

# VISION LAW LLC

Advocates & Solicitors  
(Incorporated with limited liability)

ERIC NG CHING BOON  
RAYNEY WONG KENG LEONG  
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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

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Conveyancing & Family Law Practice

TEL : (65) 6358 0703

Fax : (65) 6358 0448

**WHEN REPLYING PLEASE QUOTE OUR REFERENCE**

**Our Ref** : DA1-ylv-lns-A103-112548-20-er  
**Your Ref** : SHA 4543 Z

13 August 2020

## INDIA INTERNATIONAL INSURANCE PTE LTD

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

**Attention: Motor Claims Department**

## BY EMAIL ONLY

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

## LIU SIWEI

Blk 861A Tampines Ave 5  
#13-565  
Singapore 521861

## CERTIFICATE OF POSTING

(For your information Only)

**IMMEDIATE  
ATTENTION**

Dear Sirs,

**CLAIMANT : JASON TAN CHEE WEI (CHEN ZHIWEI)**

**ACCIDENT INVOLVING SKD 5670 G & SHA 4543 Z ON 01-JAN-2020 ALONG SHEARES AVE ON BENJAMIN SHEARES BRIDGE AT ABOUT 0045 HOURS**

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on **01-Jan-2020 ALONG SHEARES AVE ON BENJAMIN SHEARES BRIDGE AT ABOUT 0045 HOURS** involving our client's vehicle registration number **SKD 5670 G** and vehicle registration number **SHA 4543 Z** 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	\$ 4,700.00
2. Loss of use (4 days x \$220.00 per day)	\$ 880.00
3. Pre-repair Loss of use (3 days)	\$ 660.00
4. LTA/GIA/TP report/search fees	\$ 39.00
5. Survey report fees	\$ 605.00
6. Costs (with GST)	\$ 963.00
7. Incidentals (with GST)	\$ 85.60
	<u>\$ 7,932.60</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-ylv-Ins-A103-112548-20-er  
**Your Ref** : SHA 4543 Z

13 August 2020

**INDIA INTERNATIONAL INSURANCE PTE LTD**

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

**Attention: Motor Claims Department**

**LIU SIWEI**

Blk 861A Tampines Ave 5  
#13-565  
Singapore 521861

---

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

- (a) Police/GIA report lodged by driver of SKD 5670 G & SHA 4543 Z;
- (b) LTANet Search;
- (c) Final Repair Bill;
- (d) Surveyor's report & invoice; and
- (e) **45 scanned color photographs** depicting the damages to motor vehicle SKD 5670 G.

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: SKD 5670 G – By email: oxtwhxo@gmail.com 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 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	02/01/2020 14:59
Date Of Accident	01/01/2020 00:45
Exact Location Of Accident	ALONG SHEARES AVE ON BENJAMIN SHEARES BRIDGE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD5670G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR JASON TAN CHEE WEI (CHEN ZHIWEI)
NRIC No	SXXXX493F
Email Address	TCWJASON@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96259697
Alternative Phone No	OFFICE-96259697

### Vehicle Particulars

Manufacturer	AUDI
Model	A6-2.0 TFSI MU (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3024921906
Cover Note Number	

### Driver

Name of Driver	MR JASON TAN CHEE WEI (CHEN ZHIWEI)
NRIC No	SXXXX493F
Date Of Birth	30/10/1976
Occupation	INDOOR
Date Of Driving Pass	06/10/1994
Driving Experience	25 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96259697
Fax Number	
Contact Number	OFFICE-96259697
EMail Address	TCWJASON@SINGNET.COM.SG

Address	73, LORONG 40 GEYLANG #01-60
Postcode	398089
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 ON COLLISION
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)	2
Passenger 1	NAME: LOH SHULONG 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

AS PER SKETCH PLAN ATTACHED.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4543Z
Vehicle Make/Model/Colour	TAXI BLUE COLOUR
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIU SIWEI
NRIC/Passport Number	SXXXX685Z
Contact Number	87513385
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	2

## Sketch Plan Pg. 1

### SKETCH PLAN

#### IMPORTANT NOTICE

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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: 02/01/2020

2:20 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

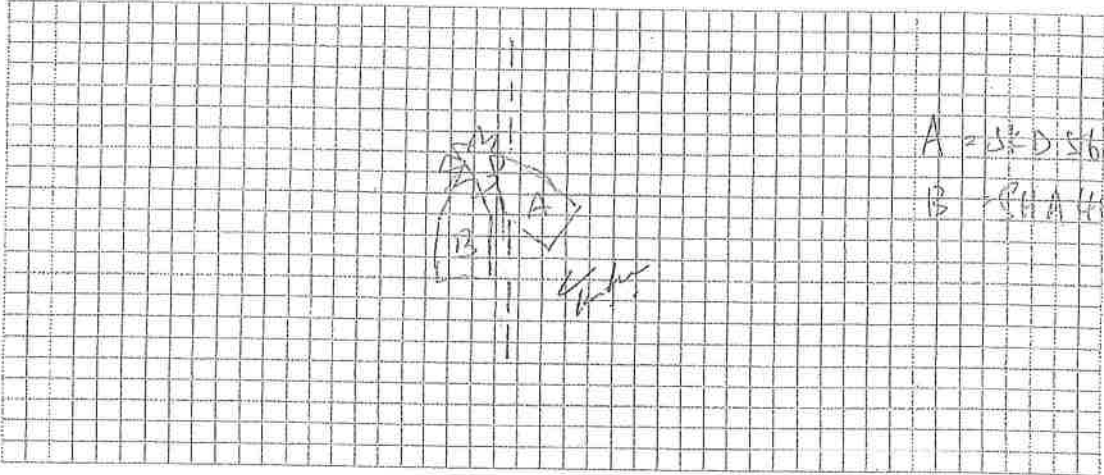


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



A = JSD 5670 6  
B = CHA 4K13 2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1<sup>st</sup> January 2020, I was driving along Sheres Ave on Benjamin Sheres Bridge. The traffic was heavy and I was on the second lane. When I wanted to filter left to third lane and showed my left signal light when the traffic was clear, I began to filter out. Just then I saw a taxi approaching and I stopped. The taxi managed to stop but he rolled on to hit the left forward of my car. The accident time is at 0044 hours just after midnight. *My car.*

DECLARATION

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

*\* Yarker.*

Policyholder's Signature

Date & Time: 02/01/2020

GIARMC SketchPlanForm\_V3 2:20pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name: Saly

NRIC/PIN No.: 1842

## INSURED INSURANCE SCHEDULE Pg. 1



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #15-00 Springleaf Tower Singapore 079209  
Tel: 6389 6111 Fax: 6222 1033  
Website: www.sg.chinataping.com  
Co. Reg. No. 200208394E

ORIGINAL

THE SCHEDULE

Agency	AN0006A	Class of Policy	MOTOR PRIVATE CAR	Policy Number	DMPCSN3024921906
Account	AN0006A	Issued on	03/06/2019 in SINGAPORE	Replacing Policy no.	DMPCSN3024921805
Client	3140550	Acceptance Date	03/06/2019		

Period of Insurance from 14/06/2019 to 13/06/2020, both dates inclusive

Insured's Name	MR JASON TAN CHEE WEI (CHEN ZHIWEI)
Address	73 GEYLANG LORONG 40 #01-60 THE WATERINA SINGAPORE 398089

Business/Occupn... HARBOUR PILOT

Financial interest... STANDARD CHARTERED BANK(S) LIMITED AS HP OWNER

Premium	Base Annual Premium	\$2,557.60	
	Less 20% Loyalty Discount	\$511.52-	
	No Claim Discount 50.00%	\$1,023.04-	
	Incentive Discount 5%	\$51.15-	
	Total Annual Premium	\$971.89	Premium Due \$971.89
			Premium GST \$58.03
			Total Due \$1,039.92

\*\*\*\*\*  
\* WEF 02.01.2019, THERE WILL BE NO REFUND FOR CANCELLATION IF THERE \*  
\* IS A WINDSCREEN CLAIM DURING THE POLICY PERIOD. \*  
\*\*\*\*\*

Risk No. 001	MOTOR PRIVATE CAR		
	ORIGINAL REGISTRATION DATE : 14/12/2011		
1. Registration	SKD5670G	Make/Model ..	AUDI A6 2.0T FSI MU
Type of Cover	Comprehensive	No. of seats	5
Engine No. ..	CDN180715	Capacity cc's	1984
Chassis No...	WAUZZZ4G1CN021212		Yr of Manuf/Regn 2011/2011
			Certificate Ref. MX1E
Sum Insured..Market value at the time of loss			
Named Drivers Ex Sect. I		\$750.00	
Additional Ex Other than Named Drivers:			
Ex Sect. I - Age <= 25		\$3,000.00	
Ex Sect. I - Age >= 26		\$500.00	
* Age as at date of accident			
EX ON WINDSCREEN		\$100.00	
Named Drivers THE INSURED			

The following clauses and endorsements apply to this policy

Subject to Endts. 2, 25, 57, 72, N &amp; W(\$2,000.-).

ENDORSEMENT I - INEXPERIENCED UNNAMED DRIVERS EXCESS

It is hereby understood and agreed that an excess of \$3,500 shall apply for accident loss or damage for any unnamed Authorised Driver who possess a valid Singapore driving licence for less than 1 year

Continued on page 2



SCENE PHOTO





SCENE PHOTO



SCENE PHOTO



SCENE PHOTO

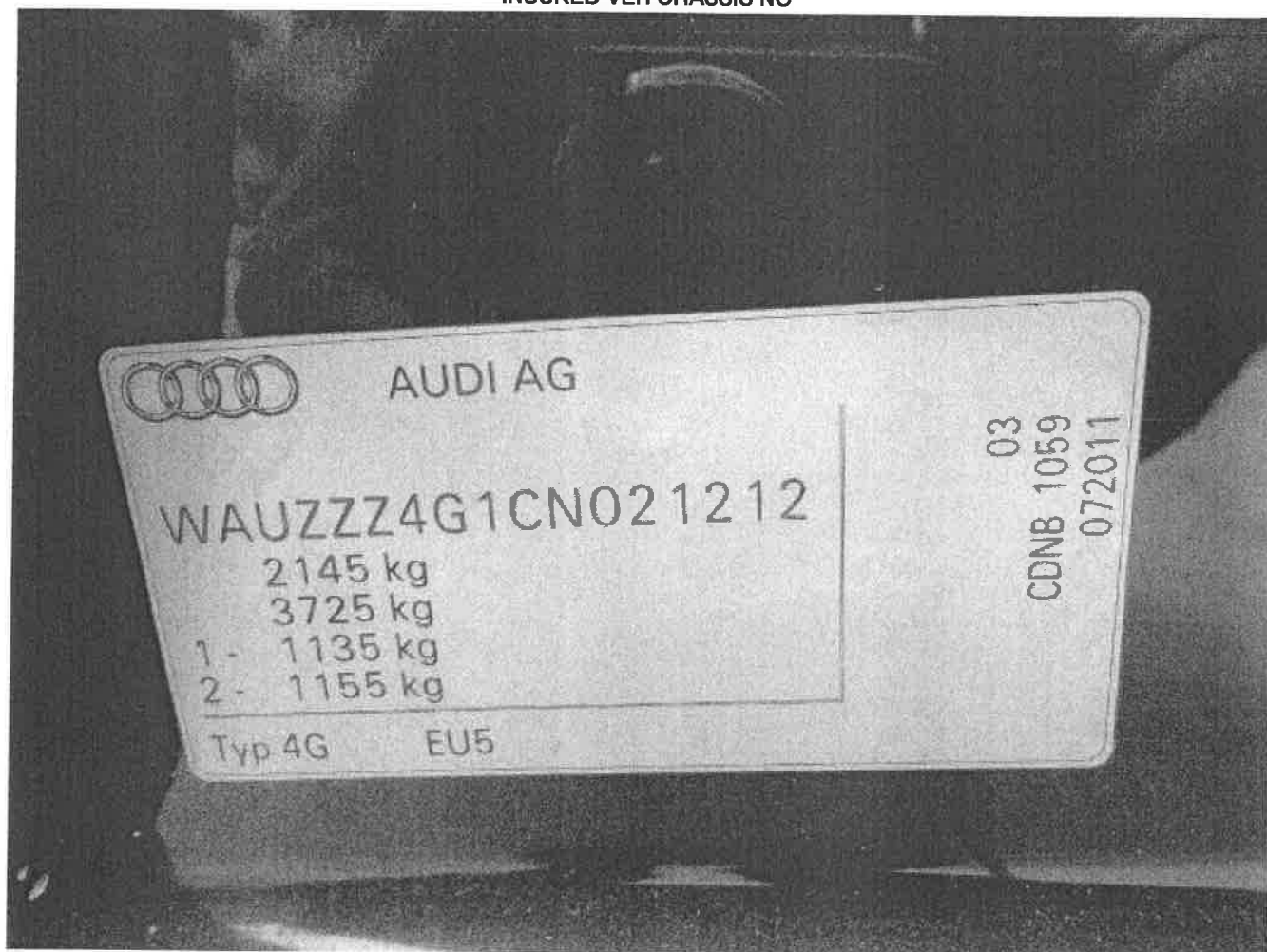


INSURED VEH





INSURED VEH CHASSIS NO



INSURED VEH



INSURED VEH





INSURED VEH



INSURED VEH



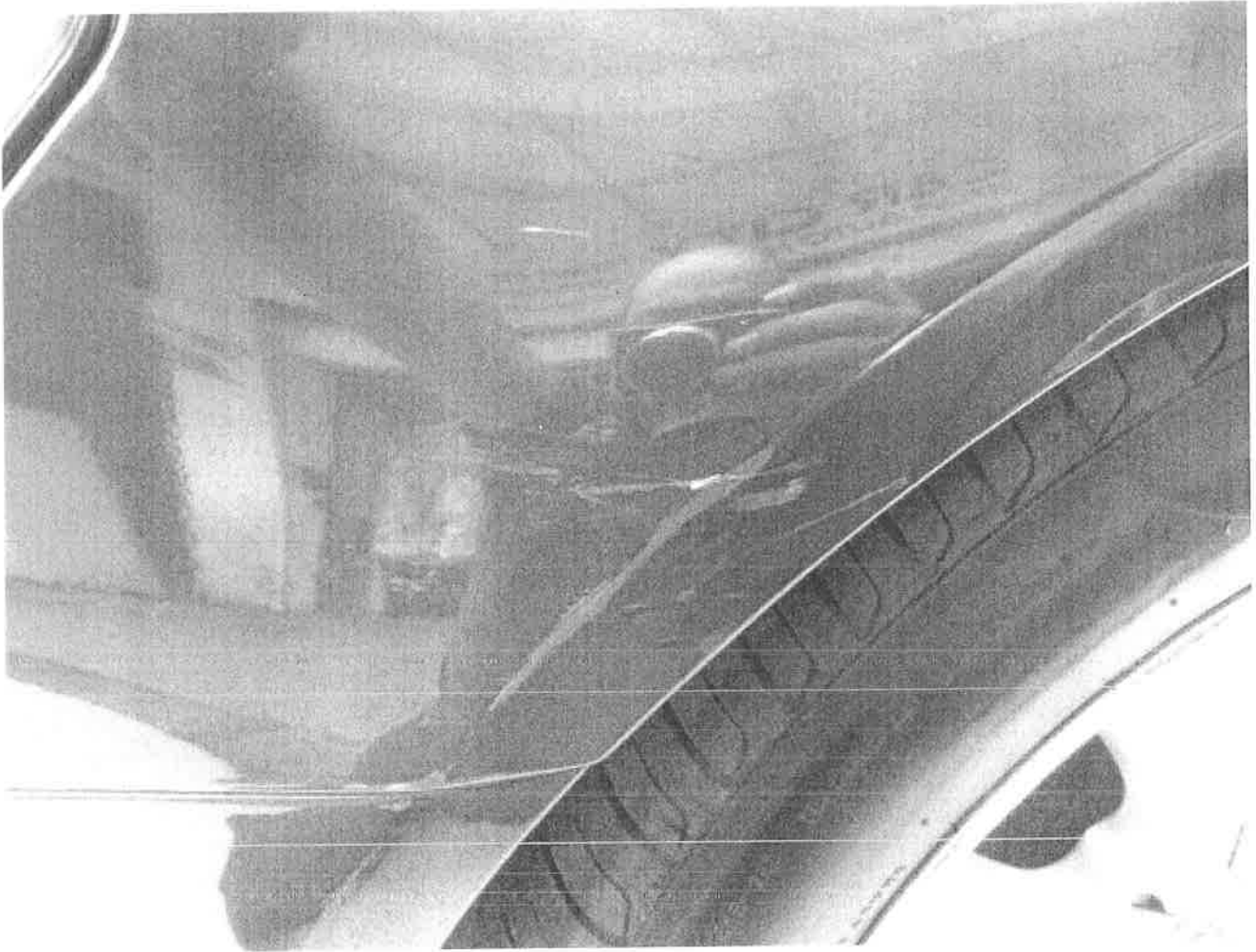
INSURED VEH



INSURED VEH



INSURED VEH



INSURED VEH







## SINGAPORE ACCIDENT STATEMENT

### 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.

### ACCIDENT STATEMENT

Date Of Report	02/01/2020 14:23
Date Of Accident	01/01/2020 00:40
Exact Location Of Accident	ALONG SHEARES AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4543Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ HYBRID
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	LIU SIWEI
NRIC No	S8334685Z
Address	BLK 861A TAMPINES AVE 5 #13-565

S(321861)

### 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?	YES
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	2

### Circumstances of Accident

REFER ATTACHED

### Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SKD5670G
Vehicle Make/Model/Colour	
Name of Driver	JASON TAN CHEE WEI
Insurance Company Name	

**DETAILS OF INJURED PERSON 1**

Name	LIU SIWEI
Injured person in which vehicle?	SHA4543Z

**IMPORTANT NOTICE**

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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: Loke Wei Yiang  
NRIC/FIN No.:

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/1/20 at about 00:40 hrs, I Veh  
A was driving straight at above said location  
with a male passenger onboard. Shortly Veh B  
encroached into my lane from right hand side.  
As a result, Veh B front left portion hit & grazed  
onto the front right portion of my taxi.  
Scene photo taken to support my claims.  
I have neck pain after the accident, will consult  
doctor later on.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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

GP-PHC SketchPlanForm\_17

Accident Photo



Accident Photo



Accident Photo





Accident Photo



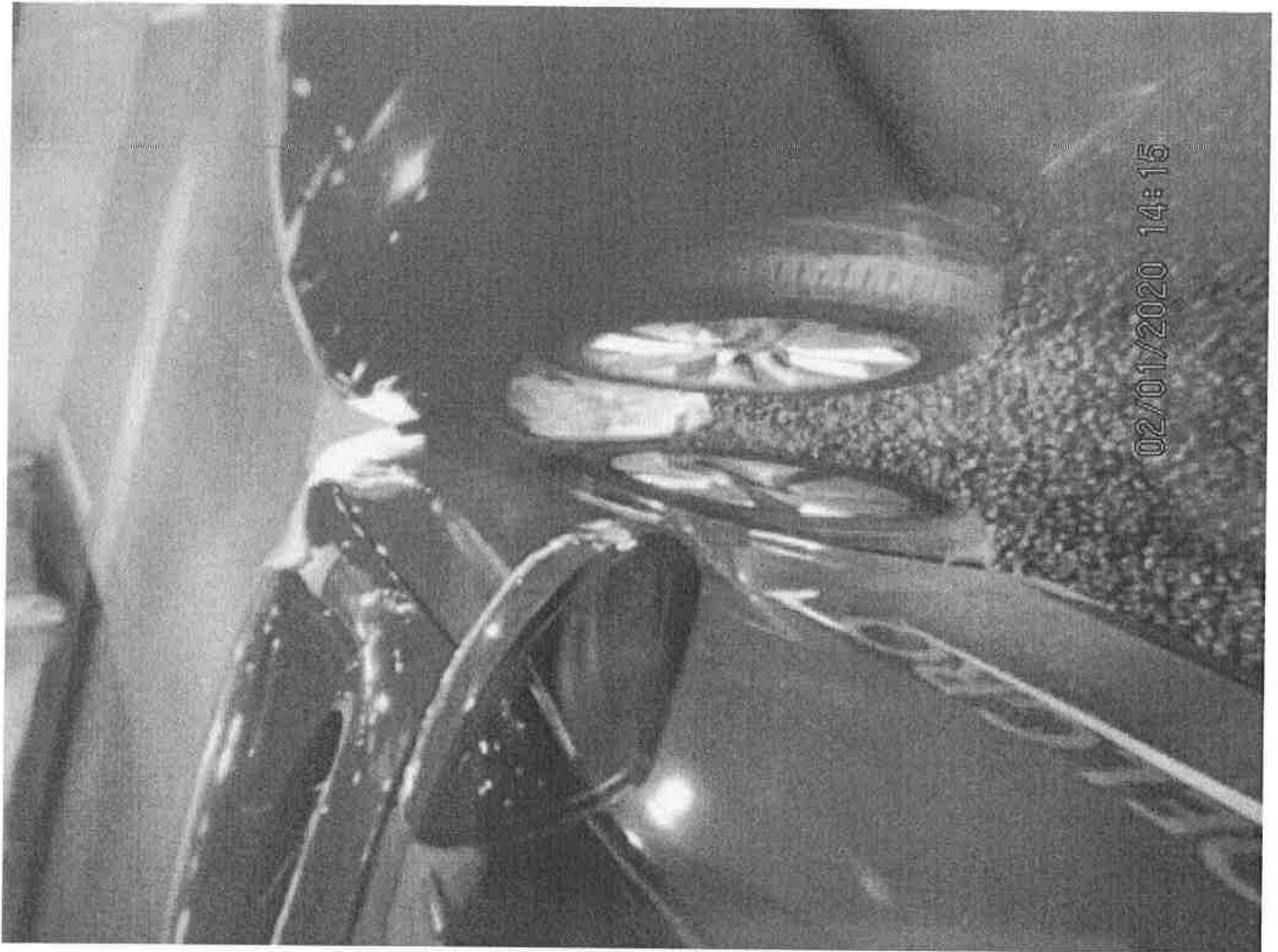
**Accident Photo**



Accident Photo



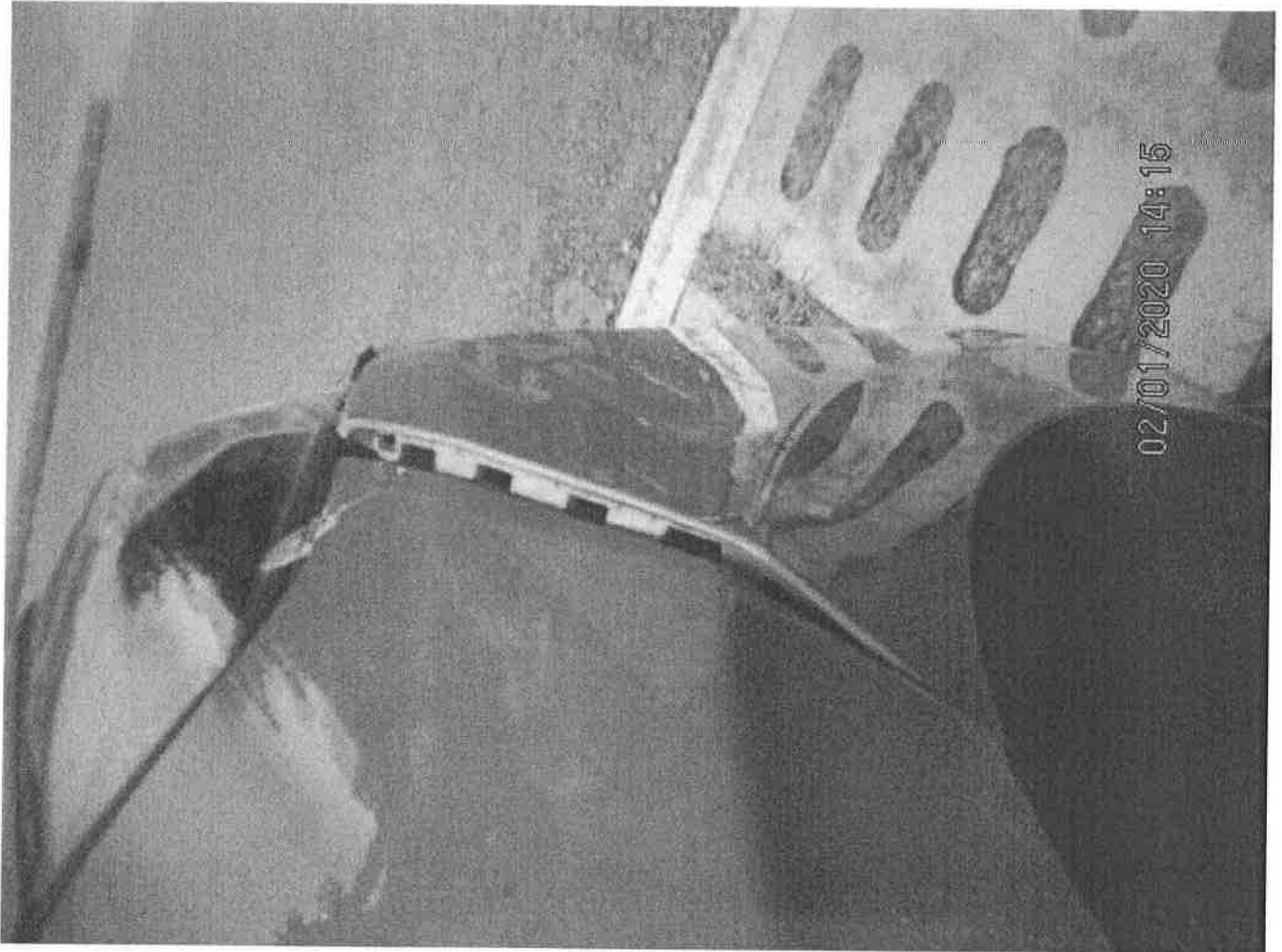
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**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

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

**TAX INVOICE**

Our Ref No: GR-20-015602  
Date of Request: 28/01/2020

Your Ref No: INS-A103-112548-20-ER

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

Dear Sir/Madam,

Date of Accident: 01/01/2020  
Vehicle No: SKD5670G  
Place of Accident: ALONG SHEARES AVE ON BENJAMIN SHEARES BRIDGE  
Involving Vehicle No: SHA4543Z

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\$)
SHA4543Z	ALONG SHEARES AVE ON BENJAMIN SHEARES BRIDGE	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

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

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

**SEARCH RESULTS**

Our Ref No: GR-20-015460

Date of Request: 28/01/2020

Your Ref No: INS-A103-112548-20-ER

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

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 01/01/2020  
Place of Accident: SHEARES AVE  
Client Vehicle No: SKD5670G

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria:

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
SHA4543Z	ALONG SHEARES AVE	01/01/2020 00:40

Thank You.

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.

This is a computer generated document and requires no signature.

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

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

**TAX INVOICE**

Our Ref No: GR-20-015460  
Date of Request: 28/01/2020

Your Ref No: INS-A103-112548-20-ER

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

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 01/01/2020  
Place of Accident: SHEARES AVE  
Client Vehicle No: SKD5670G

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

**Enquire Vehicle & Owner Information ( Vehicle No. SHA4543Z As At 01 Jan 2020 / 00:45:00 )****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident  
Law Firm Case No.: A103 - SKD5670G

**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**

Vehicle No.: SHA4543Z  
Make Description/Model: HYUNDAI / AE IONIQ HEV FL 1.6 DCT  
Insurance Company Name: INDIA INT'L INS PTE LTD

# A S AUTO SERVICE

1 KAKI BUKIT AVE 6  
#01-106, AUTOBAY @ KAKI BUKIT  
SINGAPORE 417883

7 August 2020

Vehicle No. : SKD 5670 G  
Make/Model : Audi A6  
Chassis No. : WAUZZZ4G1CN021212

Name : Mr Jason Tan Chee Wei  
Address : C/o 1 Kaki Bukit Ave 6  
#01-106, Autobay @ Kaki Bukit  
Singapore 417883

QTY	ITEM / PARTICULARS	\$
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Third Party Accident Claim for vehicle no. SKD 5670 G  
Date of Accident : 1 January 2020

Costs of Repairs \$4,700.00  
=====

SINGAPORE DOLLARS: FOUR THOUSAND SEVEN HUNDRED ONLY



# Constant Appraiser Services

Qualified Automobile Accident Damage Appraisers/Loss Adjusters

Blk 2 Rivervale Link, #09-02 Singapore 545040

Tel/Fax: 6886 1106 Mobile: 9007 5234

Email: constant\_as@yahoo.com.sg

RCB No. 53138015K

## INVOICE

To: Jason Tan Chee Wei  
73 Lorong 40 Geylang  
#01-60  
Singapore 398089

Date : 20/07/2020

Invoice No : IV20-07013/CAS

Particulars	Amount
Fee For Services Rendered In Respect Of:  Surveying, Adjusting, and Re-inspection Of Accident Damaged Vehicle SKD 5670G (Inclusive Of Photographs And Transport Charges)  Our reference : CAS/20-07/013	\$605.00
Total	\$605.00

E. & O.E

Constant Appraiser Services



Cheque Should Be Crossed And Made Payment To 'Constant Appraiser Services'

# Constant Appraiser Services

Qualified Automobile Accident Damage Appraisers/Loss Adjusters

Blk 2 Rivervale Link, #09-02 Singapore 545040

Tel/Fax: 6886 1106 Mobile: 9007 5234

Email: constant\_as@yahoo.com.sg

RCB No. 53138015K

## Automobile Inspection Report

To: Jason Tan Chee Wei  
73 Lorong 40 Geylang  
#01-60  
Singapore 398089

Date : 20/07/2020

Reference No : CAS/20-07/013

### General Information

Registration No. : SKD 5670G  
Accident Date : 01/01/2020

### Particulars of Damaged Vehicle

Colour	: Grey	Make & Model	: Audi A6
Engine Capacity	: 1984 cc	Pre-Accident Condition	: Good
Mileage (KM)	: 240721	Engine No.	: CDN180715
Chassis No.	: WAUZZZ4G1CN021212	Steering	: In Order
Registration Date	: 14/12/2011	Brake	: In Order

### Tyre Condition

	Size	Make	Balance
R/H Front Tyre	225/55R17	PIRELLI	80%
L/H Front Tyre	225/55R17	PIRELLI	80%
R/H Rear Tyre	225/55R17	PIRELLI	80%
L/H Rear Tyre	225/55R17	PIRELLI	80%

### Inspection

Repairer : A S Auto Service  
1 Kaki Bukit Ave 6, #01-106 Autobay@Kaki Bukit, Singapore 417883

### Adjustment And Recommendation Cost Of Repair

Repairer's Estimate : \$6,648.86  
Revised Amount : \$4,700.00  
Less Excess : -  
Nett Total : \$4,700.00

### Remarks

- (A) Survey was done on 14/01/2020
- (B) Re-survey was done on 14/01/2020
- (C) The survey was conducted entirely on WITHOUT PREJUDICE basis.
- (D) We have NOT given any instruction to authorize the repair of the vehicle.

NOTE: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage/item in this survey, kindly notified the company within 7 (seven) days from the date hereof. Otherwise, the revised amount shall be deemed to be valid.

**Adjustment On Repair Costs And Replacement Of Parts:**

S/No	Qty	Descriptions	Assessed Condition	Estimate by Workshop (\$)	Revised Amount (\$)
		<u>PARTS REPLACEMENT – LIST ITEMS</u>			
1	1pc	Front bumper	Grazed/Torn	1,840.85	1,840.85
2	1pc	Front bumper retainer LH	Serviceable	37.75	-
3	1pc	Front bumper parking sensor LH	Serviceable	271.68	-
4	1pc	Front fender LH	Dented/Warped	1,007.77	1,007.77
5	1pc	Headlamp LH	Mounting Broken	2,105.12	2,105.12
		Less 10%		5,263.17 (526.31)	4,953.74 (495.37)
			Sub total	4,736.86	4,458.37
		<u>PARTS REPLACEMENT – SPECIAL NETT ITEMS</u>			
1	1set	Front bumper clip	Necessary	52.00	52.00
			Sub total	4,788.86	4,510.37
		<u>LABOUR &amp; MISC. CHARGES</u>			
1		Labour to repair & replace above items		750.00	500.00
2		Spray painting on front portion		600.00	500.00
3		Check wiring & refocus headlamp		50.00	20.00
4		To remove & refit front parking sensor		80.00	60.00
5		To diagnose & reset system after repair		300.00	250.00
6		Spray tuff kote		80.00	30.00
			Grand total	6,648.86	5,870.37
Recommended cost of lump sum repair (To its pre-accident condition)					4,700.00

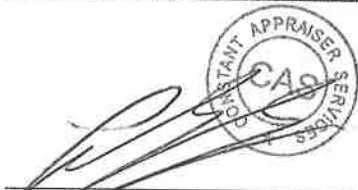
**Adjustment/Recommendations**

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a lump sum of \$4,700.00 on a contractual basis. Under normal circumstances, the repair period would be about 4 (Four) working days.

Yours faithfully,

**Constant Appraiser Services**



Lim Yong Tian (Sebastian)  
Licensed Appraiser  
Adv. Dip. In Mechanical Engineering (AUS)  
MSAAA





