N)	DAMAGED	126.40	126.40
2	REAR BUMPER REFLECTOR (N)	N/S CRACKED / O/S SERVICEABLE	110.00	55.00
1	REAR BUMPER TOW COVER (N)	CHAFED	27.80	27.80
1	REAR END PANEL (N)	BADLY DENTED / DISTORTED	482.80	482.80
1	REAR END PANEL TOP TRIM (N)	WARPED	63.90	63.90
4	REAR END PANEL TOP TRIM CLIPS (N)	NECESSARY	20.00	20.00
1	N/S REAR FENDER (N)	TO REPAIR SEE LABOUR	1,169.40	
1	N/S REAR FENDER SPLASH SHIELD (N)	SERVICEABLE	186.40	
6	N/S REAR FENDER SPLASH SHIELD CLIPS (N)	SERVICEABLE	30.00	
1	N/S REAR FENDER WHEEL ARCH GARNISH (N)	DAMAGED	483.00	483.00
1	O/S REAR FENDER WHEEL ARCH GARNISH (N)	DAMAGED	483.00	483.00
1	N/S REAR FENDER AIR VENT (N)	DAMAGED	62.80	62.80
8	N/S REAR FENDER INNER TRIM BOARD (N)	SERVICEABLE	361.80	
1	N/S REAR FENDER INNER TRIM BOARD CLIPS (N)	NECESSARY	40.00	40.00
1	N/S REAR FENDER GLASS INNER SEAL (N)	SERVICEABLE	31.80	
1	N/S REAR FENDER GLASS CLIPS (N)	SERVICEABLE	22.00	
2	FLOOR PANEL BOARD (N)	SERVICEABLE	504.00	
1	FLOOR PANEL INSULATOR CLOTH (N)	SERVICEABLE	394.70	
1	FLOOR PANEL SPONGE (N)	SERVICEABLE	240.00	
1	EXHAUST CENTRE PIPE GASKET (N)	SERVICEABLE	15.00	
1	FLOOR PANEL SIDE TRAY GARNISH (N)	SERVICEABLE	231.70	
1	EXHAUST SILENCER (N)	BENT / BUCKLED	771.70	771.70
3	EXHAUST MOUNTINGS (N)	DAMAGED	75.30	75.30
1	EXHAUST GASKET (N)	SERVICEABLE	15.00	
1	EXHAUST HEAT SHIELD (N)	BUCKLED	126.80	126.80
1	EXHAUST CENTRE PIPE HEAT SHIELD (N)	BUCKLED	59.40	59.40

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aty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	LESS 10% DISCOUNT		-1,680.74	-929.62
			15,126.66	8,366.58
	SPECIAL NETT ITEMS			
-1	TAIL GATE GLASS SEALANT (SN)	NECESSARY	60.00	40.00
1	REAR FENDER GLASS MOULDING (SN)	SERVICEABLE	68.20	
1	REAR FENDER GLASS SEALANT (SN)	SERVICEABLE	60.00	
1	REAR NUMBER PLATE (SN) }	DAMAGED	45.00	40.00
1	REAR NUMBER PLATE CASING (SN))		29.00	
1	REVERSE SENSOR (SN)	DAMAGED	380.00	200.00
1	EXHAUST CENTRE PIPE (SN)	BENT	429.80	429.80
			1,072.00	709.80
	LABOUR			
	TO APPLY RUST-PROOFING ON REPAIRED / REPLACED PANELS.		180.00	80.00
	TOWING CHARGES - KING DOLLY.		120.00	100.00
	TO REMOVE / REFIT TAIL GATE GLASS & N/S REAR FENDER GLASS TO ASSIST REPAIRS.		280.00	120.00
	TO REMOVE / REFIT REAR SEAT, INTERIOR GARNISH & LUGGAGE TRIMS TO ASSIST REPAIRS.		250.00	60.00
	TO MOUNT VEHICLE ON CAR O LINER INORDER TO CONDUCT CHASSIS ALIGNMENT.	NOT NECESSARY	380.00	
	TO REMOVE / REFIT FUEL TANK TO ASSIST REPAIRS.	NOT NECESSARY	280.00	
	TO REMOVE / REFIT REAR UNDERCARRIAFE. TO ASSIST REPAIRS.	NOT NECESSARY	450.00	
	LABOUR CHARGES TO REPAIR, PANEL BEAT AND STRAIGHTEN DAMAGED PARTS AND REPLACE THE ABOVE-MENTIONED PARTS. INCLUSIVE OF THE REPAIR OF N/S REAR FENDER.		1,800.00	800,00
	TO REMOVE / REPLACE EXHAUST SILENCER & CENTRE PIPE.		350.00	120.00
	TO TRANSFER TAIL GATE FITTINGS.		180.00	60.00
	TO REMOVE / REFIT REVERSE CAMERA TO ASSIST REPAIRS.		180.00	40.00
	TO REPLACE REVERSE SENSOR		180.00	40.00
	TO CHECK WIRING FUNCTIONS.		180.00	30.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	TO CHECK & ADJUST WHEEL ALIGNMENT & STEERING GEOMETRY. (BEFORE & AFTER)	NOT NECESSARY	240.00	
	TO RESET ECU.	NOT NECESSARY	280.00	
	TO PUTTY, APPLY PRIMER & SPRAY-PAINT THE AFFECTED AREAS.		1,800.00	1,100.00
			7,130.00	2,550.00
	GRAND TOTAL		23,328.66	11,626.38

RECOMMENDED COST OF LUMP SUM REPAIRS	9,300.00
(TO ITS PRE-ACCIDENT CONDITION)	

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XING GUO QIANG

M.MATAI, AMSAE-A

St. S.

ADRIAN LING WAI PING

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

Licensed Appraiser

Automotive Assessor

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