\*\*\* FAX TX REPORT \*\*\* \*\*\*\*\*\*

#### TRANSMISSION OK

JOB NO.

DESTINATION ADDRESS

964382313

SUBADDRESS

DESTINATION ID

16/03 07:32

ST. TIME TX/RX TIME

01'06

PGS.

2

RESULT

OK

# CROSSBORDERS LLC

Advocates & Solicitors | Commission 1017

hs | Notary Public

MAIN OFFICE 133 NEW BRIDGE ROAD #23-03/04/05 CHINATOWN POINT

SINGAPORE 059413

TEL: 6438 1323

FAX: 6438 2313

Our Ref: Your Ref:

AJ.tk.7158.2020.B SH9182G

RECEIVED 1 1 MAR 2020 INDIA INTERNATIONAL INSURANCE PTE LTD

0 MAR 2020

BY CERTIFICATE OF

**POSTING** 

WITHOUT PREJUDICE

TO: TEH SOON LEE

Blk 345 Tampines Street 33

#09-360

Singapore 520345

cc: India International Insurance Pte Ltd

(Motor Claims Dept) 36 Robinson Road #16-01 City House Singapore 068877

BY PDX



Dear Sirs

RE: CLAIMANT: KON SOON JIN ADRIAN

ACCIDENT INVOLVING VEHICLES NO. SLH9713H & SH9182G ALONG SUMANG

WITHOUT PREJUDICE We are in receipt of your faller, while Wo shall revert shortly, Ki

We are instructed by the abovenamed to claim damages against you in connection with an accident on 18 January 2020 at about 11:05 hours along Sumang Link involving our client's vehicle no. SLH9713H and vehicle registration number SH9182G driven by you at the

We are instructed that the accident was caused by the negligence of you in the driving, management and control of vehicle registration number SH9182G.

As a result of the accident, our client's vehicle registration number SLH9713H was damaged and our client has been put to loss and expense, particulars of which are as follows:-

#### Α **Damages**

- Cost of Repairs (inclusive GST)
- Loss of Use (9 days x \$80.00 per day)

3,103.00,

CROSSBORDERS LLC

Phienell was Bia.

Main Office

MAIN OFFICE
133 NEW BRIDGE ROAD
#23-03/04/05
CHINATOWN POINT
SINGAPORE 059413

TEL: 6438 1323 FAX: 6438 2313

Our Ref:
Your Ref:

Advocates & Solicitors | Commissioner (Child Path)

AJ.tk.7158.2020.BW-PD RECEIVED

1 1 MAR 2020

TO: TEH SOON LEE

Blk 345 Tampines Street 33 #09-360

Singapore 520345

0 MAR 2020

Notary Public

BY CERTIFICATE OF POSTING

WITHOUT PREJUDICE

cc: India International Insurance Pte Ltd

(Motor Claims Dept) 36 Robinson Road #16-01 City House Singapore 068877 BY PDX

#16-01 Singap

Dear Sirs

RE: CLAIMANT: KOH SOON JIN ADRIAN
ACCIDENT INVOLVING VEHICLES NO. SLH9713H & SH9182G ALONG SUMANG
LINK ON 18.01.2020

INCHA DITERADATIONIAL INSURANCE PTE LTD

We are instructed by the abovenamed to claim damages against you in connection with an accident on 18 January 2020 at about 11:05 hours along Sumang Link involving our client's vehicle no. SLH9713H and vehicle registration number SH9182G driven by you at the material time.

We are instructed that the accident was caused by the negligence of you in the driving, management and control of vehicle registration number SH9182G.

As a result of the accident, our client's vehicle registration number SLH9713H was damaged and our client has been put to loss and expense, particulars of which are as follows:-

Α	Damages		
a.		\$	3,103.00 /
b.	Loss of Use (9 days x \$80.00 per day)	-\$	720.00
	(inclusive of Sunday and 2 days Pre-Repair Inspection Notice and 2 Chinese New Year Holiday)		30 SAMON A 40 A 40 A
В	Disbursements		
a.	LTA Search	\$	7.49 /
b.	GIA Report	\$	29.00 /
C.	Survey Report	\$	609.00
С	LEGAL COSTS (AT THIS STAGE)	\$	749.00
		\$	5,217.49

CONFIDENTIALITY CAUTION

THIS DOCUMENT IS FOR THE ADDRESSEE(S) ONLY AND MAY CONTAIN CONFIDENTIAL INFORMATION AND/OR MAY BE SUBJECT TO LEGAL PRIVILEGE. IF YOU HAVE RECEIVED THIS IN ERROR, PLEASE CONTACT US IMMEDIATELY.

#### CROSSBORDERS LLC

### CROSSBORDERS LLC

Advocates & Solicitors | Commissioner for Oaths | Notary Public

MAIN OFFICE 133 NEW BRIDGE ROAD #23-03/04/05 CHINATOWN POINT SINGAPORE 059413

Our Ref:

AJ.tk.7158.2020.BW-PD

Your Ref:

SH9182G

1 0 MAR 2020

TEL: 6438 1323 FAX: 6438 2313

cc: COMFORT TRANSPORTATION PTE LTD

India International Insurance Pte Ltd

383 Sin Ming Drive Gas Building Singapore 575717

POSTING

BY CERTIFICATE OF

BY PDX

(Motor Claims Dept) 36 Robinson Road

36 Robinson Road #16-01 City House Singapore 068877 WITHOUT PREJUDICE

WITHOUT PREJUDICE

Dear Sirs

RE: CLAIMANT: KOH SOON JIN ADRIAN ACCIDENT INVOLVING VEHICLES NO. SLH9713H & SH9182G ALONG SUMANG LINK ON 18.01.2020

We are instructed by the abovenamed to claim damages against you in connection with an accident on 18 January 2020 at about 11:05 hours along Sumang Link involving our client's vehicle no. SLH9713H and vehicle registration number SH9182G driven by you at the material time.

We are instructed that the accident was caused by the negligence of you in the driving, management and control of vehicle registration number SH9182G.

As a result of the accident, our client's vehicle registration number SLH9713H was damaged and our client has been put to loss and expense, particulars of which are as follows:-

A	Damages		
a	a. Cost of Repairs (inclusive GST)	\$	3,103.00
t	b. Loss of Use (9 days x \$80.00 per day)	\$	720.00
	(inclusive of Sunday and 2 days Pre-Repair Inspection Notice and 2 Chinese New Year Holiday)	า	
В	Disbursements		
ē	a. LTA Search	\$	7.49
k	o. GIA Report	\$	29.00
C	c. Survey Report	\$	609.00
С	LEGAL COSTS (AT THIS STAGE)	\$	749.00
		\$	5,217.49

CONFIDENTIALITY CAUTION

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We enclose herewith copies of the following documents in support of our client's claim:-

- a) GIA Report lodged by our client (SLH9713H) with sketch plan;
- b) GIA Report lodged by you (SH9182G) with sketch plan together with photographs of your motor vehicle no. SH9182G;
- c) Result of LTA search on your vehicle registration no. SH9182G;
- d) Repair Bill from Bluwel Automotive Service Pte Ltd;
- e) Vehicle Assessment Report & Invoice from Mc-Coy Appraiser Pte Ltd;
- f) Sixty-Nine (69) colour photographs depicting the damage to our client's motor vehicle no. SLH9713H; and
- g) Vehicle Owner Particulars of our client's vehicle no. SLH9713H.

We have on 21 January 2020 notified your insurers **India International Insurance Pte Ltd** of the accident and pre-repair inspection of our clients' vehicle was carried out by your insurer.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

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

Please also note that if you have a counterclaim against our client arising out of the accident, you are required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully

CrossBorders LLC

Email: corene@crossbordersllc.com (secretary)

encs

cc: SLH9713H

**2**001/004

MSME20008464 / BME Millor Pile Ltd - Kalu Bului ENTRY DATRE & YME: 18/01/2020 16:03 SUBMITTED BY: Chill 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.
- Information provided must be as truthful and accurate as possible. Any wiful migroprosontation or witholding of material facts may allow insurance companies to repudiate policy flobility.
- 4. The feature 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 Galactic for investigation.

  6. This report will be forwarded by the insurers of the GiA Records Management Centre established by the General Insurence 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 fodgement 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 evallable accessed.

	ACCIDENT STATEMENT
Date Of Report	18/01/2020 15:03
Date Of Accident	18/01/2020 11:05
Exact Location Of Accident	SUMANG LINK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH9713H
Insured/Policyholder	- Tid this Pill bed bee bill all the
Name Of Registered Owner	KOH SOO JIN ADRIAN
NRIC No	SXXXX682A
Email Address	NOEMAIL
Mobile Phoле No	(LOCAL) +65-81387845
Alternative Phone No	OFFICE-81387845
Vehicle Particulars	The best with the second of
Menufacturer	PEUGEOT
Model	3008
Exact Purpose for which vehicle was being use time of accident	ed at
Aro you claiming undor your own insurance pol for repair to your vehicle?	licy NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE CAR
Insurance Company	PRIVATE CAR

Name of Insurance Company

AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.

Type Of Coverage

COMPREHENSIVE

Fleet Policy

**Policy Number** 

P10098892R01

Cover Note Number

Name of Driver

Driver

KOH SOO JIN ADRIAN

NRIC No SXXXX682A Date Of Birth 02/03/1975 Occupation INDOOR Date Of Driving Pass 03/06/1994

**Driving Experience** 25 YEARS AND 7 MONTHS

Gander MALE

Mobile Number (LOCAL) +85-81387845

Fax Number

Contact Number OFFICE-81387845

EMall Address NOEMAIL

**2**002/004

92 PUNGGOL DRIVE #12-07 Address Postço de 828795

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General information of the Accident

Type Of Accident **COLLISION - HEAD TO REAR** 

NO

NÓ

YES

NO

2

NO

TAXI

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

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)

Passenger 1 NAME: XYLER KOH

GENDER: MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yos, Ploaso state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom? **Circumstances of Accident** 

MY VEHICLE WAS STATIONARY, SUDDENLY, VEHICLE B HIT ONTO MY VEHICLE REAR.

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 SH9182G

Vehicle Make/Model/Colour

**Details Of Proporties VEHICLE B** 

Vehicle Category

Name of Driver **NRIC/Passport Number** 

Contact Number

Address.

**Postcode** 

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 17

2003/004

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Piesse reput! 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 misropresentation or withholding of material tacts 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
- 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 erchiving and that copies of this report will for a fee be made avoidable 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)

Lunderstand, acknowledge, parce 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 but 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)
  - (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:
  - (b) administering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the emernal cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the
- (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
- my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or gents (including their lawyer aflaw firms), which may be sited outside of Singapore, for one or more of the above Purposes,
- 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.
- 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.

Polkyholder's Signatura

Date & Time:

Driver's Stenature (if driver is not the policyholder) Reporting Centre Personnel's Signature Name:

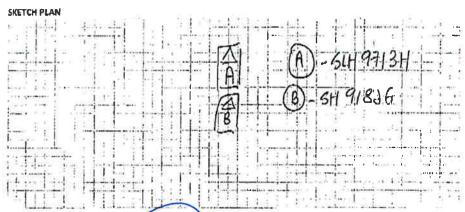
NRIC/PIN No.:

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BLAWEL.

**2**004/004

#### Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE.	MAD	SAMION	ARY /	SUDDENIY	CHILLE	В	H117	01/10
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			VEHICLE REAR II					SHICK WAS SHITHARY SUDDANY DETILITE B FILT

DECLARATION

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



Policyholder's Signaturo Dato & Time:

 $(i_1\Lambda(\tau^{\chi_1})_{\tau^{-1}}, i_2)_{\tau^{-1}} \in \mathcal{H}_{\tilde{\mathfrak{g}}}$ 

Driver's Signaturo

(If driver is not the policyholder)

Date & Time:

Reporting Contre Personnel's Signaturo

Name: NRIC/FIN No.:

#### 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	20/01/2020 11:48
Date Of Accident	18/01/2020 11:05
Exact Location Of Accident	SENTUL CRESCENT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SH9182G
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	140
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	TEH SOON LEE
NRIC No	S1776413F
Address	BLK 345 TAMPINES STREET 33 #09-360
General Information of the Accident	

General	information	or the	Accident

Type Of Accident **COLLISION - HEAD TO REAR** 

Weather Conditions **CLEAR** 

#### Other Information

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

#### **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

SLH9713H

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

#### 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 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.
- 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)

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 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

COMFORT TRANSPORTATION PTE LTD CO. REG. NO. 199303821R

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

18(1)81

Reporting Centre Personnel's Signature
Name: Loke Wei Yieng

NRIC/FIN No

MADE! Shall shroom V3

		Sketcl	h Plan Pg. 2	:				
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DESCRIBE	CIRCUMSTANCES O	F THE ACCIDENT			7.5			
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cyholder's Sig	nature	Oriver's Signature (If driver is not the police	cyholder)	i	Reporting (	Centre Pe	rsonnel's Signat Loke W	ture el Yieng

GIARING SERRISFIRMFORM\_73

Date & Time

Date & Time

NRIC/FIN No.

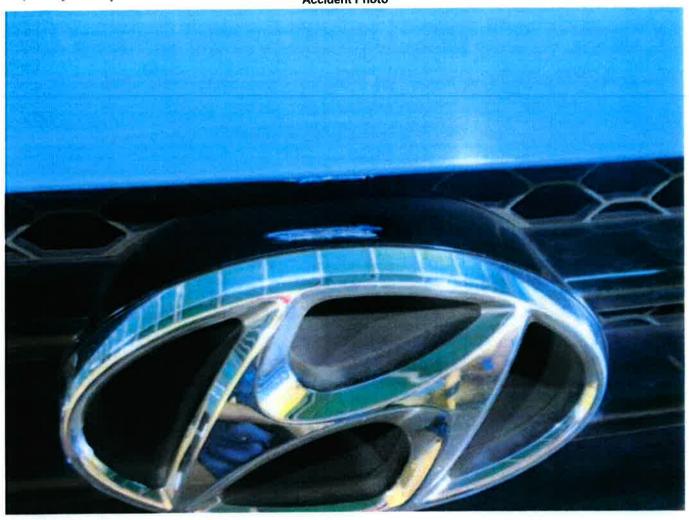




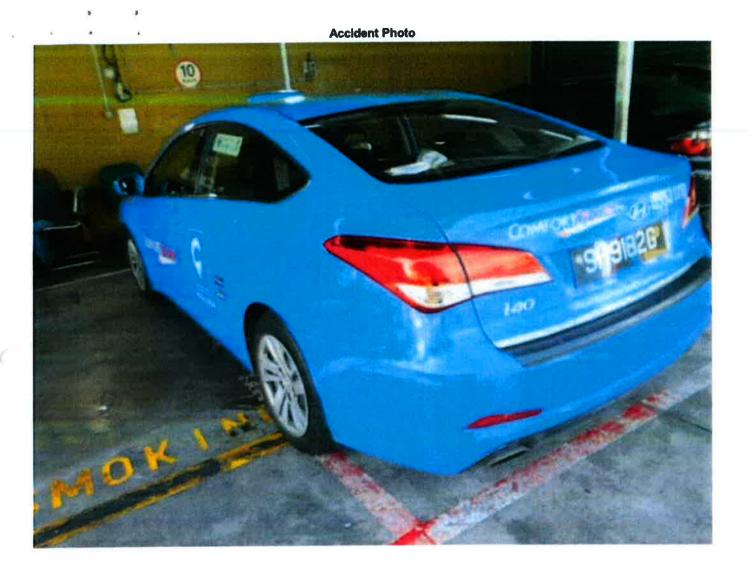






















#### Enquire Vehicle &, Owner Information (Vehicle No. SH9182G As At 18 Jan 2020 / 11:05:00)

Law Firm Search Details

Search Reason:

Insurance claim in relation to traffic accident

Law Firm Case No.:

AJ,TK,BW

**Current Owner Details** 

Owner ID Type:

Company

Owner ID:

199303821R

Owner Name:

COMFORT TRANSPORTATION PTE LTD

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

**Current Vehicle Details** 

SH9182G

Make Description/Model:

HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

Insurance Company Name:

INDIA INT'L INS PTE LTD



## BLUWEL AUTOMOTIVE SERVICE PTE LTD

Workshop: 1 Kaki Bukit Ave 6 (Unit B) #01-28 (Unit C) #01-51/53/55 Singapore 417883 Hp: 9755 2088 Tel: 6745 2088 Fax: 6841 2088

Website: www.bluwel.com.sg Email: bluwel2088@yahoo.com.sg

Co. Reg. No.: 200704951N GST Reg. No.: 200704951N

Vehicle No

: SLH 9713 H

Date

ě

11-Feb-20

Make/Model

: Peugeot 3008

Name

: Koh Soo Jin Adrian

Address

: c/o No.1 Kaki Bukit Ave 6

#01-53/55 AutoBay@ Kaki Bukit

Singapore 417883

QTY	ITEM			AMT (S\$)		
	Lump sum repair costs		\$	2,900.00		
		GST 7 %	\$	2,900.00 203.00		
		GST 7 % Grand-total	\$	3,103.00		

Dollars: Three Thousand One Hundred And Three Only



No. 1 Kaki Bukit Ave 6 #01-28 AutoBay @ Kaki Bukit Singapore 417883 Tel: 6748 6653 Fax: 67471017 Registration No: 200723252D

Invoice No 20011-01/MY

Billing Name & Address

Date

11 Feb 2020

Koh Soo Jin Adrian c/o No.1 Kaki Bukit Ave 6 #01-53/55 AutoBay@ Kaki Bukit Singapore 417883

Vehicle No: SLH 9713 H

Model: Peugeot 3008

Item	Descriptions	Amount S\$
1	Date of inspection: 30 Jan 2020 A copy of the inspection / survey report Correspondence, postages and etc.	
2	Photography Services - Develop photographs - Storage of digital photographs - Submission of photographs 69 copies	
3	Transportation Charges	
4	2nd Inspection & Final Inspection Total	\$ 609.00
	SDLS : SIX HUNDRED AND NINE ONLY	

### Notes:

- 1. All cheque payment should be "Crossed" and made payable to "Mc-Coy Appraiser Pte. Ltd."
- 2. All cheque should have our "Invoice No." written on the reverse side of the cheque
- 3. For further enquiries on this invoice, please feel free to contact us

Official Stamp

E & O. E



No. 1 Kaki Bukit Ave 6 #01-28 AutoBay @ Kaki Bukit Singapore 417883 Tel: 6748 6653 Fax: 67471017 Registration No: 200723252D

Report Reference: TP / 20011-01/MY / 2020

Date of Report : 11 Feb 2020

Koh Soo Jin Adrian c/o No.1 Kaki Bukit Ave 6 #01-53/55 AutoBay@ Kaki Bukit Singapore 417883

### THIRD PARTY SURVEY ACCIDENT HAPPENED ON

18 Jan 2020

Workshop Address:

Bluwel Automotive Service Pte Ltd

No.1 Kaki Bukit Ave 6

#01-53/55 AutoBay@ Kaki Bukit

Singapore 417883

As per your instruction dated 30 Jan 2020 carried out a physical inspection on the said vehicle

with regard to the above matter. We have SLH 9713 H . We enclosed herewith

our report and findings as follows:

#### 1. VEHICLE PARTICULARS

Registration No : SLH 9713 H Engine No : 10JBHC3045685

Model : Peugeot 3008 Mileage : 60520 Year / Capacity : 2016/1560 Colour : Silver

Chassis No : VF30UBHZTGS082765

#### 2. TYRES CONDITION

		<u>Size</u>	<u>Made</u>	<u>Balance</u>		<u>Rim</u>
FRONT O/S	:	225/50 R17	Michelin	8.00	mm	Sport
REAR O/S	•	225/50 R17	Michelin	8.00	mm	Sport
FRONT N/S	:	225/50 R17	Michelin	8.00	mm	Sport
REAR N/S	:	225/50 R17	Michelin	8.00	mm	Sport



No. 1 Kaki Bukit Ave 6 #01-28 AutoBay @ Kaki Bukit Singapore 417883 Tel: 6748 6653 Fax: 67471017 Registration No: 200723252D

#### 3. DESCRIPTION OF DAMAGES

At the time of inspection, we noted that the vehicle has sustained an impact damages on the rear portion(s). For more detail of the damages, please see photograph attached.

4. Estimated normal period of repair:

4 working days to complete.

5. Enclosed number of photograph

69 copies.

- 6. In accordance to your instruction, we have **Not Authorised** repair to the vehicle and the survey was done on a **"Without Prejudice"** basis. We hope that this report will be of assistance to you in dealing with the matter.
- 7. Should you discover any discrepancy in the report, please kindly notify us <u>within 2 weeks</u>, or the report will be treated as correct.

#### Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicles and/or other accidents in other legal proceedings. Vehicle No:

SLH 9713 H

Report No:

TP/ 20011-01/MY / 2020

SPARE PARTS

Qty	Parts Description	Condition	 Workshop's Estimation		r Revised stimation
	List Items				
1	Rear end panel	Repair	\$ 1678.00	\$	
1	Rear bumper	Damage	\$ 1150.00	\$	1150.00
1	Rear bumper lower chrome diffuser	Damage	\$ 367.00	\$	367.00
1	Rear bumper reflector lamp	Damage	\$ 158.00	\$	158.00
1	Rear bumper inner centre bracket	Damage	\$ 135.00	\$	135.00
1	Rear bumper inner side bracket (1 set)	Damage	\$ 130.00	\$	130.00
1	Rear bumper reinforcement	Damage	\$ 462.00	\$	462.00
2	Rear bumper sensors	Damage	\$ 324.00	\$	324.00
2	Rear bumper side retainers	Damage	\$ 72.00	\$	72.00
			\$ 4476.00	\$	2798.00
	Discount	10.0%	\$ 447.60	_\$	279.80
			\$ 4028.40	\$	2518.20
	Special Nett Items				
1	Rear number plate with seal	Damage	\$ 80.00	\$	80.00
			\$ 80.00	\$	80.00

Vehicle No:

**SLH 9713 H** 

Report No:

TP/ 20011-01/MY / 2020

S/No	Job Descriptions	Workshop's Estimation	 ur Revised stimation
	Spare Parts Total c/f	\$ 4108.40	\$ 2598.20
1	To disconnect and reconnect, check electrical wiring, harness wires, sockets, replace damaged parts.	\$ 60.00	\$ 30.00
2	To remove and refit rear bumper sensor.	\$ 150.00	\$ 80.00
3	To remove and replace the above damaged parts, straighten, knock out, realign and repair including cut and wield body panels. To re-adjust to the original position using power tools.	\$ 900.00	\$ 440.00
4	To spray paint on the replaced and repaired parts, prepare spray such as masking tape the unaffected areas with paper, cleaning and sanding of surfaces, final polishing and waxing are also available.	\$ 800.00	\$ 440.00
5	To apply undercoating on the repaired and replaced panels for rust protection.	\$ 100.00	\$ 30.00
	Total	\$ 6118.40	\$ 3618.20
	The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a Lump Sum Repair Contract of:	\$ 2900.00	

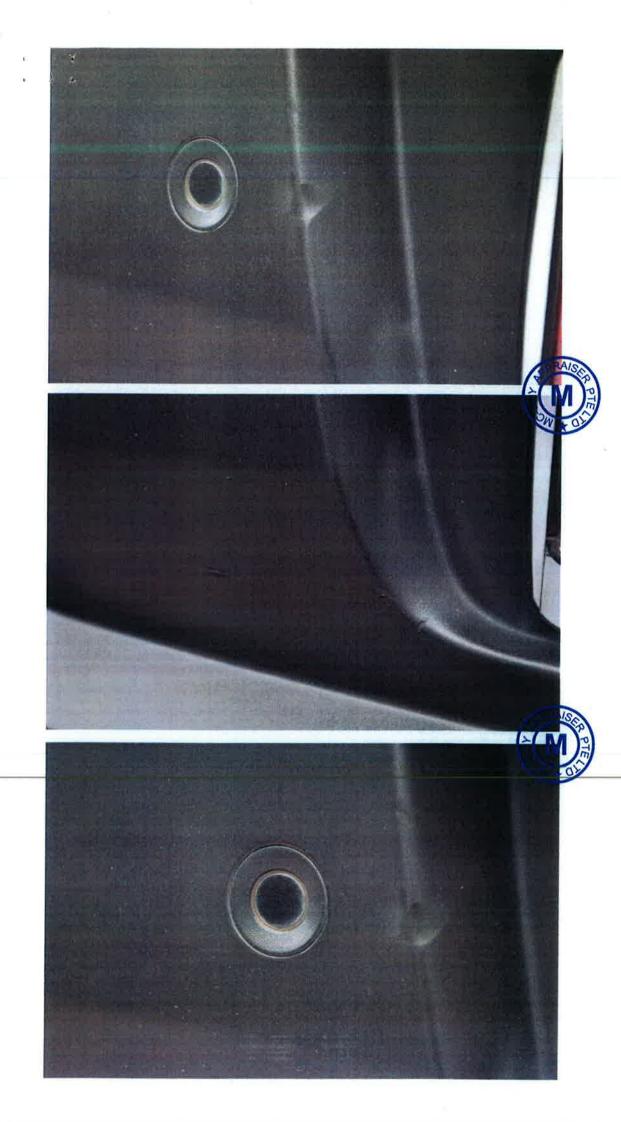
SDLS: TWO THOUSAND NINE HUNDRED ONLY

Qualified Appraiser

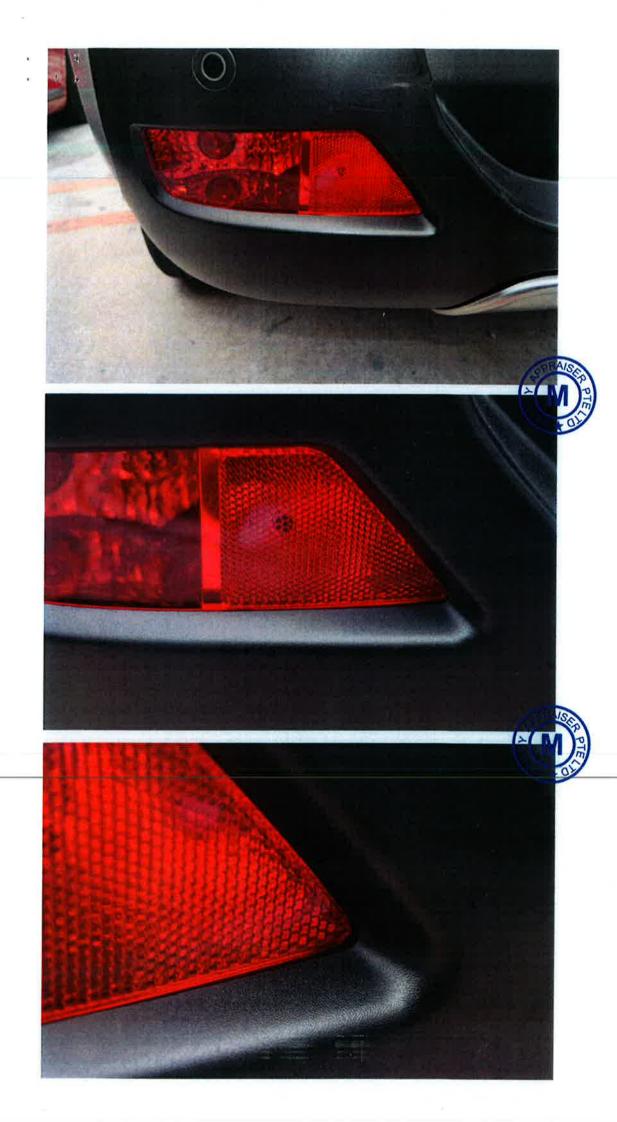


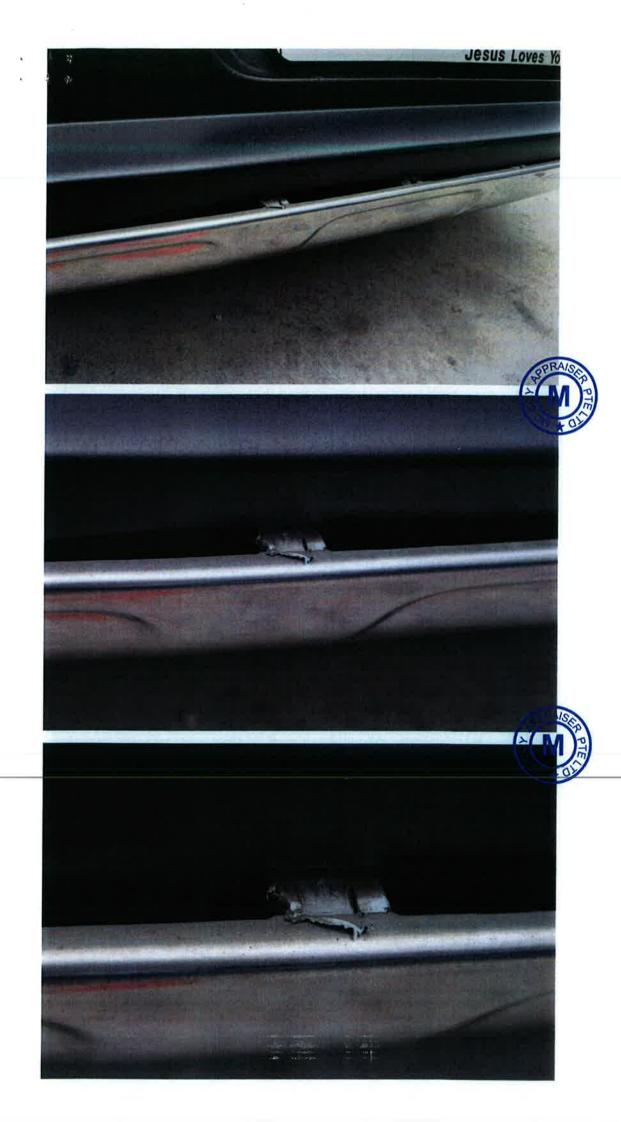














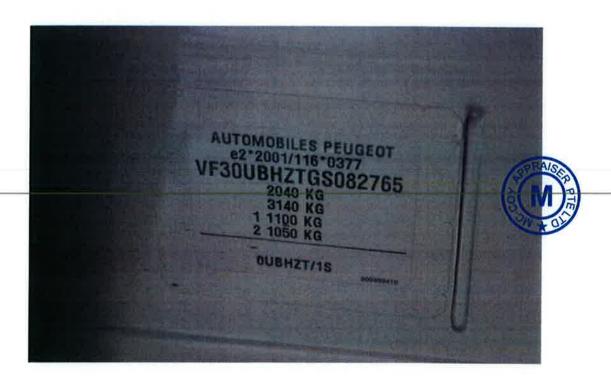
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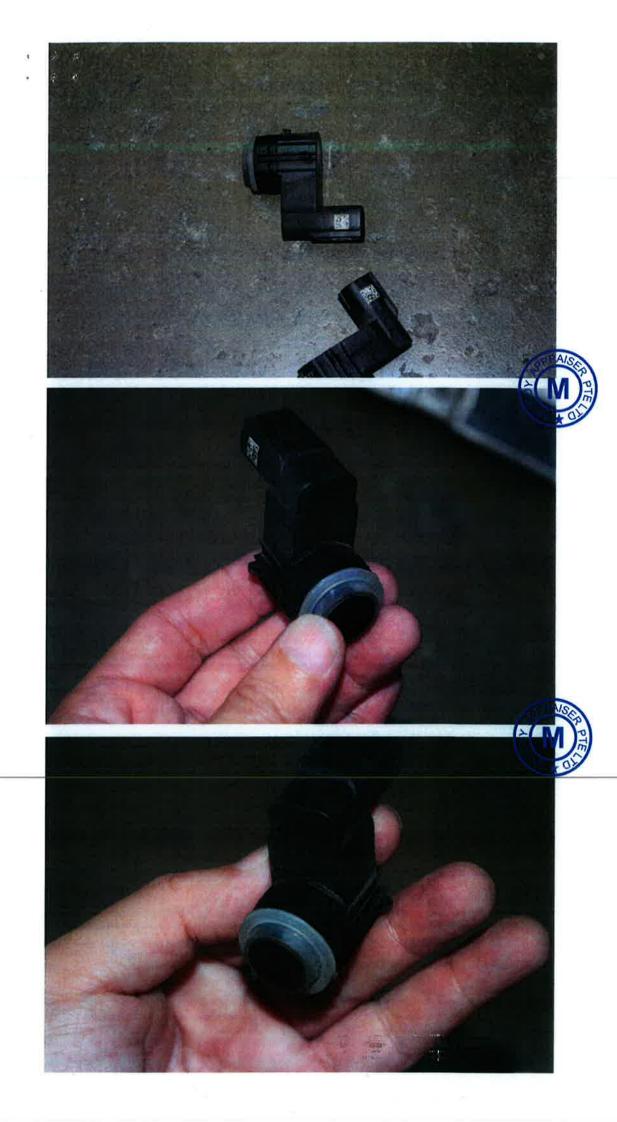








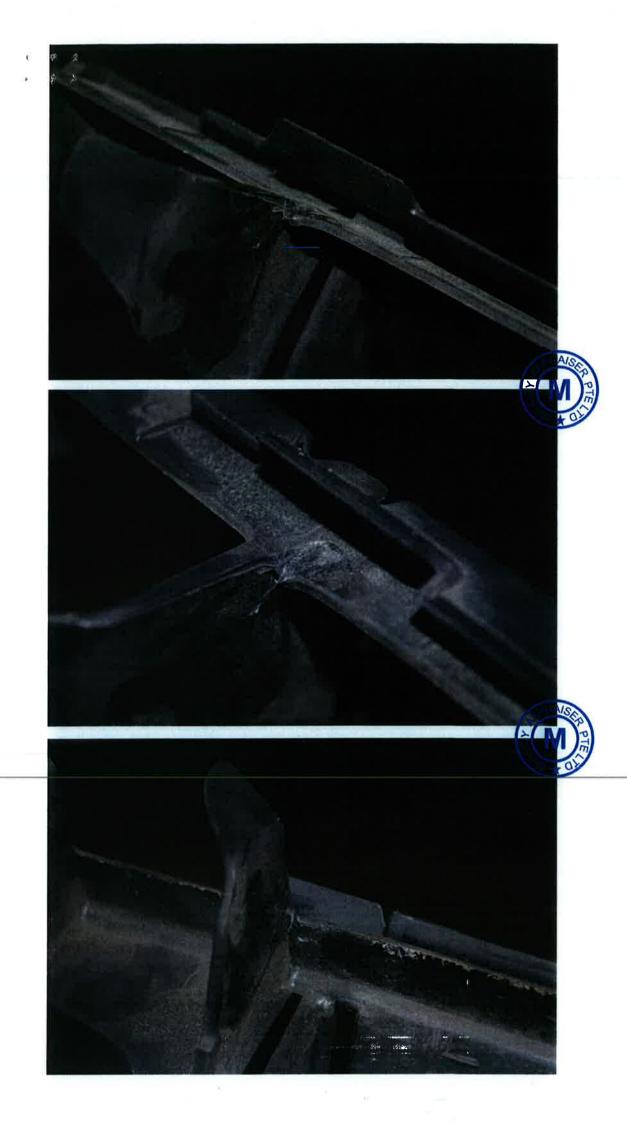




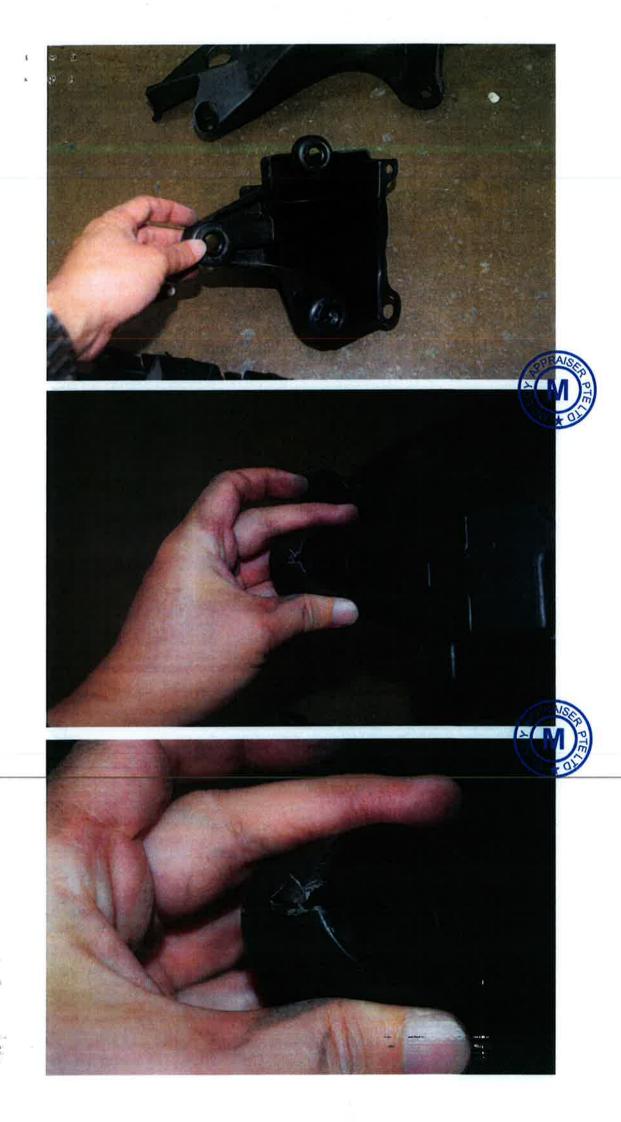
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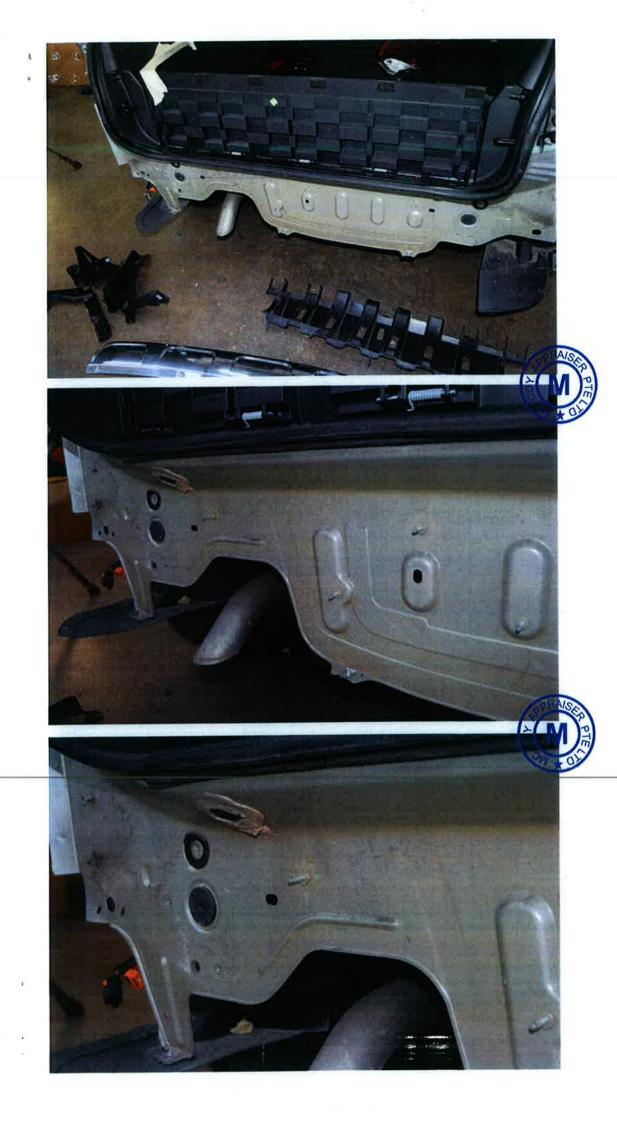




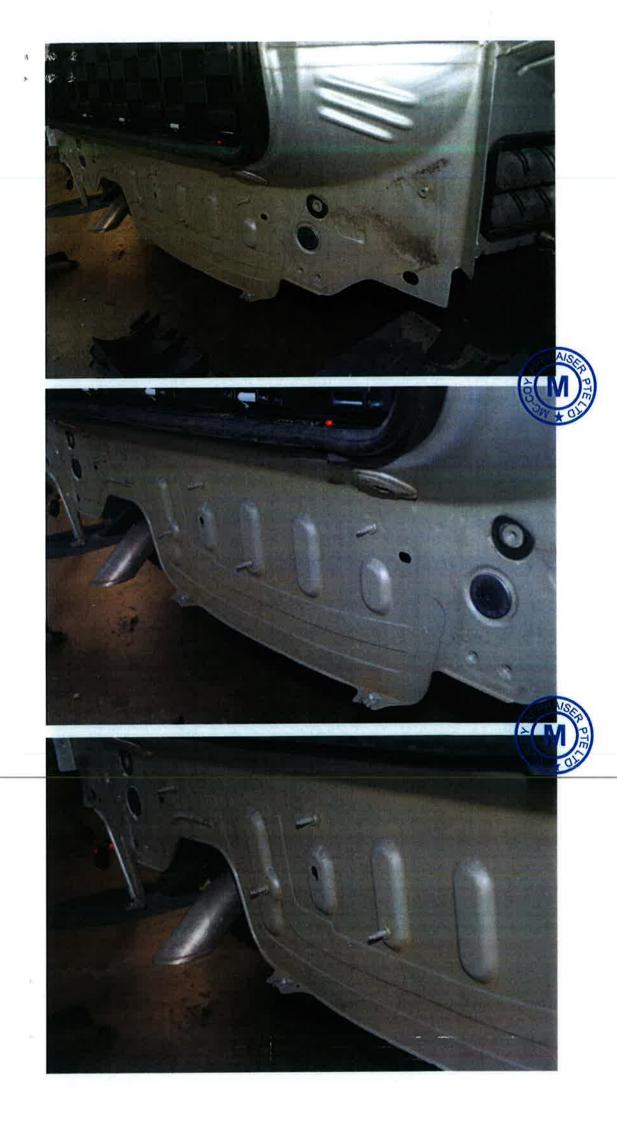






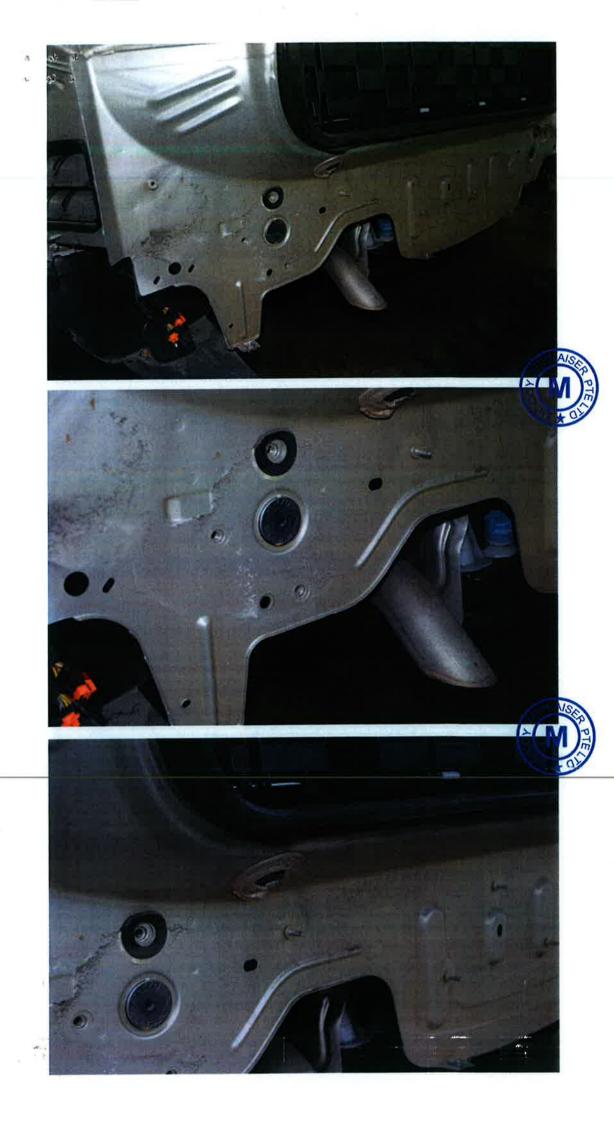


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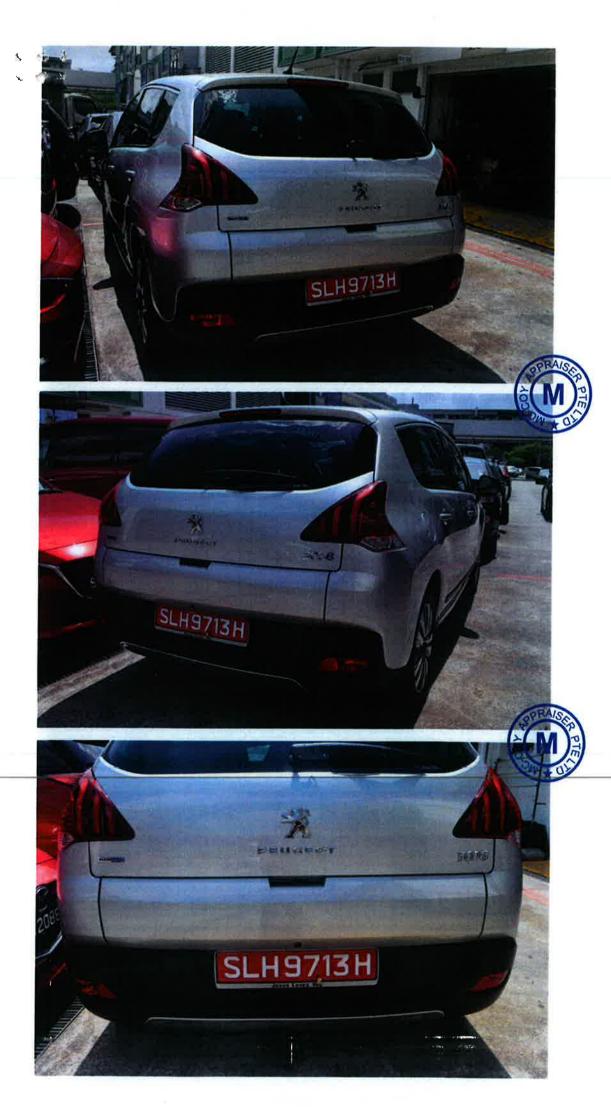


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## > Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID: Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

**Primary Colour:** Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value: Original Registration Date:

First Registration Date:

Transfer Count:

**Actual ARF Paid:** 

**OPC Cash Rebate Details** 

**OPC Cash Rebate Eligibility:** 

OPC Cash Rebate Eligibility Expiry Date:

**OPC Cash Rebate Amount:** 

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

**COE Expiry Date:** 

**COE Category:** 

COE Period(Years):

QP Paid:

COE Rebate Amount:

**Total Rebate Amount:** 

The information contained herein is correct as at 20 Jan 2020

Singapore NRIC

682A

SLH9713H

No

20 Jan 2020

**PEUGEOT** 

3008 1.6 BLUEHDI EAT6 S/R

Grey 2016

10JBHC3045685

VF30UBHZTGS082765

88.0 kW (118 bhp)

\$21,404.00

24 Nov 2016

24 Nov 2016

\$11,966.00

No

Yes

23 Nov 2026

\$8,974.00

23 Nov 2026

A - Car up to 1600cc & 97kW (130bhp)

10

\$35,668.00

\$24,402.00

\$33,376.00