

# A J TAHIR LAW PRACTICE

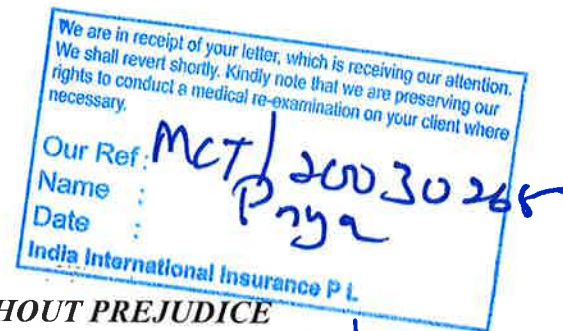
ADVOCATES & SOLICITORS  
COMMISSIONER FOR OATHS / NOTARY PUBLIC  
(UEN No. 53289380L)

Your Ref :

Our Ref : J 3808.20.Gn.jt

Date : 1 July 2020

Comfort Transporation Pte Ltd  
383 Sin Ming Drive  
GAS Building  
Singapore 575717.



WITHOUT PREJUDICE

Dear Sirs

## KMT ADVERTISING PTE LTD ACCIDENT ON 16.3.2020 INVOLVING GBH 9637M & SHC 3445U

We are instructed by the above named to claim damages against you in connection with a road traffic accident on 16.3.2020 at about 1010hrs along Farrer Road involving our clients' vehicle registration number GBH 9637M and vehicle registration number SHC 3445U driven by you or your agent and/or servant at the material time.

We are instructed that the accident was caused by you or your agent's and/or servant's negligent driving and/or management of your vehicle. As a result of the accident, our clients' vehicle was damaged and our clients had been put to loss and expenses, particulars of which are as follows:-

1. LTA/GIA search fees (receipts enclosed)	\$ 36.49
2. Costs of repair to motorvehicle No. GBH 9637M	\$ 1,429.68
3. Loss of use for 3 days @ \$120.00 per day	\$ 360.00
4. Survey report fee	\$ 413.00
5. Costs contribution	\$ 750.00
	<u>\$ 2,989.17</u>

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

1. Singapore Accident Statement of both parties;
2. Repairer's bill and receipt;
3. Surveyor's report and invoice; and
4. Photographs of our clients' damaged motorvehicle.

20 Joo Chiat Road, #02-06, Singapore 427357

Tel: (65) 6435 2940 Email: post@ajtlp.com

We do not accept service of Court Document by Fax or Email

*This document may contain privileged and/or confidential information. Please notify us and destroy the document immediately if it had been sent to you by mistake.*

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 insurers.

Please note that you or your insurer should send to us an acknowledgment 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 clients out of the accident, you are also 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



encs.- supporting documents to insurers only.

c.c. 1. The Executive Officer  
Motor Claims Department  
M/s India International Insurance Pte Ltd  
64 Cecil Street  
IOB Building  
Singapore 049711.



2. clients

MCT/ 2003 0265  
We are in receipt of your letter, which is regarding our attention.  
We shall report shortly. Kindly note that we are not responsible for  
rights to produce medical reports, etc. in the event of an accident.  
Our Ref: ~~2003 0000~~ 646  
Name: ~~Daniel Ter Brug~~  
Date: ~~11/7/20~~  
India International Insurance P L  
11/7/20  
BY HAND





# Thank you

Katini Bte Kassim has successfully logged out.

Your last login date and time was 18 Mar 2020, 12:08:02.

To return to ONE.MOTORING, please click [here](#)

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

## Session Transaction History

S/No.	Asset Type	Asset ID	Asset Owner ID	Transaction Type	Transaction Amount (\$\$)	Log Date/Time
1	Vehicle	SHC3445U	-	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	18 Mar 2020 / 12:09:18

## TAX INVOICE

Our Ref No: GR-20-048262

Date of Request: 23/03/2020

Your Ref No: J 3808.20.GN

A J TAHIR LAW PRACTICE  
20 Joo Chiat Road #02-06  
Singapore 427357

Dear Sir/Madam,

Date of Accident: 16/03/2020  
Vehicle No: GBH9637M  
Place of Accident: FARRER RD  
Involving Vehicle No: SHC3445U

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\$)
SHC3445U	FARRER RD	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

☐ :  
☒ GIRO ☐ Cash ☐ Cheque

## TAX INVOICE

Our Ref No: GR-20-048250  
Date of Request: 23/03/2020

Your Ref No: J 3808.20.GN

A J TAHIR LAW PRACTICE  
20 Joo Chiat Road #02-06  
Singapore 427357

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 16/03/2020  
Place of Accident: FARRER ROAD  
Client Vehicle No: GBH9637M

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

Thank You.

This is a computer generated document and requires no signature.

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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 aforesaid.

### ACCIDENT STATEMENT

Date Of Report	16/03/2020 14:00
Date Of Accident	16/03/2020 10:10
Exact Location Of Accident	FARRER RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9637M
Insured/Policyholder	
Name Of Registered Owner	KMT ADVERTISING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97498520

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MCV0005501
Cover Note Number	

### Driver

Name of Driver	ERATH MOHANAN SUMESH
NRIC No	GXXXX019X
Date Of Birth	01/04/1984
Occupation	OUTDOOR
Date Of Driving Pass	03/04/2018
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84572775
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 50 UBI AVE 3 #03-20  
Postcode 408866  
Was driver an employee of the Insured's Company YES  
If No, Relationship of the Driver with the Insured  
Vehicle Registration Number of Driver's Own Vehicle -  
-  
-  
Insurance Company of Driver's Own Vehicle -  
-  
-

#### General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE  
Weather Conditions CLEAR  
Road Surface DRY

#### 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?  
Was any other material or property damaged? YES  
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
Number of Passengers (Including Driver) 3  
Passenger 1  
NAME: : UNKNOWN  
GENDER: : MALE  
Passenger 2  
NAME: : UNKNOWN  
GENDER: : MALE

#### 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

I WAS TRAVELLING ALONG FARRER RD ON THE SECOND LANE, SUDDENLY A TAXI FROM THE FIRST LANE CUT INTO SECOND LANE, I TRY TO AVOID COLLISION WITH THE TAXI, I SWERVED TO LEFT LANE A BIT, BUT THE TAXI STILL COLLIDED ONTO MY VEH RIGHT REAR PORTION.

#### Attachment(s)

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES  
Remarks/ Reasons: FILE TOO LARGE FAIL TO UPLOAD  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC3445U  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver  
NRIC/Passport Number  
Contact Number

**Address**

**Postcode**

**Insurance Company Name**

**Nature Of Damage**

**No. Of Passenger (Including Driver)**



## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent Under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information about 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 insurers 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:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claim;
  - (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 insurers who have insured vehicle(s) involved in the accident and the insurers' lawyers/law firms, may be 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 located outside of Singapore, for one or more of the above purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN

A- G8H 9637 M  
 B- SHC 34450

A B

Farrer Rd.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Statement



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

Policyholder's Signature  
Date & Time:

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

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

GMARS SketchPlanForm 3/01

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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 aforesaid.

### ACCIDENT STATEMENT

Date Of Report	16/03/2020 13:46
Date Of Accident	16/03/2020 10:30
Exact Location Of Accident	FARRER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3445U
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#### Insured/Policyholder

Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
--------------------------	--------------------------------

#### Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ
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	LOW KIAT CHIEW
NRIC No	S0098239C
Address	13 07-503 LORONG 7 TOA PAYOH

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	2

#### Circumstances of Accident

SEE ATTACH.

#### 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

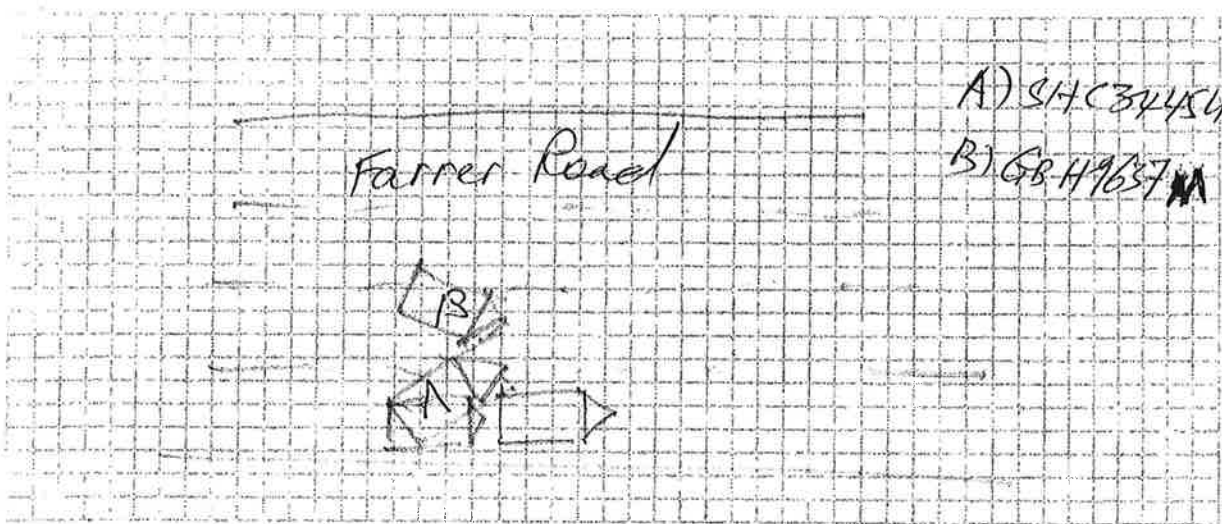
GBH9637M

Vehicle Make/Model/Colour

Name of Driver

Insurance Company Name

# Sketch Plan Pg. 1



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/3/20 at about 1030hrs when I Veh A was slowly filtering to the lane 2, Veh B from lane 3 also filtered on the lane 2 and collided onto the left front portion of my vehicle despite my slowing down to avoid the accident.

## DECLARATION

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199003821R

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.:

*[Signature]*  
R Moorthy  
CSO  
16/3/20

## Sketch Plan Pg. 2

### **IMPORTANT NOTICE**

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared/disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigation, 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:

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

1

RQC NO. 43880900M  
**U. E. MOTOR**  
BLK 3006 UBI ROAD 1 #01-334  
SINGAPORE 408700  
TEL: 6744 1995 FAX: 6741 6225  
Email: uemotor@hotmail.com

**OFFICIAL RECEIPT**

No.: 1361  
Date: 10/4/2020

茲收到

Received from KMT Advertising Pte Ltd

支付大銀

the sum of Dollars One Thousand Four Hundred Twenty Nine &

Sixty - Eight cents only -

系还

in payment of GBH 9637 M

\$1429/68  
xx

Cash / Cheque No.:

  
U E MOTOR

Besform

# U E MOTOR

Blk 3006, Ubi Road 1, #01-334

Singapore 408700

Tel: 67441995 Fax: 67416225

Email: uemotor@hotmail.com

**KMT Advertising Pte Ltd**

c/o U E Motor

Blk 3006, Ubi Road 1,

#01-334 Singapore 408700

Date: 10/4/2020

Our reference: 20-04-9199

Accident Date: 16/3/2020

**FINAL BILL TO VEHICLE GBH9637M TOYOTA DYNA**

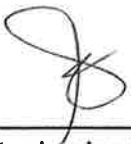
LUMP SUM AS PER IMPACT ANALYSIS CONSULTANT

\$ 1,429.68

**TOTAL:**

**\$ 1,429.68**

U E Motor



Authorized Signature

A- 3825.20



Our reference: 20-04-9199

Date: 10/4/2020

**INVOICE NO. 9199**

**KMT Advertising Pte Ltd**  
c/o UE Motor  
Blk 3006, Ubi Road 1,  
#01-334 Singapore 408700

Registration No. **GBH9637M**

We enclose our fee note for your kind attention, which remains payable irrespective of the outcome of this case.

S/No.	Description of Services Provided	Qty	Amount
1	Being vehicle damage assessment report, inspection, photographs, transport and miscellaneous.	1	\$ 413.00
Total amount			<u><u>\$ 413.00</u></u>

*Please kindly cross all cheques made payable to " Impact Analysis Consultant".*

We thank you in anticipation for your prompt payment.



**L. L. Tan (Ms)**  
Principal Consultant

Our reference: 20-04-9199

Date: 10/4/2020

c/o UE Motor  
Blk 3006, Ubi Road 1,  
#01-334 Singapore 408700

Dear Sirs

RE: Road Traffic Accident on 16/3/2020  
KMT Advertising Pte Ltd

In accordance with your instructions received in this office on **31/3/2020**, we made arrangements to examine the vehicle on **31/3/2020** at above-mentioned address. The following data was recorded:

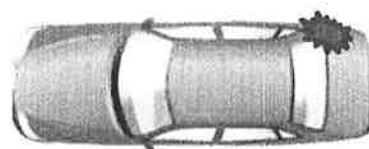
#### Vehicle details

Make	Toyota	Registration	GBH9637M
Model	Dyna	Chassis	JTFAT35Y20K211742
Colour	Blue	Gearbox	Manual
Odometer	66711km	Paintwork	Good
Steering	In order	Brakes	In order
Condition	Good		

#### Tyre Depths

Front left	195/70R15C	85% Yokohama
Front right	195/70R15C	85% Yokohama
Rear left	155R12C	85% Yokohama
Rear right	155R12C	85% Yokohama

#### Impact Direction & Area of Damage:



Status	REPAIRABLE
Magnitude	Medium
Legal status	Unroadworthy

Following our examination of the accident damage, we have calculated repair times and method, which are detailed on page 2 & 3. We would recommend a sum of **\$1,429.68** and **3** working days for repair, which is sufficiently lower than the pre accident value to render the vehicle an economically and physically reliable proposition.

#### Subsidiaries of Impact Analysis Consultant:

• Impact Analysis Consulting Pte Ltd • Impact Analysis Academy Pte Ltd • IA Racking Solutions Pte Ltd  
• IA Accounting & Consultancy Pte Ltd • Infoknights International Services (Philippines) • IABN Pte Ltd  
[www.iaconsultingsg.com](http://www.iaconsultingsg.com)

Our reference      20-04-9199  
Date                10/4/2020  
Page                2

### Section A: Damaged Parts Assessment

Part's Description	Qty	Condition As inspected	Repairer's Estimate	Our Adjustment
<b>List Items:</b>				
Side gate rh	1	repair.respray	1245.80	0.00
Side gate hinge @\$35.00	4	damaged	140.00	140.00
Tail gate stopper rh	1	bent	210.50	210.50
Side gate lower platform end panel	1	repair	512.50	0.00
Rear mudguard rh	1	cut	112.40	112.40
<b>Sub- Total costs</b>			<b>2221.20</b>	<b>462.90</b>
Percentage discount :      25%			<b>555.30</b>	<b>115.73</b>
<b>Sub-Total costs for parts</b>			<b>1665.90</b>	<b>347.18</b>
<b>Special Nett Items:</b>				
*	*	*	0.00	0.00
<b>Sub-Total costs for parts</b>			<b>0.00</b>	<b>0.00</b>
<b>Parts Repair</b>				
*	*	*	0.00	0.00
<b>Sub- Total costs</b>			<b>0.00</b>	<b>0.00</b>
<b>Total costs for parts</b>			<b>1665.90</b>	<b>347.18</b>

Our reference 20-04-9199

Date 10/4/2020

Page 3

### Section B: Labour Cost Calculation

	Hourly rate	Manhr. Req.	Total
To dismantle, replace, cut, weld, knock out dents to straighten accident parts as-mentioned on the 'Parts Repair' column inclusive of replacement parts.	\$ 45.00	14	\$ 630.00
Putty & Spray painting to adjacent panels. Job allowance. Paint / material.	Sub-contract work.		\$ 400.00
Apply rust proofing on the adjacent panels.	Sub-contract work.		\$ 30.00
Wiring and bulb checking	\$ 45.00	0.5	\$ 22.50
<b>Total labour cost</b>			<b>\$ 1,082.50</b>

Manhour rate and the number of manhours required for each repairing task are formulated based on individual workshop's operating cost and in-house@ IA Research Guidelines respectively.


Our reference 20-04-9199

Date 10/4/2020

### Section C: Summary Table of Total Repair Cost

Description		Cost	
<b>Damaged Parts Assessment (See section A)</b>		<b>\$347.18</b>	
Part-By-Part		\$0.00	
Further discount	<b>0%</b>		
Recommended cost of parts		<b>\$347.18</b>	(1)
<b>Labour Cost Calculation (See section B)</b>		<b>\$1,082.50</b>	(2)
<b>Total Repair Cost (Round off to hundred)</b>		<b>\$1,429.68</b>	(1) + (2)

We would recommend a sum of **\$1,429.68** and **3** working days for repair.  
No further items will be approved without our expressed written agreement. Any significant additional items will be subject to a supplementary report.

  
Mechanical Engineer, Accident Expert Witness, Licensed Appraiser (Automobile)  
B.Eng. (Hons, NUS)  
Diploma. Mechanical Engineering  
NTC-2 Automotive Technology  
Sr.MIES, Institution of Engineers, Singapore (#20100091)  
MATAI, Maryland Association of Traffic Accident Investigators  
IAARS, International Association of Accident Reconstruction Specialists  
PMC of Singapore Business Advisors & Consultants Council  
ACTA Certified Trainer, Singapore

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