

# VISION LAW LLC

Advocates & Solicitors  
(Incorporated with limited liability)

ERIC NG CHING BOON  
RAYNEY WONG KENG LEONG  
AUDREY WONG SU-HSIEN  
PAUL YAP TAI SAN  
ANJALLI D/O  
DIANE ANG KIM NOI  
RAVENDRA KRISHNASAMY  
CHEONG YUNHUI, CLARISSA  
SONIA LIM WEI LEI

Unique Entity Number: 200721148H

133 New Bridge Road  
#18-01/02 Chinatown Point  
Singapore 059413

## Main

TEL : (65) 6534 2811  
FAX : (65) 6535 6802  
E-mail : yvonnelim@visionlawllc.com

## Conveyancing & Family Law Practice

TEL : (65) 6358 0703  
Fax : (65) 6358 0448

**WHEN REPLYING PLEASE QUOTE OUR REFERENCE**

**Our Ref** : DA1-y/v-Ins-W36-113242-20-er  
**Your Ref** : SHC 8251 D

21 July 2020

## INDIA INTERNATIONAL INSURANCE PTE LTD

64 Cecil Street  
#04/06-00 IOB Building  
Singapore 049711

**Attention: Motor Claims Department**

## YEO JOO KNG BENNY

Blk 126 Bishan Street 12  
#03-151  
Singapore 570126

## BY EMAIL ONLY

motorclaim@iii.com.sg  
lod@iii.com.sg

## CERTIFICATE OF POSTING

(For your information Only)

**IMMEDIATE  
ATTENTION**

Dear Sirs,

**CLAIMANT : GOH HONG NGOH**

**ACCIDENT INVOLVING SBC 37 E & SHC 8251 D ON 31-MAR-2020 ALONG ANG MO KIO AVE 9 AT ABOUT 1530 HOURS**

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on **31-Mar-2020 ALONG ANG MO KIO AVE 9 AT ABOUT 1530 HOURS** involving our client's vehicle registration number **SBC 37 E** and vehicle registration number **SHC 8251 D** driven by you/your insured at the material time.

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

1. Costs of Repair	\$18,300.00
2. Rental fees	\$ 2,340.00
3. LTA/GIA/TP report/search fees	\$ 39.00
4. Survey report fees	\$ 830.00
5. Costs (with GST)	\$ 1,605.00
6. Incidentals (with GST)	\$ 160.50
	<u>\$23,274.50</u>

.../2 to be continued next page

## CONFIDENTIALITY

THE INFORMATION CONTAINED IN THESE DOCUMENTS MAY BE PRIVILEGED AND CONFIDENTIAL AND IS INTENDED FOR THE EXCLUSIVE USE OF THE ADDRESSEE DESIGNATED ABOVE. If you are not the addressee, any disclosure, reproduction, distribution or other dissemination or use of this communication is strictly prohibited. If you have received this transmission in error please contact us immediately by telephone so that we can arrange for its return.

**Our Ref** : DA1-yly-Ins-W36-113242-20-er  
**Your Ref** : SHC 8251 D

21 July 2020

**INDIA INTERNATIONAL INSURANCE PTE LTD**

64 Cecil Street  
#04/06-00 IOB Building  
Singapore 049711

**Attention: Motor Claims Department**

**YEO JOO KNG BENNY**

Blk 126 Bishan Street 12  
#03-151  
Singapore 570126

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

- (a) Police/GIA report lodged by driver of SBC 37 E & SHC 8251 D;
- (b) LTANet Search;
- (c) Rental agreement, rental invoice & rental receipt;
- (d) Final Repair Bill;
- (e) Surveyor's report & invoice; and
- (f) **40 color photographs** depicting the damages to motor vehicle SBC 37 E.

We have notified your insurers of the accident and a pre-repair inspection of our client's vehicle was carried out by your insurers.

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 client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim herein is quantified based on supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

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

DIANE ANG  
(HEAD OFFICE)  
Encl.

cc: SBC 37 E- By fax: 6455 0361 only

*{As per your instruction we have submitted your claim as set out above to the third party insurance company. Please do notify us if there is any discrepancy, if any, particularly, the number of days claimed for rental charges and/or loss of use as soon as possible. Thank you.}*

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## 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 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. 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 01/04/2020 17:28  
Date Of Accident 31/03/2020 15:30  
Exact Location Of Accident ANG MO KIO AVE 9  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SBC37E  
**Insured/Policyholder**  
Name Of Registered Owner GOH HONG NGOH  
NRIC No SXXXX116I  
Email Address YEETINGYEO@GMAIL.COM  
Mobile Phone No (LOCAL) +65-91146556  
Alternative Phone No OFFICE-91146556

### Vehicle Particulars

Manufacturer MERCEDES-BENZ  
Model C180-1.8 (A)

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

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number 5101656923-01  
Cover Note Number

### Driver

Name of Driver YEO YEE TING  
NRIC No SXXXX029J  
Date Of Birth 25/03/1991  
Occupation INDOOR  
Date Of Driving Pass 23/12/2009  
Driving Experience 10 YEARS AND 3 MONTHS  
Gender FEMALE  
Mobile Number (LOCAL) +65-91146556  
Fax Number  
Contact Number  
Email Address YEETINGYEO@GMAIL.COM

Address 265 WAK HASSAN DRIVE  
 Postcode 757150  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured CHILDREN  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD  
 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? YES  
 Was any injured conveyed to hospital by ambulance? NO  
 Was any other material or property damaged? NO  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (including Driver) 1

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name 10 UBI AVENUE 3  
 Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: - FAX NO:  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT

#### 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 SHC8251D  
 Vehicle Make/Model/Colour HYUNDAI  
 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)

DETAILS OF INJURED PERSON 1

Name YEO YEE TING

Approximate Age

Injuries Sustain 5 DAYS

Injured person in which vehicle? 98C37E

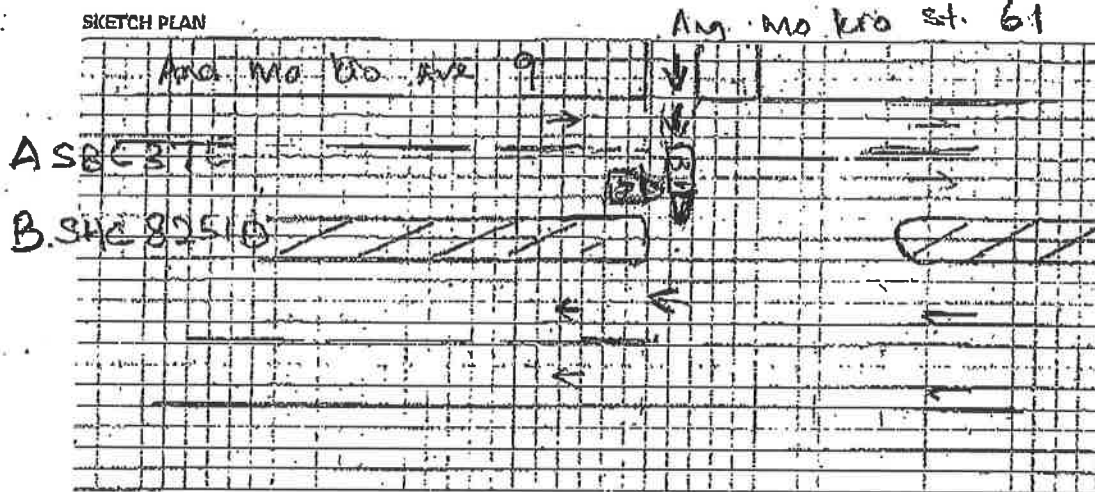
Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref. to police report: T/20200401/7020

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

CIARAC Sketchplan Form VS

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

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

**SKETCH PLAN**

**IMPORTANT NOTICE**

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature  
Date & Time:

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

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



# SINGAPORE POLICE FORCE



T/20200401/7020

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20200401/7020

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/04/2020 14:00		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: YEO YEE TING			Address: 265 WAK HASSAN DRIVE SINGAPORE 757150		
ID Type / ID No.: NRIC NO / S9110029J			Contact No.: Home/Office: Mobile: 91146556		
Nationality: SINGAPORE CITIZEN			Email: Yeetingyeo@gmail.com		
Sex: Female	Age: 29	Date of Birth: 25/03/1991	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/03/2020 15:30	Type of Location: Straight Road
Location:  ANG MO KIO AVE 9				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Colour	Condition	No. of Passengers
SBC37E	Car	MERCEDES BENZ				0
SHC8251D	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20200401/7020

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20200401/7020

**CONTINUATION OF REPORT**

Name	YEO YEE TING		ID No.	S9110029J
Related Vehicle	SBC37E (Car)		Contact No.	91146556
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/04/2020	Date Discharge	01/04/2020	
No. of Days granted Medical Leave	05	Degree of Injury	Slight	

**Brief Details.**

ON THE STATED TIME AND DATE,  
I WAS TRAVELLING ON MY VEHICLE BEARING CARPLATE NUMBER SBC37E ON ANG MO KIO ST 61. AS I WAS TRAVELLING STRIAHT, VEHICLE B BEARING CARPLATE NUMBER SHC8251D EXITED THE MINOR ROAD OF ANG MO KIO ST 61 ABRUPTLY WITHOUT CHECKING CLEAR FOR THE TRAFFIC ON THE MAIN ROAD OF ANG MO KIO AVE 9. THE ABRUPT TURN CAUSED A HEAD TO SIDE COLLISION TO MY VEHICLE. I FELT UNWELL AFTER THE ACCIDENT AND CONSULTED A DOCTOR AFTERWARDS WHICH I WAS THEN GIVEN A 5 DAYS MC.



**SINGAPORE  
POLICE FORCE**



T/20200401/7020

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20200401/7020

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
01/04/2020 14:00

Classification Of Case:

## 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	01/04/2020 08:32
Date Of Accident	31/03/2020 15:30
Exact Location Of Accident	AMK ST 61 X AMK AVE 9
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8251D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	I40
Vehicle Category	TAXI
<b>Insurance Company</b>	
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	YEO JOO KNG BENNY
NRIC No	S1827369A
Address	126 03-151 BISHAN STREET 12

### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR

### Other Information

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

### Circumstances of Accident

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

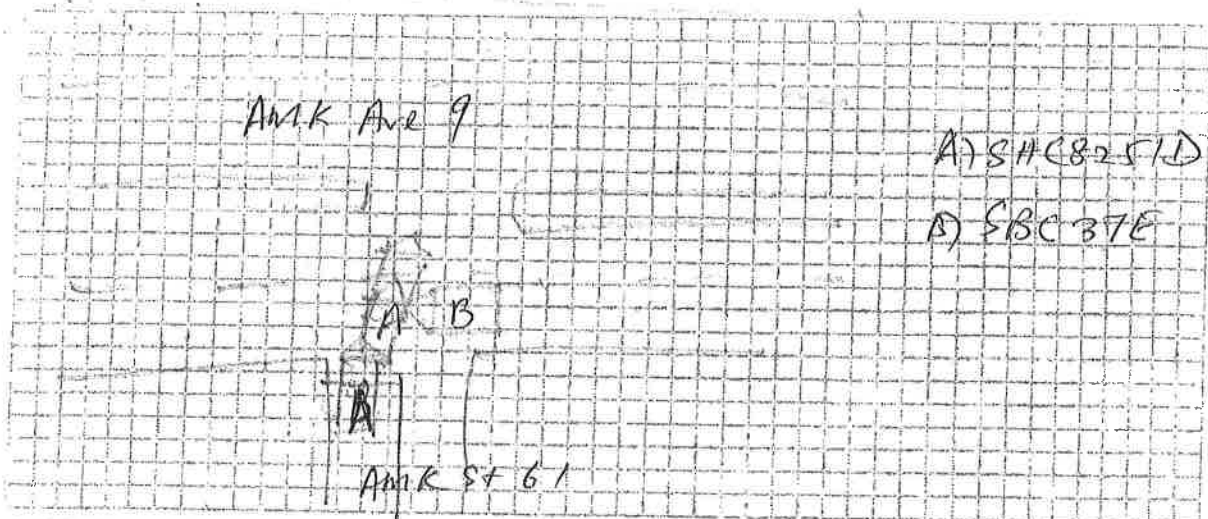
Vehicle Registration Number

SBC37E

Vehicle Make/Model/Colour

Name of Driver

Insurance Company Name



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 31/3/20 at about 1530 hrs when I Veh A exited from the side road onto the main road, collided with the passing by Veh B

**DECLARATION**

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303921R

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 of S. A. Moorthy  
CSO  
31/3/20

## Sketch Plan Pg. 2

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

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

Policyholder's Signature  
Date & Time:

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

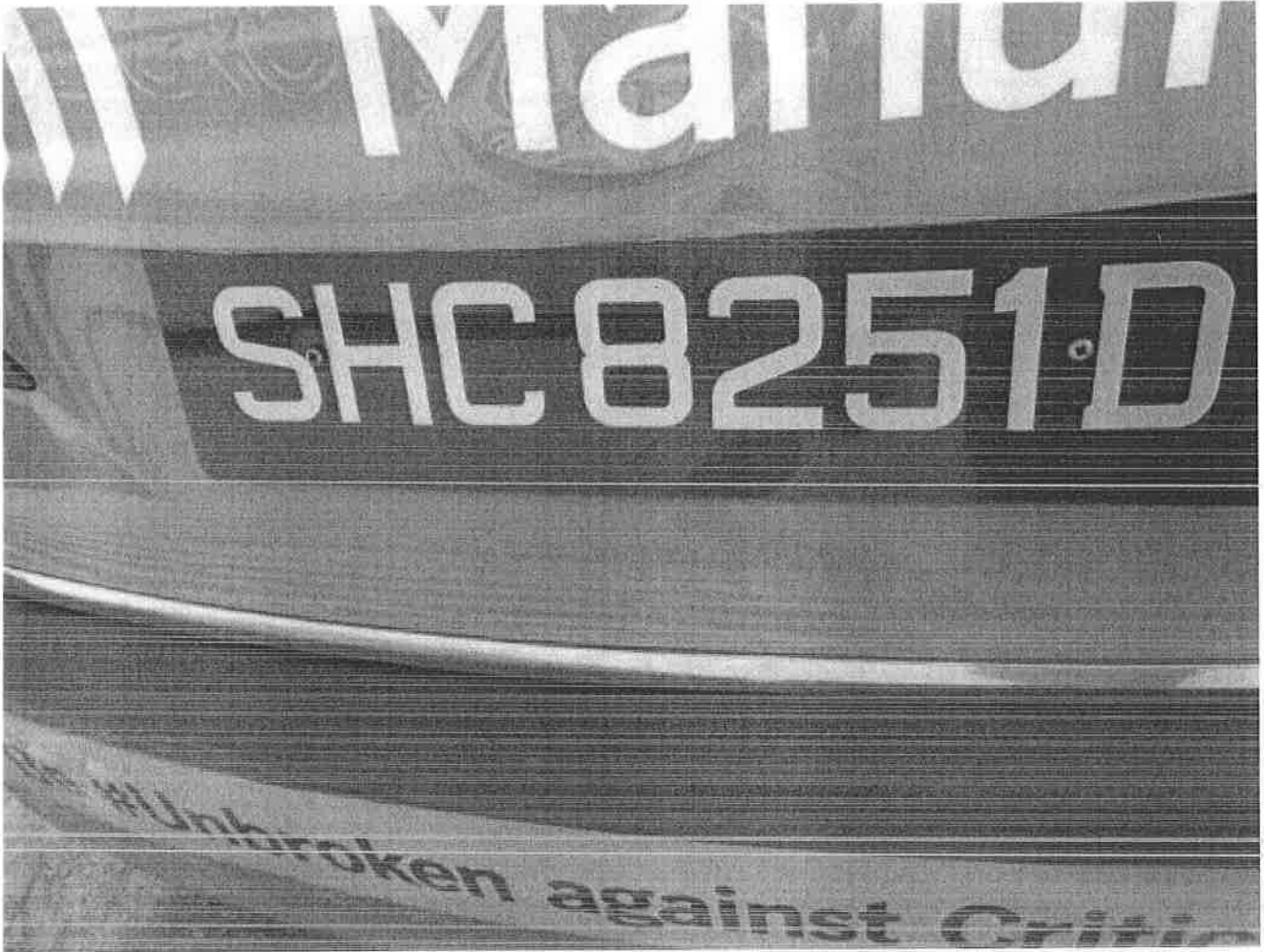
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

1

Accident Photo

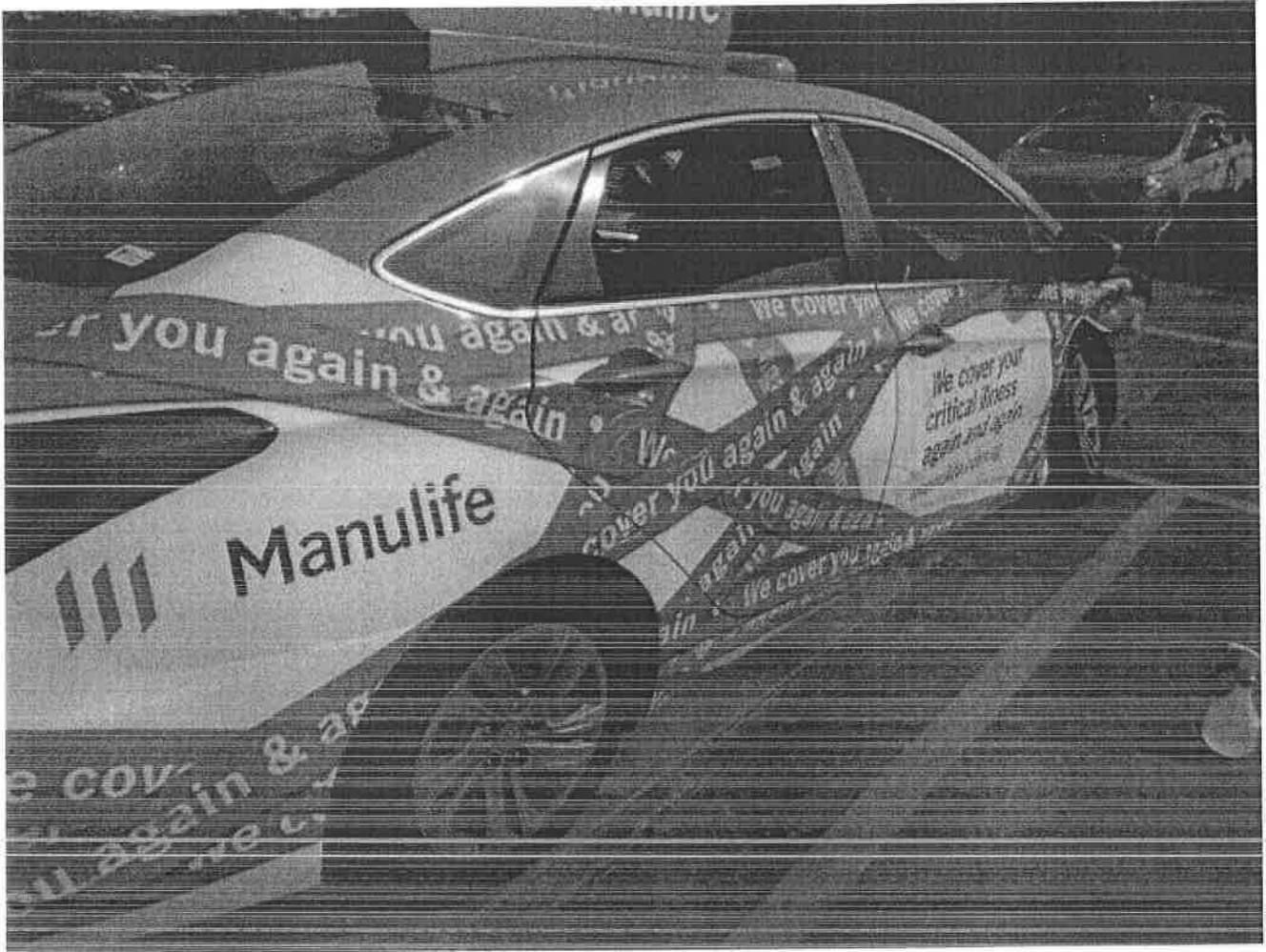


Accident Photo





Accident Photo



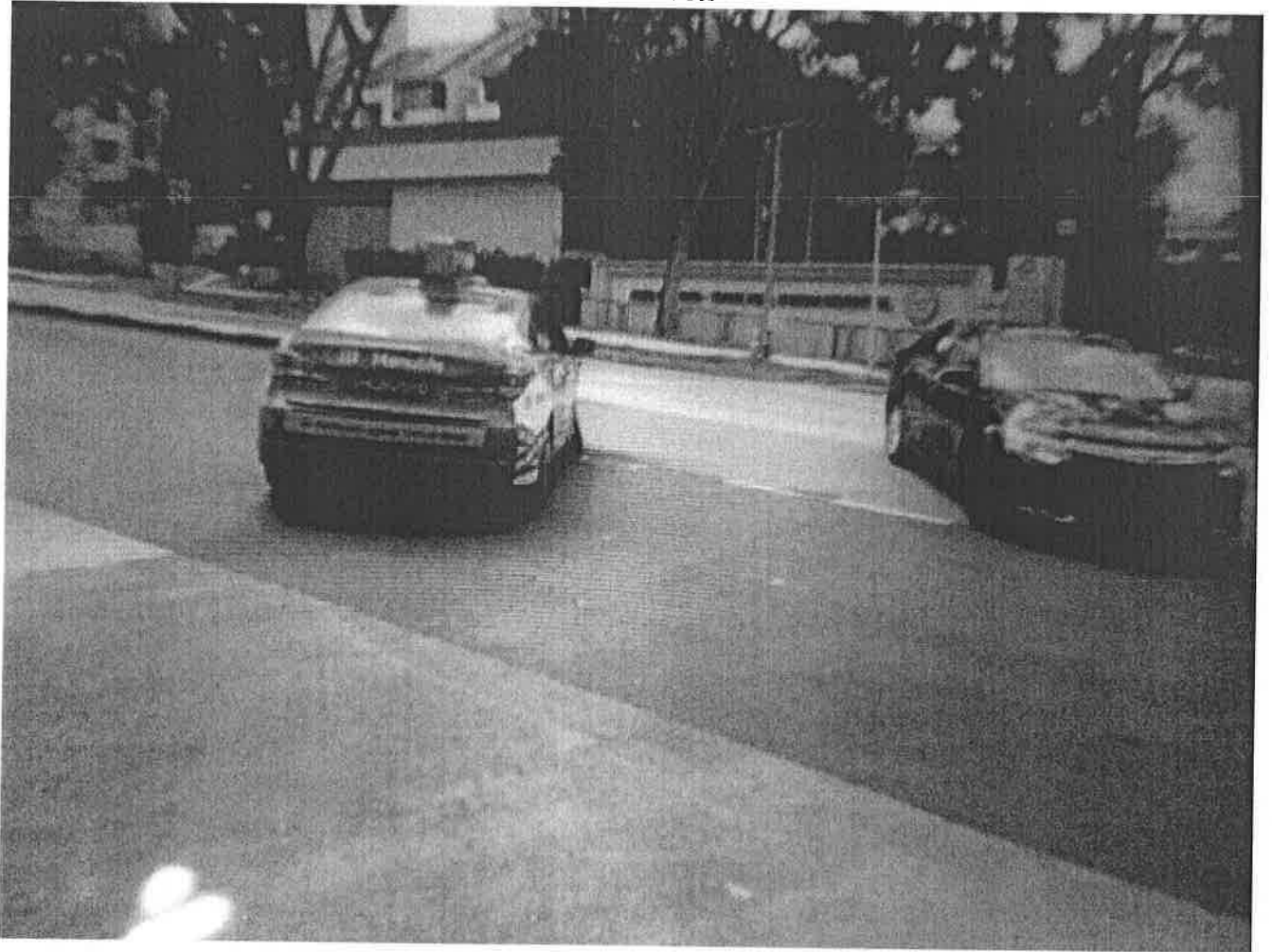
Accident Photo



Accident Photo



Accident Photo



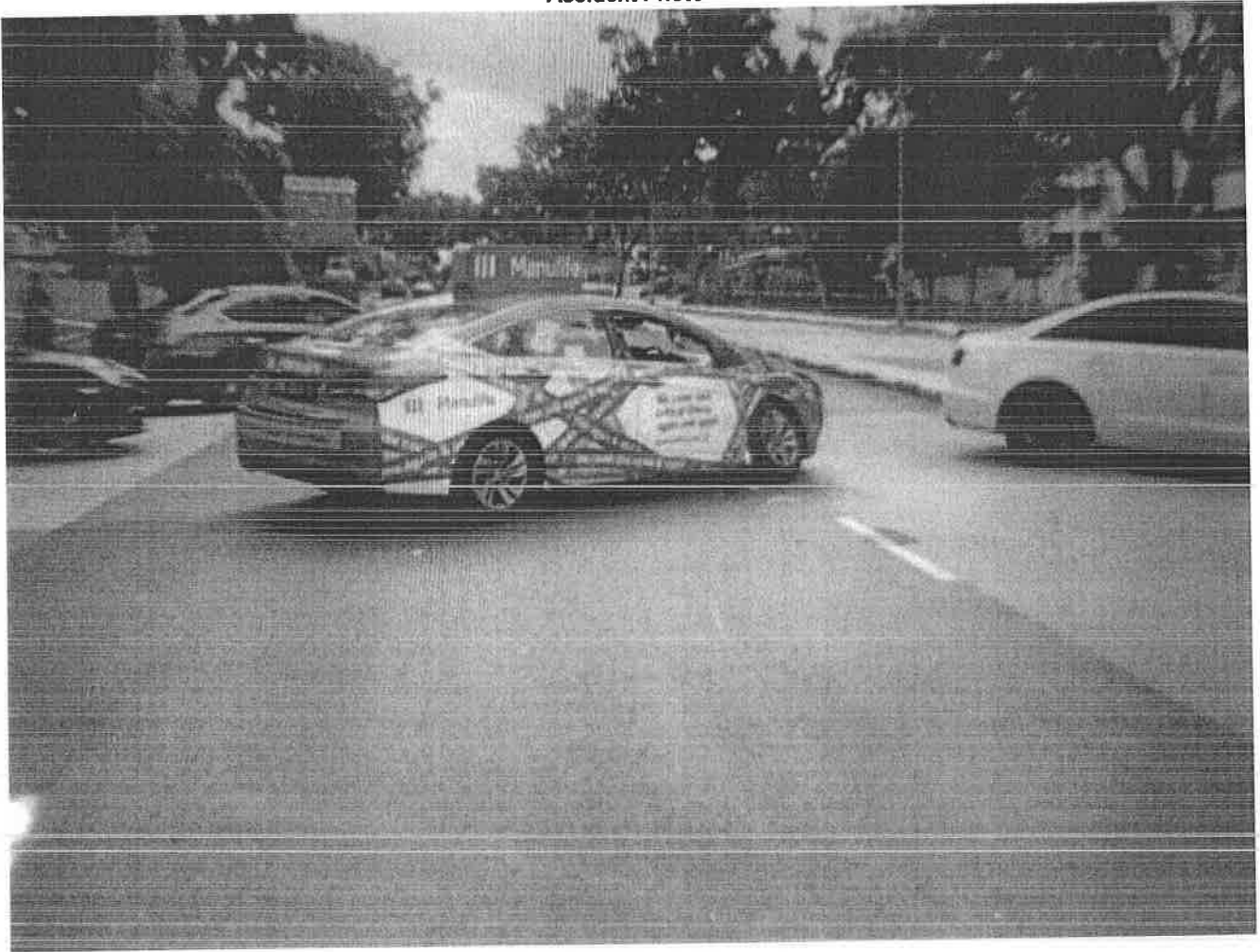
Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



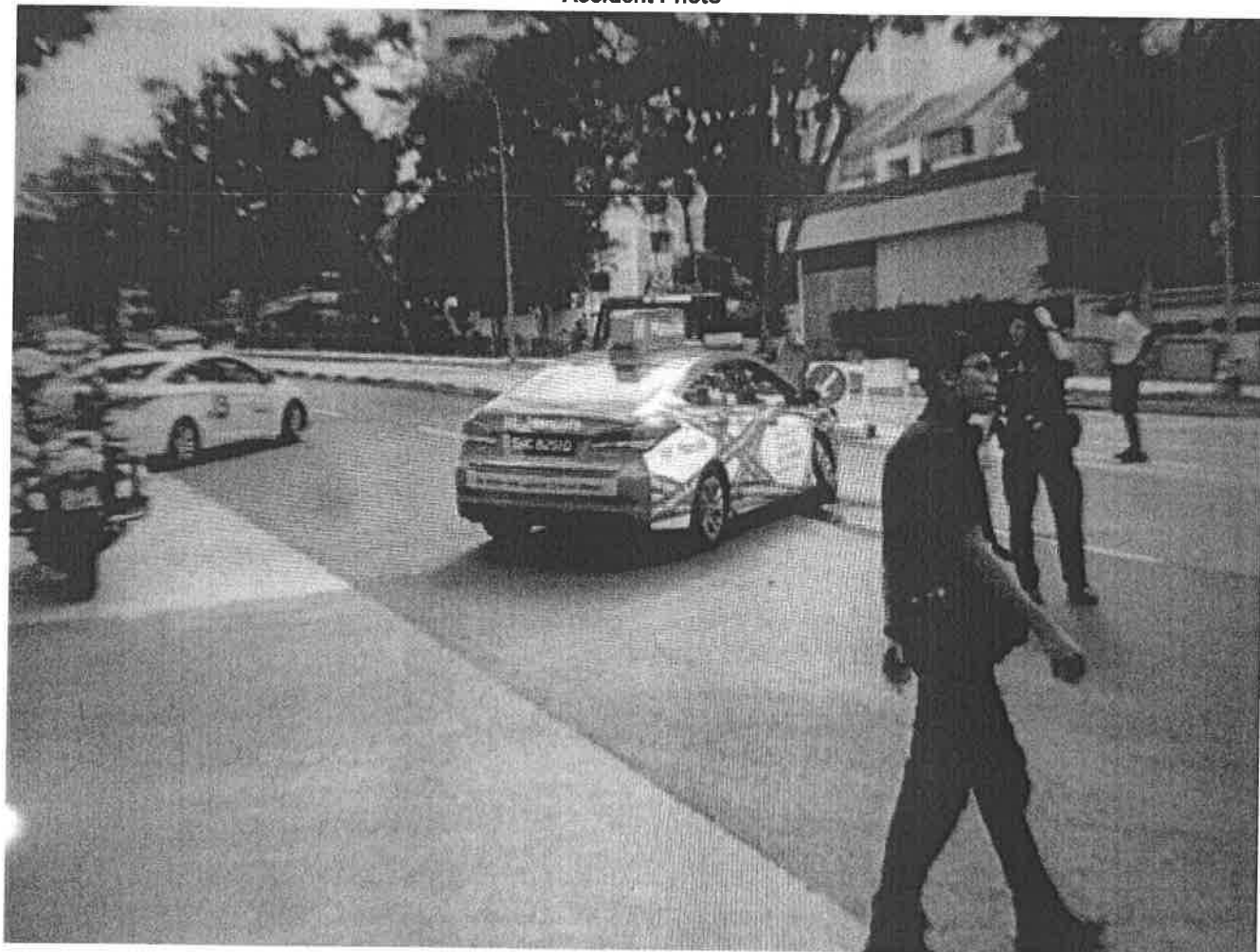
Accident Photo



Accident Photo



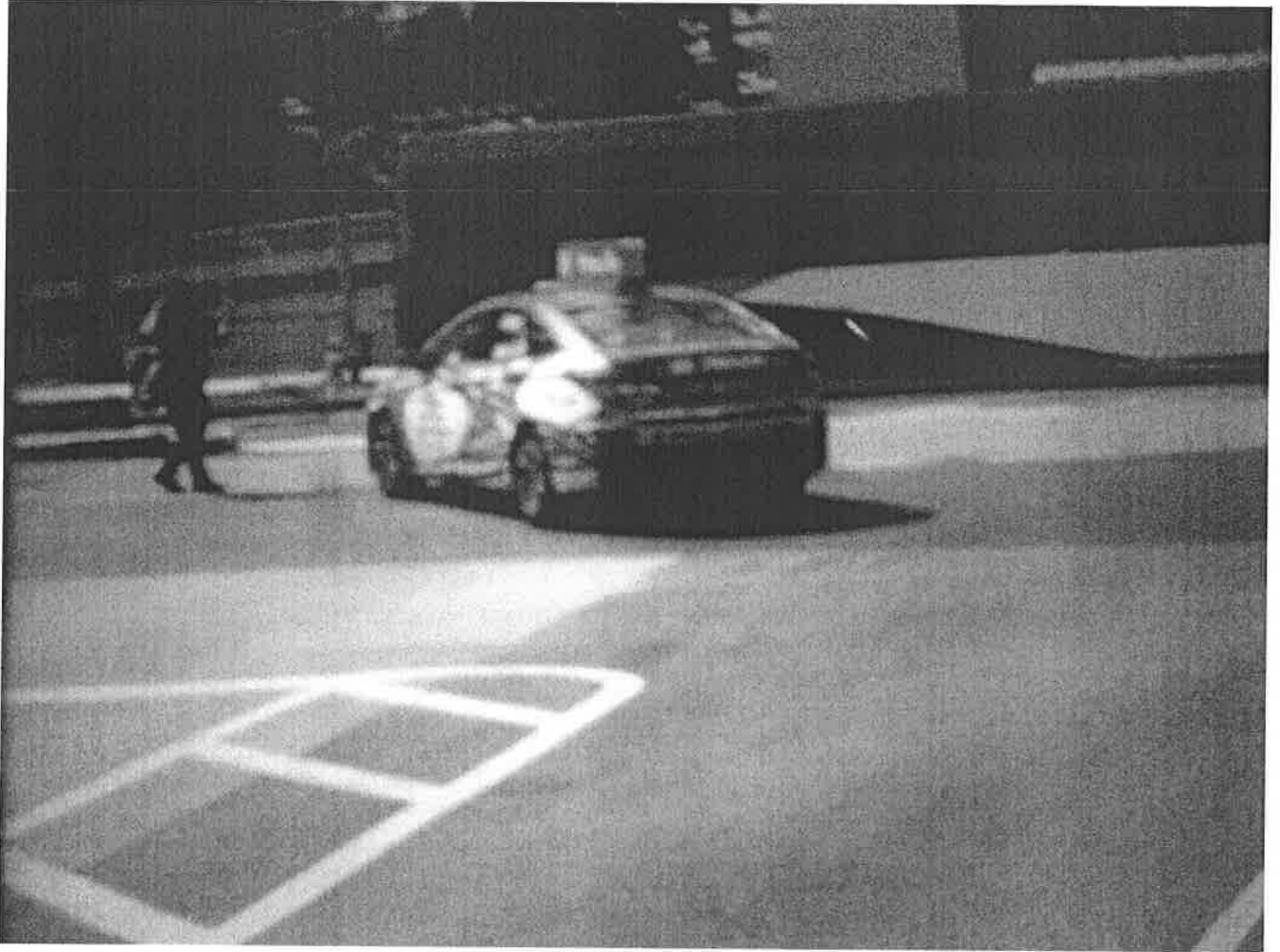
Accident Photo



Accident Photo



Accident Photo



Accident Photo



# Enquire Vehicle's Insurance Particulars

**Enquire Vehicle's Insurance Particulars ( As At 31 Mar 2020 / 15:30:00 )**

## Vehicle Insurance Details

Vehicle No.:

**SHC8251D**

Make Description/Model:

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

Insurance Company Name:

**INDIA INT'L INS PTE LTD**

Business Transaction Reference No.:

**20200402123320850019**

**Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).**

Save as PDF

OK →

Print

# Enquire Vehicle Owner Details

## Thank You!

You will be informed of the outcome of your request for information via email. For enquiries relating to this request, please quote the transaction reference number.

### Review Details



Business Transaction Ref. No.:

**20200402123320850019**

Business Transaction Date:

**26 Jun 2020**

Business Transaction Time:

**17:57:31**

Save as PDF

OK →

Print

No. 10414

Date: 14/04/2020

Received from Yeo Yee Ting

the sum of Dollars Two thousand three hundred & Forty only

Being payment for No 10840 SKL8204H 1/4/2020 to 14/4/2020

☒ Cash ☐ Nets

☐ Cheque / Visa / Master

RENT & DRIVE PTE LTD  
160, Sin Ming Drive  
Sin Ming Autocity #05-10  
Singapore 575722


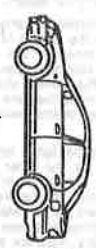


for RENT & DRIVE PTE LTD

\$ 2340  $\frac{xy}{xx}$



## VEHICLE RENTAL AGREEMENT

NO. 10840

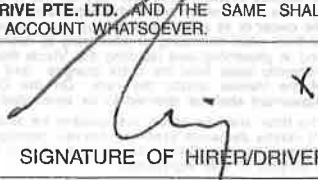
<b>HIRER'S PARTICULAR</b> Name : (as in I/C) <u>Yeo Yee Ting</u> NRIC / PASSPORT No : <u>S9110029J</u> Address (Res) : <u>265 WAK HASSAH DRIVE S67571507</u> Name & Address of Employer : <u>RIWAY INTERNATIONAL</u> Occupation : _____ Driving Exp : _____ D/L No : <u>S9110029J</u> D/L Type : Local/International Pass Date : <u>23 Dec 2009</u> Date of Birth : _____ Tel : (O) _____ (R) _____ HP : <u>91146556</u> Email : _____		Veh No : <u>SKL 8204H</u> Replace Veh No : _____ Mileage Out : _____ Mileage Out : _____ Make & Model <u>Toyota</u> Make & Model _____ Auto / Manual <u>Camry</u> Auto / Manual _____ OUT : Date <u>1/4/2020</u> OUT : Date _____ OUT : Time <u>3.35pm</u> OUT : Time _____																																					
<b>ADDITIONAL DRIVER'S PARTICULARS</b> Name : (as in I/C) _____ NRIC / PASSPORT No : _____ D/L No : _____ D/L Type : Local/International Pass Date : _____ Date of Birth : _____ Occupation : _____ Driving Exp : _____		<b>CHARGES</b> <table border="1"> <tr> <td>Daily</td> <td>13 @ \$ 180</td> <td>2340</td> <td>00</td> </tr> <tr> <td>Weekly</td> <td>@ \$</td> <td></td> <td></td> </tr> <tr> <td>Monthly</td> <td>@ \$</td> <td></td> <td></td> </tr> <tr> <td>Hours</td> <td>@ \$</td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td>@ \$</td> <td></td> <td></td> </tr> <tr> <td>CDW</td> <td>@ \$</td> <td></td> <td></td> </tr> <tr> <td>PAI</td> <td>@ \$</td> <td></td> <td></td> </tr> <tr> <td>Delivery Service</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"><b>SUB-TOTAL \$</b></td> <td><b>2340</b></td> <td><b>00</b></td> </tr> </table>		Daily	13 @ \$ 180	2340	00	Weekly	@ \$			Monthly	@ \$			Hours	@ \$			Others	@ \$			CDW	@ \$			PAI	@ \$			Delivery Service				<b>SUB-TOTAL \$</b>		<b>2340</b>	<b>00</b>
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Refundable Deposit : _____ Cash/Nets/Cheque/VISA/MC Cards No : _____ (A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES FRONT  LEFT  RIGHT  REAR 		EXTENSION Collection Service Misc. <b>ESTIMATED TOTAL RENTAL \$</b> 2340 00 Rented out by : _____ Hirer is responsible for the first \$ <u>2000</u> excess for collision / damage to first party. (i.e.) RENT & DRIVE PTE. LTD. Vehicle (including windscreen) and also first \$ <u>1500</u> excess for collision / damage to third party's vehicle for each and every accident / damage. NO SMOKING, NO ILLEGAL ACTIVITIES Hirer's Signature _____ Addition Driver's Signature _____																																					

I/We agreed to the terms and conditions above, overleaf and that all information given in true & correct in all respect. My/Our driving licence(s) is/are current and not disqualified from driving. You may charge all amount due on the rental to my/our credit card.

### \* IMPORTANT

- ONLY PERSONS ABOVE 25 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY RENT & DRIVE PTE LTD.
- IN THE EVENT OF AN ACCIDENT, THE HIRER OR AUTHORIZED DRIVER :
  - shall report all accidents involving the said vehicle to the Owner immediately.
  - shall take immediate steps to complete and sign Form MAR 1 (Motor Accident Report Form) and do all other acts required in compliance with the "NON INJURY MOTOR ACCIDENT REPORT SCHEME" (the form will be made available when the accident is report to the Owner);
  - shall report to the police within 24 hours from the occurrence, the following types of accidents : -
    - injury case;
    - non-injury case involving a Government vehicle or damage to Government property;
    - non-injury case involving a foreign vehicle (to obtain their motor insurance policy, Passport No./Name of the driver, Vehicle number, Log card and Vehicle road tax information);
    - non-injury case involving a pedestrian or cyclist.

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO RENT & DRIVE PTE. LTD. AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	DEPOSIT REFUND	SIGNATURE OF HIRER/DRIVER
14/04 2020	1500hrs					

## WAH YU AUTOMOTIVE BODY WORK

176 SIN MING DRIVE,  
#05-09 SIN MING AUTOCARE  
SINGAPORE 575721  
TEL: 64553309 FAX: 64550361

14 JUL 2020

GOH HONG NGOH  
C/O WAHYU AUTOMOTIVE BODY WORK  
176 SIN MONG DRIVE  
#05-09 SIN MING AUTOCARE  
SINGAPORE 575721

DEAR SIR,

RE: Vehicle Registration Number SBC 37E MERCEDES BENZ C 180

Final repair cost under lump sum basis is S\$18,300.00.

WAH YU AUTOMOTIVE BODY WORK



A handwritten signature in cursive script, appearing to read "meey", written over a horizontal line.



# KTO Automobile Assessors

Reg. No : 52941122M

470 Segar Road #09-232 Singapore 670470 Email: ktoa@singnet.com.sg HP: 98505311

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## \*\*\*INVOICE\*\*\*

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M/S: Goh Hong Ngoh  
C/O Wahyu Automotive Body Work  
Blk 176 Sin Ming Drive #05-09  
Sin Ming Autocare Singapore 575721

Invoice No : 20-08372

Invoice Ref : TP/WYU/SBC37E/8372

Date : 28 May 2020

DESCRIPTION	AMOUNT
For Services Rendered Inspection report fees inclusive of : Re-Inspection, Transportation & Photographs Forty (40) copies Vehicle No : SBC 37 E Make/Model : Mercedes Benz C 180	\$ 830.00
Singapore Dollars: Eight Hundred And Thirty Only	\$ 830.00

Cheques should be made payable to **KTO AUTOMOBILE ASSESSORS**. Please indicate our Invoice No. on the reverse of your cheque.

**KTO AUTOMOBILE ASSESSORS**

Ong Ah Keng (CAE, AMIMI, MSAAA)  
Automotive Appraiser

**ACCIDENT DAMAGED VEHICLE INSPECTION REPORT**

M/S : Goh Hong Ngoh  
C/O Wahyu Automotive Body Work  
Blk 176 Sin Ming Drive #05-09  
Sin Ming Autocare Singapore 575721

Date : 28 May 2020  
Our Ref : TP/WYU/SBC37E/8372

**REFERENCE PARTICULARS**

Date of Accident : 31 March 2020  
Date of Inspection : 31 March 2020

Type of Inspection : Third Party Claim  
Date of Re-Inspn : 27 April 2020

**VEHICLE PARTICULARS**

Registration No : SBC 37 E  
Make : Mercedes Benz  
Model : C 180  
Year : 2014

Engine No : 27491030175157  
Chassis No : WDD2043312G327705  
Odometer : 89323 km  
Colour : White

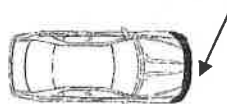
**CONDITION OF VEHICLE (STATIC CHECKS AT TIME OF INSPECTION ONLY)**

Engine condition : Good  
Foot Brake : Serviceable  
Hand Brake : Serviceable

General Body Work : Good  
Steering : Serviceable  
Lightings : Serviceable

**TYRE CONDITION (Remaining estimated life of tyre in mm)**

	Make	Size	Thread Balance
Front Near side	: Michelin	225/45R17	6 mm
Front Off Side	: Michelin	225/45R17	6 mm
Rear Near Side	: Michelin	225/45R17	6 mm
Rear off Side	: Michelin	225/45R17	6 mm

**GENERAL DESCRIPTION OF DAMAGES**

The vehicle sustained damage at the front portion.  
For details, refer to assessment for repairs and photographs attached.

**ASSESSMENT SUMMARY**

Our assessment of the repair costs to pre-accident condition was **\$18,300.00 nett** at lump sum basis. (Subject to GST if applicable)

Under normal circumstances, estimated period required for repairs : Twenty-One (21) working days.

Enclosed Forty (40) photographs depicting damage to the vehicle and after repair.

Inspection conducted at : 176 Sin Ming Drive, #05-09 Sin Ming Autocare Singapore 575721.  
Name of Workshop : WAHYU AUTOMOTIVE BODY WORK.

In accordance to your instruction, we have **not authorise** repairs and inspection was conducted strictly on a "**WITHOUT PREJUDICE BASIS**".

### ASSESSMENT OF REPAIRS AND SPARE PARTS COSTS

DESCRIPTION OF PARTS AND NATURE OF REPAIRS				
SPARE PARTS	QTY PC/SET	ASSESSED CONDITION	ORIGINAL QUOTATION	REVISED QUOTATION
1 Front bumper	1	Grazed/Dislodged	\$ 1,495.40	\$ 1,495.40
2 Front bumper reinforcement	1	Dented	\$ 1,070.00	\$ 1,070.00
3 Front bumper energy absorber	1	Damaged	\$ 210.00	\$ 210.00
4 Front bumper rail extension RH	1	Bent	\$ 430.00	\$ 430.00
5 Front bumper center carrier	1	Cracked	\$ 180.00	\$ 180.00
6 Front bumper side carrier L/R @ \$150.00	2	RH only (Cracked)	\$ 300.00	\$ 150.00
7 Front bumper support bracket L/R @ \$95.80	2	RH only (Bent)	\$ 191.60	\$ 95.80
8 Front bumper center grille	1	Torn	\$ 126.60	\$ 126.60
9 Front bumper side lower deflector RH	1	Torn	\$ 68.00	\$ 68.00
10 Front bonnet	1	Dented	\$ 3,900.00	\$ 3,900.00
11 Front bonnet star emblem	1	Necessary	\$ 103.00	\$ 103.00
12 Front bonnet hinge L/R @ \$135.00	2	Serviceable	\$ 270.00	~
13 Front bonnet seal	1	Cut	\$ 45.00	\$ 45.00
14 Front bonnet safety catch	1	Bent	\$ 134.00	\$ 134.00
15 Front bonnet lock L/R @ \$219.00	2	RH only (Jammed)	\$ 438.00	\$ 219.00
16 Front radiator grille assy	1	Cracked	\$ 1,442.50	\$ 1,442.50
17 Front radiator grille emblem (Mercedes Star)	1	Cracked	\$ 540.00	\$ 540.00
18 Front radiator grille support plate	1	Bent	\$ 34.00	\$ 34.00
19 Front headlamp assy RH	1	Smashed	\$ 3,960.00	\$ 3,960.00
20 Front headlamp support bracket RH	1	Bent	\$ 540.00	\$ 540.00
21 Front radiator upper sight shield	1	Cracked	\$ 217.00	\$ 217.00
22 Front radiator upper baffle	1	Torn	\$ 95.00	\$ 95.00
23 Front radiator upper tie bar	1	Bent	\$ 389.00	\$ 389.00
24 Front radiator assy	1	Pierced	\$ 1,275.00	\$ 1,275.00
25 Front radiator fan cowling assy	1	Cracked	\$ 1,290.00	\$ 1,290.00
26 Engine oil cooler	1	Pierced	\$ 1,086.00	\$ 1,086.00
27 Engine oil cooler lower baffle	1	Torn	\$ 295.00	\$ 295.00
28 Front aircon condenser	1	Dented	\$ 890.00	\$ 890.00
29 Front aircon condenser bracket	1	Cracked	\$ 130.00	\$ 130.00
30 Front fender liner RH (Frt)	1	Torn	\$ 157.50	\$ 157.50
31 Front under splash shield cover	1	Sheared off	\$ 296.00	\$ 296.00
			\$ 21,598.60	\$ 20,863.80
		Less 10%	\$ 2,159.86	\$ 2,086.38
			\$ 19,438.74	\$ 18,777.42
<b>B) S/Nett Item</b>				
32 Front bumper clips	1	Necessary	\$ 58.00	\$ 58.00
33 Front bumper lower chrome moulding LH	1	Sheared off	\$ 291.00	\$ 291.00
34 Front bumper tow eye cap RH	1	Torn	\$ 90.00	\$ 90.00
35 Front bumper outer grille RH	1	Torn	\$ 159.00	\$ 159.00
36 Front bumper outer grille trim RH	1	Sheared off	\$ 380.00	\$ 380.00
37 Front bumper high mount lamp RH	1	Cracked	\$ 332.00	\$ 332.00
38 Front number plate base	1	Cracked	\$ 157.00	\$ 157.00
39 Front number plate with casing	1 set	Cracked/Bent	\$ 60.00	\$ 60.00
		<b>Parts Total :</b>	<b>\$ 20,965.74</b>	<b>\$ 20,304.42</b>

C) LABOUR CHARGES & MISC

40	Spray painting on above new & repaired parts including supply of paint materials.	\$	1,200.00	\$	950.00
41	Remove damaged parts, knock out dents on front fender, straighten, remove & reinstall necessary fittings to facilitate repairs, reshape, refit, adjust, replace and realign all relevant parts.	\$	1,500.00	\$	1,000.00
42	To carry out diagnostic checks and reset.	\$	350.00	\$	280.00
43	To remove & reinstall air-con system vacuum & refill air-con gas.	\$	120.00	\$	120.00
44	To cavity preservation on all affected areas.	\$	180.00	\$	120.00
45	Check wiring, lighting system, focus headlight, reconnection & centre locking system for proper function.	\$	80.00	\$	50.00
46	To provide towing services.	\$	100.00	\$	100.00
<b>Labour Total :</b>		\$	<b>3,530.00</b>	\$	<b>2,620.00</b>
<b>Total Parts and Labour</b>		\$	<b>24,495.74</b>	\$	<b>22,924.42</b>

FINAL LUMP SUM ADJUSTMENT

\$ 18,300.00

**POINT OF IMPACT**

The impact was confined to the front portion of the vehicle.  
The damages appeared to be consistent as per the accident report statement.  
Please refer the attached schedule and photographs for details.


**ADJUSTMENT/RECOMMENDATIONS**

We have thoroughly inspected each and every item on the repairer's estimates against the actual damaged found on the vehicle. We have listed the breakdown of our findings and recommendations as per assessment above.

**CONCLUSION**

The repairer has agreed to undertake repair the vehicle at a lump sum basis of **\$18,300.00 nett** corresponding to replacement of parts, spray painting and labour charges. We now revert for your decision on the above claim.

Yours faithfully  
KTO Automobile Assessors

  
Ong Ah Keng (CAE, AMIMI, MSAAA)  
Automotive Appraiser

Automobile Consultants, Insurance Loss Assessors / Adjusters, Inspection and Evaluation









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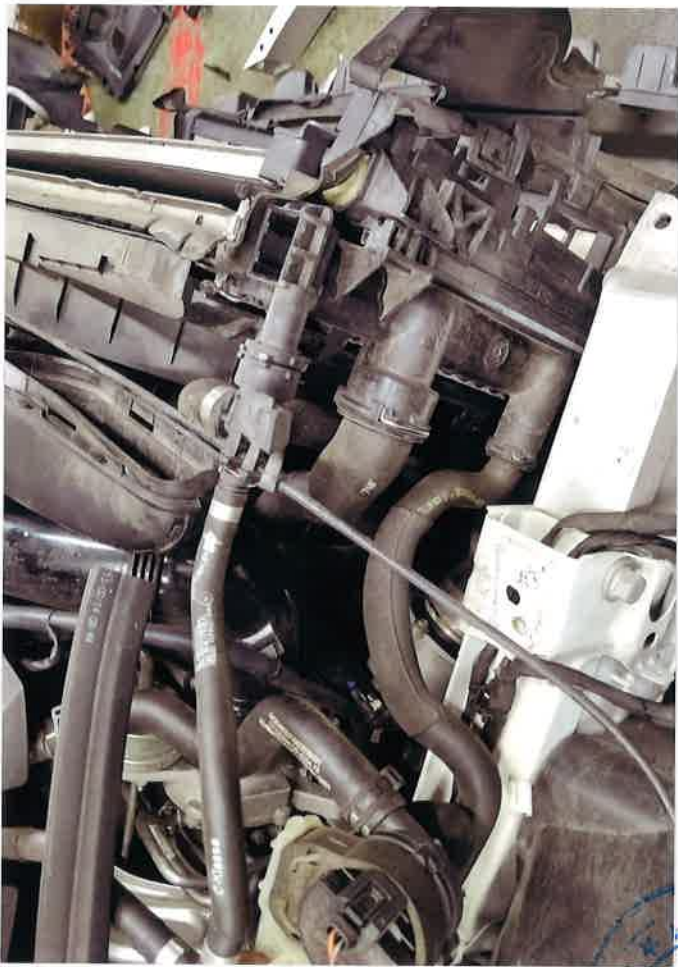
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REINSPECTION AFTER REPAIR

