



# JOHN LAW CHAMBERS LLC

Advocates & Solicitors

UEN 201938836C

12 February 2021

Your Ref: CMTD2100076/GPL

Our Ref: JLC.1742.2021.PD

We Do Not Accept Service of Court Documents by Fax or Email.

**WITHOUT PREJUDICE SAVE AS TO COSTS**

**SOMPO INSURANCE SINGAPORE PTE. LTD.**

50 RAFFLES PLACE,  
#03-03 SINGAPORE LAND TOWER,  
SINGAPORE 048623.

**BY PDX (8174)**

**HAMIDAH BINTE HARON**

BLK 518 JURONG WEST STREET 52  
#03-339 SINGAPORE 640528.

**Attn: Motor Claims Department**

Dear Sir/Madam,

**CLAIMANT: HAREEJANINI D/O RAVICHANDRAN**

**PROPERTY DAMAGES CLAIMS AS A RESULT OF A ROAD TRAFFIC ACCIDENT INVOLVING MOTOR VEHICLES NO. SKT6901A AND GBH1401D ALONG JURONG WEST TOWARDS JURONG TOWN HALL ON 07.01.2021.**

1. We act for **HAREEJANINI D/O RAVICHANDRAN**, the owner of vehicle No. **SKT6901A** involved in the abovementioned road accident, in his claim for damages of the consequential property losses and expenses incurred as a result of the said accident.
2. We are instructed that the accident was caused solely or contributed by your / your authorized driver's / your insured's authorized driver's negligent driving, use and/or management of motor vehicle No. **GBH1401D**.
3. Copies of the following supporting documents are enclosed herewith for your perusal: -

a.	Singapore Accident Statement / Police Report
b.	GIA / LTA
c.	Survey Report and Invoice
d.	Rental Agreement and Invoice

4. As a result of the accident, our client has been put to loss and expenses, particulars of which are as follows.

i.	Cost of Repair	S\$ 7,050.00
ii.	Pre-Inspection Days – 2 Days	S\$ 240.00
iii.	Rental / Loss of Use	S\$ 720.00
iv.	Survey Report Fee	S\$ 761.00
v.	LTA and GIA Search Fees	S\$ 36.49



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vi.	Cost Contribution (at this stage)	S\$ 1,000.00
vii.	Incidentals (at this stage)	S\$ 150.00
viii.	Total	S\$ 9957.49

5. **To the Defendants**, please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurers.
6. The demand herein is in respect of our client's claim for damages pertaining to his motor vehicle and any settlement following or subsequent to this demand shall not prejudice our clients claims in respects of damages and consequential loss in relation to his personal injuries.
7. Please note that you or your insurers should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter.
8. Please note that if you have a counterclaim against our client arising out of the accident, you/your insured are required to send us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 6 weeks of your receipt of this letter.
9. **To the Insurers**, pursuant to the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), we hereby give your Insurers/you, **SOMPO INSURANCE SINGAPORE PTE. LTD.**, notice that we have our client's instructions to commence court proceedings against you/your insured driver without further notice should you fail to acknowledge receipt of this letter within 14 days and/or fail to reply substantively to the same within 8 weeks and/or to preserve our client's claim from being time-barred.
10. You may acknowledge receipt of this letter by email to:  
**executive@johnlawchambers.com**
11. Please revert.

Yours faithfully

**JOHN LAW CHAMBERS LLC**

cc: Clients

# 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 Submission .....	07/01/2021 16:50 (SGT)
Date of Accident .....	07/01/2021 07:15 (SGT)
Exact Location of Accident .....	Jurong West, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKT6901A
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	HAREE JANINI
NRIC No .....	SXXXX331I
Email Address .....	LIVERTON_21@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-98551295
Alternative Phone No .....	(Home) +65-98551295

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Jazz
Variant .....	-
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 - Claiming third party
Vehicle Category .....	Private car

### INSURANCE COMPANY

Name of Insurance Company .....	FWD
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	PNPV2020-00011918
Cover Note Number .....	-

### DRIVER

Name of Driver .....	RISHITARAN IYAN S/O RAVITCHANDRAN
NRIC No .....	SXXXX034I
Date Of Birth .....	14/05/1992
Occupation .....	Indoor

Date Of Driving Pass .....	20/05/2014
Driving experience .....	6 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98551295
Alt. Phone Number .....	-
Email Address .....	LIVERTON_21@HOTMAIL.COM
Address .....	APT BLK 504 CHOA CHU KANG ST 51 #06-175
Address complement .....	-
Postcode .....	680504
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Change/cross lane
Weather Conditions .....	Raining
Road Surface .....	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
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 .....	GBH1401D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

### INJURED PERSONS DETAILS

#### INJURED 1

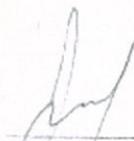
Name of injured person ..... RISHITARAN IYAN S/O RAVITCHANDRAN  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SKT6901A  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

**IMPORTANT NOTICE**

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

I understand, acknowledge, agree and consent that:

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

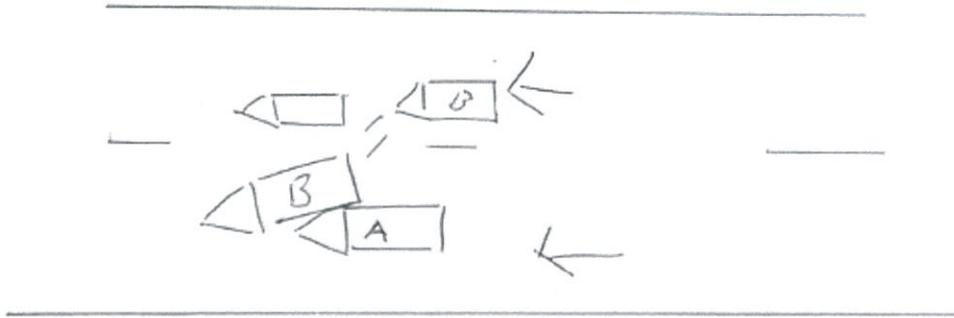
  
 Policyholder's Signature  
 Date & Time:

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

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

SKETCH PLAN

A  
BGBH14010



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving at Juang west at the 2 lane traffic I was in my lane suddenly vehicle B from my right lane cut into my lane and collided onto my front right portion of my vehicle due to the straight impact my front right portion is badly damage and the alignment after the accident I felt my left knee felt pain so I go to ZAM Family clinic to see doctor and was given 3 day MC

Type text here

DECLARATION

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

*[Signature]*  
 Policyholder's Signature  
 Date & Time:

*[Signature]*  
 Driver's Signature  
 (If driver is not the policyholder)

*[Signature]*  
 Reporting Centre Person's Signature  
 Name:



**SINGAPORE  
POLICE FORCE**



T/20210107/7024

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

2 of 3

Report No. T/20210107/7024

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
NOBODY			
Name	Unknown NOBODY	ID No.	NIL
Related Vehicle	SKT6901A (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	RISHITARAN IYAN S/O RAVITCHANDRAN	ID No.	S9217034I
Related Vehicle	SKT6901A (Car)	Contact No.	98551295
Hospital/Clinic	ZAM FAMILY CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	07/01/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

## Brief Details.

i was driving towards jurong west at the 2nd lane traffic. i was in my lane suddenly a van (GBH 1401D) from my right lane cut into my lane and collided onto my front right portion of my vehicle due to the strongest impact my front right portion is badly damage and the alignment too after the accident i felt my pain on my left knee so i go to ZAM FAMILY CLINIC TO SEE DOCTOR and i was given three days of mc



**SINGAPORE  
POLICE FORCE**



T/20210107/7024

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

3 of 3

Report No. T/20210107/7024

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
BOON YEN KIAN  
Contact No.: 65476172

Authentication Stamp  
NP168

Signature Of Informant:

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

Date/Time:  
07/01/2021 16:21

Classification Of Case:

**CARSMITH PRIVATE LIMITED**  
BARTLEY BIZ CENTRE  
13 Kaki Bukit Road 4  
#01-20  
13 KAKI BUKIT ROAD 4 #01-20  
Singapore 417807  
+65 90910000  
info@carsmith.biz

## Estimate

**ADDRESS**  
SKT6901A

**ESTIMATE NO.** 1031  
**DATE** 29/01/2021

DATE	SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
	LUMP SUM REPAIR AS RECOMMENDED & AGREED WITH SURVEYOR		1	7,050.00	7,050.00
TOTAL					<b>S\$7,050.00</b>

Accepted By

Accepted Date

Company Registration No. 201910097E  
Bank Account Details: DBS Bank : 07-2009261-9  
All payments are transacted in Singapore dollars only.  
All payments are non-refundable or exchangeable.  
Thanks for your patronage.

# 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 : Haree Janini Date : 29 Jan 2021  
c/o : Carsmith Pte Ltd  
13 Kaki Bukit Rd 4 Invoice No. : 8093741  
#01-20 Bartley Biz Centre@Kaki Bukit  
Singapore 417807

DESCRIPTION	AMOUNT
<b>Service rendered for appraisal / inspection report :</b>	
Professional inspection fees	SGD 761.00
Photographs 41 pcs	
Transport fees	
Re-inspection fees (work in progress, post repair inspection)	
<b>Total</b>	SGD 761.00
Singapore dollar : SEVEN HUNDRED SIXTY ONE ONLY.	
Registration no. : SKT6901A	
Make/Model : Honda Jazz 1.5 VTIR CVT	
Our reference : UAM21.01.30-PT-STP-CSM-SKT6901A	
<i>All payments made payee to:-</i> <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. : UAM21.01.30-PT-STP-CSM-SKT6901A

Date : 29 Jan 2021

Haree Janini

**WITHOUT PREJUDICE**

Dear Sir,

**Re : Third Party Claim For Vehicle Registration No. SKT6901A**

We refer to your instruction to appraise the above-mentioned vehicle on 08 January 2021

A static inspection was carried out and our report is enclosed for your perusal. The estimated cost of repair submitted by Messrs. Carsmith Pte Ltd for SGD 17,306.80 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 8,839.52. 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 7,050.00 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 5 (Five) 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. :

The information contained in these document may be privileged and confidential, and is intended for the exclusive use of the addressee designation. If you are not the addressee, any enclosure, reproduction, distribution or other dissemination or use of this communication is strictly prohibited. If you received this document by error, please contact us immediately to arrange for its return.

# 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 : Haree Janini

Our ref. : UAM21.01.30-PT-STP-CSM-SKT6901A

Date : 29 Jan 2021

### REFERENCE

Assign by	: Haree Janini	Insured	: To be advice
Assign on	: 08 Jan 2021	Policy no.	: To be advice
Inspection on	: 08 Jan 2021	Claim no.	: To be advice
Accident on	: 07 Jan 2021	Sum insured	: To be advice
Workshop name	: Carsmith Pte Ltd	Excess	: Not applicable
Inspection at	: 13 Kaki Bukit Rd 4	3rd party Veh.	: To be advice
	#01-20 Bartley Biz Centre@Kaki Bukit	3rd party ins.	: To be advice
	Singapore 417807		

### PARTICULARS OF DAMAGED VEHICLE

Registration no.	: SKT6901A	Odometer	: 105362 km
Make / Model	: Honda Jazz 1.5 VTIR CVT	Chassis no.	: JHMGK5850FX202883
Regn. date	: 19 Jun 2015	Engine no.	: L15B31000482
Body colour	: Yellow	Engine cap.	: 1498 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

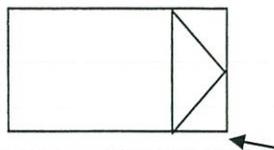
	Make	Size	Tread depth	Type of road wheel
Front N/S	: Falken	195/50R16	70%	Alloy
Front O/S	: Falken	195/50R16	70%*	Alloy*
Rear N/S	: Falken	195/50R16	70%	Alloy
Rear O/S	: Falken	195/50R16	70%	Alloy

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

\* Denotes damaged component/s

**POINT OF IMPACT**

On the off side front in the direction from right to left.

**SYNOPSIS OF DAMAGES RESULTANT FROM THE ACCIDENT**

The impact of the collision has damaged / affected the front bumper, radiator grille, o/s headlamp, front fender, front rim, front undercarriage and etc...

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

*Note: Reinspection vehicle on 11 Jan 2021 for repair in progress.*

**RECOMMENDATION**

The estimate cost of repair submitted by Messrs Carsmith 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 7,050.00 to carry out the repairs. Please refer to Annex A (Appraisalment 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 takes approximately 5 (Five) 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. : SKT6901A

Our reference : UAM21.01.30-PT-STP-CSM-SKT6901A

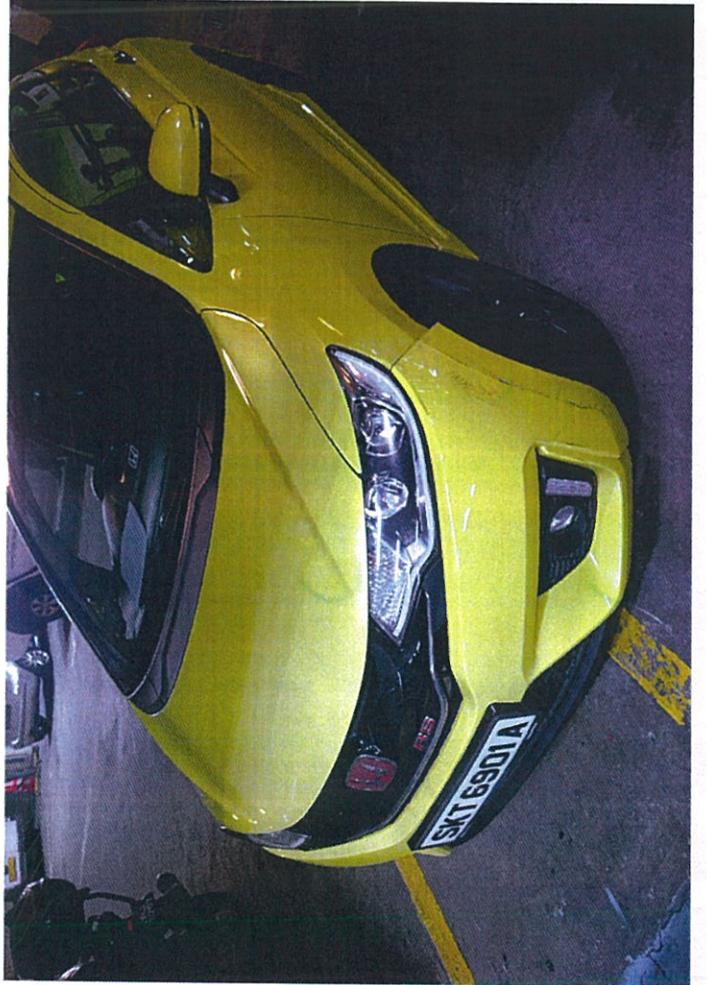
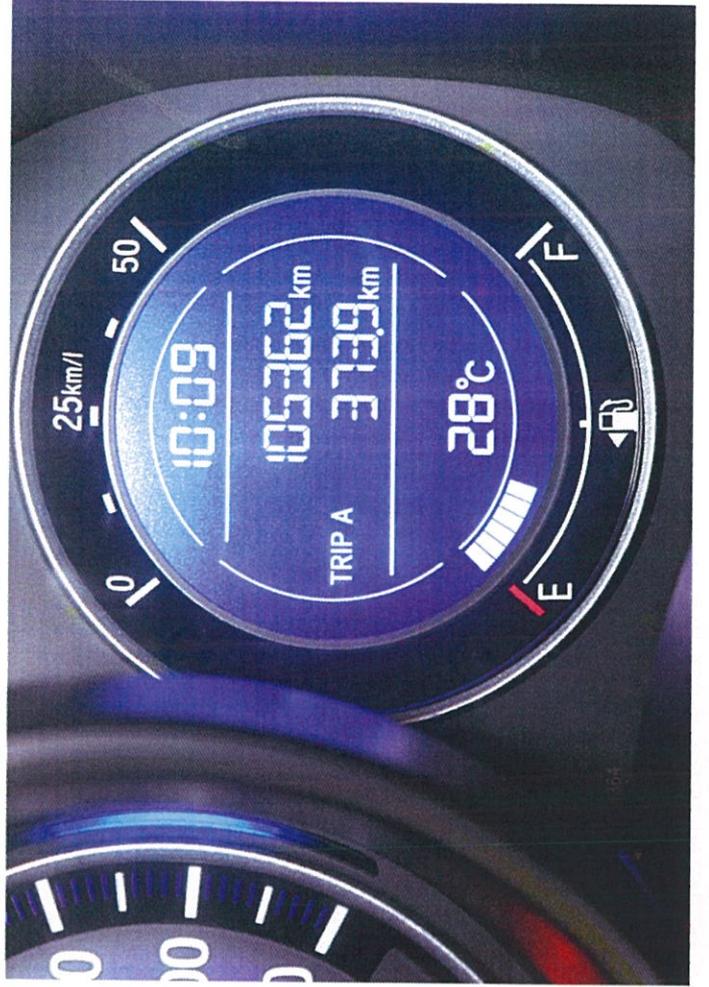
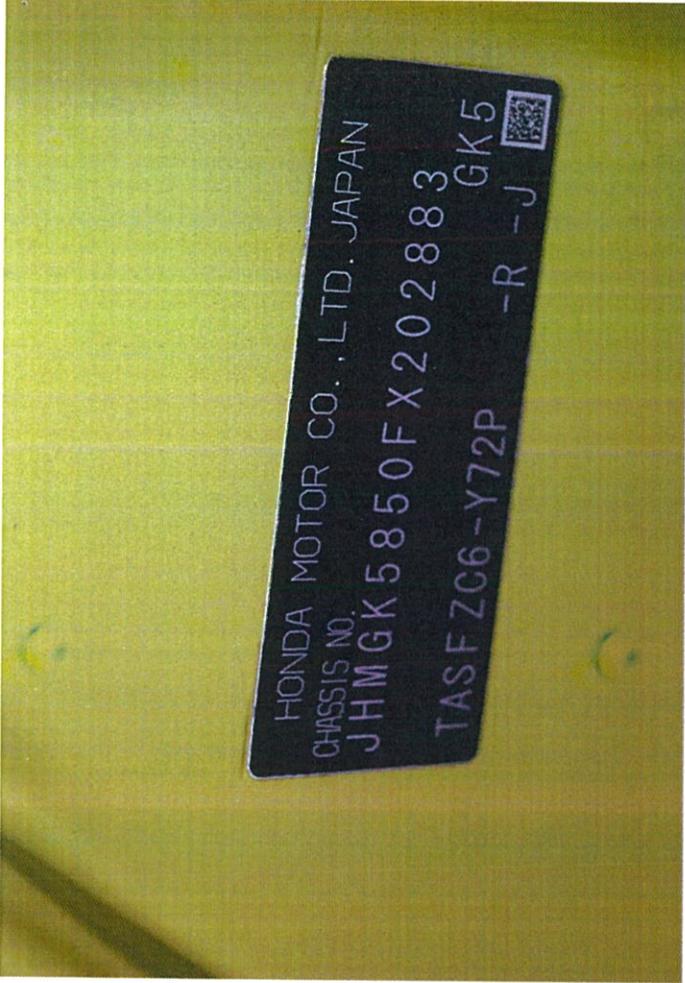
S/N	Qty	Description	Condition / Remarks	Estimate by Wshop SGD	Adjusted Amt SGD
<u>LIST ITEMS</u>					
1	1	Front bumper	Cut/Distorted	836.90	836.90
2	2	Front bumper side retainer @ SGD 68.40	Necessary	136.80	136.80
3	1	Front bumper centre air-grille	Cut/Distorted	345.80	345.80
4	1	Front bumper reinforcement	Not Necessary	295.80	0.00
5	1	Front bumper foglamp o/s	Not Necessary	265.20	0.00
6	1	Front bumper foglamp garnish o/s	Not Necessary	215.40	0.00
7	1	Front bumper daylight lamp o/s	Not Necessary	286.50	0.00
8	1	Radiator grille	Cut/Cracked	680.50	680.50
9	1	Radiator grille logo	Necessary	98.70	98.70
10	2	Headlamp Assy @ SGD 969.60	O/S Cut/Distorted	1939.20	969.60
11	2	Headlamp lower bracket @ SGD 98.20	Necessary	196.40	196.40
12	1	Front fender o/s	Cut/Bent	762.80	762.80
13	1	Front fender inner shield o/s	Cut/Deformed	195.80	195.80
14	1	Front fender inner side panel o/s	Repair	756.40	0.00
15	1	Front lower arm o/s	Bent	385.60	385.60
16	1	Front knuckle arm o/s	Warp	418.20	418.20
17	1	Front knuckle arm hub/bearing o/s	Necessary	297.40	297.40
18	1	Front shock absorber o/s	Bent	387.40	387.40
19	1	Front steering rack & pinion	Not Necessary	1876.90	0.00
20	1	Front dri-shaft o/s	Not Necessary	979.10	0.00
				11356.80	5711.90
			Less 0% / 20%	0.00	1142.38
				11356.80	4569.52
<u>SPECIAL NETT ITEMS</u>					
1	1	Sundries	Necessary	50.00	30.00
2	1set	Front bumper clips	Necessary	100.00	80.00
3	1set	Radiator grille clips	Necessary	80.00	60.00
4	1set	Front fender inner shield clips	Necessary	100.00	80.00
5	1set	Nano Paint protection system (accessories)	Necessary	1400.00	900.00
6	1	Front rim n/s	Cut	720.00	720.00
7	1	Front tyre n/s	Abraided	320.00	320.00
				2770.00	2190.00
<b>TOTAL</b>				14126.80	6759.52

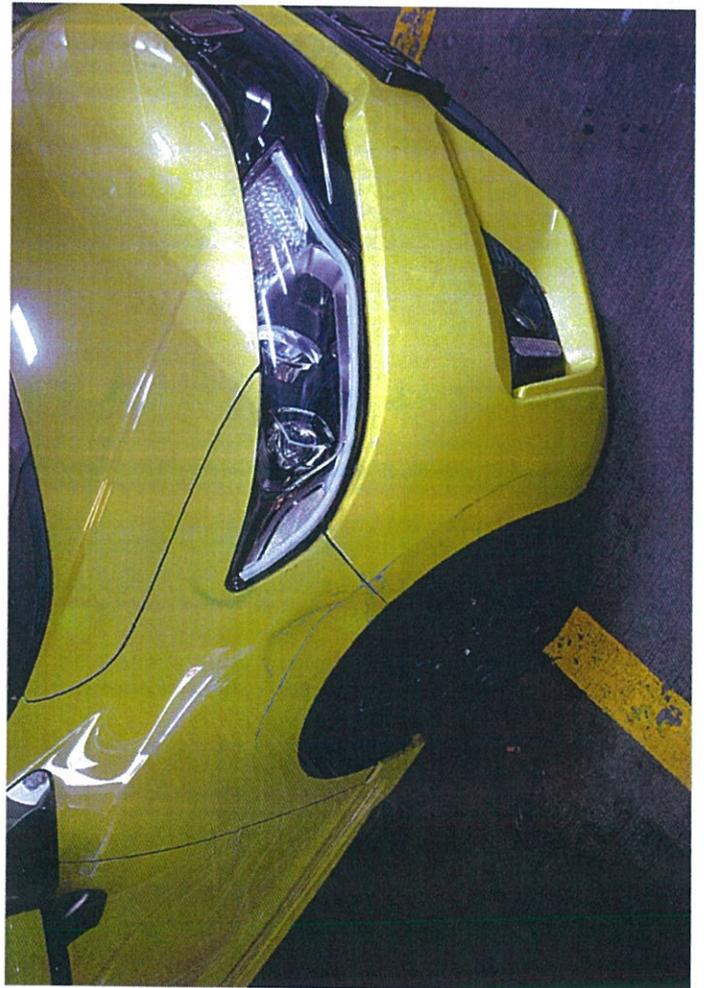
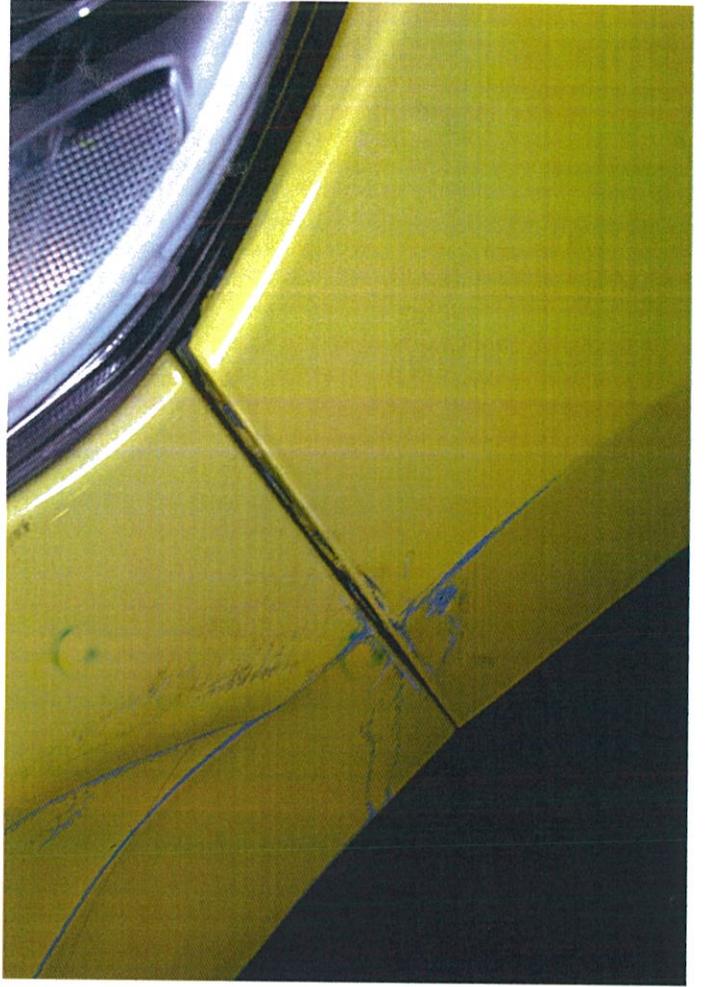
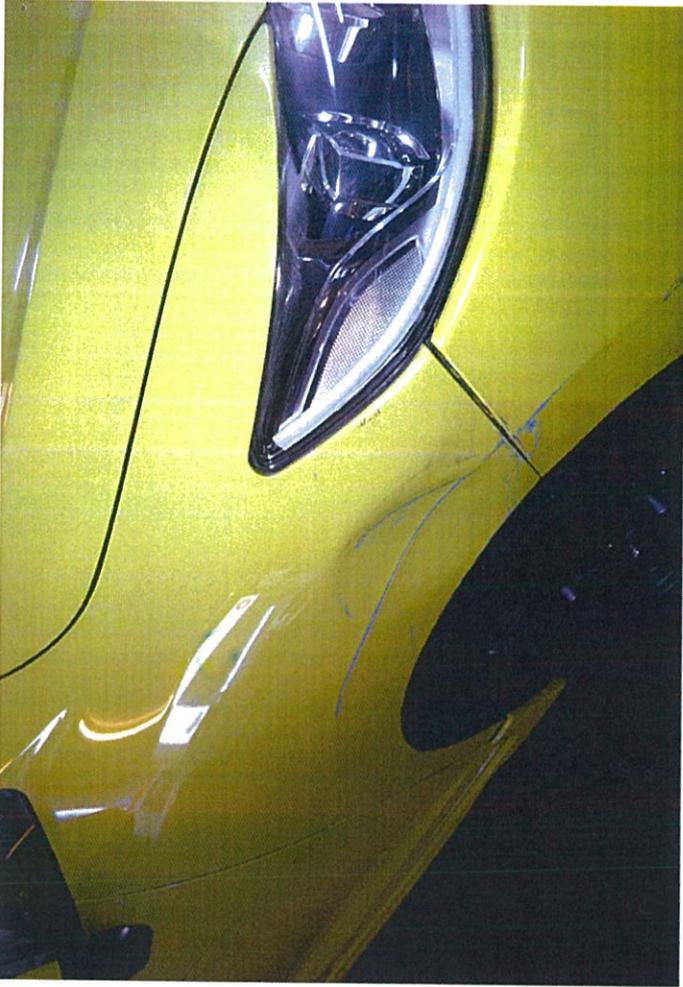
## APPRAISEMENT SCHEDULE

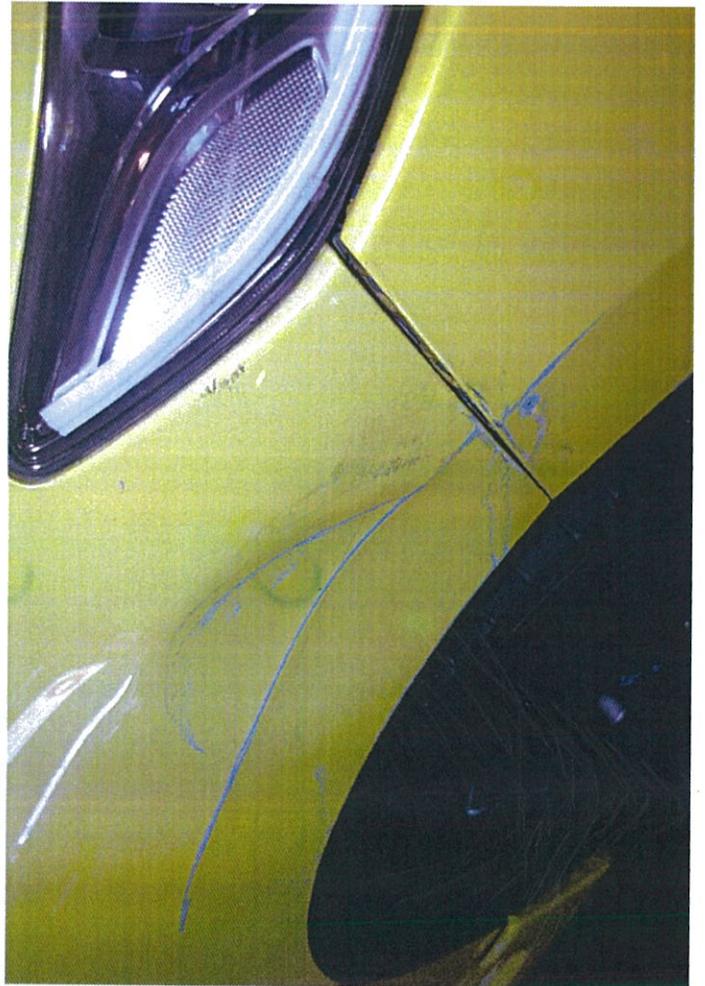
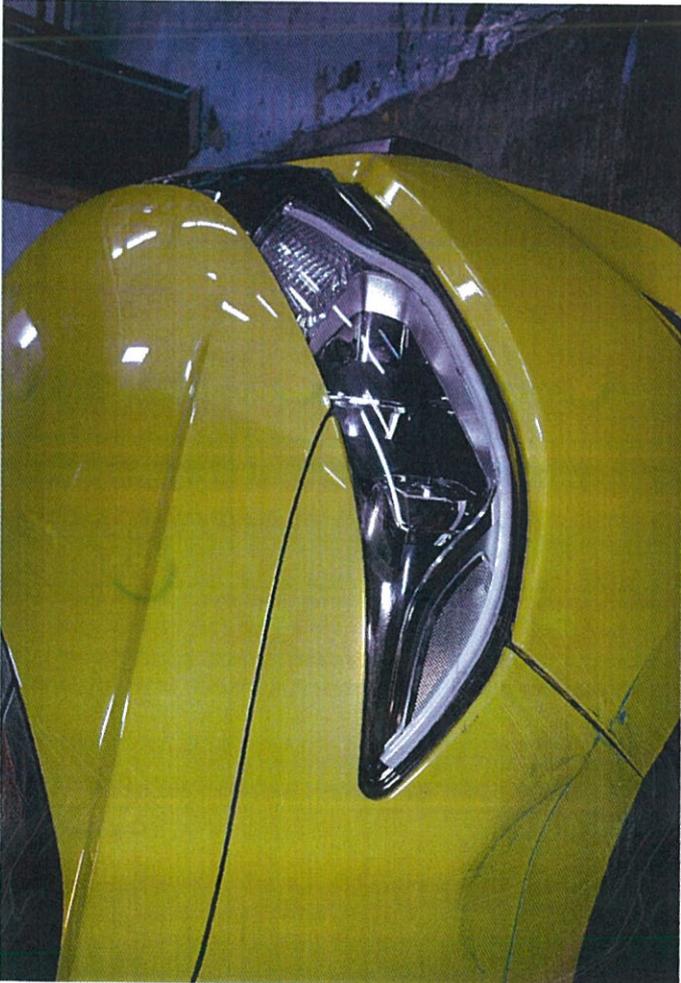
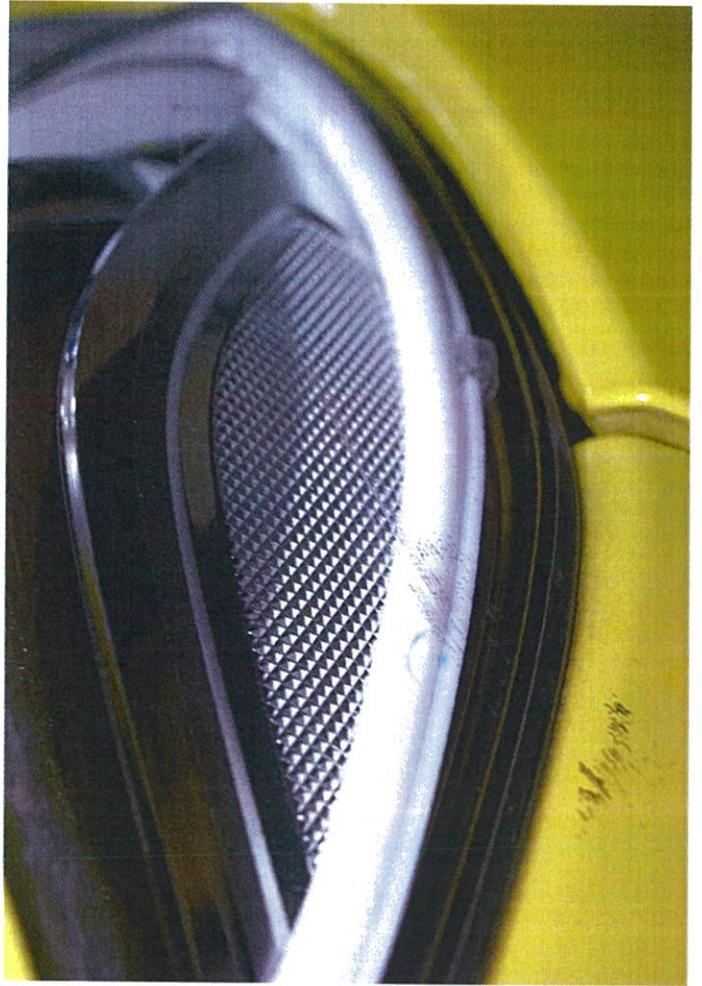
Annex A

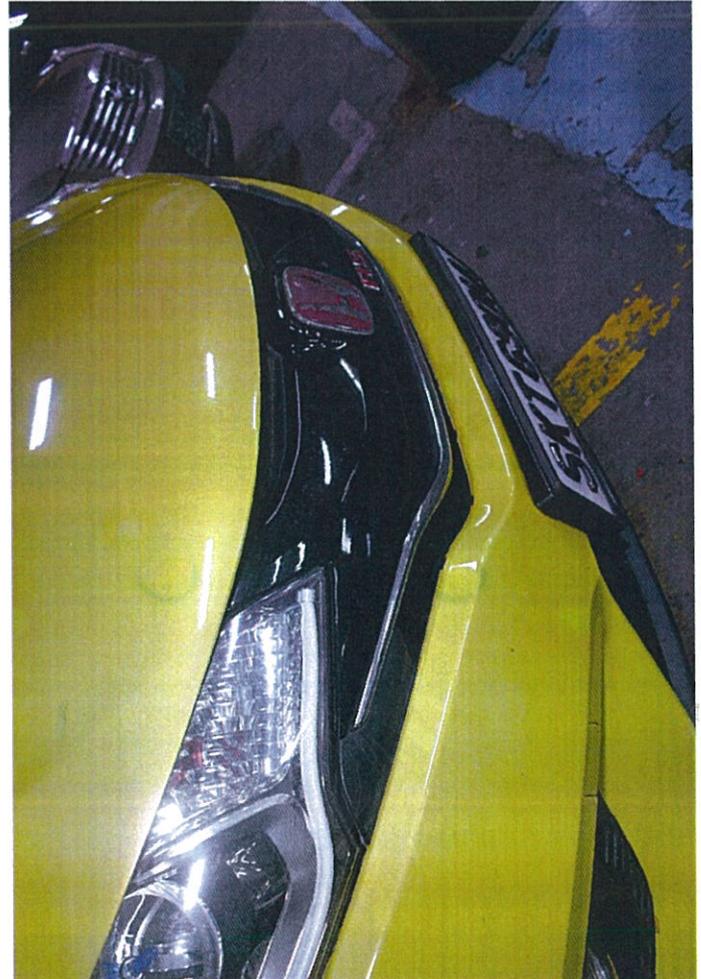
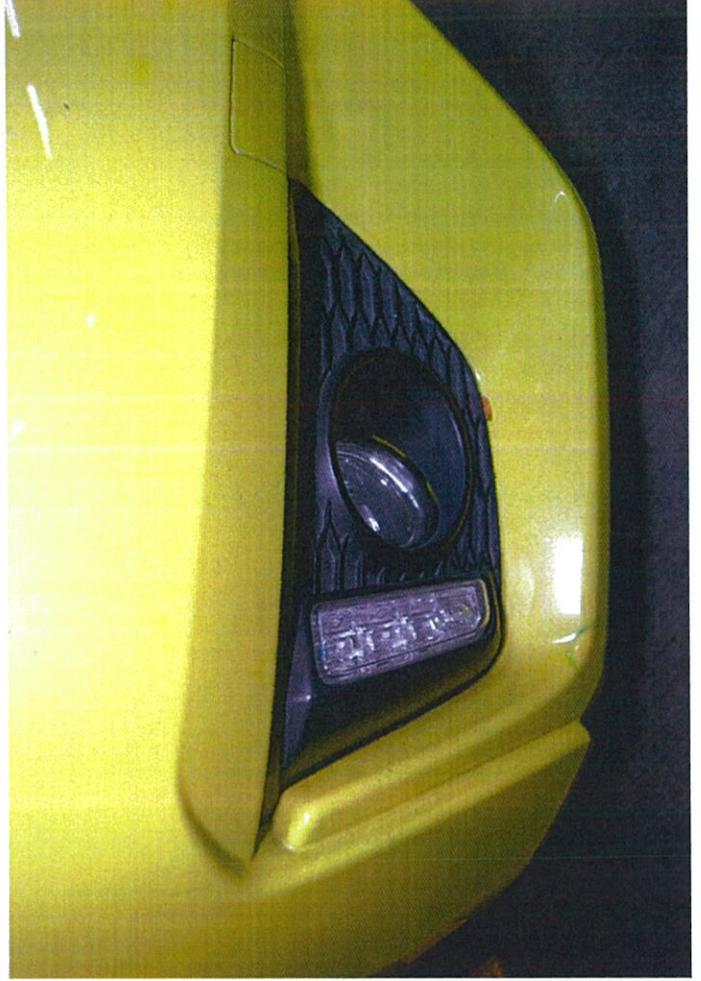
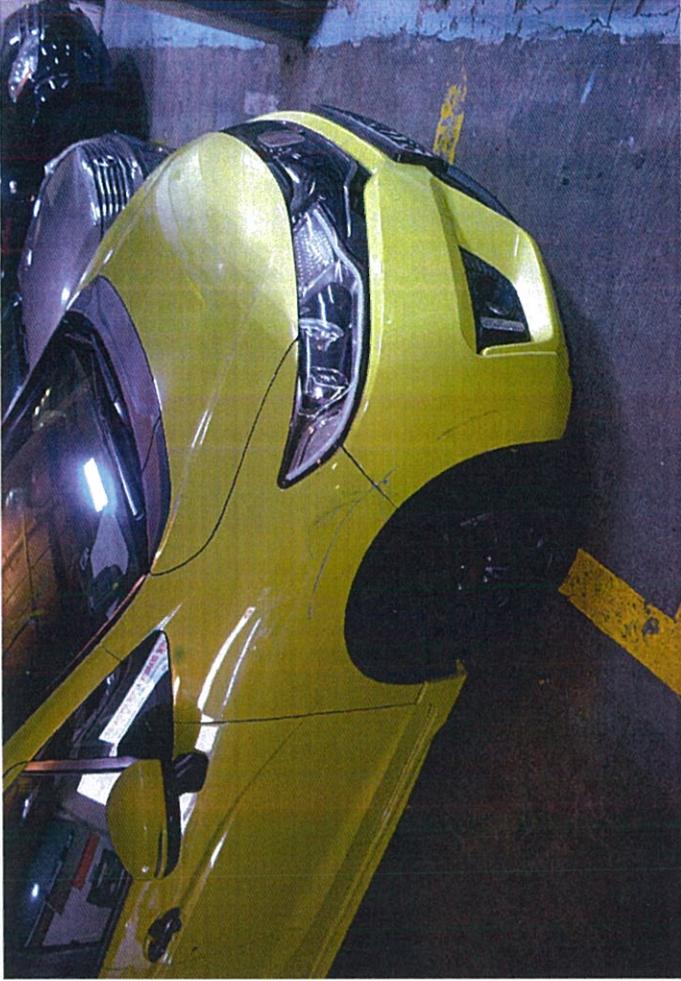
Registration no. : SKT6901A  
 Our reference : UAM21.01.30-PT-STP-CSM-SKT6901A

S/N	Qty	Description	Condition / Remarks	Estimate by Wshop SGD	Adjusted Amt SGD
			<b>Balance C/F</b>	<b>14126.80</b>	<b>6759.52</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.	SGD 350.00/day	1200.00	700.00
2		To disconnect wire harness of electrical component to facilitate repairs, reconnect and check functions.		80.00	60.00
3		To remove and refit o/s tyre to replace o/s rims To perform tyre balancing.		150.00	120.00
4		To remove and refit front undercarriage for replacement of parts.		400.00	300.00
5		To conduct computerize full wheel alignment.		150.00	120.00
6		To apply undercoating on the accident repair and replaced panel for rust protection.		200.00	180.00
7		Supply spray paint material and necessary items to respray front bumper, o/s front fender, bonnet and other affected area / panel.	SGD 250.00/pnl	1000.00	600.00
<b>TOTAL</b>				<b>3180.00</b>	<b>2080.00</b>
<b>Total Parts and Labour Cost of Repair</b>				<b>17306.80</b>	<b>8839.52</b>
<b>Less (Lumpsum repair adjustment)</b>					<b>1789.52</b>
<b>Adjustment Parts and Labour Cost of Repair</b>					<b>7050.00</b>

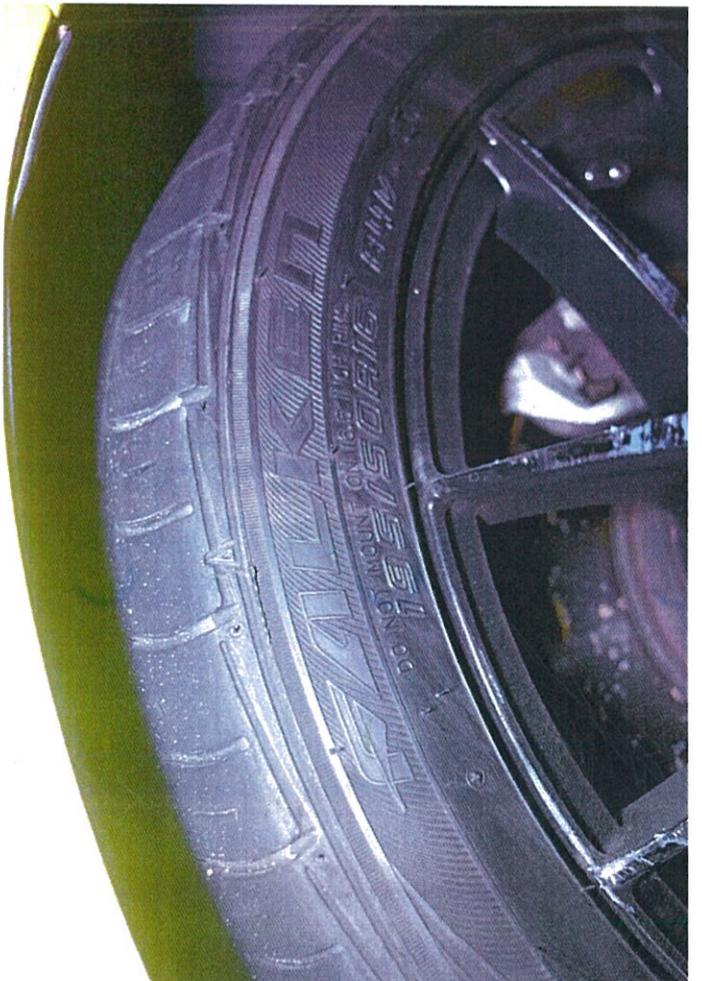
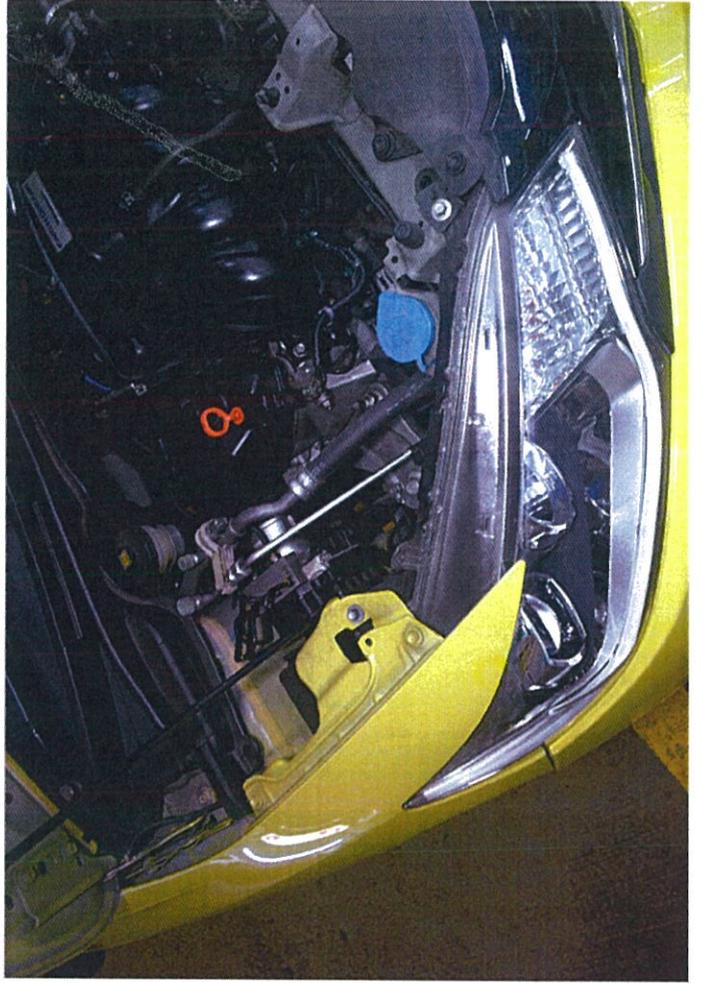


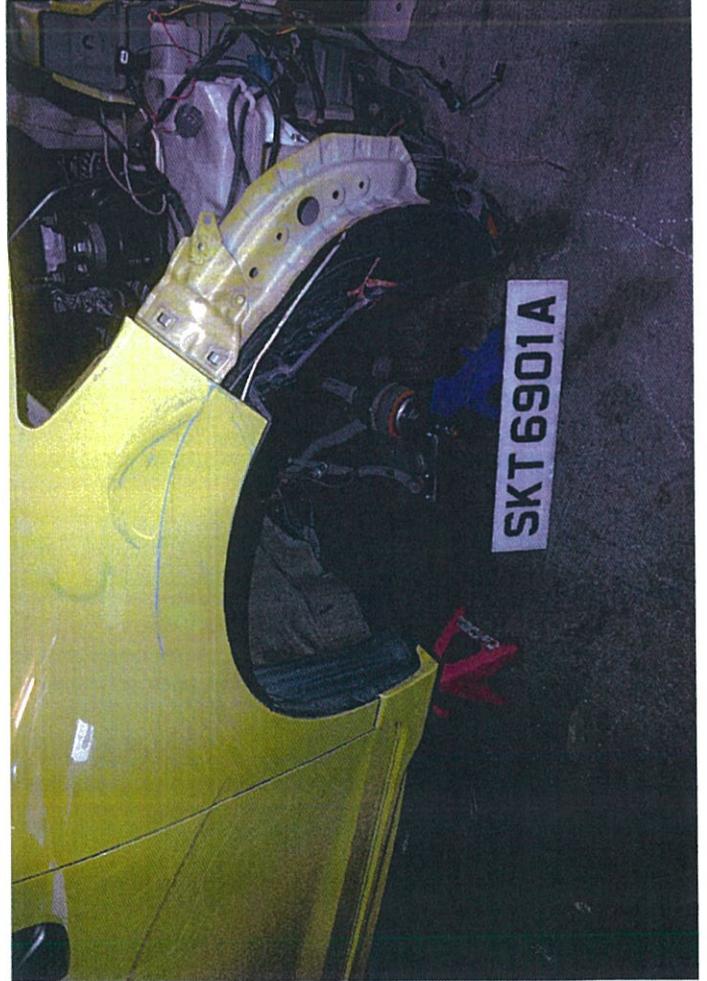
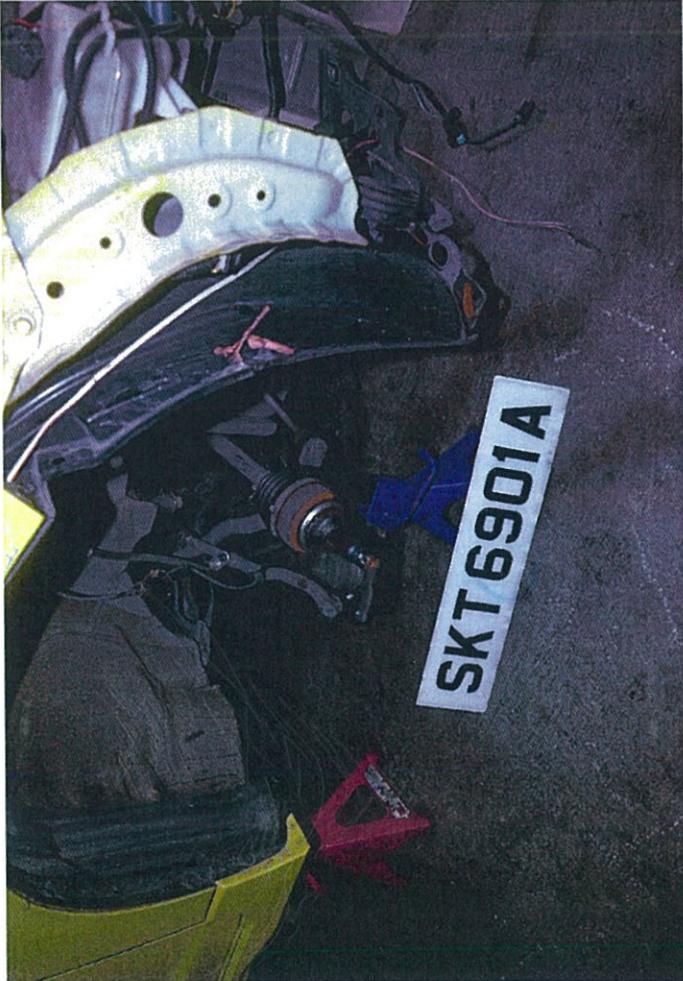
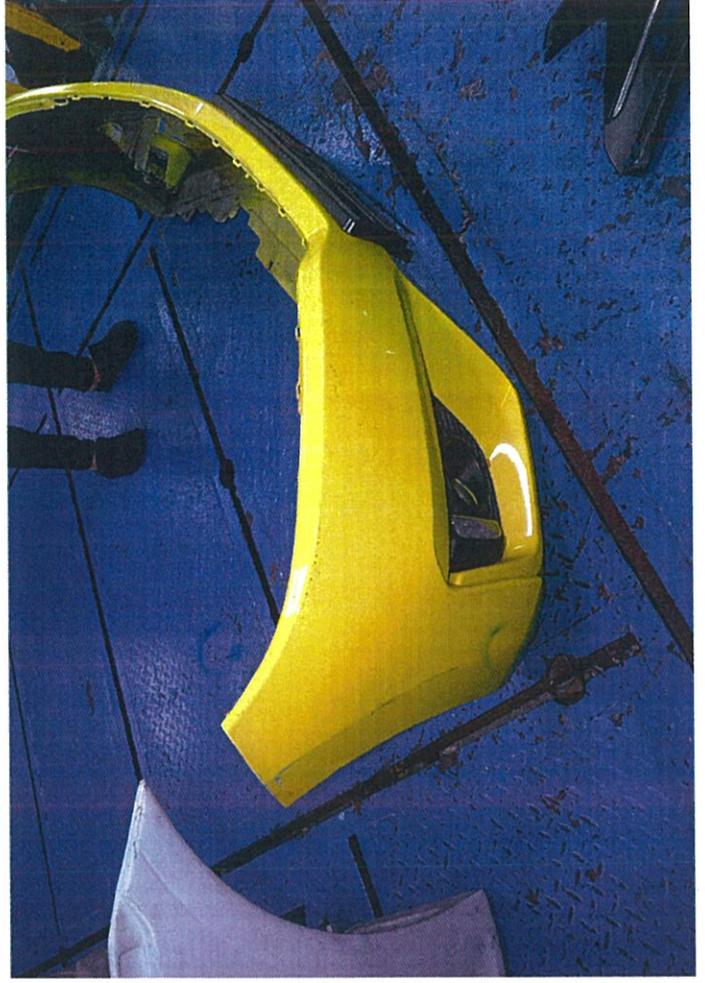
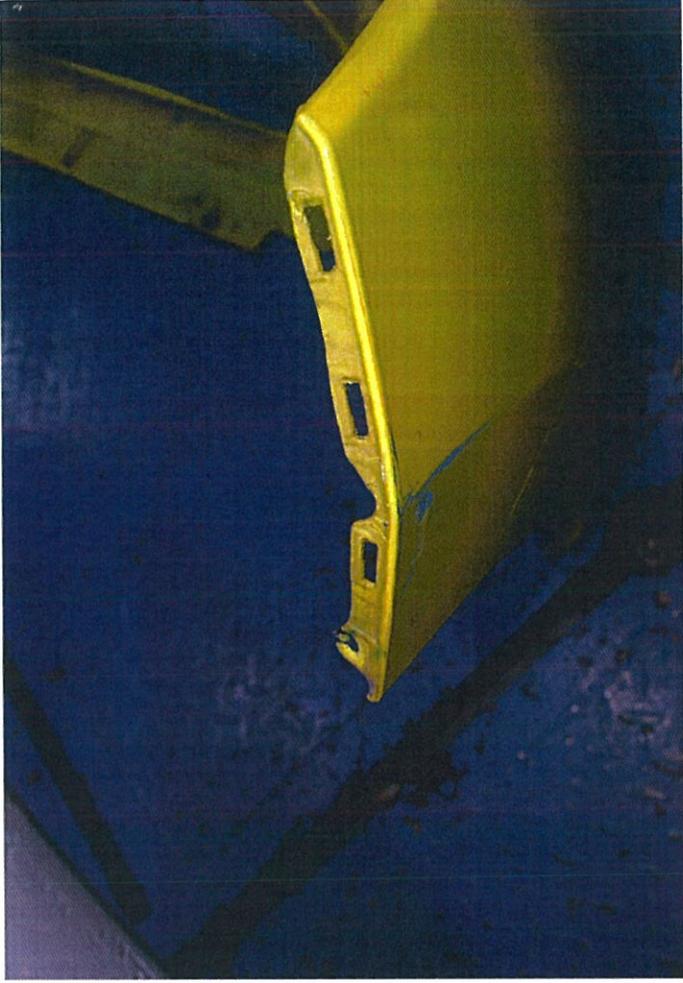


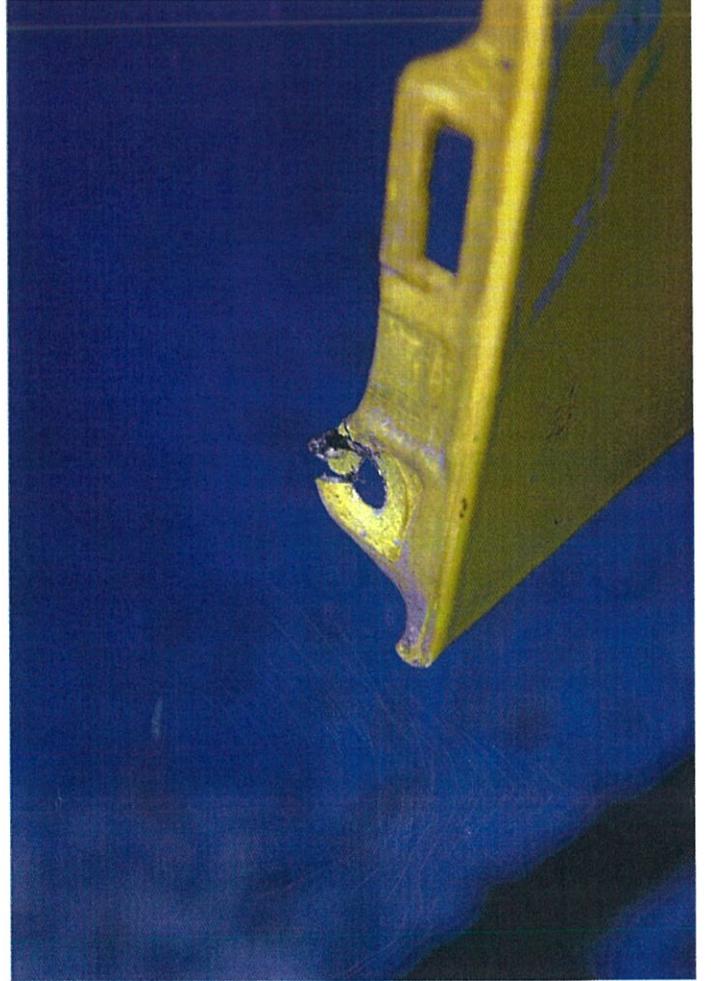
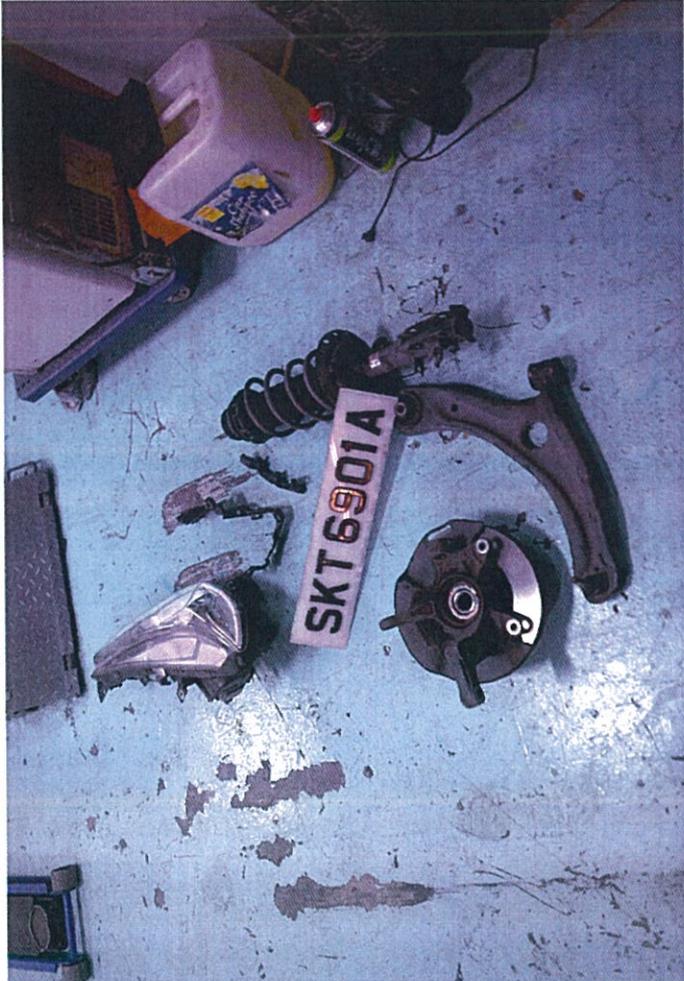
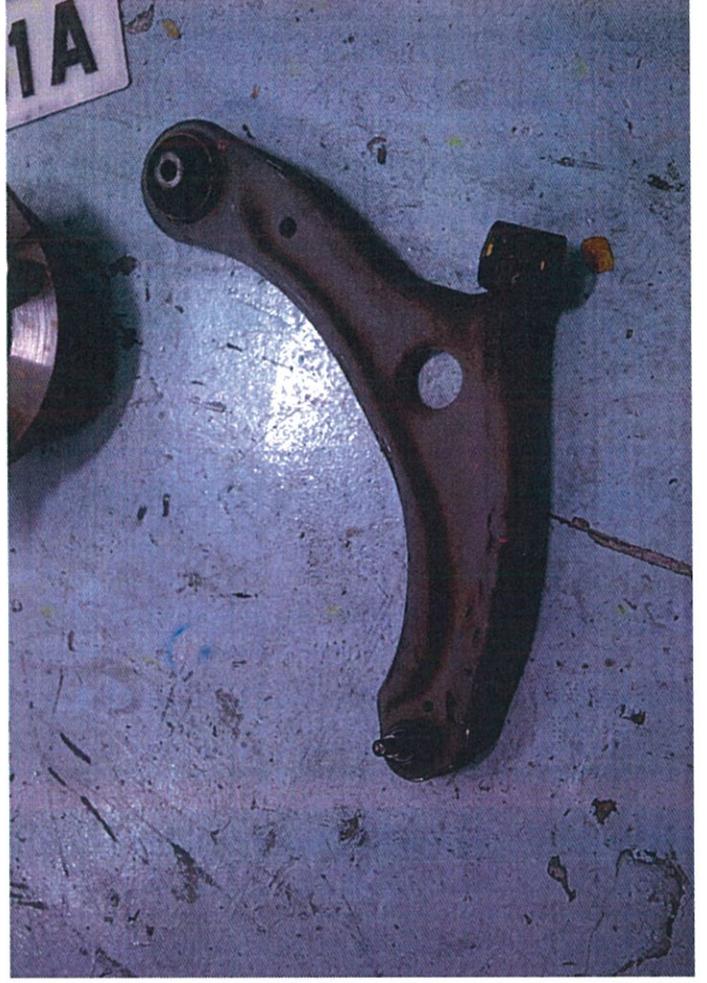
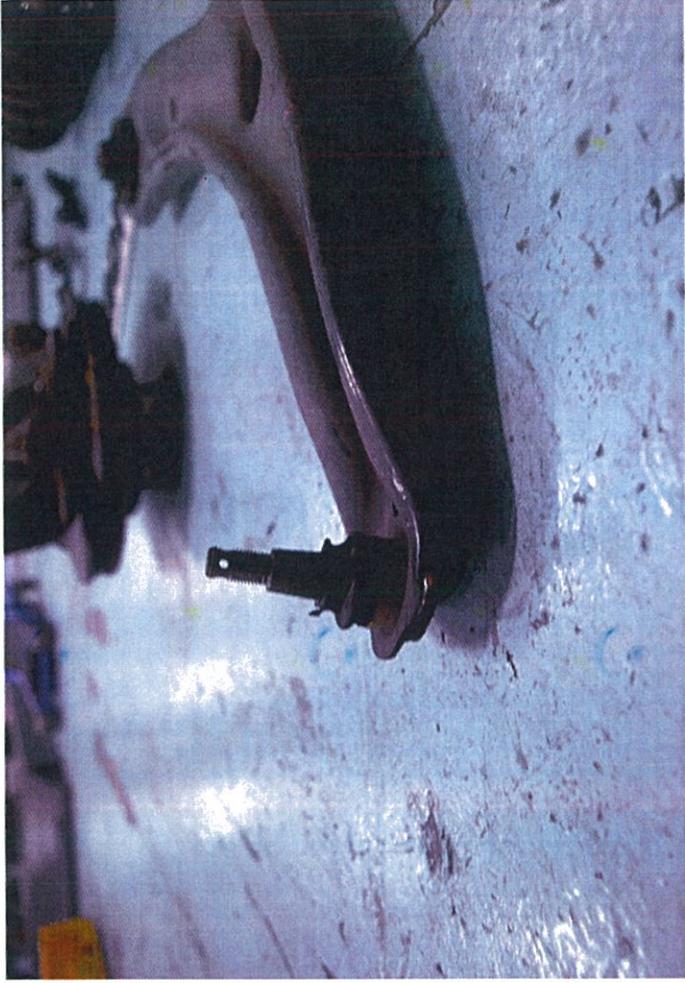


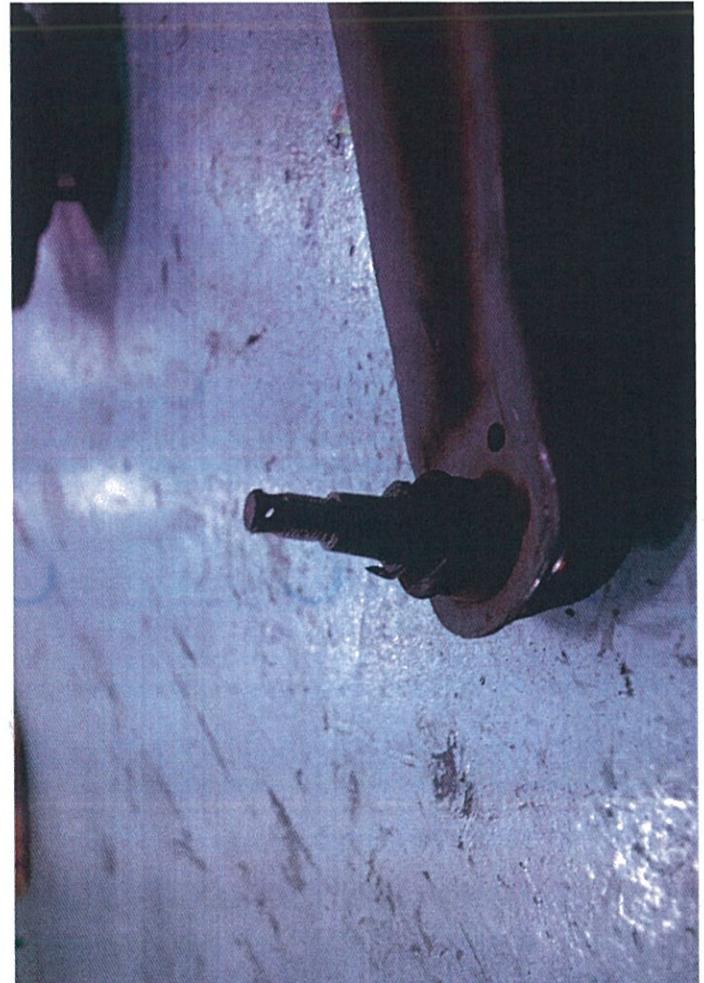
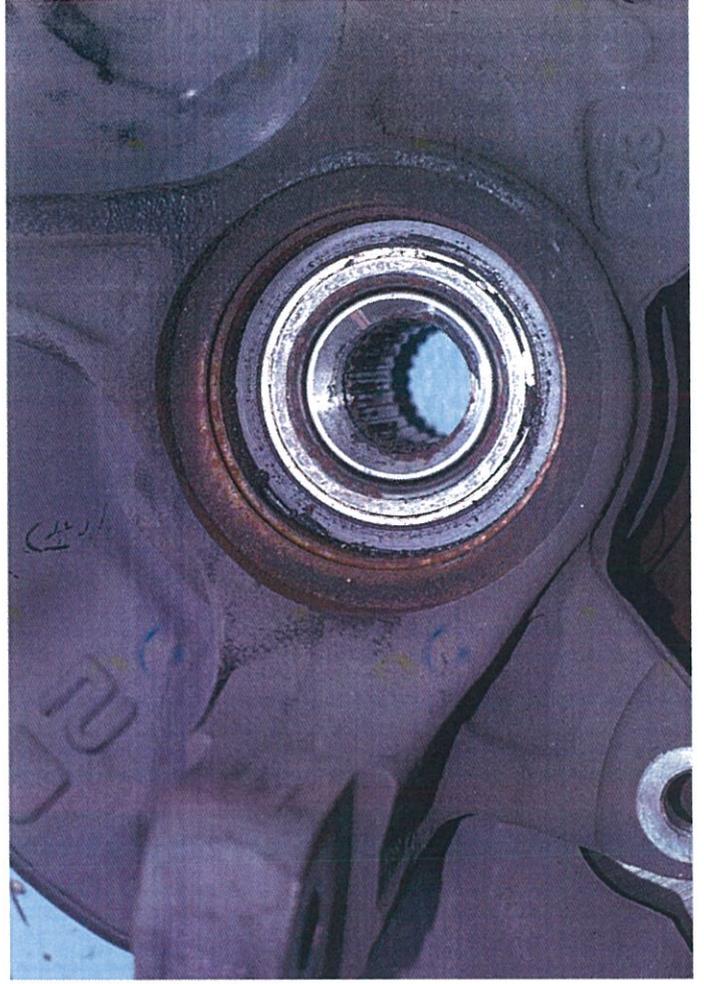
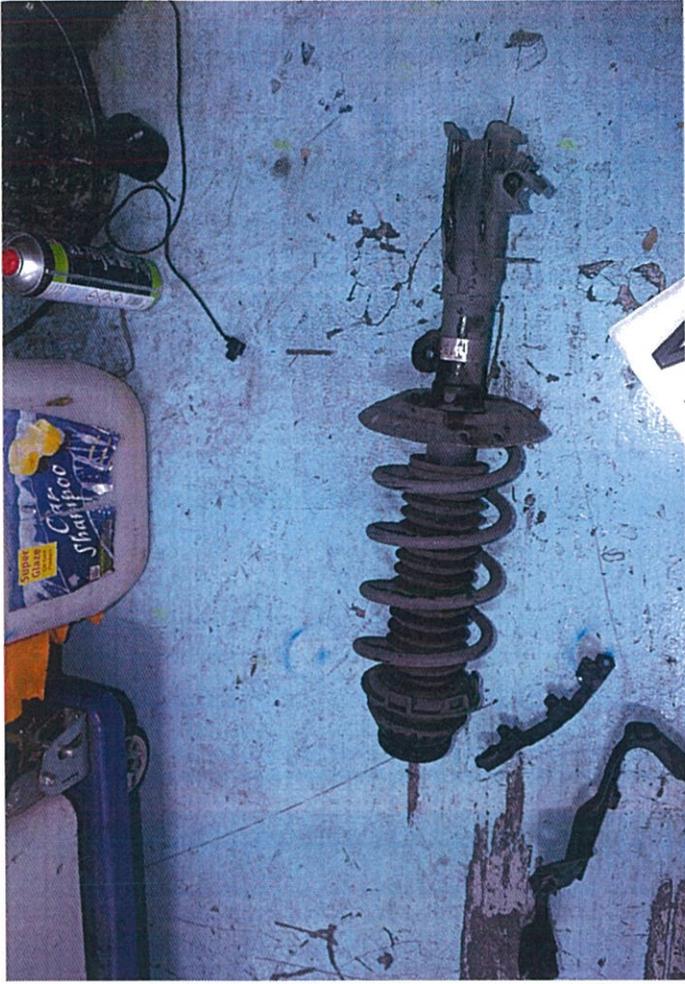


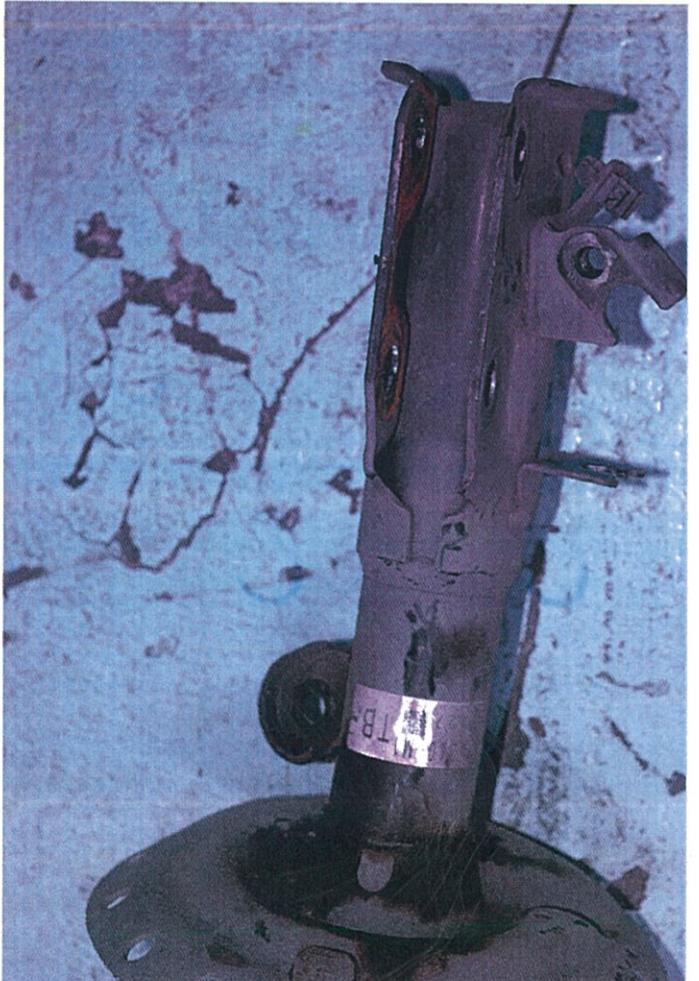
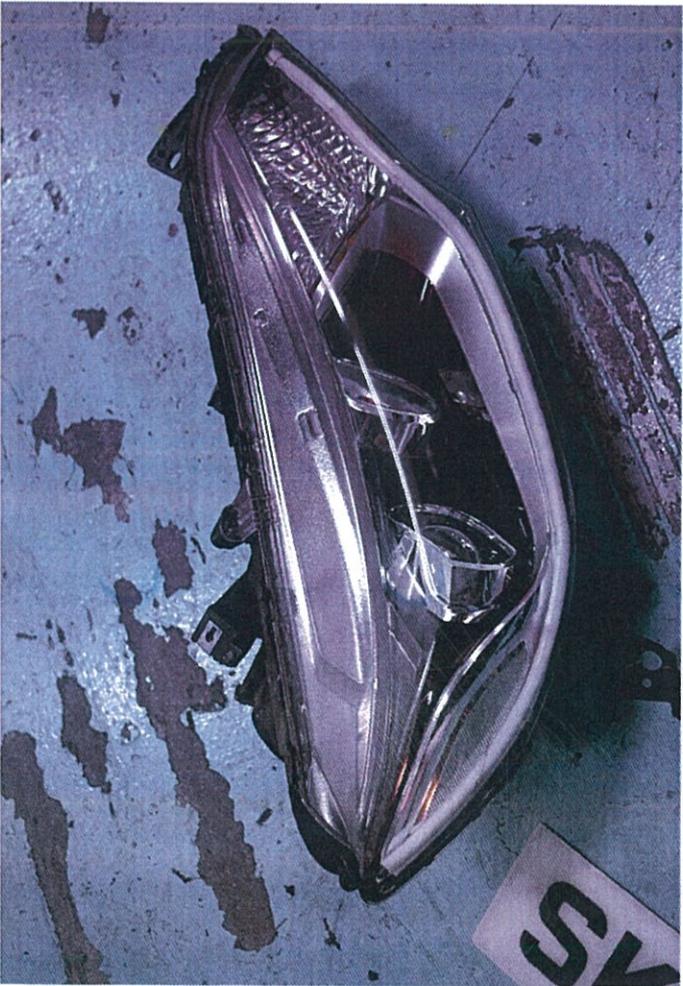
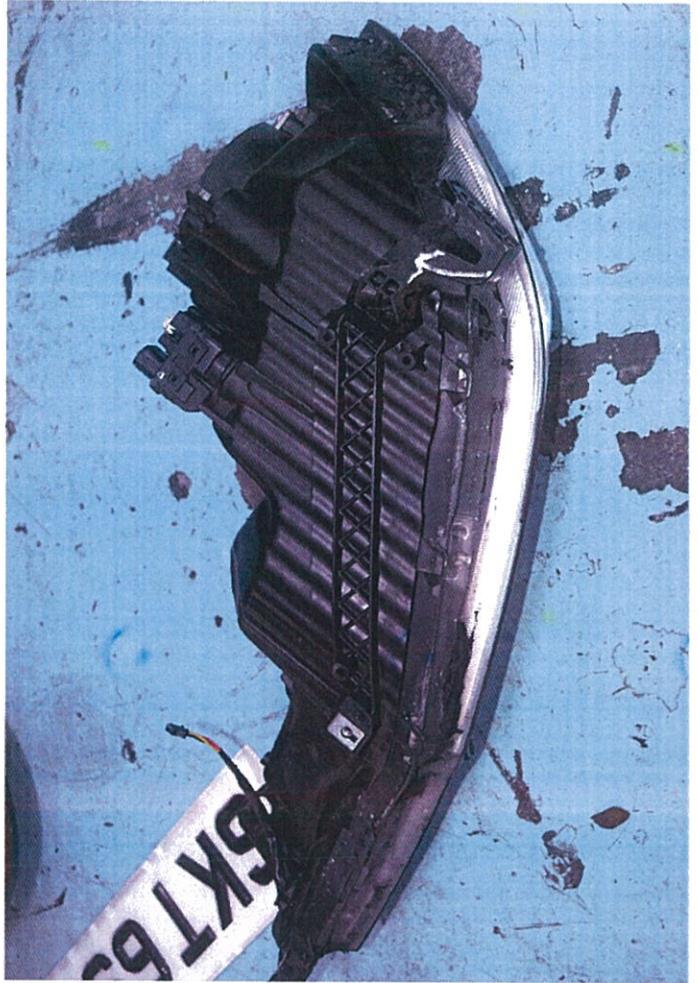


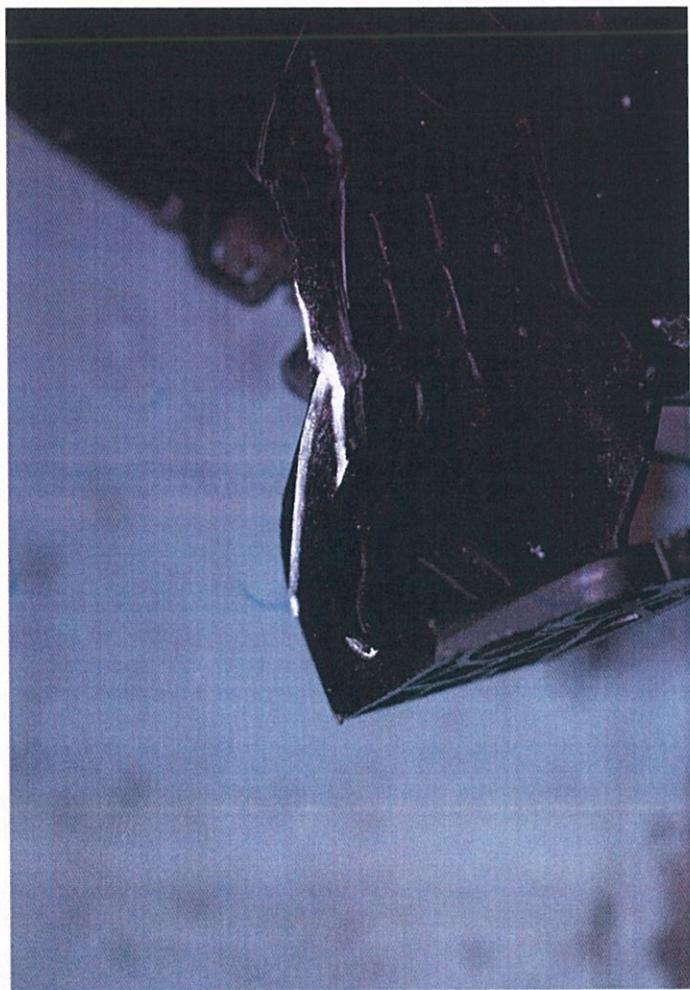












**Enquire Vehicle's Insurance Particulars ( As At 07 Jan 2021 / 07:15:00 )**

Vehicle No.:

**GBH1401D**

Make Description/Model:

**TOYOTA / HIACE VAN TURBO 5DR MT**

Insurance Company Name:

**SOMPO INSURANCE SINGAPORE PTE. LTD.**

Business Transaction Reference No.:

**20210107154308786585**

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