



# APAC LAW CORPORATION

ADVOCATES & SOLICITORS - NOTARY PUBLIC - COMMISSIONERS FOR OATHS

Co./GST Reg No. 201006902N

**Address** : 380 Jalan Besar  
#05-02 ARC 380, Singapore 209000  
[Branch Office]

**Our Reference** : APAC.BL.7564.20.as

**Your Reference** : Please advise

**Main Line** : + 65 6222 5593

**Fax Line** : + 65 6224 3703

**Direct Email** : britto@apaclaw.com

**Date** : 30 December 2020

**INDIA INTERNATIONAL INSURANCE PTE LTD**  
64 CECIL STREET #04/#05  
IOB BUILDING  
SINGAPORE 049711

**Attn: Manager (Motor Claims Department)**

**COMFORTDELGRO BUS PTE LTD**  
205 BRADDELL ROAD  
SINGAPORE 579701



**WITHOUT PREJUDICE  
CERTIFICATE OF POSTING &  
BY FAX 6224-4174**

**BY POST**  
(For Information Only)

Dear Sirs

**ACCIDENT ON 26.10.2020 ALONG JURONG ISLAND HIGHWAY INVOLVING MOTOR VEHICLE OF SLE5482R & PC1632P**

We are instructed by **TENG TIAN YEOW** to claim damages against you in connection with a road **ACCIDENT ON 26.10.2020 ALONG JURONG ISLAND HIGHWAY** involving our client's motor vehicle registration number **SLE5482R** and motor vehicle registration number **PC1632P** driven by you or your authorised driver at the material time.

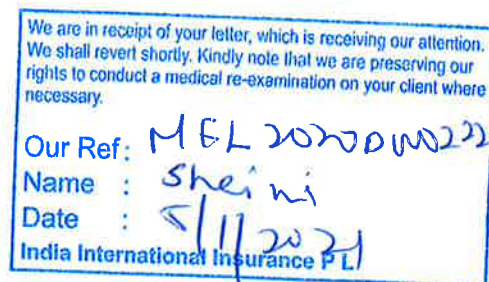
We are instructed that your negligent driving and/or management of your vehicle caused the accident. As a result of the accident, our client's vehicle was damaged and our client has sustained injuries, loss and damage.

**General Damages: -**

- |                            |                |
|----------------------------|----------------|
| • Pain and suffering       | \$ 8,000.00    |
| • Loss of Earning Capacity | to be assessed |

**Special Damages: -  
(Medical and related expenses)**

- |                                   |                |
|-----------------------------------|----------------|
| • Medical Expenses                | \$ 87.21       |
| • Transportation                  | \$ 40.00       |
| • Loss of income                  | to be assessed |
| • Repair costs                    | \$ 15,250.00   |
| • Loss of Use (\$150.00 X 7 days) | \$ 1,050.00    |



**Main Office**  
(Conveyancing, Corporate & Litigation Practice)  
430 Toa Payoh Lor 6  
#12-01 OrangeTee Building  
Singapore 319402

**Branch Office**  
(Road Traffic Accidents Practice)  
380 Jalan Besar  
#05-02 ARC 380  
Singapore 209000

We do not accept  
service of Court  
documents via  
facsimile and/or  
email.



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Co./GST Reg No. 201006902N

• Survey report	\$	885.00
<b>Disbursements incurred as to date:</b>		
• Medical report fees	\$	174.40
• GIA report fees	\$	29.00
• Police report fees	\$	30.00
• LTA search fees	\$	8.00
• Incidentals	\$	150.00
<b>Total</b>	<b>\$</b>	<b>25,703.61</b>
• Loss of Future Earnings		to be assessed
• Future Medical Expenses		to be assessed
• Future Transport Expenses		to be assessed
• Cost Contribution		to be agreed or taxed

A copy of each of the following supporting documents is enclosed:


- Police report made by driver of SLE5482R;
- GIA report made by driver of SLE5482R;
- LTA search;
- Medical certificate from Mount Alvernia Hospital dated 27 October 2020;
- Medical receipt from Mount Alvernia Hospital dated 27 October 2020;
- Medical report from Mount Alvernia Hospital dated 30 November 2020;
- Medical report receipt from Mount Alvernia Hospital dated 27 November 2020;
- Repair Bill from LKT Group Pte Ltd dated 14 December 2020; and
- Inspection report from United Appraisal And Management Pte Ltd dated 14 December 2020.

Please note that you or your insurer should send to us an acknowledgment of receipt of this letter **within 14 days** of your receipt of this letter. If you or your insurer wish to have our client examined by your own medical expert, this should be stated in your acknowledgement of receipt. Please also advise within **14 days** of the acknowledgement of receipt, where and when the examination of our client is to take place so that we may arrange for him to attend.

Should you fail to acknowledge receipt of this letter within **14 days**, our client can commence court proceedings against you without any further notice to you or your insurer.

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

Yours faithfully,



**APAC LAW CORPORATION**  
**Encl**

**Main Office**  
(Conveyancing, Corporate & Litigation Practice)  
430 Toa Payoh Lor 6  
#12-01 OrangeTee Building  
Singapore 319402

**Branch Office**  
(Road Traffic Accidents Practice)  
380 Jalan Besar  
#05-02 ARC 380  
Singapore 209000

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service of Court  
documents via  
facsimile and/or  
email.

# Enquire Vehicle Owner Details

**Enquire Vehicle Owner Details ( As At 26 Oct 2020 / 20:15:00 )**

## Vehicle Owner Details

Owner ID Type:

**Company**

Owner ID:

**199607256W**

Owner Name:

**COMFORTDELGRO BUS PTE. LTD.**

Registered Address Type:

**Private Residential (non-Condo Apt / non-House)**

Registered Block/House No.:

**205**

Registered Street Name:

**BRADDELL ROAD**

Registered Unit No.:

-

Registered Building Name:

-

Registered Postal Code:

**579701**

## Vehicle Insurance Details

Vehicle No.:

**PC1632P**

Make Description/Model:

**GOLDEN DRAGON / XML6957J14A**

Insurance Company Name:

**INDIA INT'L INS PTE LTD**

Save as PDF

OK →

Print



# Thank you

Ayesammal D/o Abdul Azeez has successfully logged out.

Your last login date and time was 03 Nov 2020, 09:31:36.

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

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

## Session Transaction History

S/No.	Asset Type	Asset ID	Asset Owner ID	Transaction Type	Transaction Amount(\$\$)
1	Vehicle	PC1632P		18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49



**SINGAPORE  
POLICE FORCE**



T/20201028/2109

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 4

Report No. T/20201028/2109

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/10/2020 20:26		Vide Report No.:		Station Diary No.: 111	
<b>Informant's Particulars</b>					
Name of Informant: TENG TIAN YEOW			Address: 8 HOLLAND AVENUE #02-06 SINGAPORE 271008		
ID Type / ID No.: NRIC NO / S1504352J			Contact No.: Home/Office: Mobile: 98307584		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 31/12/1961	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/10/2020 20:15	Type of Location: Straight Road
Location:  JURONG ISLAND HIGHWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC1632P	Bus/Coach/Mi nibus					0
SLE5482R	Car	VOLVO	V50 2.0L A/T ABS D/AIRBAG 2WD 5DR	Blue	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20201028/2109

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

2 of 4

Report No. T/20201028/2109

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLE5482R	AXA INSURANCE SINGAPORE PTE LTD	GA514896/1	29/11/2019	28/11/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	WONG MAN	ID No.	S2095986Z	
Related Vehicle	PC1632P (Bus/Coach/Minibus)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	TENG TIAN YEOW	ID No.	S1504352J	
Related Vehicle	SLE5482R (Car)	Contact No.	98307584	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	27/10/2020	Date Discharge	27/10/2020	
No. of Days granted Medical Leave	04	Degree of Injury	Slight	

**Brief Details.**

On 26/10/2020 at about 2015hrs, I was driving my vehicle SLE5482R along Jurong Island Highway and after the checkpoint. I was travelling towards Jurong Pier flyover on the second lane from the extreme right and was driving straight; thereafter one bus of vehicle number PC1632P (which was travelling on the third lane from the extreme right lane) had collided on the left portion of my vehicle after the bus switched into my lane.

The bus continued to drive on and dragged my vehicle's left portion, so I horned to alert the bus driver to stop, but he did not stop, so I shifted my vehicle to my right. I then came out from my vehicle and approached the bus driver who refused to cooperate with me, so I seek assistance from the Cisco officer nearby. There are CCTV installed at the incident location. No ambulance and Traffic Police were at scene.

On 27/10/2020, I felt pain on my neck region and I proceeded to Mount Alvernia Hospital for a check-up; thereafter I was given 4 days of outpatient sick leave. I do not have any vehicle camera installed on my



**SINGAPORE  
POLICE FORCE**



T/20201028/2109

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

3 of 4

Report No. T/20201028/2109

**CONTINUATION OF REPORT**

vehicle.





**SINGAPORE  
POLICE FORCE**



T/20201028/2109

4 of 4

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20201028/2109

**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:

L /  
Staff Sgt LAU JIXIANG

Signature Of Informant:

8

Signature Of Interpreter:  
Not applicable

Date/Time:  
28/10/2020 20:26

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 JUREMAH BINTE AHMAD  
Contact No.: 65476219

Classification Of Case:

Authentication Stamp  
NP168



Signature: \_\_\_\_\_

Singapore Police Force

GN 085

## 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	27/10/2020 19:05
Date Of Accident	26/10/2020 20:15
Exact Location Of Accident	JURONG ISLAND HIGHWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE5482R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TENG TIAN YEOW
NRIC No	SXXXX352J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98307584
Alternative Phone No	OFFICE-98307584

### Vehicle Particulars

Manufacturer	VOLVO
Model	V50
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA514896/1
Cover Note Number	

### Driver

Name of Driver	TENG TIAN YEOW
NRIC No	SXXXX352J
Date Of Birth	31/12/1961
Occupation	INDOOR
Date Of Driving Pass	18/06/1986
Driving Experience	34 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98307584
Fax Number	
Contact Number	OFFICE-98307584
Email Address	NOEMAIL

Address	8 HOLLAND AVENUE #02-06
Postcode	271008
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	SIDE SWIPE
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?	NO
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

REFER TO ATTACHED

#### 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	PC1632P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the 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 reputate 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 lodging 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 to 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

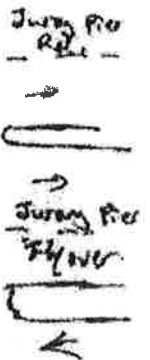
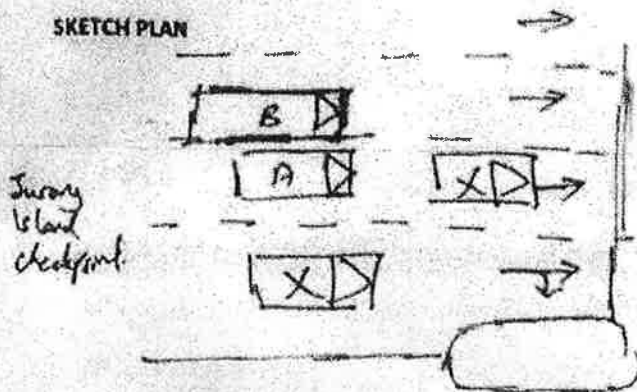
Driver's Signature  
(If driver is not the policyholder)  
Date & Time

Reporting Centre Personnel's Signature  
Name  
NRIC/IN No



# Sketch Plan #2

## SKETCH PLAN



(A)

(B)

Jurong Pierway

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time, I was travelling toward Jurong Pier Flyover on the straight lane after Jurong Island checkpoint, when approaching junction of Jurong Pier Way, veh B (Bus) on my right lane filter into my lane and collided onto my vehicle left portion. But veh B continue to drive on and drag my vehicle left portion. I sounded my horn then veh B stop. I got down and approaching veh B driver, but he refuse to cooperate until Crisis officer come over to assist us. I request for a video footage from the premises but unable to.

## DECLARATION

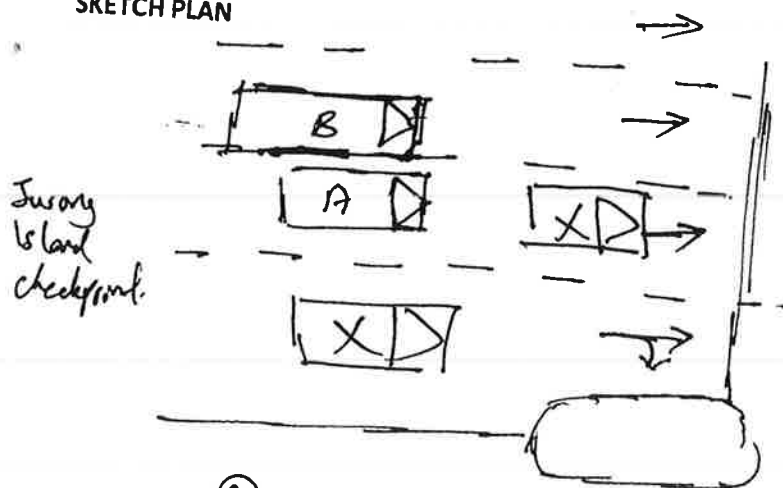
I/We declare the foregoing particulars are true in every respect

Policyholder's Signature  
Date & Time

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

Reporting Centre Personnel's Signature  
Name  
NRIC/ID No.

# SKETCH PLAN



(A)

(B)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Jurong pierway

On mentioned date and time, I was travelling toward Jurong Pier Flyover on the straight lane after Jurong Island checkpoint. when approaching junction of Jurong Pier way, veh B (Base) on my right lane filter into my lane and collided onto my vehicle left portion. But veh B continue to drive on and drag my vehicle left portion. I sounded my horn then veh B stop. I got down and approach Ueh B driver, but he refuse to cooperate until Cisco officer come over to assist us. I request for a video footage from the premises but unable to.

## 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:  
NRIC/FIN No.:

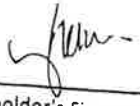
## SKETCH PLAN


### IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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.
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- (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:



## Proforma Invoice

To : Teng Tian Yeow

Date : 14 Dec 2020

DESCRIPTION	AMOUNT
Final repair bill	\$ 15,250.00
Total	\$ 15,250.00
Registration no. : SLE5482R Make/Model : Volvo V50 2.0L A/T 2WD	

① No Video  
② Police Report as attached



for LKT GROUP PTE LTD



# UNITED Appraisal And Management Pte Ltd

Motor Vehicle Appraiser and Insurance Loss Adjuster  
No. 10 Kaki Bukit Ave 4 #06-75 Premier @ Kaki Bukit Singapore 415874  
Handphone No. : +65 9146 1186 Email : united.appraisal@live.com.sg  
Business Registration Nos. : 200817301N

## INVOICE

To : Teng Tian Yeow  
c/o : LKT Group Pte Ltd  
Blk 3006 Ubi Rd 1  
#01-384  
Singapore 408700

Date : 14 Dec 2020

Invoice No. : 8093696

DESCRIPTION	AMOUNT
<b>Service rendered for appraisal / inspection report :</b>	
Professional inspection fees	SGD 885.00
Photographs 40 pcs	
Transport fees	
Re-inspection fees (work in progress, post repair inspection)	
<b>Total</b>	SGD 885.00
Singapore dollar : FIVE HUNDRED THIRTY SIX ONLY.	
Registration no. : SLE5482R	
Make/Model : Volvo V50 2.0L A/T 2WD	
Our reference : UAM20.10.30-AK-STP-LKT-SLE5482R	
<b>All payments made payee to:-</b> <b>" UNITED APPRAISAL &amp; MANAGEMENT PTE LTD "</b>	



for UNITED APPRAISAL & MANAGEMENT PTE LTD

# UNITED Appraisal And Management Pte Ltd

Motor Vehicle Appraiser and Insurance Loss Adjuster  
No. 10 Kaki Bukit Ave 4 #06-75 Premier @ Kaki Bukit Singapore 415874  
Handphone No. : +65 9146 1186 Email : united.appraisal@live.com.sg  
Business Registration Nos. : 200817301N

Our ref. : UAM20.10.30-AK-STP-LKT-SLE5482R

Date : 14 Dec 2020

Teng Tian Yeow

**WITHOUT PREJUDICE**

Dear Sir,

**Re : Third Party Claim For Vehicle Registration No. SLE5482R**

We refer to your instruction to appraise the above-mentioned vehicle on 29 October 2020

A static inspection was carried out and our report is enclosed for your perusal. The estimated cost of repair submitted by Messrs. LKT Group Pte Ltd for SGD 22,751.20 as per our attached schedule has been inspected thoroughly by us against the actual damages sustained on the above-mentioned vehicle and we recommend the replacement and rectification accordingly.

Our revised quotation for the repair is SGD 19,083.04. In our opinion, it to be excessive. Therefore, we recommend a contract lump-sum repair cost. This is more economical than to have the above-mentioned vehicle repaired on parts by/for parts basis. Invariably, the repairer has the prerogative/option for the recommended replacement parts to either be repaired or be replaced.

We have negotiated with the repairer and they have agreed to repair the above-mentioned vehicle for SGD 15,250.00 NETT. Which, in our opinion is fair and reasonable.

The repairer has agreed to undertake the repairs to your requirement at the recommended contract lump-sum. However, we have not given any instruction and authorisation to the repairer to proceed with the repairs.

Under normal circumstances, the entire repair of the damaged vehicle should be completed within a reasonable period of 7 (Seven) days.

We are reverting the matter to you for a decision, and enclosed is our vehicle inspection report, appraisal schedule and invoice for services rendered.

Please do not hesitate to contact us if you have any queries on this matter.

Yours faithfully  
United Appraisal & Management Pte Ltd



Ananda K. Biswas Marc  
Motor Vehicle Appraiser

Encls. :

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# UNITED Appraisal And Management Pte Ltd

Motor Vehicle Appraiser and Insurance Loss Adjuster  
No. 10 Kaki Bukit Ave 4 #06-75 Premier @ Kaki Bukit Singapore 415874  
Handphone No. : +65 9146 1186 Email : united.appraisal@live.com.sg  
Business Registration Nos. : 200817301N

## VEHICLE INSPECTION REPORT

To : Teng Tian Yeow

Our ref. : UAM20.10.30-AK-STP-LKT-SLE5482R

Date : 14 Dec 2020

### REFERENCE

Assign by	: Teng Tian Yeow	Insured	: To be advice
Assign on	: 29 Oct 2020	Policy no.	: To be advice
Inspection on	: 29 Oct 2020	Claim no.	: To be advice
Accident on	: 26 Oct 2020	Sum insured	: To be advice
Workshop name	: LKT Group Pte Ltd	Excess	: Not applicable
Inspection at	: Blk 3006 Ubi Rd 1	3rd party Veh.	: To be advice
	#01-384	3rd party ins.	: To be advice
	Singapore 408700		

### PARTICULARS OF DAMAGED VEHICLE

Registration no.	: SLE5482R	Odometer	: 170023 km
Make / Model	: Volvo V50 2.0L A/T 2WD	Chassis no.	: YV1MW434BA2559065
Regn. date	: 29 Nov 2010	Engine no.	: B4204S3185476
Body colour	: Blue	Engine cap.	: 1999 cc

### PRE-ACCIDENT CONDITION OF VEHICLE (STATIC CHECK ONLY)

Steering	: In order	Paintwork	: Good
Footbrake	: In order	Undercarriage	: Serviceable
Handbrake	: In order	Gen. condition	: Good

### TYRE CONDITION ON VEHICLE

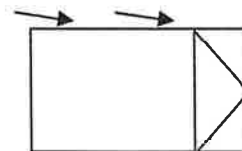
	Make	Size	Tread depth	Type of road wheel
Front N/S	: Dunlop	225/45R17	70%	Alloy
Front O/S	: Dunlop	225/45R17	70%	Alloy
Rear N/S	: Dunlop	225/45R17	70%*	Alloy*
Rear O/S	: Dunlop	225/45R17	70%	Alloy

NOTE: The above percentages represent the estimated remaining life of tyre threads.

\* Denotes damaged component/s

**POINT OF IMPACT**

On the near side in the direction from left to right.

**SYNOPSIS OF DAMAGES RESULTANT FROM THE ACCIDENT**

The impact of the collision has damaged / affected the rear bumper, n/s rear fender, rear undercarriage, rear door, front door, wing mirror and etc...

Please refer to Annex A (Appraisement Schedule) for a detailed account of the damages and photographs taken.

*Note: Reinspection vehicle on 02 Nov 2020 for repair in progress.*

**RECOMMENDATION**

The estimate cost of repair submitted by Messrs LKT Group Pte Ltd as per schedule attached has been revised and scrutinised, and in our opinion, we consider it to be fair and reasonable. The repairers have agreed to undertake the repairs to the owner's satisfaction at our revision. We have not authorised the repairs.

Our adjusted cost of repair is SGD 15,250.00 to carry out the repairs. Please refer to Annex A (Appraisement Schedule) for a detailed account of the cost estimates.

**REMARKS**

We have not authorised the repair. However, for information, under normal circumstances, the repair would take approximately 7 (Seven) working days to complete.

In accordance to your instruction, we have **NOT AUTHORISED** the repair to the damaged vehicle and the survey was conducted strictly on a "**WITHOUT PREJUDICE**" basis.

We are pleased to advise that the inspection work was carried out accordingly, and hereby submit our Appraisal Report, which includes evidence photographs.

Yours faithfully,  
United Appraisal & Management Pte Ltd



Ananda K. Biswas Marc  
Motor Vehicle Appraiser

## APPRAISEMENT SCHEDULE

Annex A

Registration no. : SLE5482R

Our reference : UAM20.10.30-AK-STP-LKT-SLE5482R

S/N	Qty	Description	Condition / Remarks	Estimate by Wshop SGD	Adjusted Amt SGD
<u>LIST ITEMS</u>					
1	1	Rear bumper	Deformed	1653.00	1653.00
2	1	Rear bumper side retainer @ SGD 217.60	N/S Cracked	435.20	217.60
3	1	Rear fender n/s	Dented	2845.00	2845.00
4	1	Rear fender glass moulding n/s	Necessary	242.00	242.00
5	1	Rear fender inner shield n/s	Torn	238.00	238.00
6	1	Rear shock absorber n/s	Impacted	682.00	682.00
7	1	Rear lower arm n/s	Impacted	585.00	585.00
8	1	Rear trailing arm n/s	Impacted	290.00	290.00
9	1	Rear trust arm n/s	Impacted	210.00	210.00
10	1	Rear knuckle arm n/s	Impacted	980.00	980.00
11	1	Rear knuckle arm bearing n/s	Necessary	655.00	655.00
12	1	Rear door n/s	Dented	2121.00	2121.00
13	1	Rear door protector n/s	Deformed	210.00	210.00
14	1	Rear door outer handle n/s	Distorted	342.00	342.00
15	1	Rear door weatherstrip n/s	Necessary	247.00	247.00
16	1	Rear door hinges n/s @ SGD 224.00	Serviceable	448.00	0.00
17	1	Front door n/s	Dented	2246.00	2246.00
18	1	Front door protector n/s	Deformed	210.00	210.00
19	1	Front door outer handle n/s	Distorted	361.00	361.00
20	1	Front door outer handle side garnish n/s	Distorted	72.00	72.00
21	1	Front door weatherstrip n/s	Necessary	245.00	245.00
22	1	Wing mirror assy n/s	Cracked	874.00	874.00
				16191.20	15525.60
				Less 0% / 10%	0.00 1552.56
				16191.20	13973.04
<u>SPECIAL NETT ITEMS</u>					
1	1	Sundries	Necessary	50.00	30.00
2	1set	Rear bumper clips	Necessary	80.00	80.00
3	1	Rear fender glass primer and cleaner	Necessary	100.00	80.00
4	1	Rear fender glass inner seal	Necessary	80.00	60.00
5	1	Rear fender glass sealant	Necessary	100.00	80.00
6	1set	Rear fender inner shield clips	Necessary	35.00	35.00
7	1set	Rear fender inner garnish clips	Necessary	55.00	55.00
8	1	Rear alloy rim n/s	Deep Grazed	980.00	980.00
9	1	Rear rim cap n/s	Necessary	220.00	220.00
10	1	Rear tyre n/s	Cut	380.00	240.00
11	1set	Rear door trimboard clips	Necessary	45.00	45.00
12	1	Rear door sealant n/s	Necessary	80.00	60.00
13	1set	Front door trimboard clips	Necessary	45.00	45.00
14	1	Front door sealant n/s	Necessary	80.00	60.00
				2330.00	2070.00
<b>TOTAL</b>				18521.20	16043.04

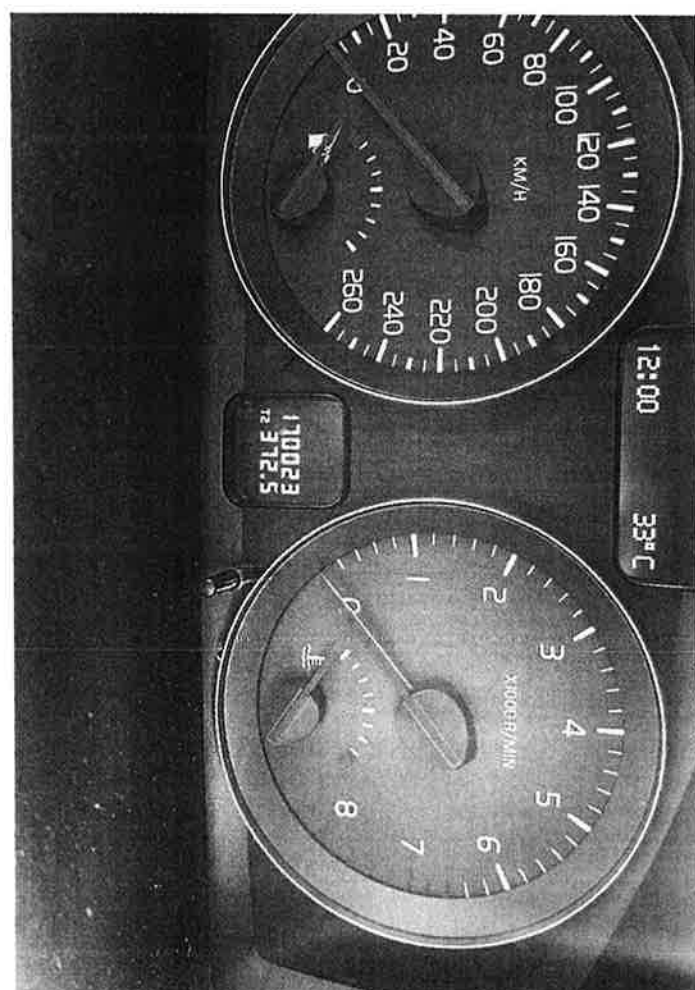
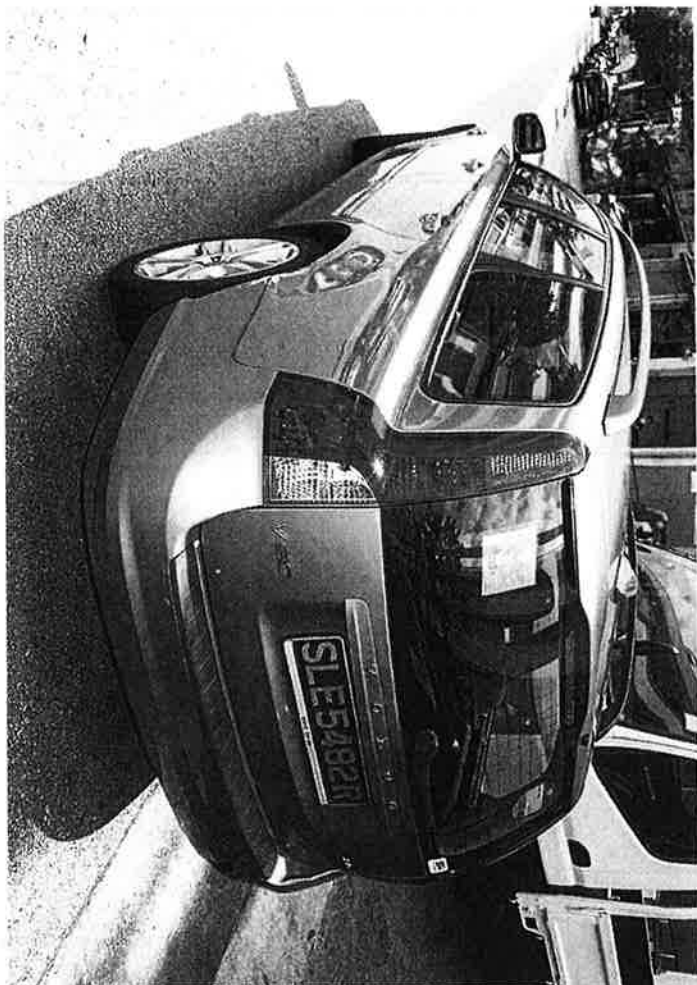
## APPRAISEMENT SCHEDULE

Annex A

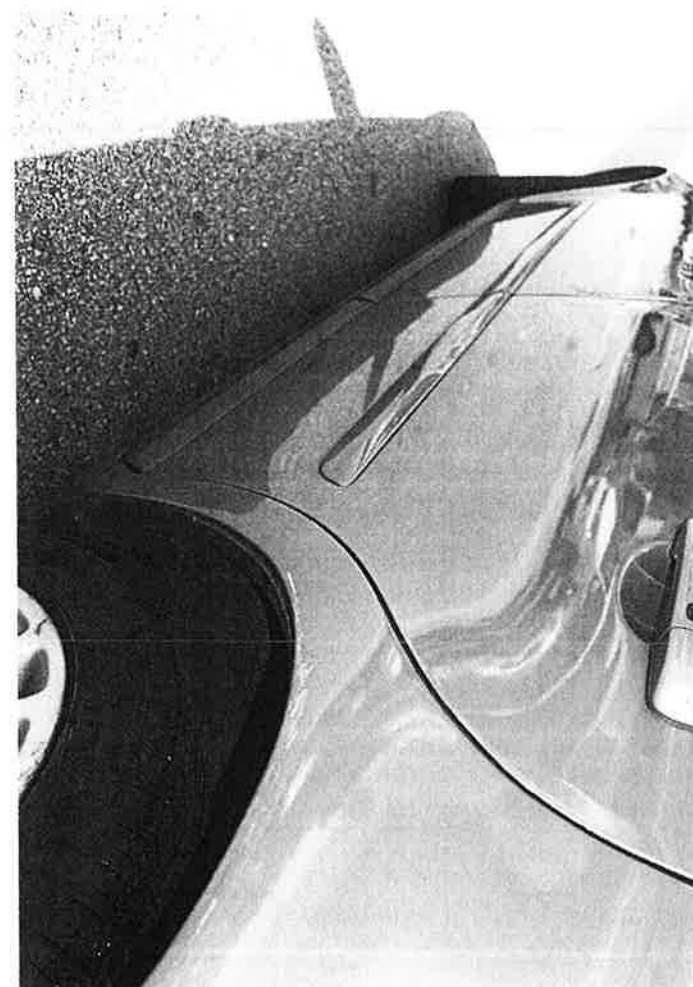
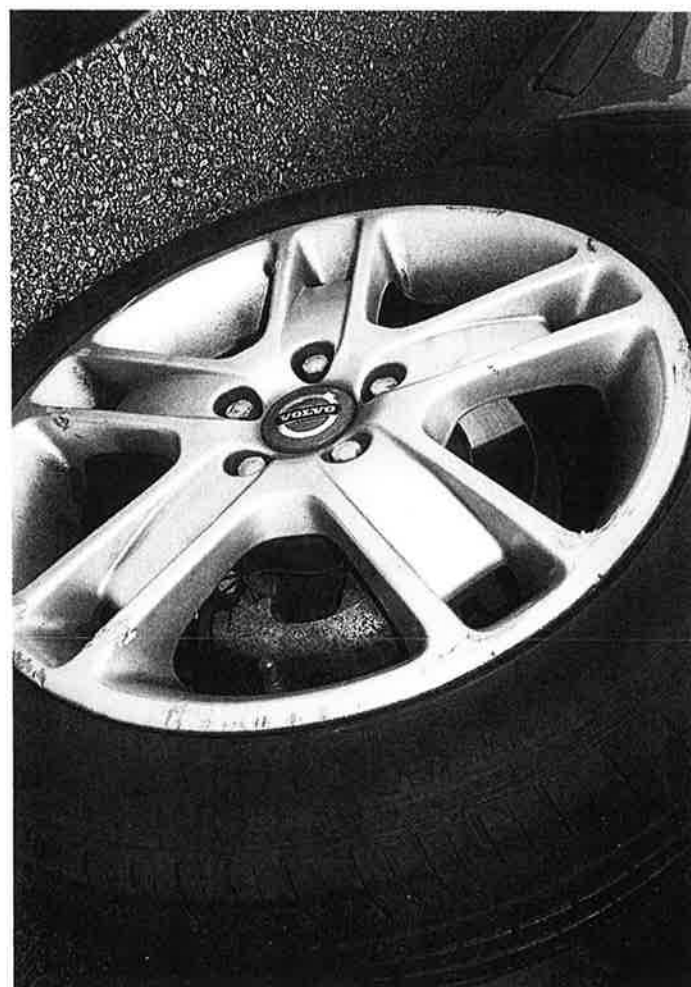
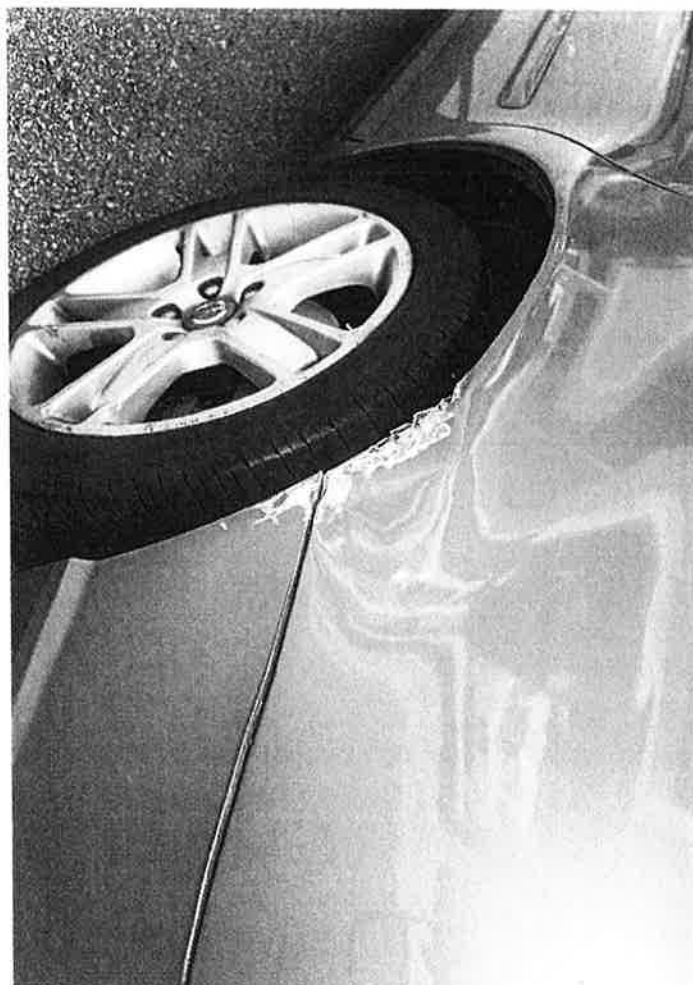
Registration no. : SLE5482R

Our reference : UAM20.10.30-AK-STP-LKT-SLE5482R

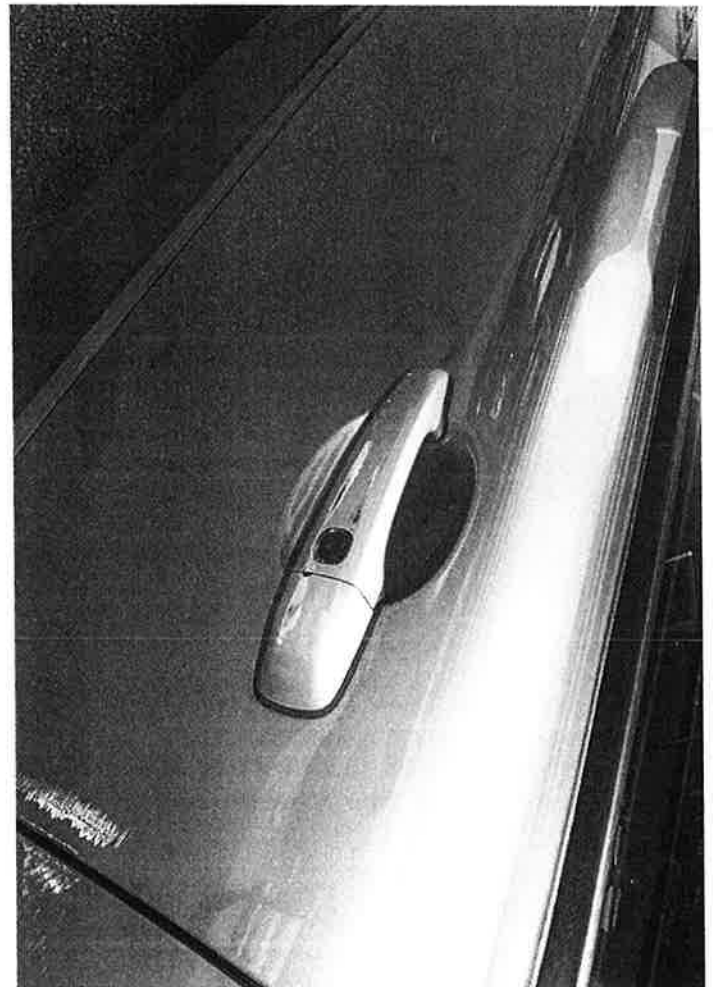
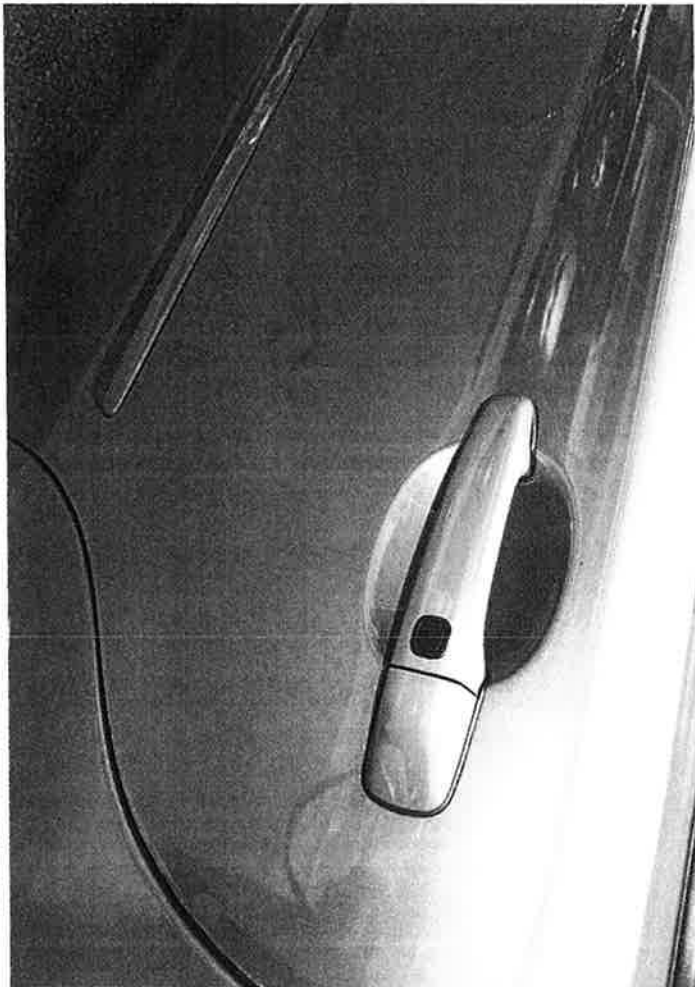
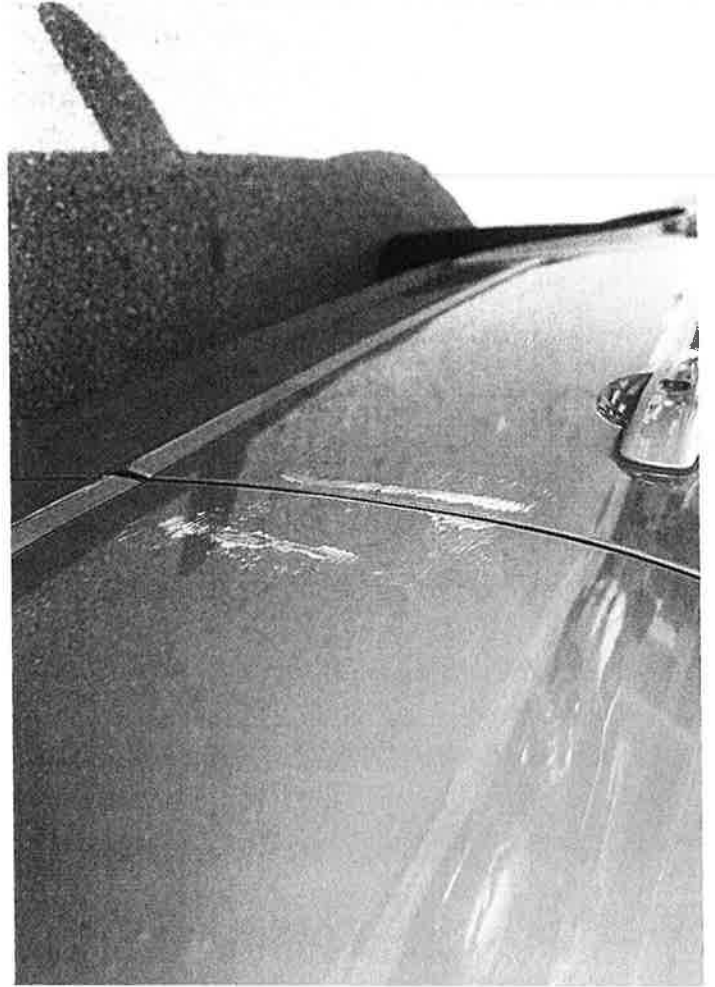
S/N	Qty	Description	Condition / Remarks	Estimate by Wshop SGD	Adjusted Amt SGD
			<b>Balance C/F</b>	<b>18521.20</b>	<b>16043.04</b>
<u>LABOUR &amp; MISC CHARGES</u>					
1		To dismantle / renew the accident damaged portion. To panel beating, reshape, straighten, orientate and align repair / replacement parts.		1400.00	1000.00
2		To disconnect wire harness of electrical component to facilitate repairs, reconnect and check functions.		80.00	60.00
3		To remove and refit interior upholstery to facilitate the repair.		200.00	180.00
4		To remove and refit n/s rear fender glass to facilitate the repair.		150.00	120.00
5		To remove and refit n/s rear undercarriage for replacement of part.		300.00	280.00
6		To remove and refit tyre to replace alloy rims. To perform tyre balancing.		80.00	60.00
7		To remove and refit n/s rear door component to replace n/s rear door, check and alignment.		100.00	80.00
8		To remove and refit n/s front door component to replace n/s front door, check and alignment.		100.00	80.00
9		To conduct computerize full wheel alignment.		120.00	100.00
10		To apply undercoating on the accident repair and replaced panel for rust protection.		200.00	80.00
11		Supply spray paint material and necessary items to respray rear bumper, n/s rear fender, rear door, door centre pillar, front door, wing mirror and other affected area / panel.		1500.00	1000.00
<b>TOTAL</b>				<b>4230.00</b>	<b>3040.00</b>
<b>Total Parts and Labour Cost of Repair</b>				<b>22751.20</b>	<b>19083.04</b>
<b>Less (Lumpsum repair adjustment)</b>					<b>3833.04</b>
<b>Adjustment Parts and Labour Cost of Repair</b>					<b>15250.00</b>

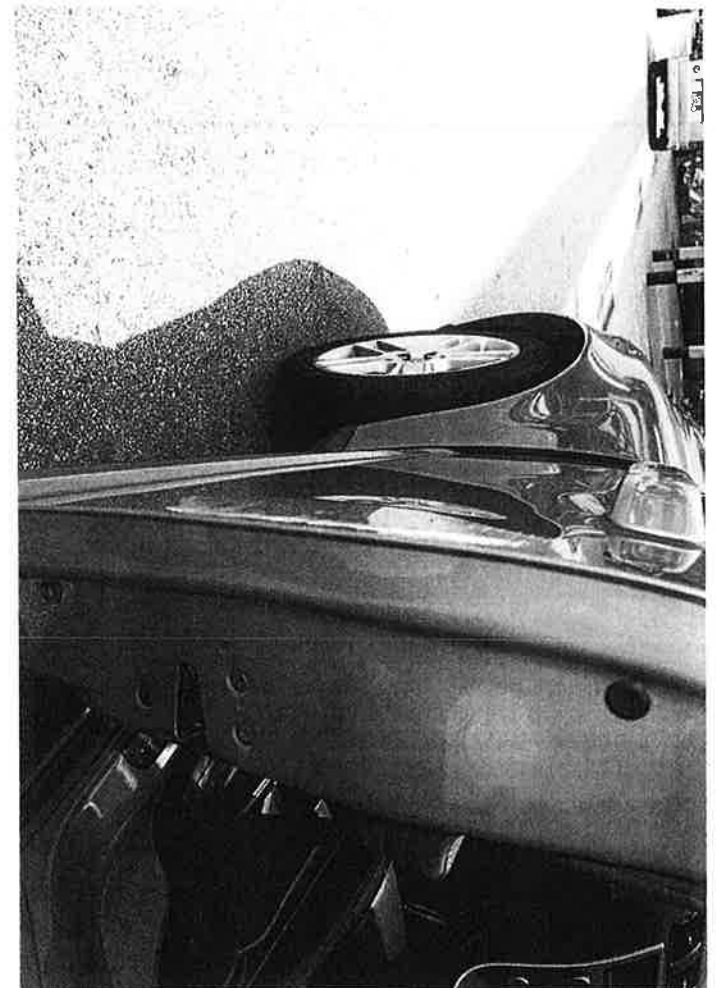
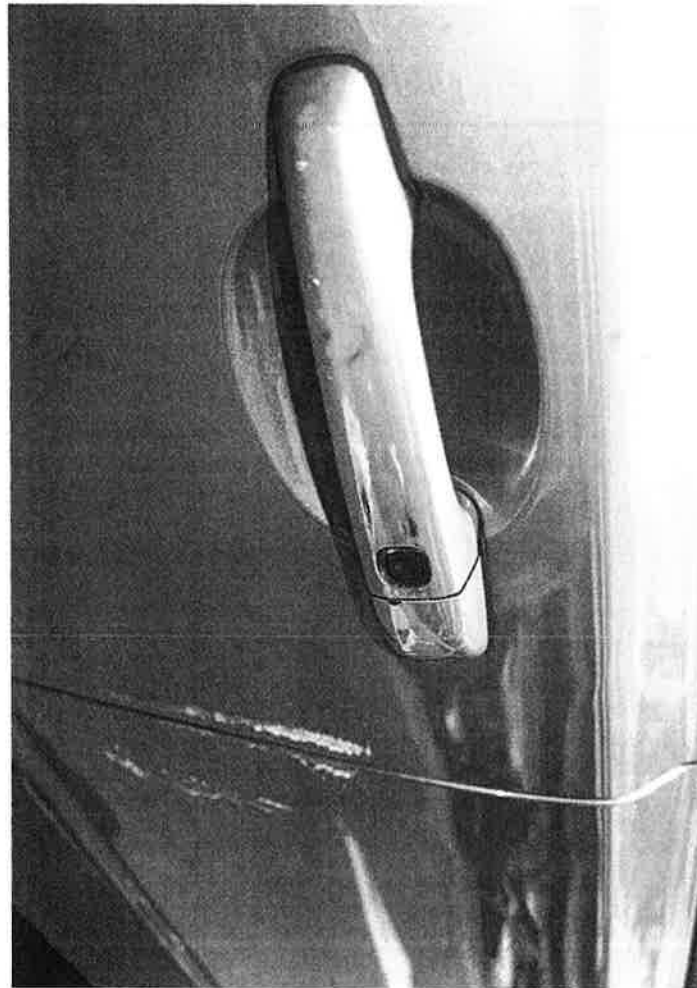
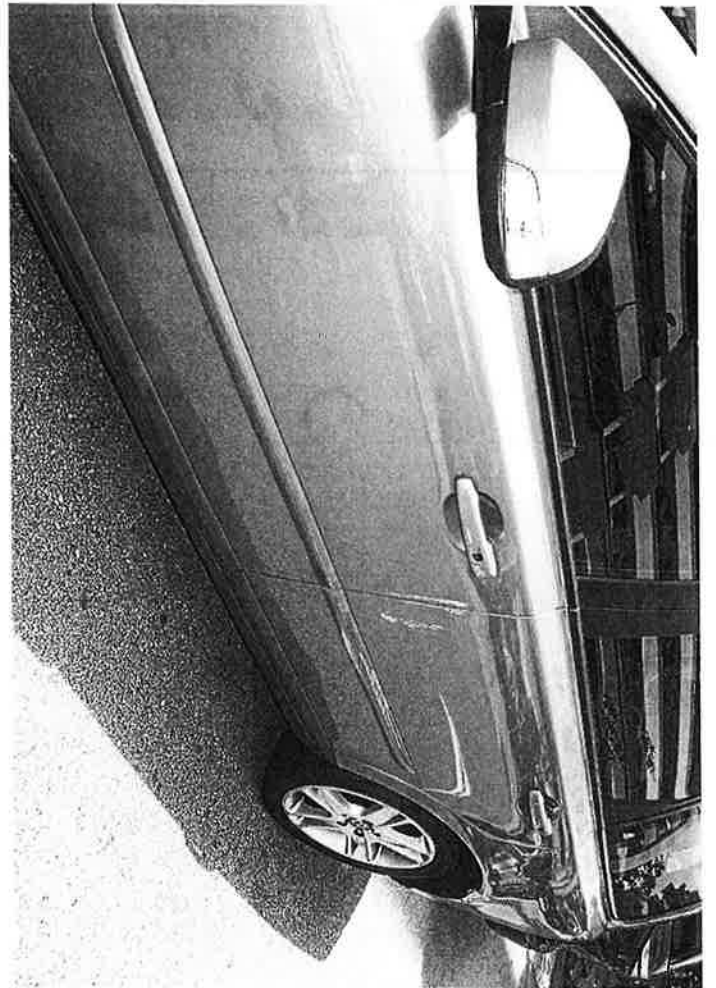
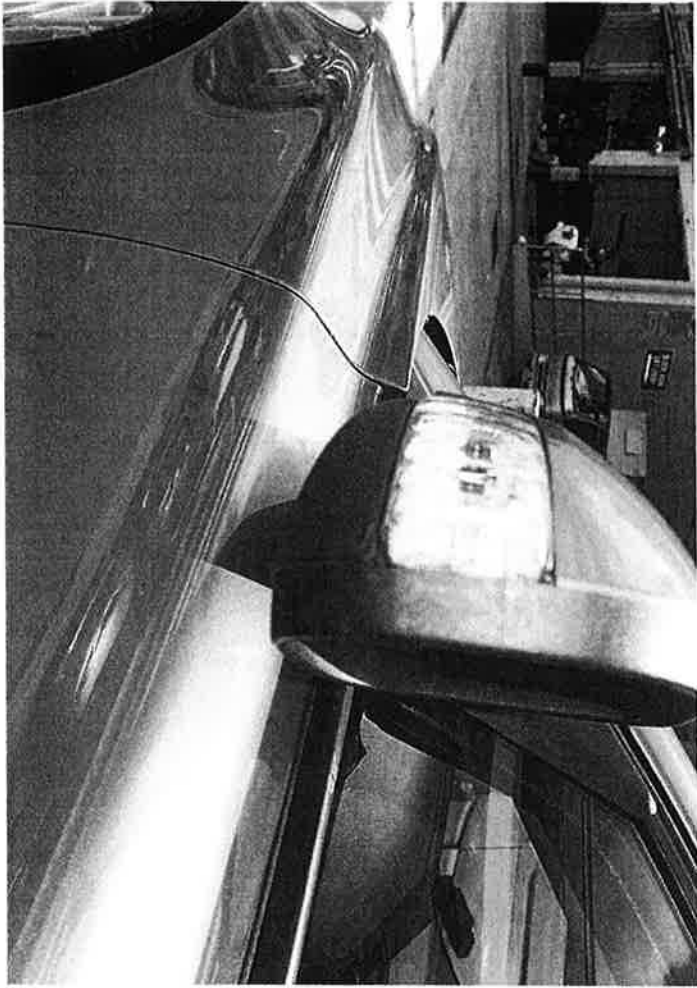






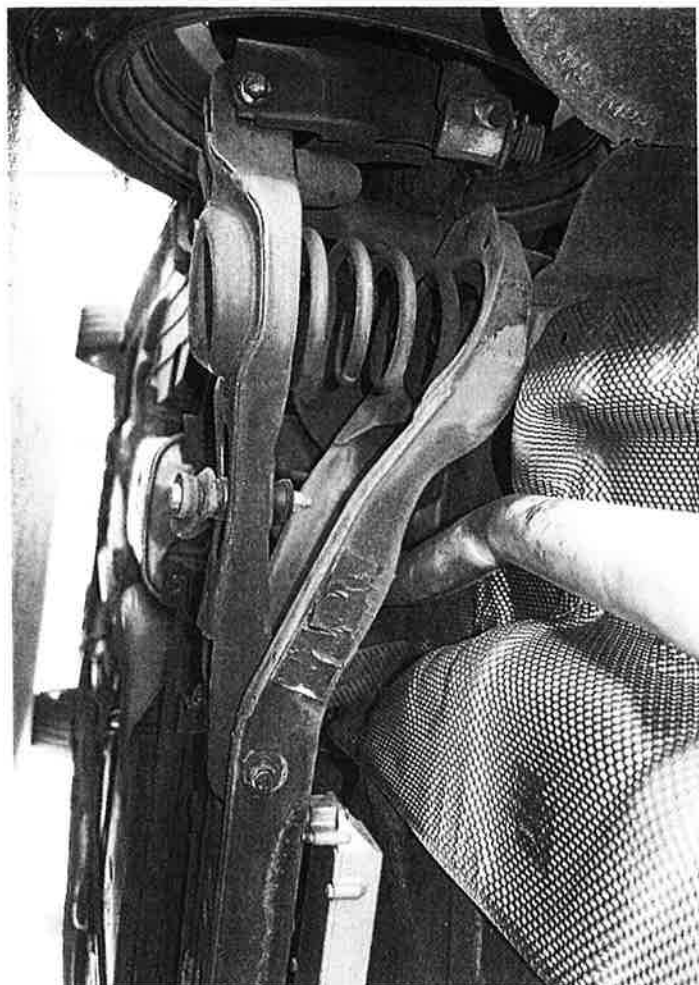


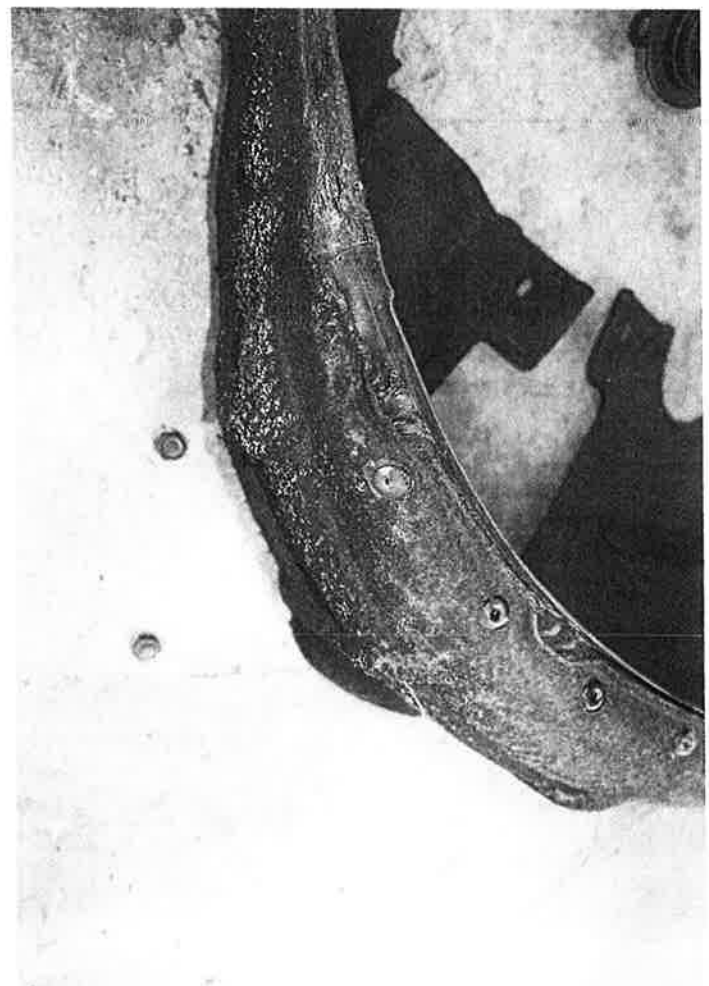


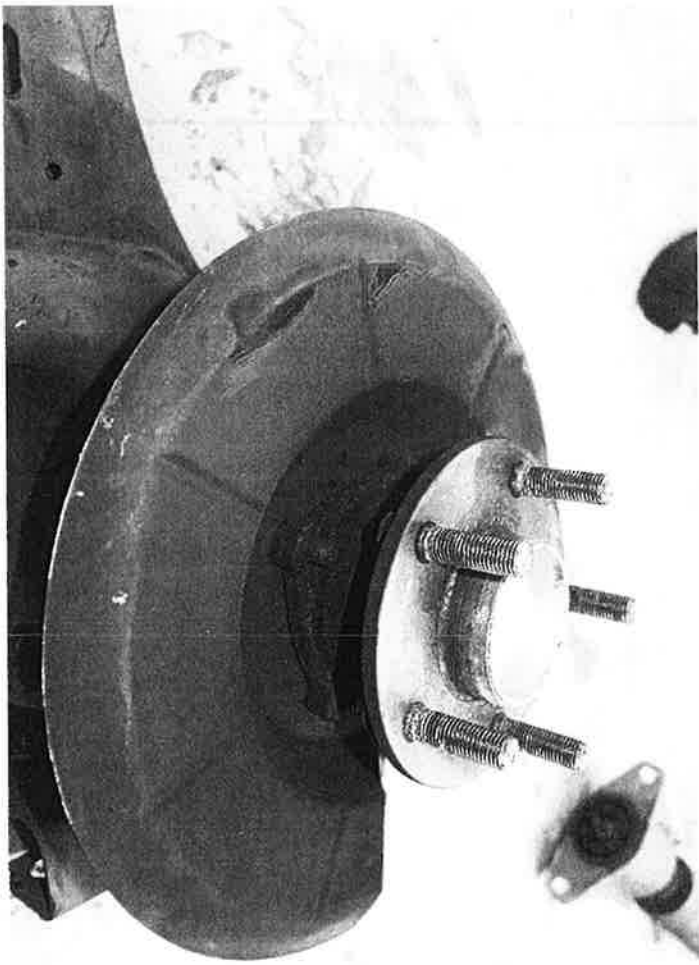
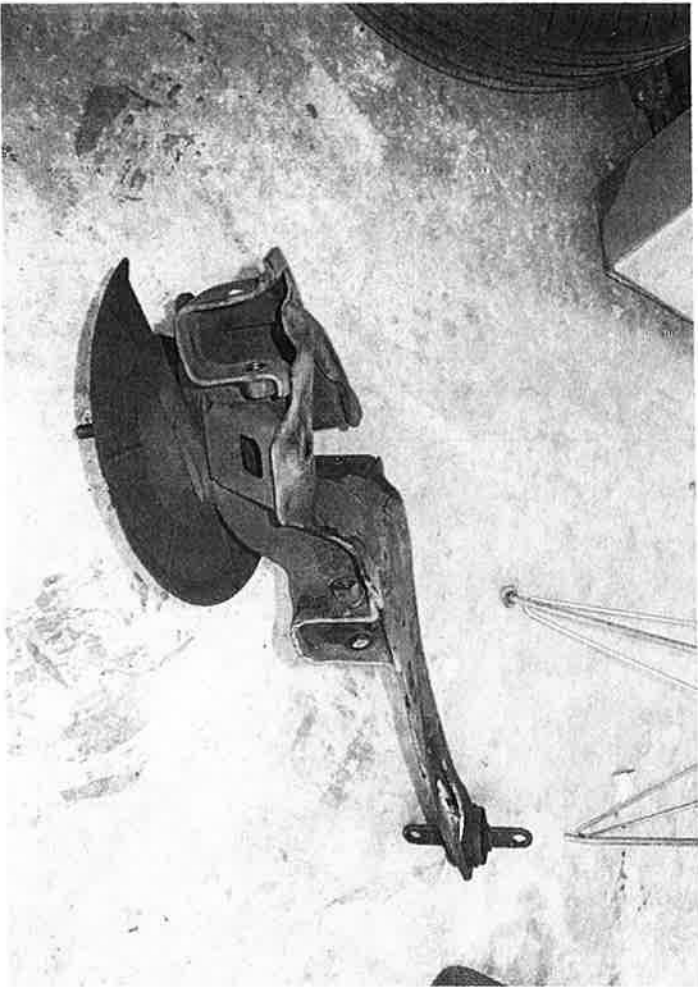




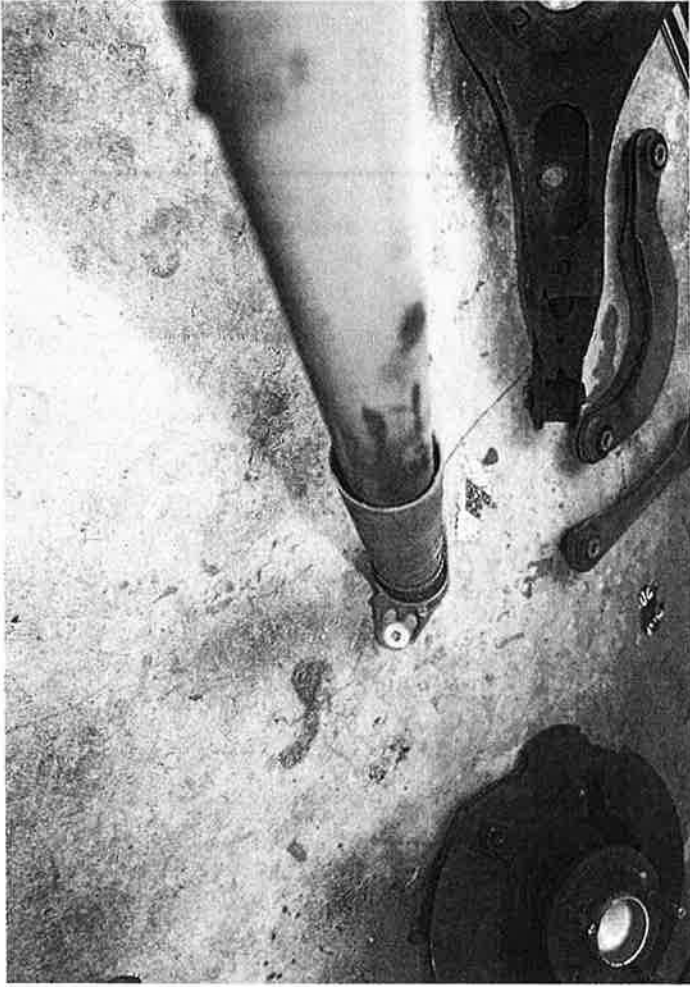


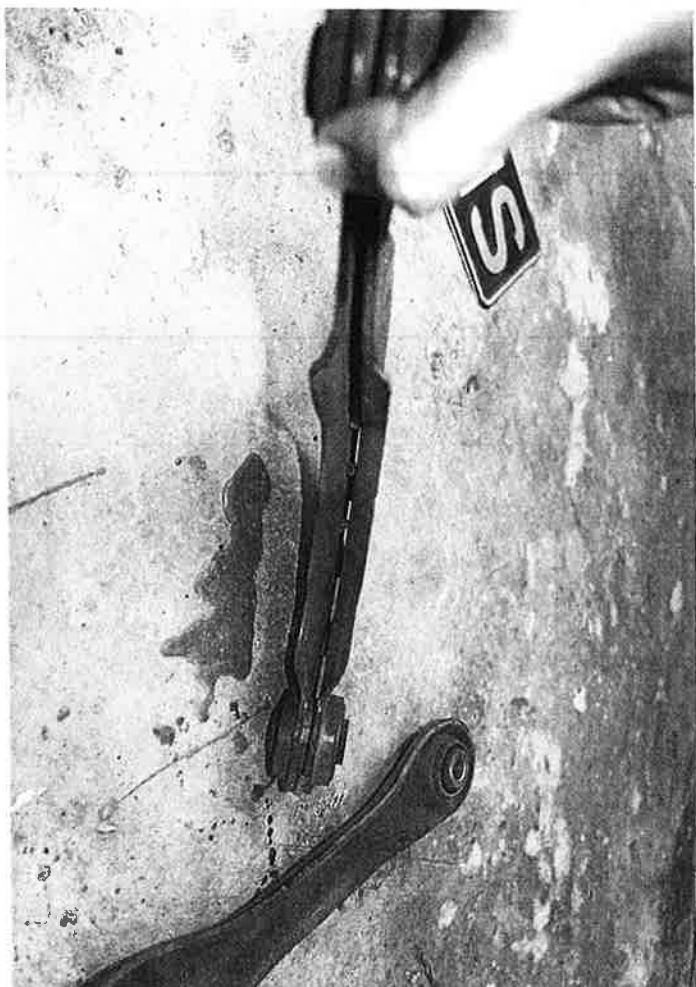
















820 THOMSON ROAD, SINGAPORE 574623  
MAIN LINE: 6347 6688 WEBSITE: www.mtalvernia.sg  
GST REGN NO: M4-0003321-8

Patient Name : TENG TIAN YEOW  
ID No. : S1504352J  
Account No. : 0200722539  
Receipt No. : 200102725  
Date : 27/10/2020  
Page : 1 of 1

Item	Qty	UOM	Amount (\$)
ARCOXIA TAB 120MG	5	EA	19.50
OUTPATIENT NURSING SERVICE	1	EA	23.00
RMO CONSULTATION FEE	1	EA	39.00
Total Charges			81.50
GST @ 7%			5.71
			87.21

Paid:  
MASTER CARD BY TENG TIAN YEOW  
Mode of Payment : MASTER CARD  
Reference No. : ---

This is a computer generated official receipt, no signature is required.

7564.20




## Mount Alvernia Hospital Medical Certificate

24-Hour Walk-in Clinic and  
Emergency Department  
No: M20000050787

This is to certify that TENG TIAN YEOW, S1504352J, is granted Outpatient Sick Leave for 4 day(s) from 27-Oct-2020 to 30-Oct-2020.  
Remark :

A&E / 24-HOUR WALK-IN CLINIC  
Mount Alvernia Hospital  
820 Thomson Road  
Singapore 574623  
Tel: 63476210

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated.

  
Dr. Ho Li Chin

MCR : 06147F

27/10/2020

Date



Our Ref: MAH/MR/20201126/2031  
Your Ref: APAC.BL.7564.20.nu  
Dated: 30 November 2020

APAC Law Co  
380 Jalan Besar  
#05-02  
ARC 380  
Singapore 209000



Dear Sir/Madam,

RE: Medical Report of TENG TIAN YEOW (S1504352J)

According to our medical records, on 26th October 2020 Mr TENG TIAN YEOW was driving when his vehicle sustained a side collision by a mini-bus.

During the impact, there was a sudden jerk of his neck and body. There was no direct impact on his head.

After the accident, he felt pain and stiffness at his posterior neck.

He also experienced frontal headache, there was no syncope and no loss of consciousness.

He had history of spine injury with numbness and weakness at his left hand.

He came to our 24 hours Walk-in & Emergency Outpatient Department at Mount Alvernia Hospital for consultation on 27th October 2020 at 1652 hours.

On examination, his vital signs were stable & he was alert & conscious.

There was tenderness at his trapezius muscles; midline point tenderness was not detected over his cervical spine.

He could turn his neck slowly with satisfactory range during passive flexion, extension, lateral rotation & lateral flexion movements.

There were no signs of acute neurological deficits at his upper & lower limbs.

Range of movements of his thoracic & lumbosacral spine was normal.

There were no signs of head injury & no other body injuries noted.

X ray was not done.

Emanating from my physical examination and with reference to the Quebec Classification of Whiplash-Associated Disorders, the diagnosis of the injuries sustained as a result of the above accident was:  
Whiplash injury of his neck(severity grade I)

24HR WALK-IN CLINIC/EMERGENCY DEPT  
TEL: 6347-6210 FAX: 6354-5517  
820 THOMSON ROAD SINGAPORE 574623



Our Ref: MAH/MR/20201126/2031

Your Ref: APAC.BL.7564.20.nu

Dated: 30 November 2020

APAC Law Co  
380 Jalan Besar  
#05-02  
ARC 380  
Singapore 209000

He was prescribed Arcoxia tablets to relief his pain  
No physiotherapy appointment was given.

4 days Outpatient Medical leave was given from 27th to 30th October 2020.

The injuries sustained are consistent to that of a road traffic accident and there is no permanent disability.

For your information,

With best regards,  
Yours sincerely

A handwritten signature in black ink, appearing to be "Ho Li Chin".

Ho Li Chin  
MBBS (SINGAPORE)  
MCR: 06147F

24HR WALK-IN CLINIC/EMERGENCY DEPT  
TEL: 6347-6210 FAX: 6354-5517  
820 THOMSON ROAD SINGAPORE 574623



820 THOMSON ROAD, SINGAPORE 574623  
MAIN LINE: 6347 6688 WEBSITE: www.mtalvernia.sg  
GST REGN NO: M4-0003321-8

Receipt No. : M200035479 Date : 27/11/2020  
Customer Name : TENG TIAN YEOW (NRIC NO. SXXXXX352J) Page : 1

Item Amount (\$)

MEDICAL REPORT 162.99

Total Charges 162.99

GST @ 7% 11.41

Paid 174.40

Mode of Payment : CHEQUE Reference No. : 939806



This is a computer generated official receipt, no signature is required.  
Report ID : PY00150R