



CROSSBORDERS LLC

Advocates & Solicitors | Commissioner for Oaths | Notary Public

Our Ref: AJ.tk.7771.2021.TW-PD
Your Ref: SHB3214A

26 AUG 2021

MAIN OFFICE
133 NEW BRIDGE
ROAD
#23-03/04/05
CHINATOWN POINT
SINGAPORE 059413
TEL: 6438 1323
FAX: 6438 2313

60212105

TO: CHOY KAM HONG
Blk 113 Tampines Street 11
#02-135
Singapore 521113

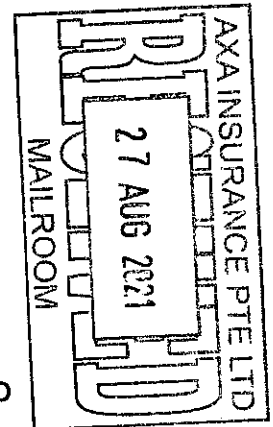
BY CERTIFICATE OF
POSTING

WITHOUT PREJUDICE

cc: AXA Insurance Singapore Pte Ltd
(Motor Claims Dept)
8 Shenton Way
#27-01 AXA Tower
Singapore 068811

BY PDX

WITHOUT PREJUDICE



3019995479---

Dear Sirs

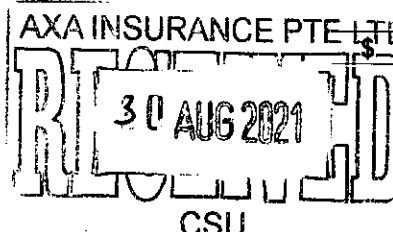
RE: CLAIMANT: ROSET LIMOUSINE SERVICES PTE LTD
ACCIDENT INVOLVING VEHICLES NO. SLF2970M & SHB3214A ALONG ESSO
BEDOK SOUTH AVENUE 1 ON 27.03.2021

We are instructed by the abovenamed to claim damages against you in connection with an accident on 27 March 2021 at about 17:39 hours along Esso Bedok South Avenue 1 involving our clients' vehicle no. SLF2970M and vehicle registration number SHB3214A driven by you at the material time.

We are instructed that the accident was caused by the negligence of you in the driving, management and control of vehicle registration number SHB3214A.

As a result of the accident, our clients' vehicle registration number SLF2970M was damaged and our clients have been put to loss and expense, particulars of which are as follows:-

A	Damages		
a.	Cost of Repairs (inclusive GST)	\$	5,992.00
b.	Rental (13 days x \$180.00 per day)	\$	2,340.00
B	Disbursements		
a.	Insurance Enquiry Fees	\$	7.49
b.	GIA Report Fees	\$	29.00
c.	Survey Report Fees	\$	552.00
C	LEGAL COSTS (AT THIS STAGE)	\$	749.00
			9,669.49



CONFIDENTIALITY CAUTION
THIS DOCUMENT IS FOR THE ADDRESSEE(S) ONLY AND MAY CONTAIN CONFIDENTIAL INFORMATION AND/OR MAY BE
SUBJECT TO LEGAL PRIVILEGE. IF YOU HAVE RECEIVED THIS IN ERROR, PLEASE CONTACT US IMMEDIATELY.

CROSSBORDERS LLC

A LIMITED LIABILITY CORPORATION, REGISTRATION NUMBER 201305284K
GST REGISTRATION NUMBER 201305284K

CROSSBORDERS LLC

Advocates & Solicitors | Commissioner for Oaths | Notary Public

Our Ref: AJ.tk.7771.2021.TW-PD
Your Ref: SHB3214A

26 AUG 2021

MAIN OFFICE
133 NEW BRIDGE
ROAD
#23-03/04/05
CHINATOWN POINT
SINGAPORE 059413
TEL: 6438 1323
FAX: 6438 2313

cc: CITYCAB PTE LTD
383 Sin Ming Drive
Gas Building
Singapore 575717

BY CERTIFICATE OF
POSTING

WITHOUT PREJUDICE

cc: AXA Insurance Singapore Pte Ltd
(Motor Claims Dept)
8 Shenton Way
#27-01 AXA Tower
Singapore 068811

BY PDX

WITHOUT PREJUDICE

Dear Sirs

**RE: CLAIMANT: ROSET LIMOUSINE SERVICES PTE LTD
ACCIDENT INVOLVING VEHICLES NO. SLF2970M & SHB3214A ALONG ESSO
BEDOK SOUTH AVENUE 1 ON 27.03.2021**

We are instructed by the abovenamed to claim damages against you in connection with an accident on 27 March 2021 at about 17:39 hours along Esso Bedok South Avenue 1 involving our clients' vehicle no. SLF2970M and vehicle registration number SHB3214A driven by you at the material time.

We are instructed that the accident was caused by the negligence of you in the driving, management and control of vehicle registration number SHB3214A.

As a result of the accident, our clients' vehicle registration number SLF2970M was damaged and our clients have been put to loss and expense, particulars of which are as follows:-

A	Damages		
a.	Cost of Repairs (inclusive GST)	\$	5,992.00
b.	Rental (13 days x \$180.00 per day)	\$	2,340.00
B	Disbursements		
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CROSSBORDERS LLC

A LIMITED LIABILITY CORPORATION, REGISTRATION NUMBER 201305284K
GST REGISTRATION NUMBER 201305284K

We enclose herewith copies of the following documents in support of our clients' claim:-

- a) GIA Report lodged by the driver of our clients' vehicle no. SLF2970M with sketch plan together with photographs of our clients' vehicle no. SLF2970M;
- b) GIA Report lodged by you (SHB3214A) with sketch plan together with photographs of your motor vehicle no. SHB3214A;
- c) Result of Insurance Enquiry on your vehicle registration no. SHB3214A;
- d) Vehicle Rental Agreement and Official Receipt from K & t Cars;
- e) Repair Profoma Invoice from TeamWork Garage Pte Ltd;
- f) Vehicle Assessment Report & Invoice from CL Appraisal Pte Ltd;
- g) Fifty-Two (52) colour photographs depicting the damage to our clients' motor vehicle no. SLF2970M;
- h) Certificate of Insurance of our client's vehicle no. SLF2970M;
- i) Vehicle Owner Particulars of our client's vehicle no. SLF2970M;
- j) Disbursements Invoices.

✓ Pre-Repair Notification have been sent to **AXA Insurance Singapore Pte Ltd** on 29 March 2021 of the accident and pre-repair inspection of our clients' vehicle was carried out by your insurer.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter **within 14 days** of your receipt of this letter, failing which our clients will have no alternative but to commence proceedings against you without 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 supporting documents **within 8 weeks** of your receipt of this letter.

Yours faithfully


CrossBorders LLC
Email: corene@crossbordersllc.com (secretary)

encs

cc: SLF2970M

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	29/03/2021 15:38 (SGT)
Date of Accident	27/03/2021 17:39 (SGT)
Exact Location of Accident	799 Bedok South Ave 1, Singapore 469335
Additional Location Information	ESSO BEDOK SOUTH AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF2970M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Company Reg No	2XXXXXX722Z
Email Address	khierthii@rosetlimo.com
Mobile Phone No	(Phone) +65-68445225
Alternative Phone No	(Office) +65-68445225

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V13100/VPZ/R02
Cover Note Number	-

DRIVER

Name of Driver	ZAILAN BIN YAHYA
NRIC No	SXXXX646I

Date Of Birth	04/06/1979
Occupation	Outdoor
Date Of Driving Pass	07/12/2009
Driving experience	11 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87429975
Alt. Phone Number	-
Email Address	zailan4679@gmail.com
Address	BLK 9 JALAN BATU
Address complement	#04-41
Postcode	431009
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	0
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT

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	SHB3214A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	CHOY KAM HONG
Contact Number	(Phone) +65-84687102
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mat 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

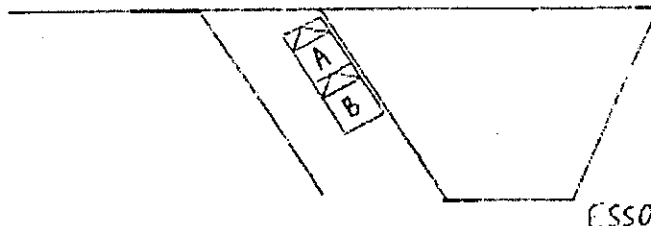


Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A: SLF2970M

B: 54B3214A

Describe Circumstances of the Accident

My vehicle was parked stationary at the ESSO Bedok South Avenue with hazard light on.

1. When I came back to my car, there was an uncle waiting for me. He told me that he hit onto the rear portion of my stationary vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

[Signature]

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

تعمدات

Witnessed by Reporting Centre
Personnel









IMAGES #5





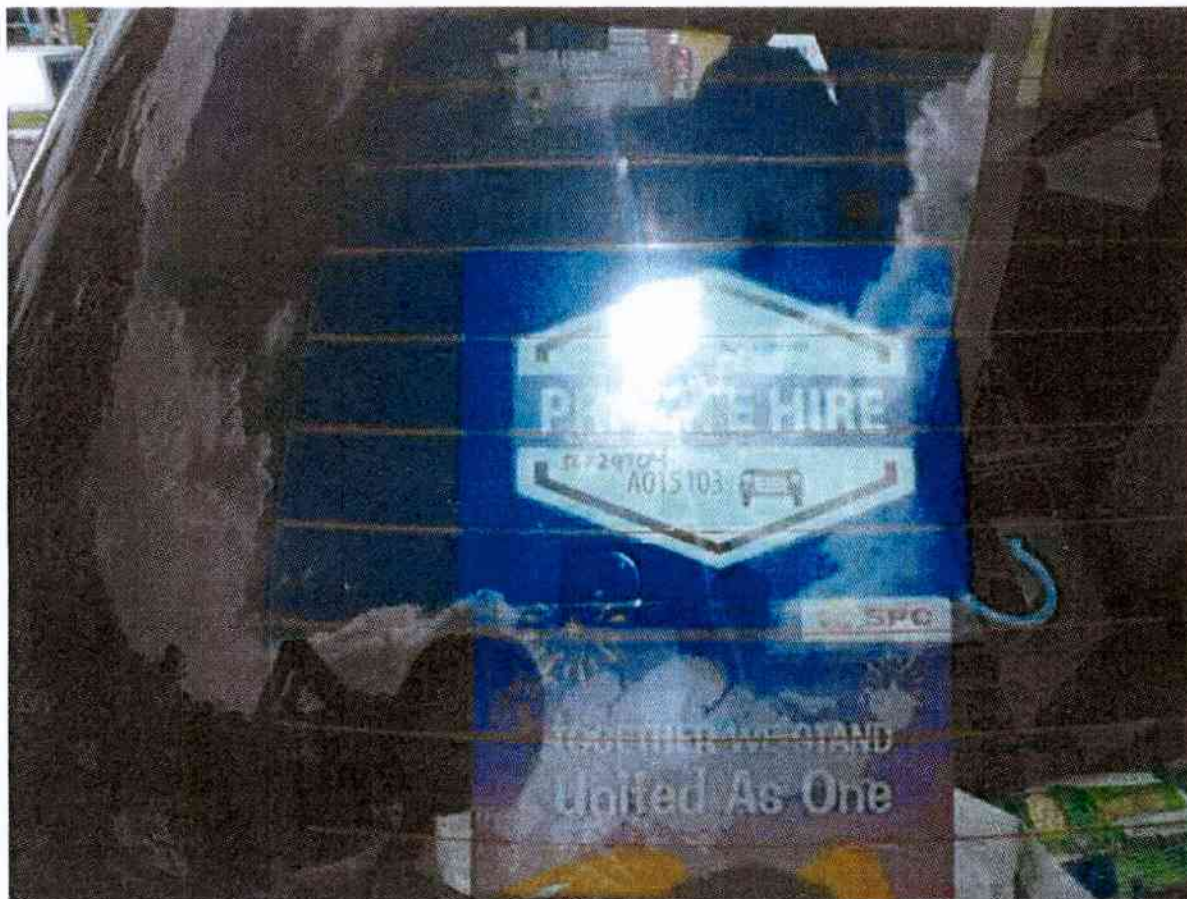


IMAGES #8

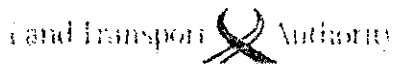




PRIVATE HIRE



> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 29 Mar 2021 / 11:09:28

Receipt Date/Time : 29 Mar 2021 / 11:09:28

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210329-001174

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SHB3214A

As at 27 Mar 2021/17:39:00

Insurance Co: AXA INSURANCE PTE LTD

1	Insurance Enquiry - SHB3214A Enquiry Fee 20210329110743700549	7.00	0.49	7.49
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Sub-Total	7.00	0.49	7.49
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Total Before Rounding	7.00	0.49	7.49
------------------------------	------	------	------

Rounding Difference			0.04
----------------------------	--	--	------

Total Amount Payable			7.45
-----------------------------	--	--	------

Paid By

540191XXXXXX6297	eNETS Credit Card	7.45
------------------	-------------------	------

Total		7.45
--------------	--	------

Cash Change		0.00
--------------------	--	------

Tendered Amount		7.45
------------------------	--	------

Excess Refundable Amount		0.00
---------------------------------	--	------

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

K & t Cars

53 Ubi Ave 1 #01-23 Paya Ubi Ind Park Singapore 408934
Tel: 6844 5938 Fax: 6285 5228 Email : kntcars@gmail.com
Biz Reg. No.: 53208985X

No.: 3975

OFFICIAL RECEIPT

Date: _____

Received from Roset Limousine Services Pte Ltd

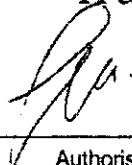
The Sum of Dollars Two Thousand Three Hundred and Forty Dollars

Being payment of SLG 2513U (27/04/2021 to 10/05/2021)

\$ 2340

Cheque No.: _____

K & t Cars





Authorised Signature

K & t Cars

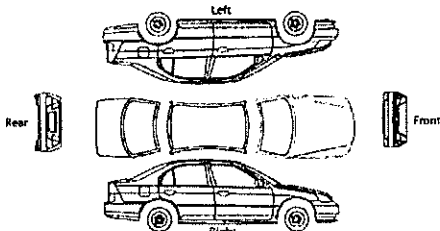
53 Ubi Ave 1 #01-23 Paya Ubi Ind Park
Singapore 408934
Tel: 6844 5938 Fax: 6285 5228
Email: kntcars@gmail.com
Biz Reg. No.: 53208965X

VEHICLE RENTAL AGREEMENT

NO.: KT-05256

Veh. No.: SLG2513U	Replace Veh. No.: SLF2970M
Veh. M / M: Toyota wish	Replace Veh. M / M: Toyota wish

HIRER'S PARTICULAR		<input type="checkbox"/> SAME AS HIRER DRIVER'S PARTICULAR	
Name: Roset Limousine Services PTE LTD		Name: Zailan Bin Yahya	
Address: Blk 53 paya ubi industrial Park Ubi Ave 1 #03-47 S(408934)		Address: Blk 9 Jalan Batu #04-41 S(431009)	
I/C: 2004067222	D.O.B:	I/C: 57915646I	D.O.B: 04/06/1979
Contact: 68445225	Pass Date:	Contact: 87429975	Pass Date: 07/12/2009

	A - ACCIDENT	Hirer's acceptance
	C - CRACKED	
	D - DENTS	Driver's acceptance
	S - SCRATCHES	



RENTAL DETAILS					
Mileage Out		REMARKS	Mileage In		REMARKS
Date Out	27/04/2021		Date In	10/05/2021	
Time Out	1145		Time In	1800	
ASSIGNED BY			CHECKED BY		

RENTAL CHARGES					PETROL / DIESEL LEVEL					
Daily	@ \$	160 150	13 Days @ \$	1680 1950	OUT	E	¼	½	¾	F
Weekly	@ \$		_____ Wks @ \$							
Monthly	@ \$		_____ Mth @ \$		IN	E	¼	½	¾	F
Hours	@ \$		_____ Hrs @ \$							
Inclusive of additional charges (if any)			Amt payable	\$	Petrol Charges		YES	NO	AMT: _____	
					CDW		YES	NO	AMT: _____	
Payment: <input type="checkbox"/> CASH <input type="checkbox"/> NETS <input type="checkbox"/> CHQ <input type="checkbox"/> VISA <input type="checkbox"/> MAST					Security Deposit		YES	NO	AMT: _____	
Bank / Cheque No.:					Advance Payment		YES	NO	AMT: _____	

I/We have read and agree to the terms and conditions stated on this page and overleaf. I/We am/are also aware that should there be any parking and/or traffic offence committed during the leasing period when the vehicle is in my/our possession, we will be billed accordingly. Subsequently, our personal details may be tendered accordingly to the government parking and/or traffic offence department. With us undersigning below, I/We am/are sure that all information I/We have given to K & t CARS in connection with this agreement are true and accurate.

IMPORTANT INFORMATION (To be go through by the personnel of K & t CARS to the hirer and/or driver upon leasing of vehicle)

- Only persons above 26 and below 60 years of age with 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle.
- Vehicle is strictly for Singapore use only and may not be driven out of Singapore without prior consent of the company K & t CARS.
- Use of the vehicle illegal purpose such as in connection with theft, drug peddling or trafficking, smuggling is strictly prohibited.
- Additional drivers are required to register with us before they are allowed to drive the vehicle. Otherwise, he/she will not be protected by the insurance cover.
- The hirer shall be liable for excess charges for any late return of the rate shown per hour or on a per day basis.
- In case of any accident, the hirer MUST report to K & t CARS immediately regardless of the seriousness of the impact occurred. If there are bodily injuries, a police report MUST be made within the next 24 hours.
- In view of all accident, the hirer will bear the full responsibility for the SGD\$3,500/- excess payable to K & t CARS and also the first SGD\$3,500/- excess for damaged to the third party vehicle.

ACKNOWLEDGEMENT	
 Signature of hirer / driver (company stamp if any)	 For and on behalf of K & t CARS (authorised signature only)



TeamWork Garage Pte Ltd
53 Ubi Avenue 1 #01-24 Spore 408934
Paya Ubi Industrial Park
Tel : 6844 2475 Fax : 6844 2474
E-mail : claims@teamworkgarage.com
GST registered number : 201015366H

PROFOMA INVOICE - PI-2304

ZAILAN BIN YAHYA
C/O 53 Ubi Avenue 1 #01-24
Paya Ubi Industrial Park
Singapore 408934

Date : 24-May-21
Vehicle number : SLF2970M
Make Model : TOYOTA WISH
Accident date : 27-Mar-21
Reference number : 2103-48

Description		Amount SGD\$
Inclusive of supplying parts, labour, panel beating and spray painting		
Lump sum repair	:	5600.00
7% GST	:	392.00
Grand total	:	5992.00
Singdollars: FIVE THOUSAND NINE HUNDRED AND NINTY TWO DOLLARS		



Teamwork Garage Pte Ltd

CL APPRAISER PTE LTD

24 Peshurst Place, Singapore 556440
Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783
Reg No: 201000228E

INVOICE

Roset Limousine Services Pte Ltd
C/o: Teamwork Garage Pte Ltd
53 Ubi Avenue 1
#01-24 Paya Ubi Industrial Park, Singapore 408934

Invoice No. : CL/210250
Ref No. : TWG/04/2103/TP
Date : 3 May 2021

DESCRIPTION

AMOUNT

OUR SERVICE FEE CHARGES:

- SURVEY INSPECTION FOR VEHICLE NO. SLF 2970 M
- RESURVEY INSPECTION
- DIGITAL PHOTOGRAPHS SERVICES
(INCLUSIVE OF STORAGE AND SUBMISSION OF DIGITAL PHOTOGRAPHS)
- TRANSPORTATION

GRAND TOTAL **SS 552.00**

E & O. E

All cheque payment should be "Crossed" and made payable to "CL APPRAISER PTE LTD"

We shall be grateful if you could forward our payment at your early convenience.



CL Appraiser Pte Ltd



24 Peshurst Place, Singapore 556440
Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783
Reg No: 201000228E

VEHICLE INSPECTION REPORT

To: Roset Limousine Services Pte Ltd
C/o: Teamwork Garage Pte Ltd
53 Ubi Avenue 1
#01-24 Paya Ubi Industrial Park, Singapore 408934

Date : 3 May 2021
Our ref : TWG/04/2103/TP

Accident Date : 27 March 2021
Inspection Date : 26 April 2021
Repairer Name : Teamwork Garage Pte Ltd
53 Ubi Avenue 1
#01-24 Paya Ubi Industrial Park, Singapore 408934

Type of Survey : Third Party

PARTICULARS OF VEHICLE

Registration No	: SLF 2970 M	Year / Capacity	: 2016 / 1798 cc
Make / Model	: Toyota Wish	Colour	: Blue
Chassis No	: JTDGG20WX0J004884	Mileage	: 297430
Engine No	: 2ZR1821578		

CONDITION OF TYRES

	Make	Size	Thread Balance	Rim
Front Nearside	: Giti	195/65 R15	5 mm	Sport
Front Offside	: Giti	195/65 R15	5 mm	Sport
Rear Nearside	: Giti	195/65 R15	5 mm	Sport
Rear Offside	: Giti	195/65 R15	5 mm	Sport

GENERAL DESCRIPTION OF DAMAGE VEHICLE

The impact damages sustained on the vehicle at the time of inspection is on the rear portion.
(Details refer to the photographs attached)

Enclosed number of photographs: 52 copies

REMARKS

This inspection was conducted entirely on a "**WITHOUT PREJUDICE**" basis and we have not given authorization and instruction to the repairer to proceed with the repair.

RECOMMENDATIONS

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

The repairer has agreed to undertake the job at a Lump Sum of **\$5,600.00** on a contractual basis.

Under normal circumstances, the repair period would be about 6 (Six) working days.

S&C L APPRAISER PTE LTD

Vehicle Registration No.: SLF 2970 M

Our Ref No.: TWG/04/2103/TP

Qty	Description	Conditions	Repairer's Estimate	Revised Amount
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SPARE PARTS - LIST ITEMS

1	Rear windscreen glass moulding	Necessary	\$ 297.54	\$ 297.54
1	Rear tailgate	Damage	\$ 1,466.25	\$ 1,466.25
2	Rear tailgate dampers	Intact	\$ 444.20	
1	Rear tailgate inner trim board	Damage	\$ 485.51	\$ 485.51
1	Rear tailgate inner lock	Damage	\$ 497.37	\$ 497.37
1	Rear tailgate weatherstrip	Necessary	\$ 370.50	\$ 370.50
1	Rear tailgate "VALVE MATIC" emblem	Necessary	\$ 89.80	\$ 89.80
2	Rear taillamps	Intact	\$ 881.00	
1	Rear end panel	Damage	\$ 900.20	\$ 900.20
1	Rear end panel inner garnish	Damage	\$ 296.50	\$ 296.50
1	Rear keyless sensor	Damage	\$ 477.30	\$ 477.30
1	Rear bumper	Damage	\$ 841.65	\$ 841.65
2	Rear bumper reflectors	Damage	\$ 179.60	\$ 179.60
2	Rear bumper side retainers	Necessary	\$ 128.86	\$ 128.86
2	Rear bumper PDC sensors	Damage	\$ 467.60	\$ 467.60
			\$ 7,823.88	\$ 6,498.68
			<i>Less 25%</i>	<i>\$ 1,955.97</i>
Total Cost - List Items			\$ 5,867.91	\$ 4,874.01

SPECIAL NETT ITEMS

1	Rear windscreen sealant	Necessary	\$ 80.00	\$ 50.00
1	Rear "PRIVATE HIRE" sticker	Necessary	\$ 45.00	\$ 45.00
1	Rear bumper clip (1 set)	Necessary	\$ 60.00	\$ 60.00
Total Cost - Special Nett items			\$ 185.00	\$ 155.00

Total cost of parts	\$ 6,052.91	\$ 5,029.01
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Vehicle Registration No.: SLF 2970 M

Our Ref No.: TWG/04/2103/TP

S/No	Description	Repairer's Estimate	Revised Amount
Total cost of parts c/f		\$ 6,052.91	\$ 5,029.01

LABOUR

1	To remove, refit, replaced damaged lamps and check up rear electrical wiring	\$ 80.00	\$ 50.00
2	To remove and refit inner garnishes, inner trim to assist repair.	\$ 150.00	\$ 120.00
3	To remove and refit rear reverse sensor.	\$ 120.00	\$ 80.00
4	To transfer rear tailgate mechanism and wiring assembly to assist repair.	\$ 80.00	\$ 80.00
5	To remove and refit rear windscreen glass.	\$ 180.00	\$ 120.00
6	To apply undercoating on repaired and replaced panel.	\$ 150.00	\$ 90.00
7	To provide labour charges, workmanship to dismantle above damaged parts, repair including cut and weld ; re-align body structure and damaged consistent to the accident.	\$ 1,080.00	\$ 750.00
8	To respray painting include polishing and waxing on the changed body parts, repaired portions where consistent to the accident.	\$ 1,000.00	\$ 660.00

GRAND TOTAL

\$ 8,892.91 \$ 6,979.01



Vehicle Registration No.: SLF 2970 M

Our Ref No.: TWG/04/2103/TP

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a **Lump Sum Repair Contract of : \$ 5,600.00**


By accepting to carry out the repairs on a contract lump sum basis, the repairer has the discretion to replace the damaged parts with used, reconditioned or new parts, or to repair it to a roadworthy condition.

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

Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicle and/or other accident in other legal proceedings.

C L APPRAISER PTE LTD



Cheong KUH
Automotive Appraiser





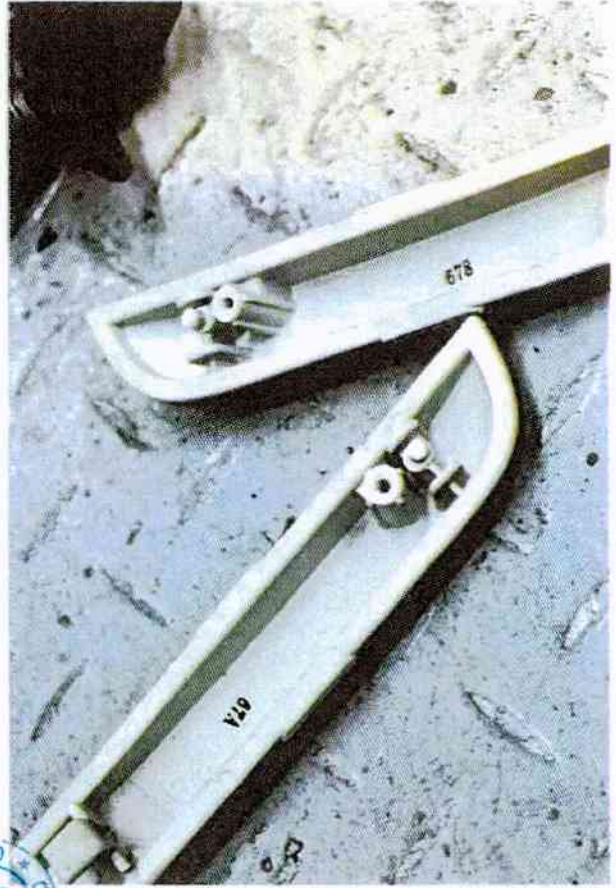




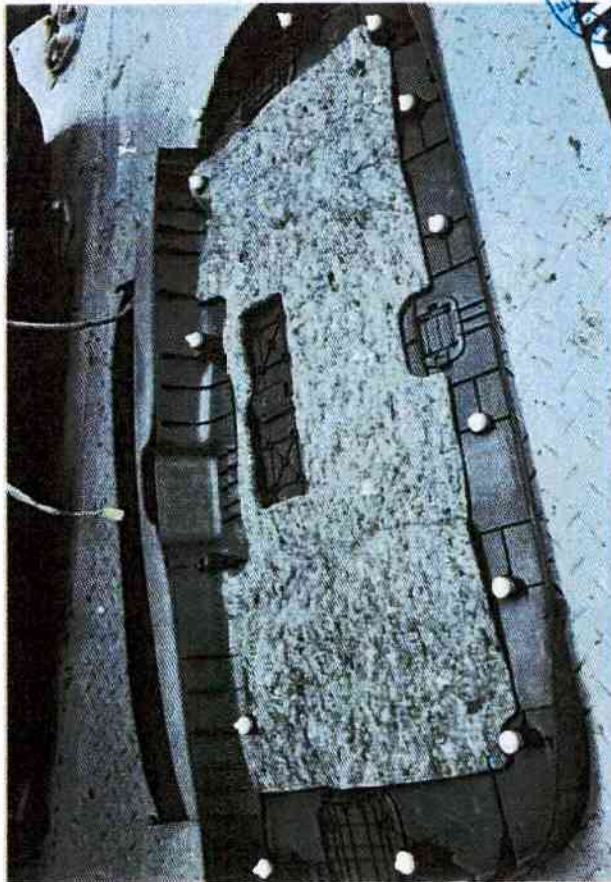


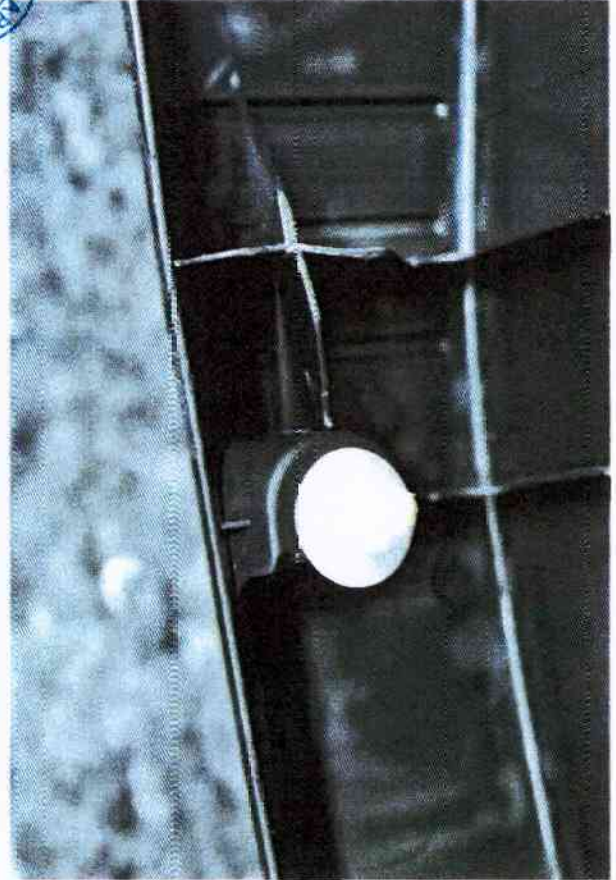




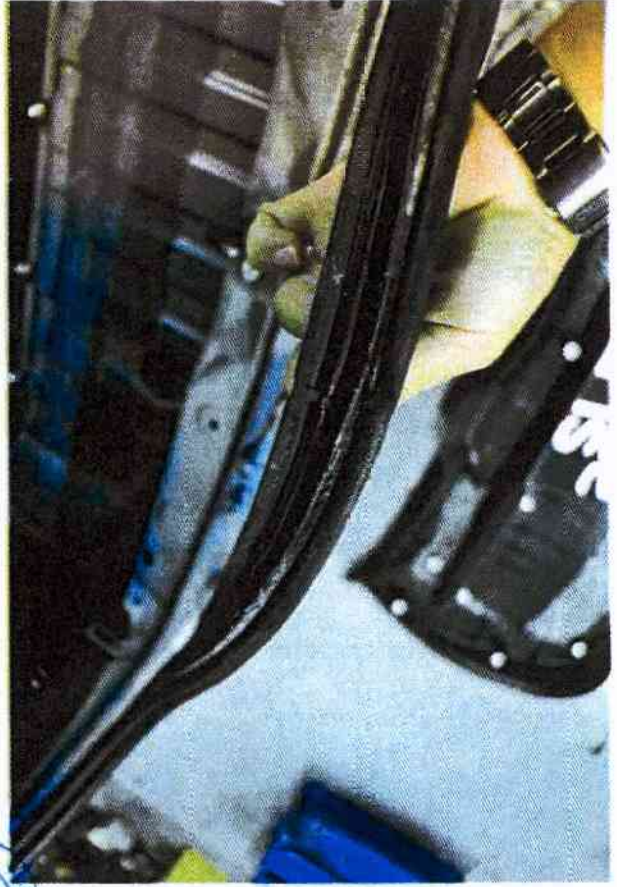


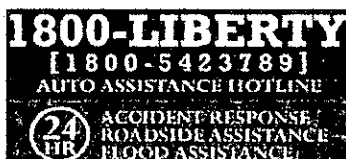
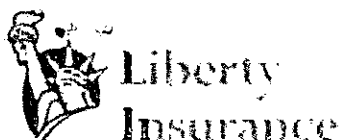













Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6225 6890
Website: <http://www.libertyinsurance.com.sg>

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SD20V13100 NPZ /R02
Form	MZ406C
Date Of Issue	20-OCT-2020
1.Index Mark and Registration No. of Vehicle:	SLF2970M
2.Chassis number of Vehicle:	JTDGG20WX0J004884
3.Name of Policyholder:	ROSET LIMOUSINE SERVICES PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	01-NOV-2020 00:00 AM
5.Date of Expiry of Insurance:	31-OCT-2021 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	<p>Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.</p> <p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.</p> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>
7.Limitations as to use*:	<p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.</p> <p>C) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by the person to whom the vehicle is hired.</p>
8.Policy does not cover:	<p>A) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>
<p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 are not to be included under these headings.</p>	
<p>I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987.</p>	
<p style="text-align: right;">For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p> <p style="text-align: right;"> _____ Authorised Signature</p>	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen, Geographical Area - refer memorandum
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Refer Memorandum - Section I S\$2000, Refer Memorandum - Section II S\$2000, Windscreen Excess S\$100
FINANCE COMPANY:	DBS BANK LTD
PRODUCER NAME:	NEWSTATE STENHOUSE (S) PTE LTD

PLSL/20-OCT-20

S1_CL_T1_T3_OE_Template2-Ver1.

20-OCT-20

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	722Z

Vehicle Details

Vehicle No.:	SLF2970M
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Mar 2021
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8 CVT
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	2ZR1821578
Chassis No.:	JTDGG20WX0J004884
Maximum Power Output:	105.0 kW (140 bhp)
Open Market Value:	\$19,955.00
Original Registration Date:	22 Aug 2016
First Registration Date:	22 Aug 2016
Transfer Count:	0
Actual ARF Paid:	\$19,955.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Aug 2026
PARF Rebate Amount:	\$14,966.00

Intended COE Rebate Details

COE Expiry Date:	21 Aug 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$56,089.00
COE Rebate Amount:	\$30,260.00
Total Rebate Amount:	\$45,226.00

The information contained herein is correct as at 29 Mar 2021

OK



RECORD MANAGEMENT CENTRE

**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

Date of Request: 02/08/2021

Your Ref No: 7771

CROSSBORDERSLLC

133 New Bridge Road #23-03-04-05 Chinatown Point

Dear Sir/Madam,

Date of Accident: 27/03/2021 00:00 (SGT)

Vehicle No: SLF2970M

Place of Accident: Bedok South Ave 1, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SHB3214A	Bedok South Ave 1, Singapore	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

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

Thank you.

This is a computer generated document and requires no signature.

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 30/03/2021 11:54 (SGT)
Date of Accident 27/03/2021 17:30 (SGT)
Exact Location of Accident Bedok South Ave 1, Singapore
Additional Location Information ESSO PETROL KIOSK STN
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB3214A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CITYCAB PTE LTD

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Ioniq
Variant -
Vehicle Category Taxi
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy Yes
Policy Number VFX/P2419140
Cover Note Number -

DRIVER

Name of Driver CHOY KAM HONG
NRIC No S0201257Z
Address BLK 113 TAMPINES ST 11
Address complement #02-135
Postcode 521113
Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Head to Rear
Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? No
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 1

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident -
Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLF2970M
Vehicle Manufacturer Toyota
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver ZAILAN BIN YAHYA
Insurance Company Name -

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

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

A SLAB 3214 A

B SLF 2970m

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/03/21 @ about 7:30pm, I was at Esso Zedok South Ave 1 exit to main road. B vehicle - SLF2970M was stationary at the right side with the hazard light on. At that time I was parking behind due to the road was slope so my vehicle had rolled forward and slightly touch the front wheel. Vehicle B rear bumper got slight damage. as my vehicle there was no damage at all. NO injured at that time. Particular exchange and scene photo taken.

DECLARATION

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

CITYCAB PTE LTD
CO REG. NO. 199502339G

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/Fin No.: *[Signature]*

