



010808138785

FROM RIAZ
PDX Box No.

8849

RIA Z

L.L.C
ADVOCATES AND SOLICITORS
COMMISSIONER FOR OATHS

ACRA NUMBER : 200911678H

GST REGISTRATION NUMBER : 200941678H

Your Reference: Your Insured (SH 7062H)
Our Reference: RA.510208.N

RIAZ QAYYUM
(DIRECTOR)

TAN KOK SIANG
(ASSOCIATE)



28 AUGUST 2017

India International Insurance Pte Ltd
64 Cecil Street
#04/#05 IOB Building
Singapore 049711

Attn: Motor Claims Department

ABDUL HALIM BIN ROSALAN (LLB HONS) UTAS
BY FAX & PDX#8172
(Fax No. 6224-4174)

MCT/1701158

Dear Sirs,

**ACCIDENT ON 31.07.2017 ALONG WEST COAST HIGHWAY INVOLVING
MOTOR VEHICLES GBB-5884Z AND SH 7062H**

We act for **DOT ENTERPRISE**, the owner of motor vehicle No. **GBB 5884Z**From our LTA search, you are the insurer of motor vehicle No. **SH 7062H**.

We are instructed by our client to claim damages against your insured in connection with a road traffic accident on **31.07.2017** at about **1050** hours along **WEST COAST HIGHWAY INVOLVING MOTOR VEHICLES GBB 5884Z AND SH 7062H** driven by your insured and/or your insured's servant and/or agent at the material time.

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

a)	Cost of repairs	\$ 8,850.00
b)	Car Rental	\$ 725.00
c)	Survey fee	\$ 636.00
d)	Color photocopies (71 copies x \$ 1.50)	\$ 106.50
e)	LTA/ GIA	\$ 34.35
f)	Incidentals	\$ 120.00
g)	Costs contribution incl	\$ 1,284.00
	GST	\$11,755.85

Our Ref: MCT/1701158
Name: Shm P
Date: 29/8/2017



Page 2

A copy each of the following supporting documents marked [X] is enclosed:-

- [x] GIA reports
- [x] Repairers bill and evidence of payment
- [] Excess bill/receipt
- [] Vehicle Registration Card
- [] COE/PARF Certificate
- [] Names and addresses of witnesses
- [x] Original photographs of damage to our client's motor vehicle (71 pcs)
- [] Photocopied photographs of damage to our client's motor vehicle
- [x] Rental Agreement, Invoice, survey report and receipt for rental
- [x] Supporting documents for all other expenses claimed

Please take note that you 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 your insured without further notice to you.

Yours faithfully

Encs

CC client (GBB 5884Z)



CUSTOMER NAME: DOT ENTERPRISE

DATE: 31.07.2017

VEHICLE NO.: GBB 5884Z

VEHICLE MAKE: TOYOTA HIACE ZL 3.0M

VEHICLE MODEL: HIACE 3.0

**BEING LUMP SUM REPAIR AS RECOMMENDED BY
INDEPENDENT SURVEYOR**

\$ 8,850.00

**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-17-125345

Date of Request: 24/08/2017

Your Ref No: 510208

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

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 31/07/2017
Place of Accident: WEST COAST HIGHWAY
Client Vehicle No: GBB5884Z

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
SH7062H	PASIR PANJANG RD TWDS CITY B4 VIADUCT	31/07/2017 10:40

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-17-125345

Date of Request: 24/08/2017

Your Ref No: 510208

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

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 31/07/2017
Place of Accident: WEST COAST HIGHWAY
Client Vehicle No: GBB5884Z

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.

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

TAX INVOICE

Our Ref No: GR-17-125354
Date of Request: 24/08/2017

Your Ref No: 510208

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

Dear Sir/Madam,

Date of Accident: 31/07/2017
Vehicle No: GBB5884Z
Place of Accident: Along WEST COAST HWY towards KEPPEL BAY DR
Involving Vehicle No: SH7062H

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\$)
SH7062H	Along WEST COAST HWY towards KEPPEL BAY DR	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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Thank You.

This is a computer generated document and requires no signature.

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 ability.
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 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	01/08/2017 16:02
Date Of Accident	31/07/2017 10:40
Exact Location Of Accident	PASIR PANJANG RD TWDS CITY B4 VIADUCT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7062H
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	I40
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	MCOM0016
Cover Note Number	

Driver

Name of Driver	LIM YEOW LIANG
NRIC No	S6812180I
Address	405 JURONG WEST STREET 42 #10-603

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR

Other Information

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

Circumstances of Accident

REFER TO POLICE REPORT : T/20170818/2084

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

GBB5884Z

Vehicle Make/Model/Colour

Name of Driver

Insurance Company Name

SKETCH PLAN

IMPORTANT NOTICE

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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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

COMFORT TRANSPORTATION PTE LTD
CO REG. NO 199303821R

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PASIR PANJANG RD. TOWNS CITY
BY VIADUCT



A: 3H7062H
B: 9BB5884Z
HP 9725 5448

Describe Circumstances of the Accident

On 31 Jul 17 at about 1040hrs the front van
 9BB 58842 braked abruptly and stopped. I
 immediately braked as well but to no avail.
 In the process my taxi slightly hit the rear portion
 of my taxi.
 01 male passengers on board my taxi (on call).
 No injury at the point of the accident.
 I noticed there is an old damage on the rear
 bumper attached with grey colour adhesive tape.

Declaration

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
 CO. REG. NO 199503821R

Policyholder's Signature / Date &
 Time

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

Witnessed by Reporting Centre
 Personnel

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

TAXI BLK 
16 AUG 2017 T/20170818/2084

FLEET SAFETY

1 of 3

Report No. T/20170818/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/08/2017 13:08		Vide Report No.:		Station Diary No.: 55	
Informant's Particulars					
Name of Informant: LIM YEOW LIANG			Address: APT BLK 405 JURONG WEST STREET 42 #10-603 SINGAPORE 640405		
ID Type / ID No.: NRIC NO / S68121801			Contact No.: Home/Office: 90738937 Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 28/03/1968	Type of Informant: Taxi Driver		
Race: Chinese		Language: English	Institution / School Name:		
Occupation: Taxi driver		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident					
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 31/07/2017 10:40	Type of Location: Straight Road	
Location: WEST COAST HIGHWAY					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB5884Z	Van					0
SH7062H	Taxi	HYUNDAI	i40	Blue	Slightly Damaged	1

POLICE REPORT Pg. 2



SINGAPORE
POLICE FORCE



T/20170818/2084

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

2 of 3

Report No. T/20170818/2084

CONTINUATION OF REPORT

Brief Details. *M. J. J. J.*

On 6th-August 2017 at about 1040hrs, I was driving my taxi registration number SH7062H along West Coast Highway travelling at a speed of 50km/hr. There was a vehicle registration number GBB5884Z ahead of me and I was about one & half car length for the said vehicle. I have a passenger inside my taxi and I was making my way to send the passenger to Shenton Way. During the journey along West Coast Highway, the said vehicle suddenly jam on his brakes and upon seeing the brake lights, I jammed my brakes. I did not manage to come to a total stop in time and my vehicle hit slightly onto with the said vehicle. There are no damages on the said vehicle but the front bumper of my vehicle misalign. Both the driver and I agreed for a private settlement for the accident but the situation turn against me instead as I had received a letter from Traffic Police for me to make a police report for the matter. My passenger is not injured.

POLICE REPORT Pg. 3



SINGAPORE
POLICE FORCE



T/20170818/2084

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359899

3 of 3

Report No. T/20170818/2084

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sr Staff Sgt AMOS BIN JUPRI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/08/2017 13:08

Officer In Charge Of Case:

TP / GIA /

Classification Of Case:

Contact No.:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MVA217101597 Vehicle Registration No : SH7062H
Name(as shown in NRIC): LIM YEOW LIANG
(*)Vehicle Driver / Vehicle Owner (*) Please delete as appropriate
NRIC/Passport No : S6812180I
Address : _____
Contact (Tel) : _____ (H/P) : _____
(Email) : _____
Date of Accident : 31/07/2017 Time of Accident : 10:40
Place of Accident : PASIR PANJANG RD TWDS CITY B4 VIADUCT
Insurance Company : India International Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Submit Police Report : T/20170818/2084

Signature of Vehicle Owner / Driver

Date: 23.08.2017

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm

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 ability.
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 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	31/07/2017 14:49
Date Of Accident	31/07/2017 10:50
Exact Location Of Accident	ALONG WEST COAST HWY TOWARDS KEPPEL BAY DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB5884Z
Insured/Policyholder	
Name Of Registered Owner	DOT ENTERPRISE
Co Reg No	53258020J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97255448

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE ZL 3.0 M
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ16-005193
Cover Note Number	

Driver

Name of Driver	TONG JUN XIONG,JAMES
NRIC No	S9008953F
Date Of Birth	12/03/1990
Occupation	OUTDOOR
Date Of Driving Pass	28/10/2013
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97255448
Fax Number	
Contact Number	
Email Address	JAMESTONG.DOT@GMAIL.COM

Address
Postcode
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
Weather Conditions CLEAR
Road Surface DRY

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
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? 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 WEST COAST HWY signal right & slowing down to make a right turn towards KEPPEL BAY DR. My vehicle was already at complete stopped when the taxi hit onto my GBB5884Z rear left side. I had backache after the accident.

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 SH7062H
Vehicle Make/Model/Colour HYUNDAI/I40 1.7
Details Of Properties
Name of Driver LIM YEOW LIANG
NRIC/Passport Number S6812180I
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name TONG JUN XIONG, JAMES

Approximate Age

Injuries Sustain

HAD BACKACHE AFTER THE ACCIDENT

Injured person in which vehicle?

GBB5884Z

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan

IMPORTANT NOTICE

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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow the insurer to repudiate policy liability.
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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 request by interested parties.
7. By the acceptance 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 upon request.
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 set out in this form, and any other personal information provided by me or possessed by me, insured collectively the "Personal Information", and disclose and transfer such Personal Information to all third party(ies) who have insured vehicle(s) involved in this accident (all insured(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurer, lawyer/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 investigation relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) processing and/or dealing with my claims and/or responding to any enquiries by me;
 - (iv) processing my claims including the making of correspondence, statements, reports, reports or notices to me, which could involve disclosure of certain personal data about me to third about delivery of the same as well as on the external level of environmental packages, and/or;
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 - (b) collectively the "Purposes")
 - (c) all Insurers, who have insured vehicle(s) involved in this accident and the Insurer's lawyer/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (d) my Personal Information may also 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.

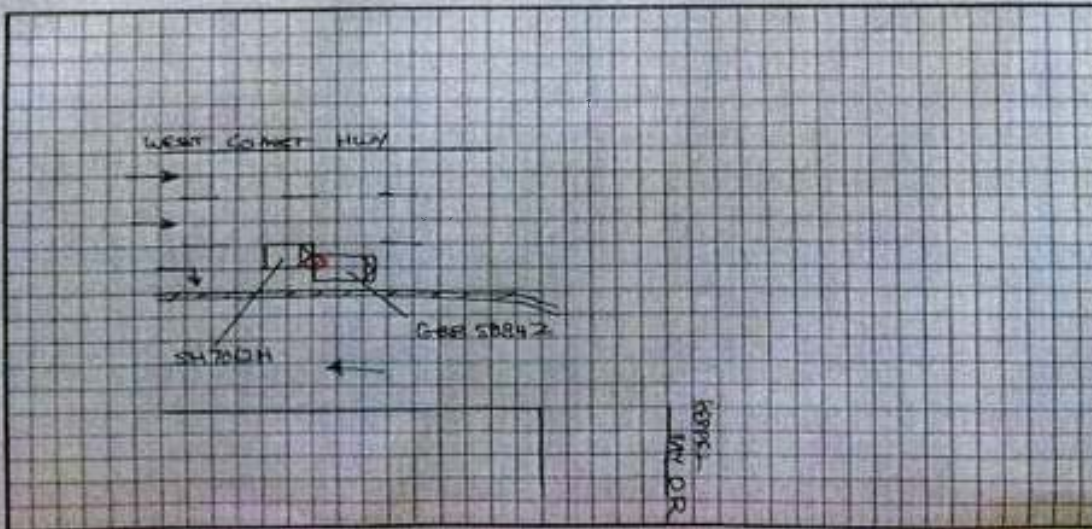
VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHD FADZLY BIN ISMAIL

Policyholder's Signature (Date & Time)

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

Witnessed by Reporting Centre Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was travelling along WEST COAST HWY signal right & slowing down to make a right turn towards KEPPEL BAY DR. My vehicle was already at complete stopped when the taxi hit onto my GBB5884Z rear left side. I had backache after the accident.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHD FADZLY BIN ISMAIL

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

31 July 2017 2:20 pm

Date/Time:

31 July 2017 2:20 pm

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S9008953F**
Name: **TONG JUN XIONG, JAMES**
Birth Date: **12 Mar 1990**
Issue Date: **28 Oct 2013**

002239326G

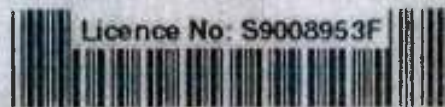


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 28 Oct 2013

NP 428A



Licence No: S9008953F

Enquire Vehicle & Owner Information (Vehicle No. SH7062H As At 31 Jul 2017 / 10:50:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: V

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.: SH7062H

Make Description/Model: HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

Insurance Company Name: INDIA INT'L INS PTE LTD



Please read through the [Privacy Statement](#), [Terms of Use](#) and [Disclaimer](#).

Please do not use the **Back** or **Forward** buttons on your browser as this may alter the results of the transactions.

Best viewed with IE 6.0 SP3 and above, 1024 X 768 resolution

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Last updated on 30 Jul 2017 at 12:58 AM



Thank you



Fun Lynn has successfully logged out.

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

Session Transaction History

<u>S/No.</u>	<u>Asset Type</u>	<u>Asset ID</u>	<u>Asset Owner ID</u>	<u>Transaction Type</u>	<u>Transaction Amount(S\$)</u>	<u>Log Date/Time</u>
1	Vehicle	SH7062H	-	18.19 Enquire Veh Owner Info (Others) by Law Firm	5.35	01 Aug 2017 / 09:19:08

Land Transport Authority

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KSL LEASING PTE LTD

2 Yishun Industrial Street 1 Yishun Northpoint Bizhub #03-03 Singapore 768159

Tel: 6694 6567 Fax: 6694 6570 Email: admin@kslauto.sg

Co. Reg. No. 201607864R

LEASING CONTRACT

Date: 4/8/2017

Serial No: L10225

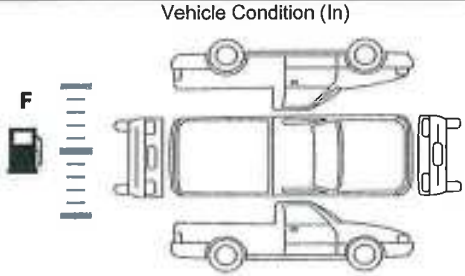
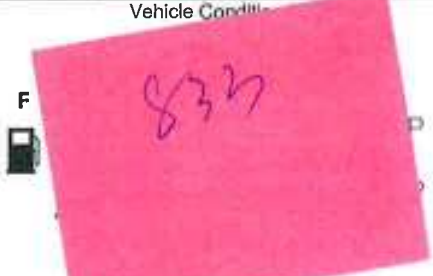
Company Information

Name: TONG JUN XIONG, JAMES	NRIC/ROC: S9008953F
Address: APT BLK 453 PASIR RIS DRIVE 6 #12-226 SINGAPORE 510453.	
Contact Person (in-charge): TONG JUN XIONG, JAMES	Mobile No: 97255448

Driver Information

Name: TONG JUN XIONG, JAMES	NRIC / Passport / Permit No: S9008953F
12/3/1990	Mobile No: 97255448
Address: APT BLK 453 PASIR RIS DRIVE 6 #12-226 SINGAPORE 510453.	
Driving License No: S9008953F	Class: 3
Pass Date: CLASS 3 (28/10/2013)	

Vehicle Information

Registration No: GBA7237J	Make/Model: TOYOTA HIACE
Registration Date: 28/11/2007	Road Tax Expiry: 27/11/2017
Mileage In: km	Mileage Out: km
re % RHF / LHF:	RHB / LHB:
	
*Charges of fuel shortage: \$20/quarter tank	*Charges of fuel shortage: \$20/quarter tank

Leasing Information

Period of Rent / Lease: 04/08/2017 TO 12/08/2017 (YY/MM)	Delivery Surcharges (\$30/trip): Y / N
Commencement Date: 1 WEEK	Collection Surcharge (\$30/trip): Y / N
Rental / Lease Rate: \$525/-	Malaysia Surcharge (\$25/Day): Y / N
Deposit: \$200/-	Others (if any):
Total Payable: \$725/-	Total Received:
Remarks (if any): take car at 11:45pm	

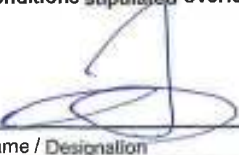
Insurance Coverage (Section I & II - Within Singapore)

Own Damage Excess \$3,000.00 (Section I)	3rd Party Damage Excess \$4,000.00 (Section II)
Authorized Drivers	Only Employees of Hirer (Please provide us with copies of all Drivers' licenses & NRIC)
DRIVERS MUST BE ABOVE 22 YEARS OLD WITH MORE THAN 2 YEARS OF DRIVING EXPERIENCE	

Important Note:

- Above is subject to approval, stock availability, taxes and government legislation.
- Rate DOES NOT include usage outside Singapore, additional charges apply for usage outside of Singapore (subject to prior approval)
- RATE EXCLUDES MAINTENANCE PACKAGE UNLESS OTHERWISE SPECIFIED.
- Deposit refund - approximately one to two weeks upon return of above vehicle subject to no outstanding traffic fines / summons / accident claims etc.
- Only drivers registered and accepted by KSL Leasing Pte Ltd (Owner) are authorized to drive the vehicle. Should the vehicle be damaged or stolen while being driven by unauthorized drivers who are NOT registered with us, the Hirer will be liable for FULL cost of repair or the FULL value of the vehicle and any other associated losses suffered by the Owner.
- The Hirer shall not permit the vehicle to be used for purposes which conflict with the Law in connection with theft, drug peddling or trafficking, smuggling or any other criminal action. Should the vehicle be confiscated by the Government under such circumstances, the Hirer shall indemnify the Owner the FULL value of the vehicle plus all other associated costs and expenses incurred.
- In the event of early termination by Hirer, KSL Leasing Pte Ltd has FULL rights to charge an early termination penalty. This penalty will be calculated based on the monthly rent/lease rate multiple by the remaining months left to the end of contract (as stated above).

The Hirer agrees and accepts the above and all our Terms and Conditions stipulated overleaf.


Name / Designation

Approved by


Name of Sales Executive: KSL Leasing Pte Ltd



KSL LEASING PTE LTD

2 Yishun Industrial Street 1 Yishun Northpoint Bizhub #03-03 Singapore 768159

Tel: 6694 6567 Fax: 6694 6570 Email: admin@kslauto.sg

Co. Reg. No. 201607864R

INVOICE

Date: 4/8/2017

Serial No: L10225

Company Information

Name: TONG JUN XIONG, JAMES	NRIC/ROC: S9008953F
Address: APT BLK 453 PASIR RIS DRIVE 6 # 12-226 SINGAPORE 510453.	
Contact Person (in-charge): TONG JUN XIONG, JAMES	Mobile No: 97255448

Leasing Information

Registration No	GBA7237J
Deposit	\$200
Lease Month	1 WEEK
Remaining Lease Period	04/08/2017 TO 12/08/2017
Lease Amount	\$525

TOTAL PAYABLE \$725

Method of Payment (Cash/Cheque _____)

Remark (if any):

Please issue cheque make payable to "KSL LEASING PTE LTD"


Signed for & behalf of
KSL Leasing Pte Ltd

Agreed & Accepted by hirer


Authorized Signature
4/8/2017

Date

HP


Authorized Signature

Date

HP

AUTO PERFORMANCE APPRAISAL

APA

TAX INVOICE

Dot Enterprise
C/O 833 MotorSports Pte Ltd
160 Sin Ming Drive
Sin Ming AutoCity #02-09

INVOICE NO : APA17001333

DATE : 16/08/2017

VEHICLE NO : GBB5884Z

JOB REFERENCE NO : 17/001427

ACCIDENT DATE : 31/07/2017

SURVEY DATE : 03/08/2017

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Survey Fees Inclusive Of	\$565.00
Transportation	
Photographs (\$1) Per Copies : 71	\$71.00

TOTAL AMOUNT : \$636.00

Notes :

All cheque payment should be "Crossed" and made payable to "Auto Performance Appraisal"

Auto Performance Appraisal



AUTO PERFORMANCE APPRAISAL

APA

VEHICLE SURVEY REPORTS																																				
<p>Dot Enterprise C/O 833 MotorSports Pte Ltd 160 Sin Ming Drive Sin Ming AutoCity #02-09 Singapore 575722</p> <p><i>Now Mrs</i></p>																																				
1	Reference Job Reference No : 17/001427 Claim No : - Claim Type : Third Party Accident Date : 31/07/2017 Survey Date : 03/08/2017 Survey Report Date : 16/08/2017																																			
2	Particulars Of Vehicle Vehicle Registration No : GBB5884Z Make & Model : Toyota Hiace ZL 3.0 M Vehicle Registration Date : 30/07/2009 Chassis No : JTFHT02P805002562 Engine No : Hidden Colour : Gold																																			
3	Condition Of Vehicle And Tyres <table border="0"> <tr> <td><u>Mileage (KM)</u></td> <td><u>Brakes</u></td> <td><u>Steering</u></td> <td><u>Modification</u></td> </tr> <tr> <td>268522</td> <td>Serviceable</td> <td>Serviceable</td> <td>None</td> </tr> <tr> <td colspan="4"> </td> </tr> <tr> <td><u>Tyres</u></td> <td><u>Make</u></td> <td><u>Size</u></td> <td><u>Balance (MM)</u></td> </tr> <tr> <td>Front RHS</td> <td>Hankook</td> <td>215/65R16</td> <td>5</td> </tr> <tr> <td>Front LHS</td> <td>Hankook</td> <td>215/65R16</td> <td>5</td> </tr> <tr> <td>Rear RHS</td> <td>Hankook</td> <td>215/65R16</td> <td>6</td> </tr> <tr> <td>Rear LHS</td> <td>Hankook</td> <td>215/65R16</td> <td>6</td> </tr> </table>				<u>Mileage (KM)</u>	<u>Brakes</u>	<u>Steering</u>	<u>Modification</u>	268522	Serviceable	Serviceable	None					<u>Tyres</u>	<u>Make</u>	<u>Size</u>	<u>Balance (MM)</u>	Front RHS	Hankook	215/65R16	5	Front LHS	Hankook	215/65R16	5	Rear RHS	Hankook	215/65R16	6	Rear LHS	Hankook	215/65R16	6
<u>Mileage (KM)</u>	<u>Brakes</u>	<u>Steering</u>	<u>Modification</u>																																	
268522	Serviceable	Serviceable	None																																	
<u>Tyres</u>	<u>Make</u>	<u>Size</u>	<u>Balance (MM)</u>																																	
Front RHS	Hankook	215/65R16	5																																	
Front LHS	Hankook	215/65R16	5																																	
Rear RHS	Hankook	215/65R16	6																																	
Rear LHS	Hankook	215/65R16	6																																	
4	Description Of Damages The vehicle sustained damages at rear left hand portion. (For information of damages please refer to Parts/Labour/Photographs attached)																																			
5	Instruction This survey was conducted entirely on a "WITHOUT PREJUDICE" basis, and we have not authorised any repair.																																			

AUTO PERFORMANCE APPRAISAL

Annex A

Vehicle Assessment Reports

Ref No : 17/001427

Damage And Repair Cost Adjustment

<u>S/No</u>	<u>Qty</u>	<u>Parts Description</u>	<u>Comments/condition</u>	<u>Workshop Estimate (\$)</u>	<u>Our Assessment (\$)</u>
			<u>List Items</u>		
1	1	Rear tailgate	Buckled	1,855.30	1,855.30
2	1	Rear tailgate centre "TOYOTA" logo	Necessary	48.40	48.40
3	1	Rear tailgate top lock	Bent	281.75	281.75
4	1	Rear tailgate lower lock catch	Bent	46.00	46.00
5	1	Rear tailgate weatherstrip	Torn/cut	379.90	379.90
6	1	Rear tailgate inner board	Deformed/broken	186.70	186.70
7	1	Rear tailgate inner board clips	Necessary	50.00	50.00
8	1	Rear bumper inner reinforcement	Buckled	232.00	232.00
9	4	Rear bumper lower bracket	Bent	172.80	172.80
10	2	Rear bumper side retainer	LH broken/RH reuse	97.80	48.90
11	1 set	Rear bumper clips	Broken	30.00	30.00
12	1	Rear end outer panel	Buckled	297.28	297.28
13	1	Rear end inner panel	Buckled	953.10	953.10
14	1	Rear end panel top step bracket	Bent	114.00	114.00
15	1	Rear end inner panel	Buckled	953.10	953.10
16	2	Rear taillamp	LH cut,broken/RH reuse	1,154.40	577.20
17	1	Rear LH taillamp lower garnish	Deformed	94.80	94.80
18	1	Rear LH taillamp panel	Buckled	465.20	465.20
19	1	Rear LH body panel	Buckled	1,486.70	1,486.70
20	1	Rear LH body panel lower air duct	Deformed/broken	42.00	42.00
21	1	Rear lower spare tyre carrier	Bent	247.58	247.58
22	1	Rear lower spare tyre carrier holder	Bent	78.20	78.20
				9,267.01	8,640.91
Less discount 25%				2,316.75	2,160.23
Total :				6,950.26	6,480.68
			<u>Special Nett Items</u>		
23	1	Rear number plate	Reuse	45.00	-
24	1	Rear bumper	Deformed/torn	1,200.00	1,200.00
25	1	Rear bumper LH reflector cover	Broken/missing	38.00	38.00
26	1 set	Reverse sensors	Broken/malfunction	250.00	250.00
27	1	Rear tailgate sticker '70km/h'	Necessary	15.00	15.00
28	1	Rear tailgate sticker '8pax'	Necessary	15.00	15.00
29	1 set	Rear windsceen sealant	Necessary	80.00	50.00
30	1 set	Rear end panel sealant	Necessary	80.00	50.00
Total :				1,723.00	1,618.00
Total Spare Parts :				8,673.26	8,098.68

AUTO PERFORMANCE APPRAISAL

Vehicle Assessment Reports

Annex B

Ref No : 17/001427

Damage And Repair Cost Adjustment

<u>Items</u>	<u>Job Description</u>	<u>Workshop Estimate (\$)</u>	<u>Adjusted Costs (\$)</u>
1	To remove, cut out damage portion, jack out, straighten, panel beating, welding, align and renew replaced parts.	1,500.00	1,200.00
2	To putty and respray painting on affected areas.	1,700.00	1,400.00
3	To remove, refix rear windscreen glass.	150.00	120.00
4	To remove, refix rear tailgate fittings	80.00	50.00
5	To rewire & check lightings for rear portion.	50.00	30.00
6	To remove, refix reverse sensor.	80.00	50.00
7	To remove, refix rear upholstery, garnish and attachments.	120.00	80.00
8	To supplied and applied anti rust treatments.	100.00	60.00
Total Labour :		3,780.00	2,990.00
Total Spare Parts :		8,673.26	8,098.68
Total Labour :		3,780.00	2,990.00
Total Repair Costs :		12,453.26	11,088.68

Assessor's Recommendation

Repairer Estimate : 12,453.26
Our Adjustment : 11,088.68

Remarks

The repairer has agreed to undertake the repair on a lump sum basis of \$8,850.00, with a repair period of 12 working days.

Surveyed By:



Lek Boon Hwee
Automobile Appraiser

AUTO PERFORMANCE APPRAISAL

APA

Job Reference No : 17/001427



AUTO PERFORMANCE APPRAISAL

APA

Job Reference No : 17/001427



AUTO PERFORMANCE APPRAISAL

APA

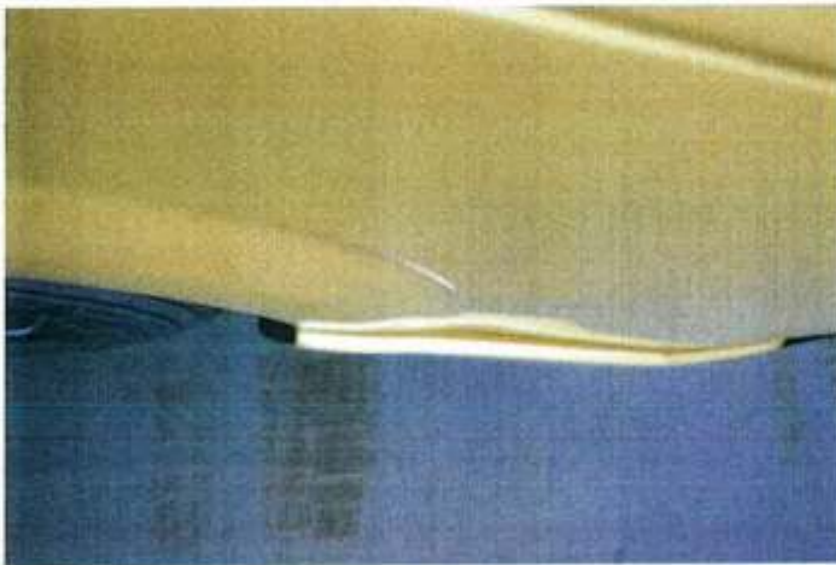
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AUTO PERFORMANCE APPRAISAL

APA

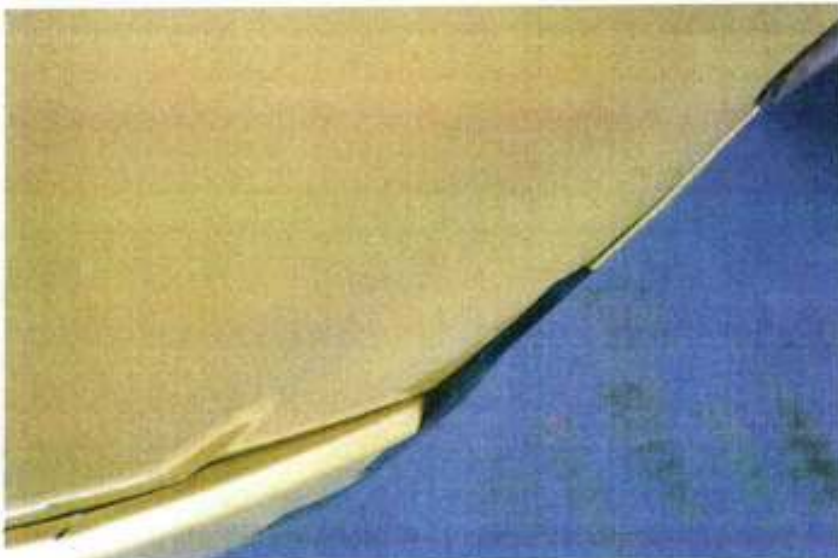
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AUTO PERFORMANCE APPRAISAL

APA

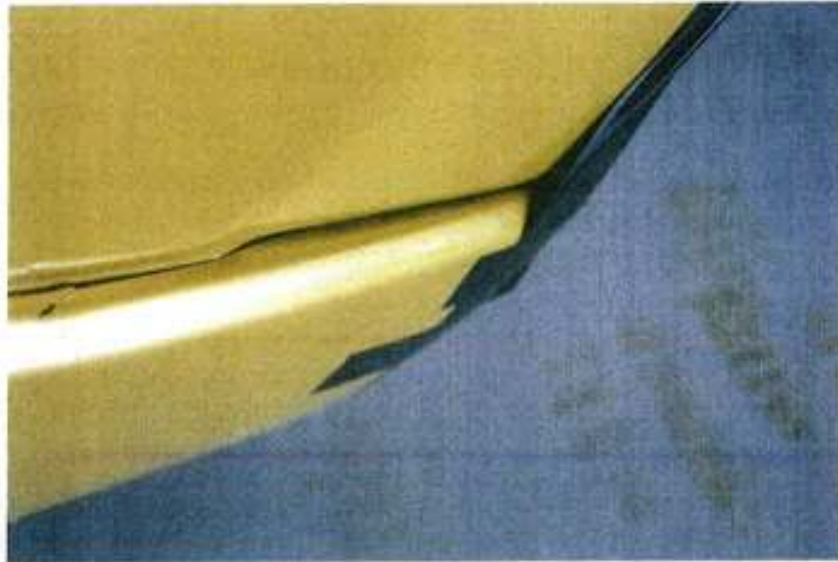
Job Reference No : 17/001427



AUTO PERFORMANCE APPRAISAL

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Job Reference No : 17/001427



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Job Reference No : 17/001427



AUTO PERFORMANCE APPRAISAL

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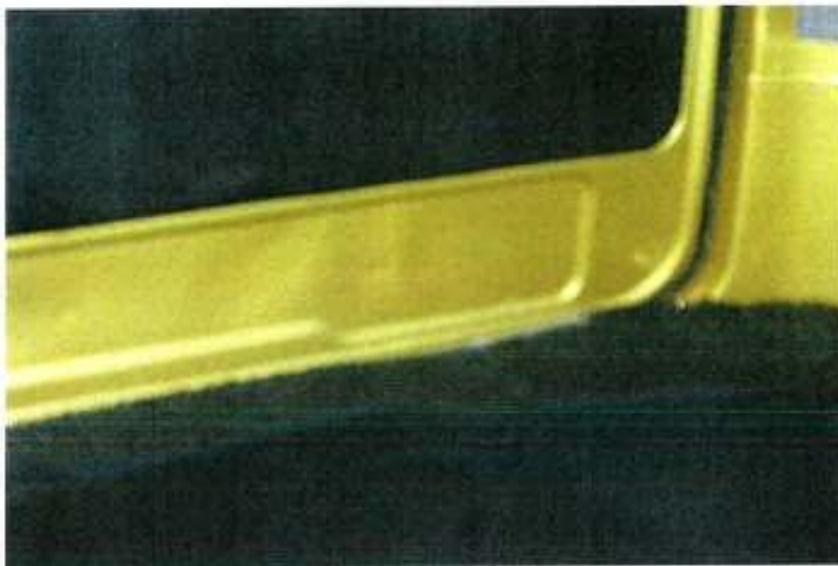
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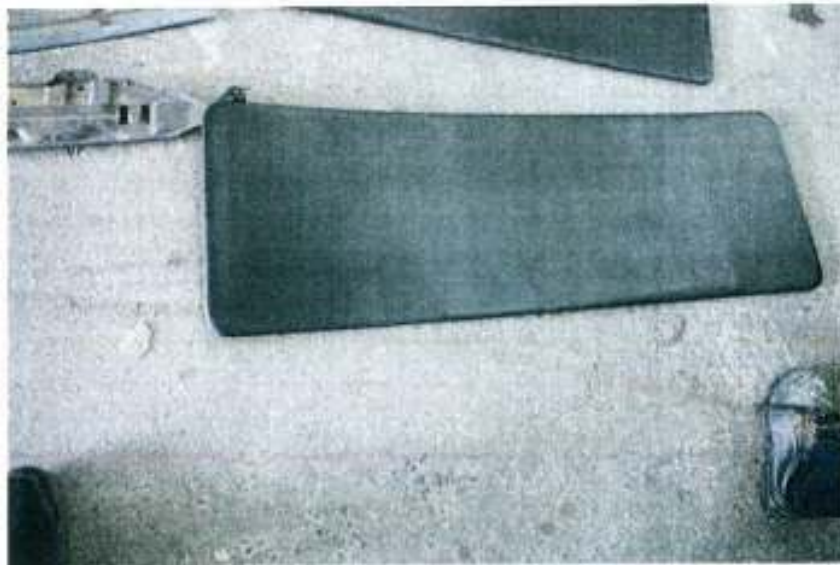
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