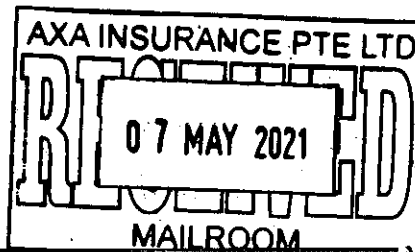


CROSSBORDERS LLC



Advocates & Solicitors | Commissioner for Oaths | Notary Public

MAIN OFFICE
133 NEW BRIDGE ROAD
#23-03/04/05
CHINATOWN POINT
SINGAPORE 059413

TEL: 6438 1323
FAX: 6438 2313

Our Ref: AJ.tk.7710.2021.PAS-PD
Your Ref: SFU1816A

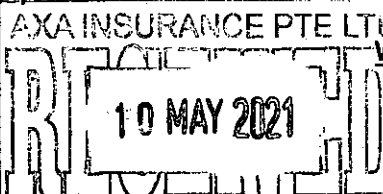
60207509
60540209
07 MAY 2021

TO: **GOO CHUEN HANG**
295A Pasir Panjang Road
Singapore 117523

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: TITANIUM LIMOUSINES PTE LTD
ACCIDENT INVOLVING VEHICLES NO. SMD1603D & SFU1816A ALONG
THOMSON ROAD TOWARDS FAR EAST FLORA ON 08.02.2021

We are instructed by the abovenamed to claim damages against you in connection with an accident on 08 February 2021 at about 06:55 hours along Thomson Road towards Far East Flora involving our clients' vehicle no. SMD1603D and vehicle registration number SFU1816A 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 SFU1816A.

As a result of the accident, our clients' vehicle registration number SMD1603D was damaged and our clients have been put to loss and expense, particulars of which are as follows:-

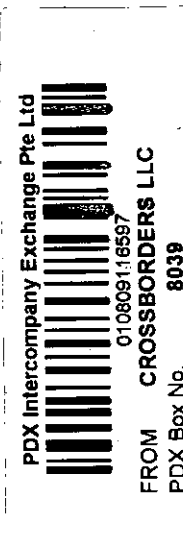
A	Damages		
a.	Cost of Repairs	\$	5,750.00
b.	Rental (10 days x \$180.00 per day)(CNY surcharge \$90 x 5 days) inclusive GST	\$	2,407.50
b.	Loss of Use (01 days x \$120.00 per day) (inclusive of 1 Sunday and 2 Holiday and 2 days Pre-Repair Inspection Notice)	\$	120.00
B	Disbursements		
a.	LTA Search	\$	7.49
b.	GIA Report	\$	29.00
c.	Survey Report	\$	557.00
C	LEGAL COSTS (AT THIS STAGE)	\$	749.00
		\$	9,619.99

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



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

- a) GIA Report lodged by the driver of our client (SMD1603D) with sketch plan together with photographs of vehicle no. SMD1603D;
- b) GIA Report lodged by you (SFU1816A) with sketch plan together with photographs of your motor vehicle no. SFU1816A;
- c) Result of LTA search on your vehicle registration no. SFU1816A;
- d) Vehicle Rental Invoice from Titanium Limousines Pte Ltd;
- e) Repair Invoice from Palladium Auto Solutions;
- f) Vehicle Assessment Report & Invoice from United Appraiser and Management Pte Ltd;
- g) Twenty-Eight (28) colour photographs depicting the damage to our clients' motor vehicle no. SMD1603D;
- h) Vehicle Owner Particulars of our client's vehicle no. SMD1603D;
- i) LTA Receipt and GIA Invoices.

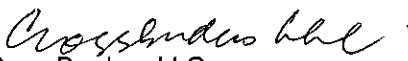
We have on 08 February 2021 notified your insurers AXA Insurance Singapore Pte Ltd of the accident and pre-repair inspection of our client's vehicle was carried out by your insurer.

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 clients 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: SMD1603D ✓

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 08/02/2021 15:29 (SGT)
Date of Accident 08/02/2021 06:55 (SGT)
Exact Location of Accident 557 Thomson Rd, Singapore 298181
Additional Location Information along thomson road towards Far East Flora
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD1603D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Titanium Limousines Pte Ltd
Company Reg No 2XXXXX055R
Email Address ANNA@TITANIUMLIMOUSINES.COM.SG
Mobile Phone No (Phone) +65-81390895
Alternative Phone No +65-83199003

VEHICLE PARTICULARS

Manufacturer Toyota
Model Alphard
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 Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Etiqa
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number M0015775
Cover Note Number -

DRIVER

Name of Driver Yu Xiang
Passport No/FIN GXXXX204N
Date Of Birth 23/12/1980
Occupation Indoor

Date Of Driving Pass	07/07/2020
Driving experience	7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83199003
Alt. Phone Number	-
Email Address	yujiarui1220@sina.com
Address	6 Suffolk Walk #17-08
Address complement	-
Postcode	307464
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	2
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Daughter
Gender	Female

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

Please refer to statement attached

ATTACHMENT(S)

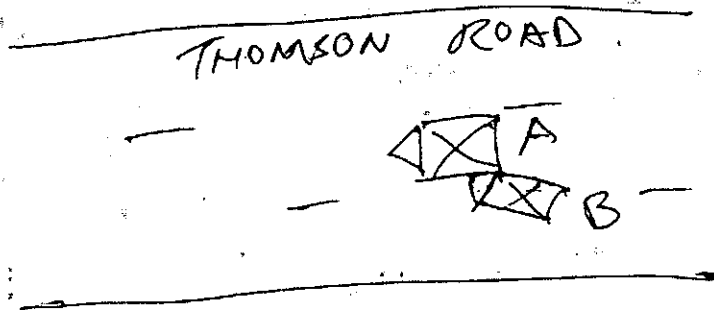
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFU1816A
Vehicle Manufacturer	Toyota
Vehicle Model	Harrier
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
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) -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A - SMD 1603D
 B - SFU 1816A

I was driving straight in my lane towards Far East Flora along Thomson Road on Lane 2 when suddenly vehicle B hit onto my left passenger rear side while he was switching lane.

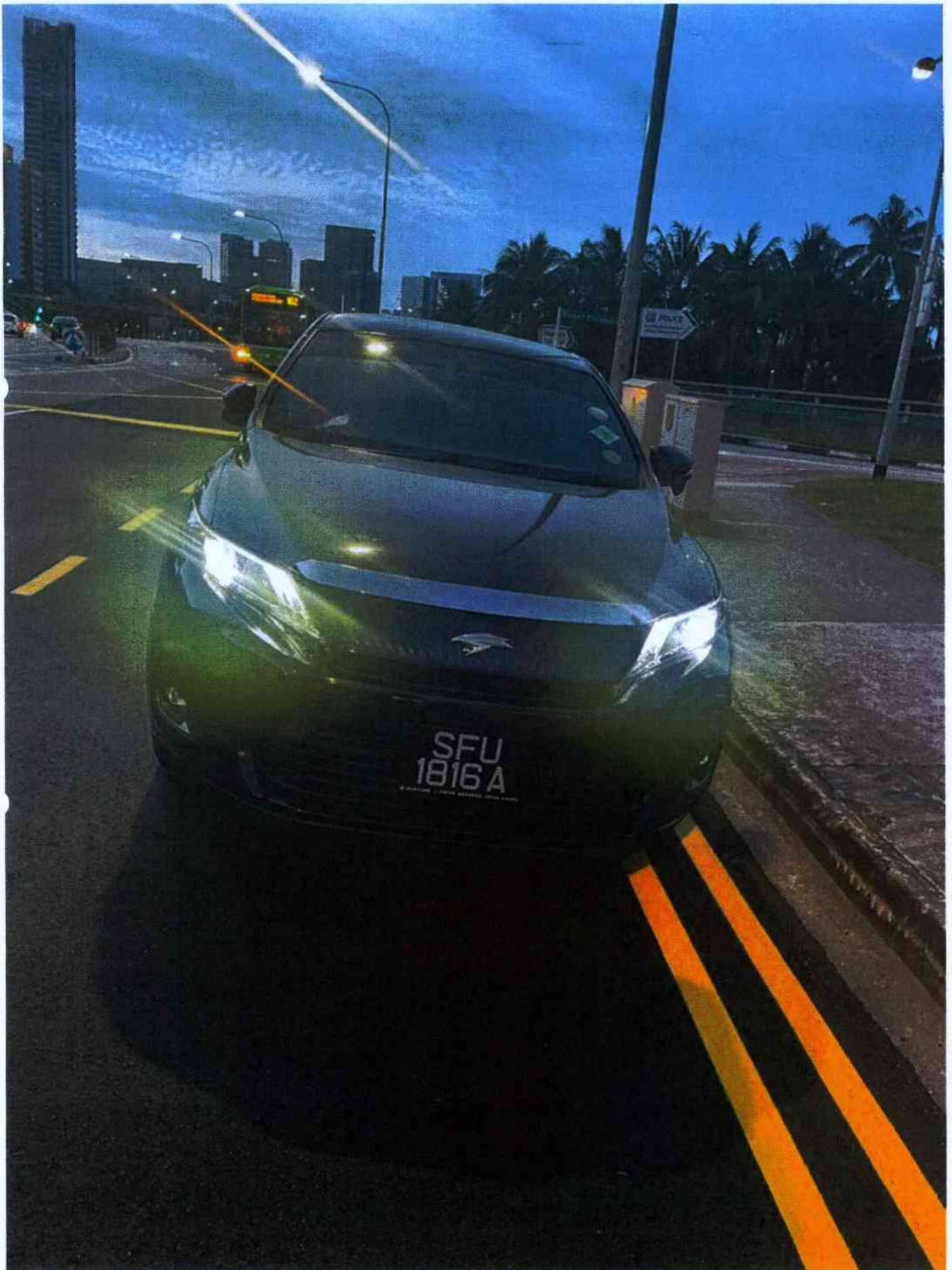
DECLARATION

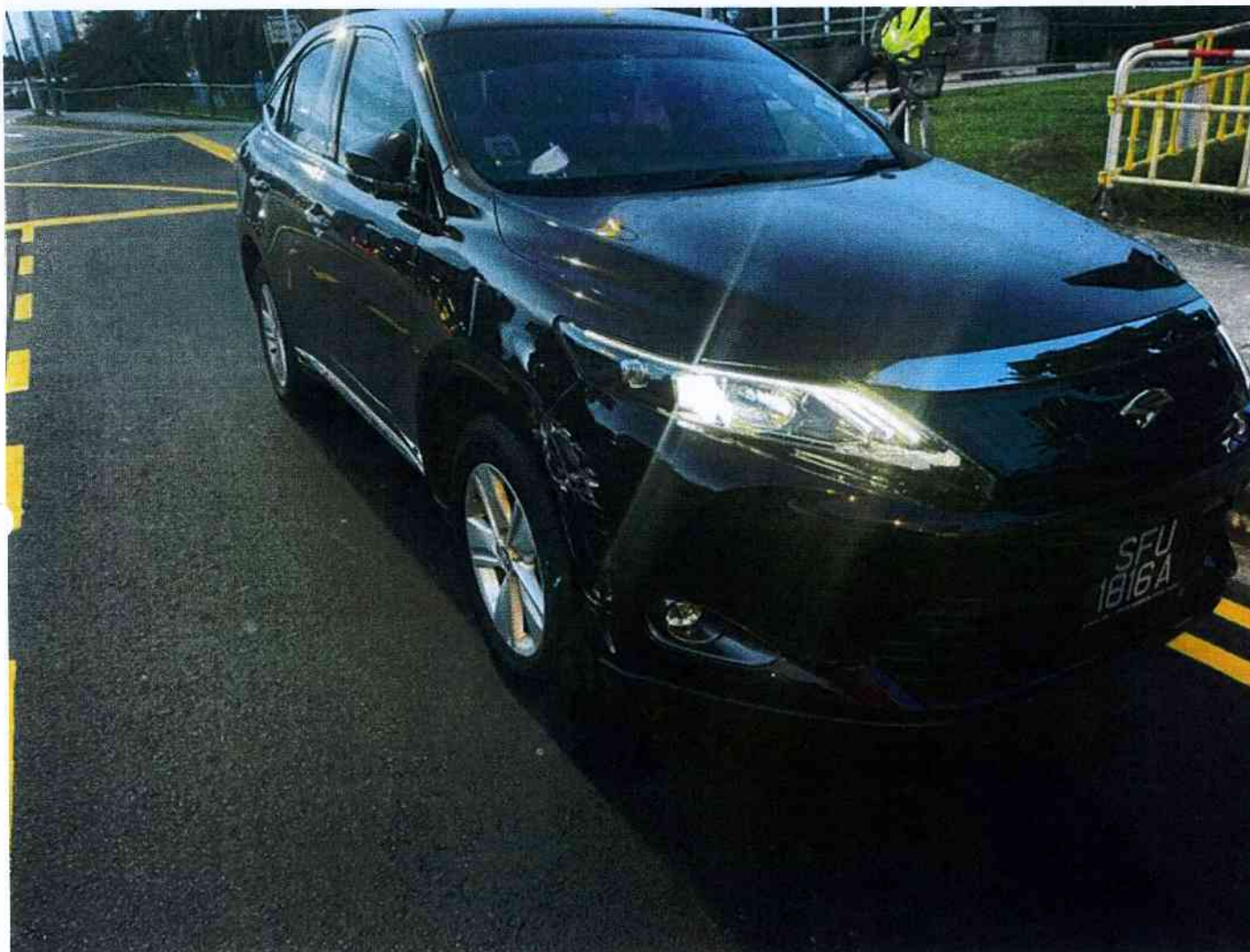
I/We declare the foregoing particulars are true in every respect.

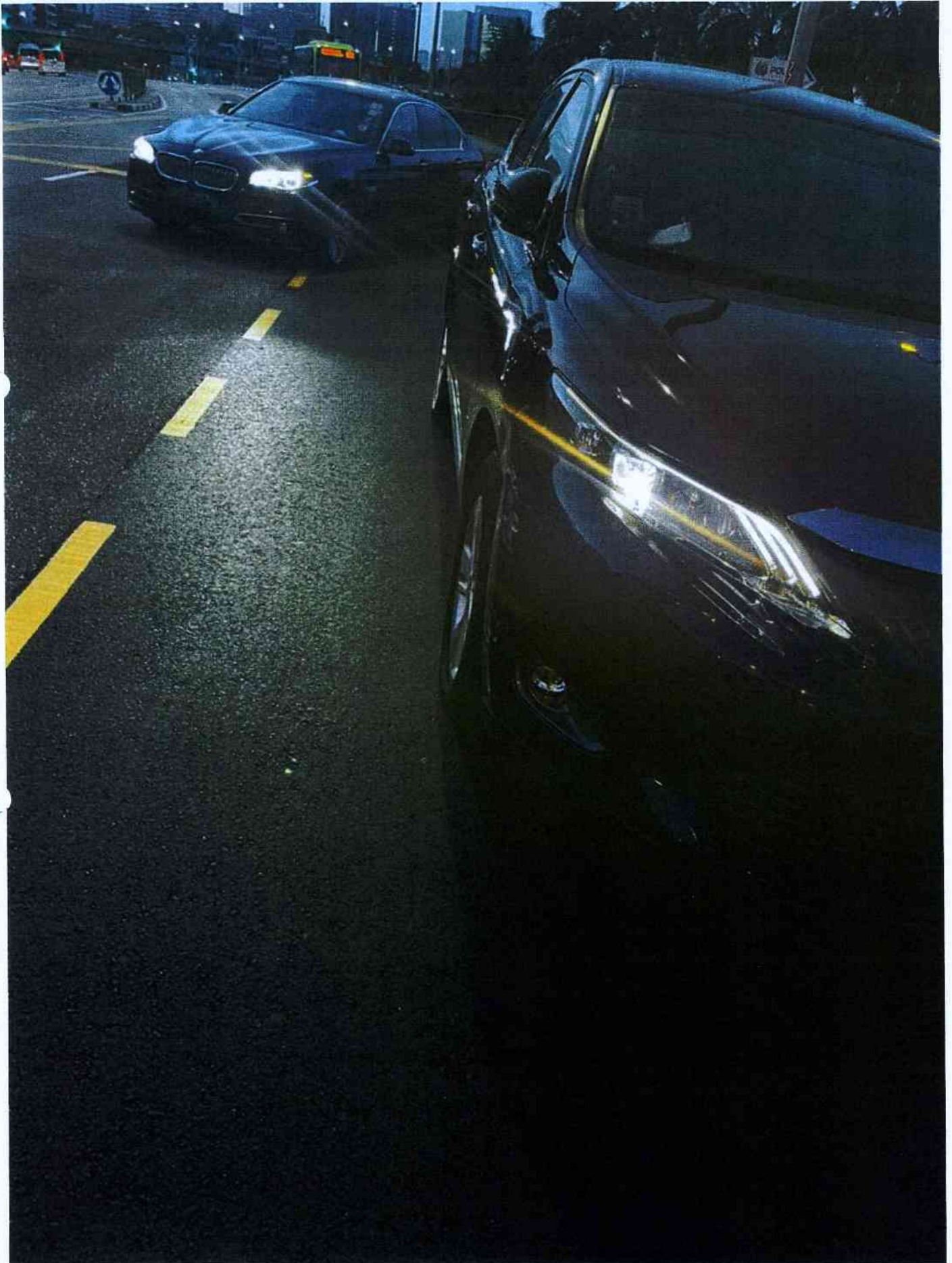
[Signature]
 Policyholder's Signature
 Date & Time

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

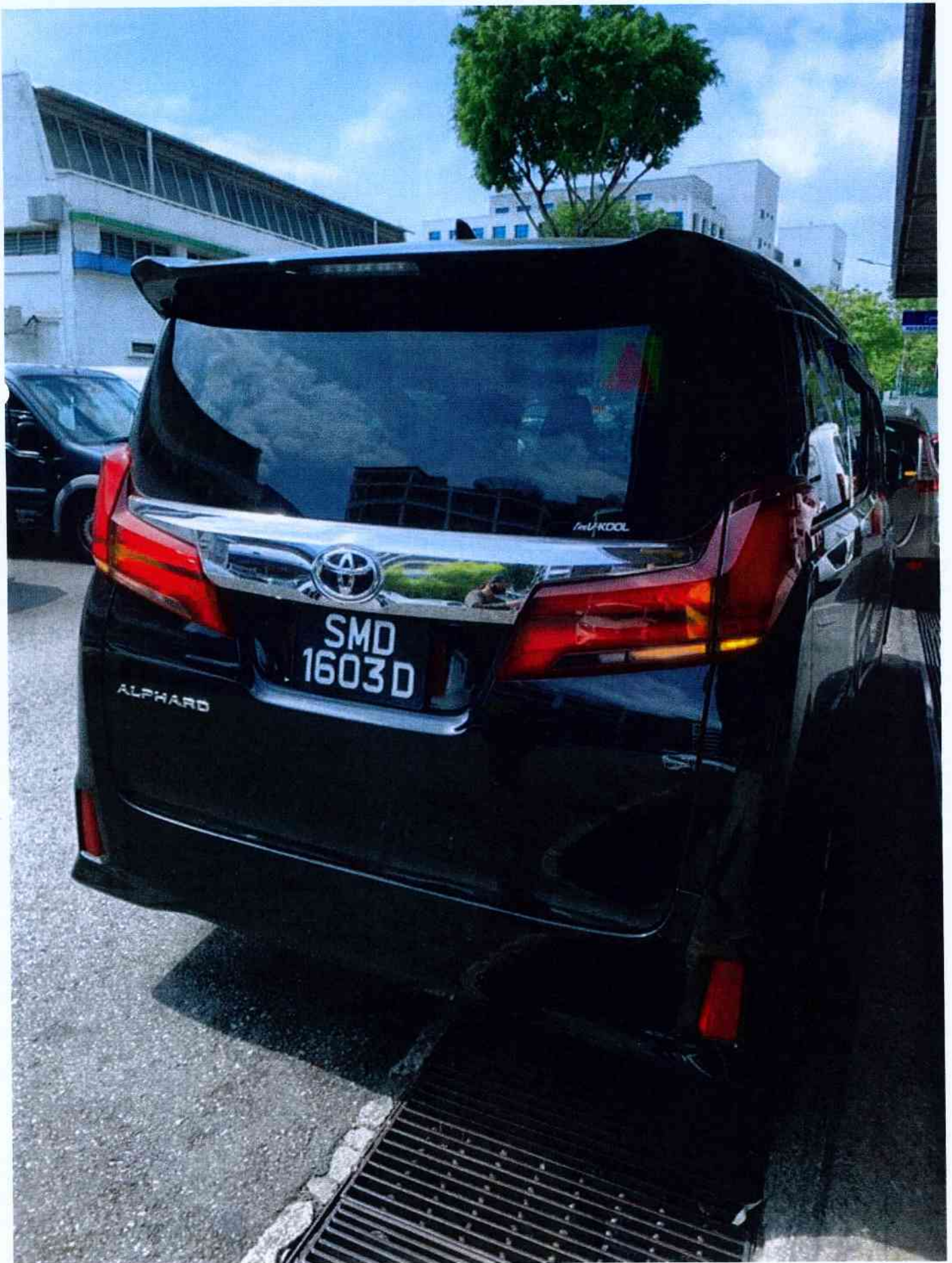
Reporting Centre Personnel's Signature
 Name:
 NRIC/ID No























6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UTN: S4635020G / GST Reg. No.: M400017733

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: SM D 16030

Name (as shown in NRIC) : _____ NRIC/FIN/Passport No : _____

(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : _____ Time of Accident : _____

Place of Accident : _____

Insurance Company: ETIQA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

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

Fleet Policy

Policyholder / Driver's Signature
Date: _____

Reporting Centre Personnel's Signature

Name: [Signature]
NRIC/FIN No.: S4635020G

Date: 3/2/21

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident Time
6:55 am 8 Feb

Location of Accident
Thomson Rd towards Far East Flora.

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number SMD 1603D
Name of Policyholder TITANIUM LIMOUSINES PTE LTD
NRIC/ FIN/ Passport ROC (if Policyholder is company) 201213055R
Address 5(079903) 10 ANSON ROAD #23-020 International Plaza
Contact Number Tel 90042550 Hp Anna
Occupation

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model TOYOTA ALPHARD
Type of Vehicle Saloon, MPV, CRV, Van, Lorry, Bus / Motorcycle, Others 2493CC
Exact Purpose for which vehicle was being used Personal
Are you claiming under your own insurance policy? ☐ Yes ☒ No Remarks TP
Vehicle category ☐ Private ☒ Commercial ☐ Motorcycle
INSURANCE COMPANY (VEHICLE A) ETICA
Name of Insurance Company
Type of Policy ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party
Fleet Policy ☒ Yes ☐ No
Policy Number M0015775

DRIVER

Name of Driver YU XING
NRIC/ FIN/ Passport G3921204N
Date of Birth 23/12/80
Occupation Interior Designer
Driving Pass Date 07/7/20
Gender ☐ Male ☒ Female
Contact Number Tel Hp 83199003
Address 6 Suffolk Walk #17-08 3 (307464) 2002 (China)
Email Address yujia rui 1220@sina.com
Was driver an employee of the Insured's Company? ☐ Yes ☒ No
If No, relationship of Driver with the Insured. Lease (Monthly from 23/7/20)

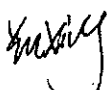
GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc)
Weather Conditions ☒ Clear ☐ Raining ☐ Others
Road Surface ☒ Wet ☐ Dry ☐ Others
Damage Area

OTHER INFORMATION

Was there any foreign vehicle(s) involved? ☒ No ☐ Yes
Was anybody injured in the accident? (Including Witness) ☒ No ☐ Yes
Was any other vehicle(s) or property damaged? ☐ No ☒ Yes
Was there any camera video footage (in car)? ☐ No ☒ Yes
DETAILS OF POLICE ACTION
Was the accident reported to the Police? ☒ No ☐ Yes
If Yes, please state which police station & Report No
Was notice of intended Prosecution given? ☒ No ☐ Yes
If Yes, against whom?


TITANIUM LIMOUSINES PTE LTD
REG NO 201213055R



OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED**Other Vehicle or Property 1 (VEHICLE B)**

Vehicle Registration Number _____

Vehicle Make/ Model/ Colour _____

Details of Properties (If Other Party is not a Vehicle)

Damage Area _____

Name of Driver _____

NRIC/ FIN/ Passport _____

Contact Number / Email Address _____

Address _____

Name of Insurance Company _____

Other Vehicle or Property 2

Vehicle Registration Number _____

Vehicle Make/ Model/ Colour _____

Details of Properties (If Other Party is not a Vehicle)

Damage Area _____

Name of Driver _____

NRIC/ FIN/ Passport _____

Contact Number / Email Address _____

Address _____

Name of Insurance Company _____

DETAILS OF WITNESS

Name _____

Phone / Email Address _____

Address _____

NRIC/ FIN/ Passport _____

DETAILS OF INJURED PERSON 1

Name _____

NRIC/ FIN/ Passport _____

Address _____

Approximate Age _____

Injuries Sustained _____

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn? ☐ Yes ☐ NoWas Injured conveyed to hospital by ambulance? ☐ Yes ☐ No**DETAILS OF INJURED PERSON 2**

Name _____

NRIC/ FIN/ Passport _____

Address _____

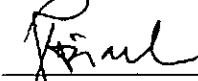
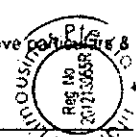
Approximate Age _____

Injuries Sustained _____

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn? ☐ Yes ☐ NoWas Injured conveyed to Hospital by Ambulance? ☐ Yes ☐ No**Declaration**

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

 Signature of Policy Holder
 (Company Chop if applicable)

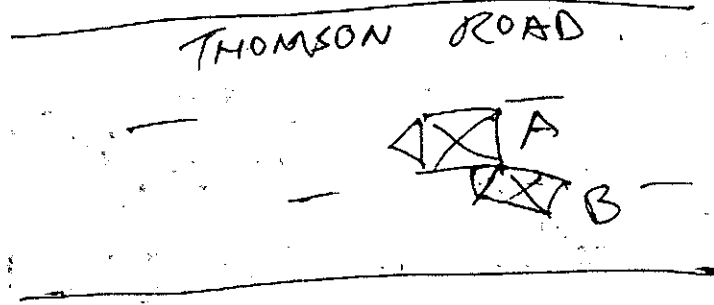
Date & Time _____



 Signature of Driver / Date & Time
 (If Driver is not the Policy Holder)

Date & Time _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A - SMS 1603D
B - SFU 1816A

I was driving straight in my lane towards Far East Flora along Thomson Road on Lane 2 when suddenly vehicle B hit onto my left passenger rear side while he was switching lane.

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)
Date & Time

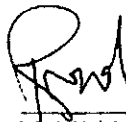
[Signature]
Reporting Centre Personnel's Signature
Name:
IRIC/Unit No.

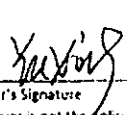
SKETCH PLAN**IMPORTANT NOTICE**

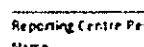
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to 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 inquiries by me;
 - (iv) administering my claims including the receipt of correspondence, notices, reports and notices from which could involve disclosure of certain personal data about me to the relevant delivery of the report 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
 NRIC/FIN No.:

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	08/02/2021 20:48 (SGT)
Date of Accident	08/02/2021 07:05 (SGT)
Exact Location of Accident	Near Old Police Academy - Thompson Rd, Singapore
Additional Location Information	THOMSON ROAD (JUNCTION MT PLEASANT RD)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFU1816A
-----------------------------	----------

INSURED/POLICYHOLDER	
----------------------	--

Is company?	No
Name Of Registered Owner	GOO CHUEN HANG

VEHICLE PARTICULARS	
---------------------	--

Manufacturer	Toyota
Model	Harrier
Variant	-
Vehicle Category	Private car

INSURANCE COMPANY	
-------------------	--

Name of Insurance Company	Axa
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA542758
Cover Note Number	08/06/2020-07/06/2021

DRIVER	
--------	--

Name of Driver	GOO CHUEN HANG
NRIC No	S1695516G
Address	295A Pasir Panjang Road
Address complement	-
Postcode	117523
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT	
-------------------------------------	--

Type of Accident	Collision - Change/cross lane
------------------	-------------------------------

Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? No
Was any other material or property damaged? Yes
Number of Passengers (Including Driver) 2

CIRCUMSTANCES OF ACCIDENT

Kindly refer to the Sketch Plan

ATTACHMENT(S)

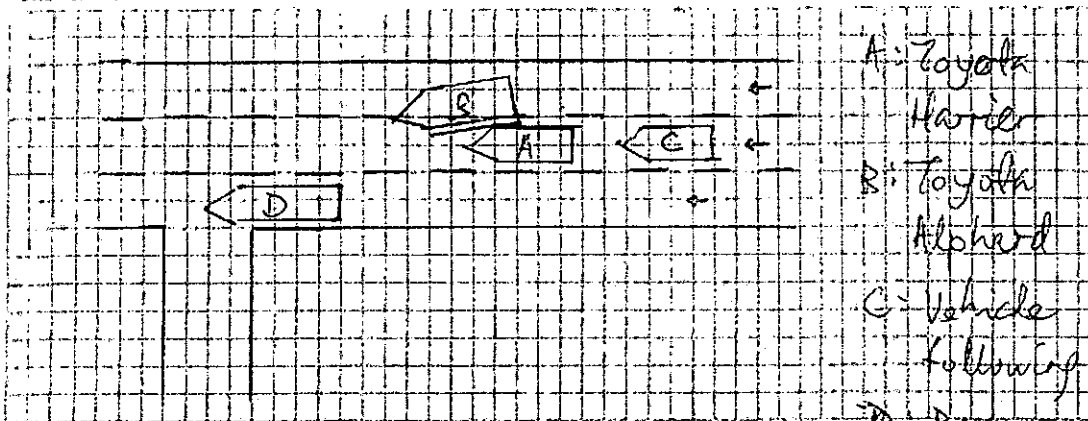
Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No
Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMD1603D
Vehicle Manufacturer Toyota
Vehicle Model Alphard
Vehicle Variant -
Vehicle Colour Black
Vehicle Category Private car
Name of Driver Yu Xin
Insurance Company Name -

Image As per Original
---CSU---

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was sending my daughter to RGS. At 7:05 am, I was travelling on lane 2 of Thomson Road, next to bus lane (lane 3). Then a Toyota Alphard drifted into my lane. It was a brief contact before the Toyota Alphard resumed its original course. Nonetheless damages had been made - the front above the car's right front wheel were scratched by the Toyota Alphard. The driver was Mdm Yu Xin (not sure if correctly spelled but her Chinese name is 余欣). She could be from China with her child studying in Singapore. She was also sending her child to school.

1. Her vehicle was in my line of sight, but my Harrier was in her blind spot.
2. The Toyota Alphard was quite a big size vehicle compared with Harrier, or most of the family vehicles.
3. While I was travelling on lane 2, I would be moving to lane 3 and travelled into a small lane to go to Olive Road and drive across to Tea Payoh Rise. This is to avoid the long car queue on lane 1 of Thomson Road waiting to turn into Tea Payoh Rise when parents are sending their children to school.

Important:

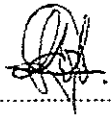
You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

Reporting Only


- ☐ Claim OD
- ☒ Claim TP
- ☐ Claim OD/ TP at other workshop

DECLARATION

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


Policyholder's signature
Date & Time

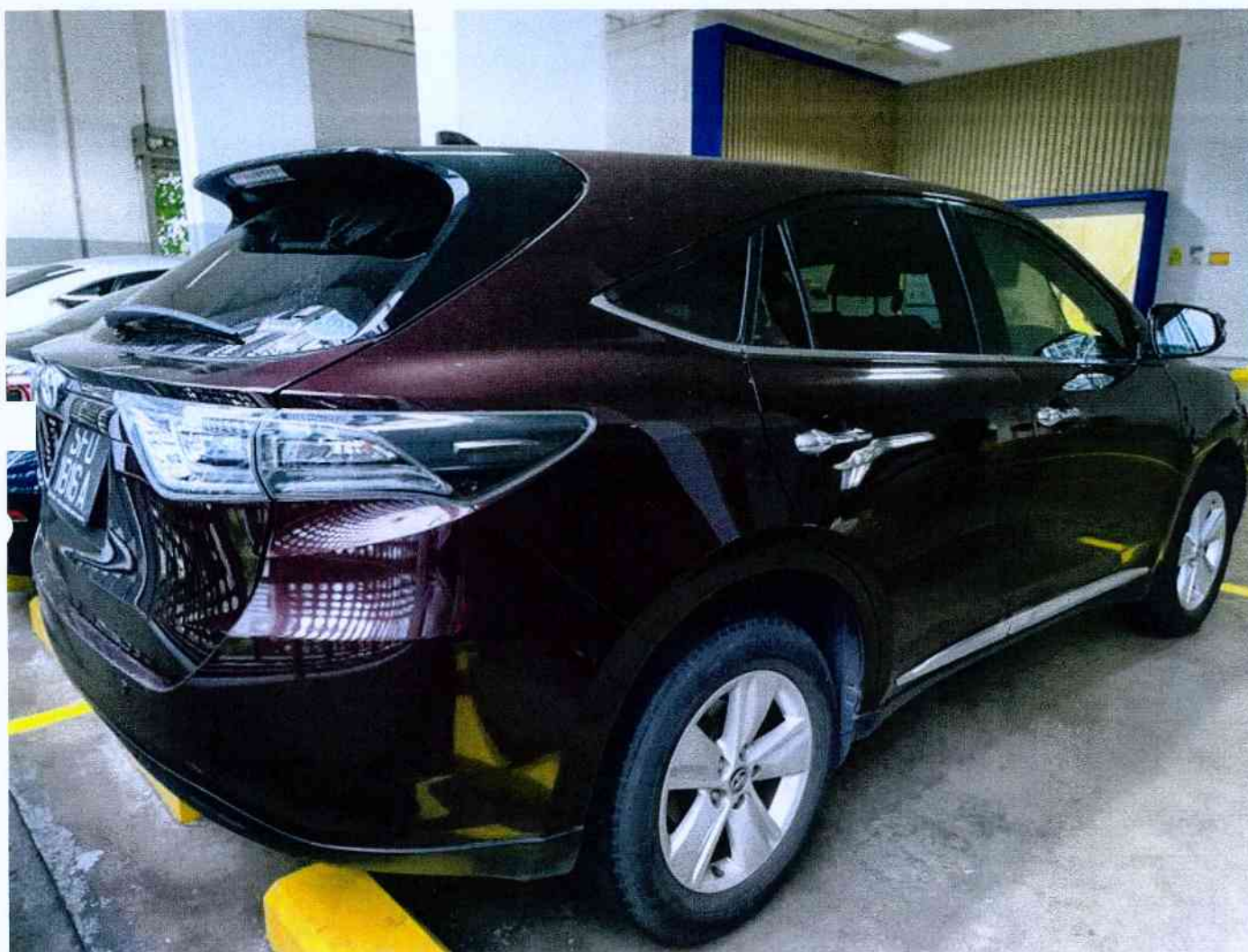
Driver's Signature
(If driver not the policyholder)
Date & Time

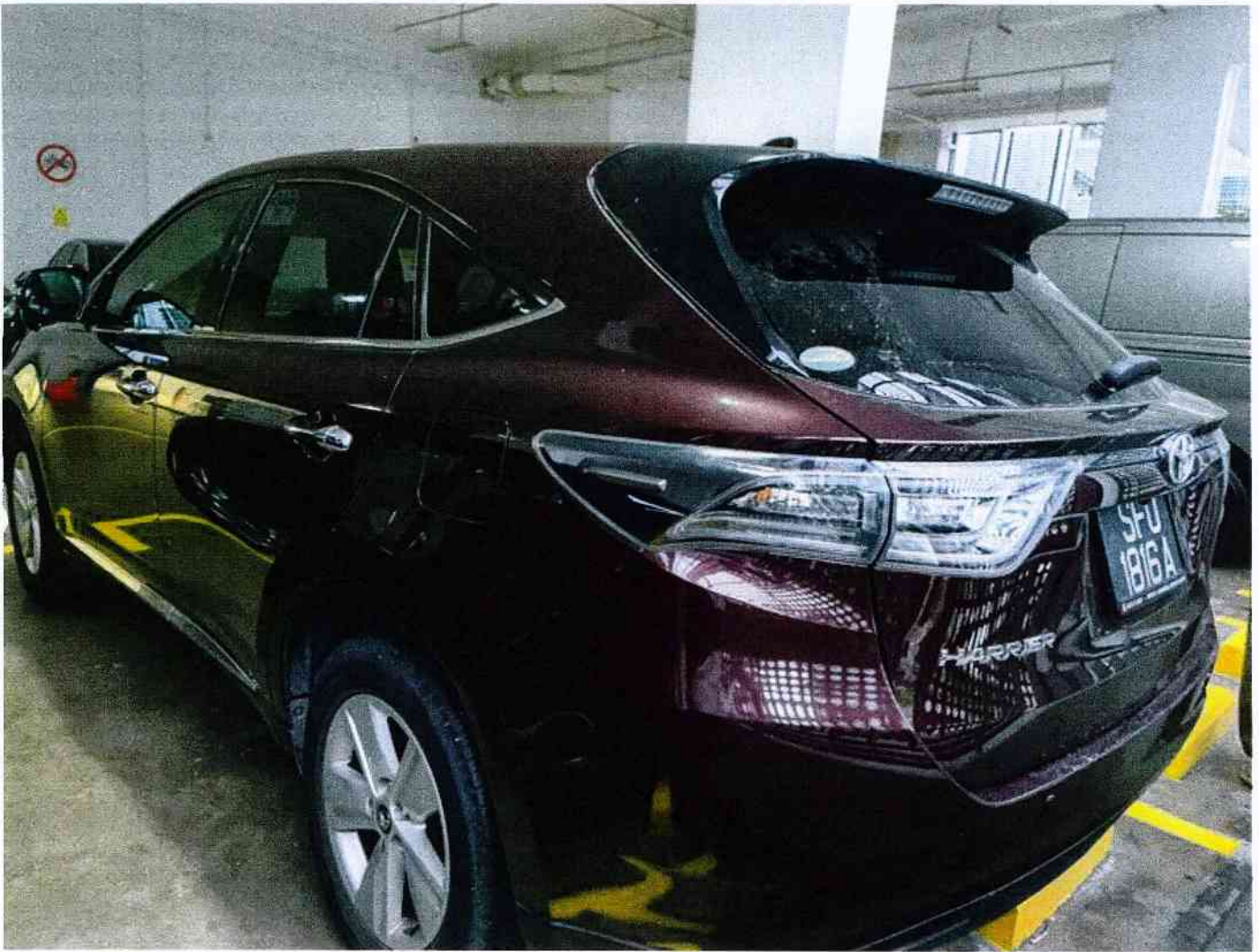

Reporting Centre Personnel's Signature
Name: Putuwan. Arnd
Nric/Fin No.

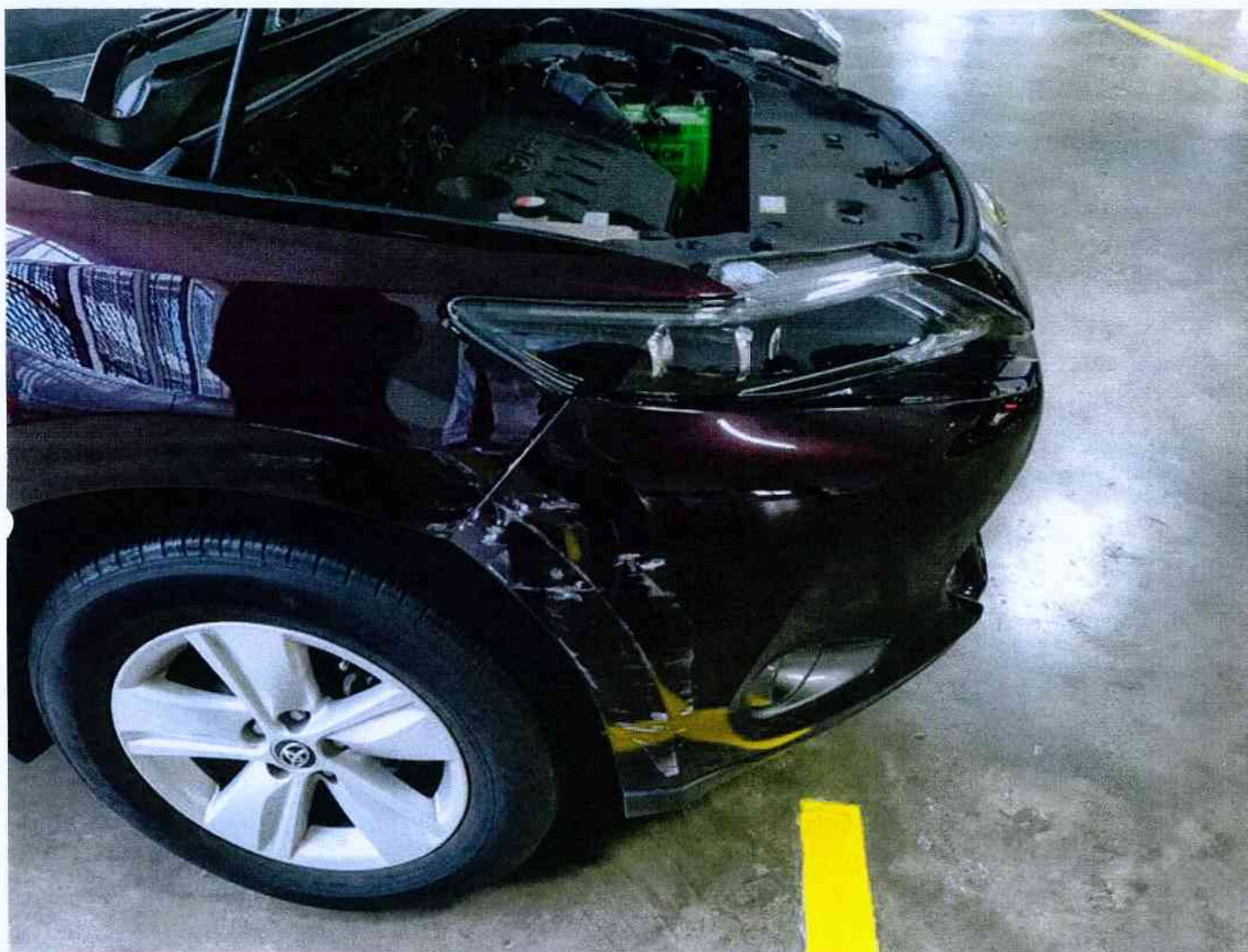


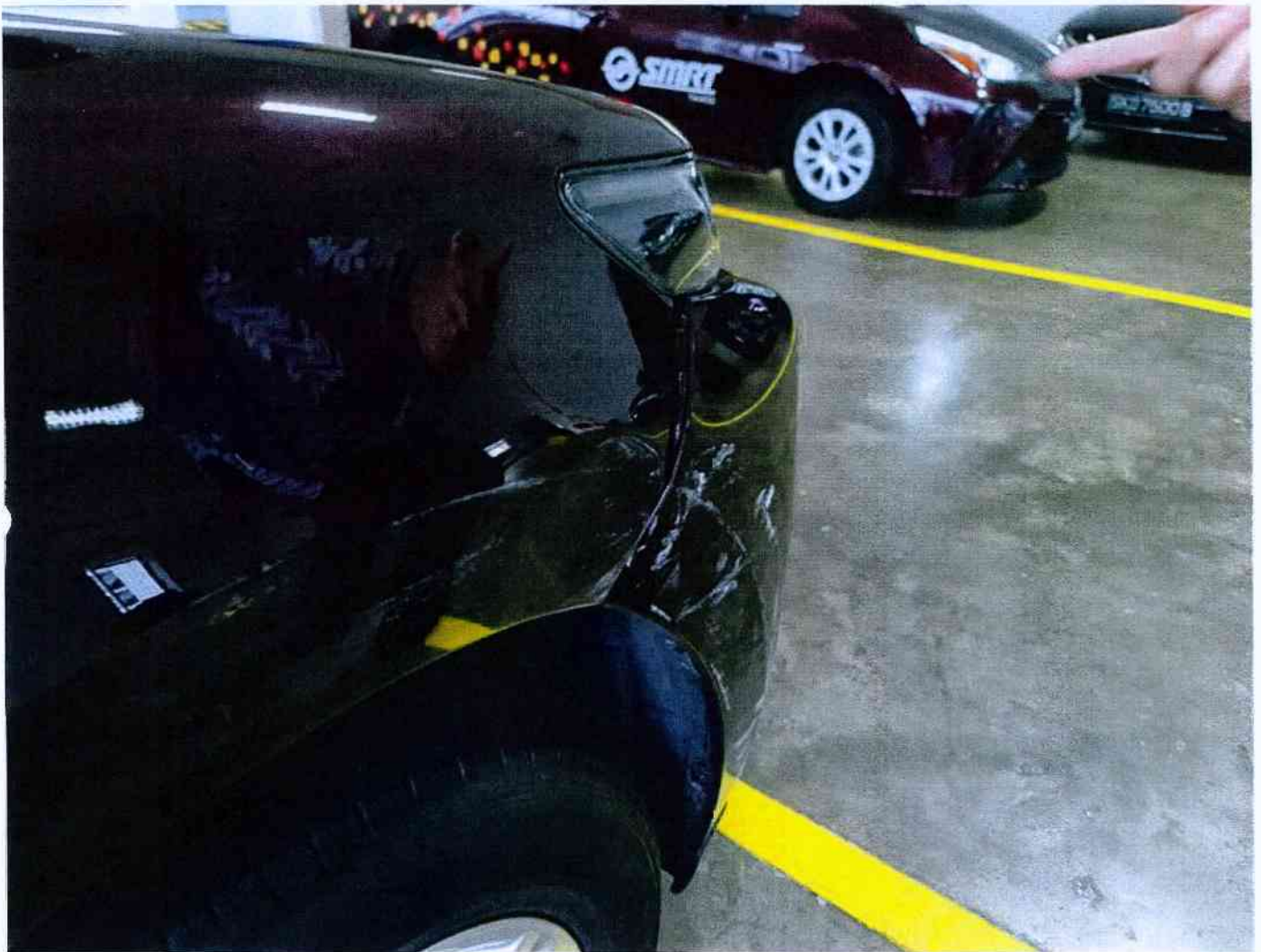


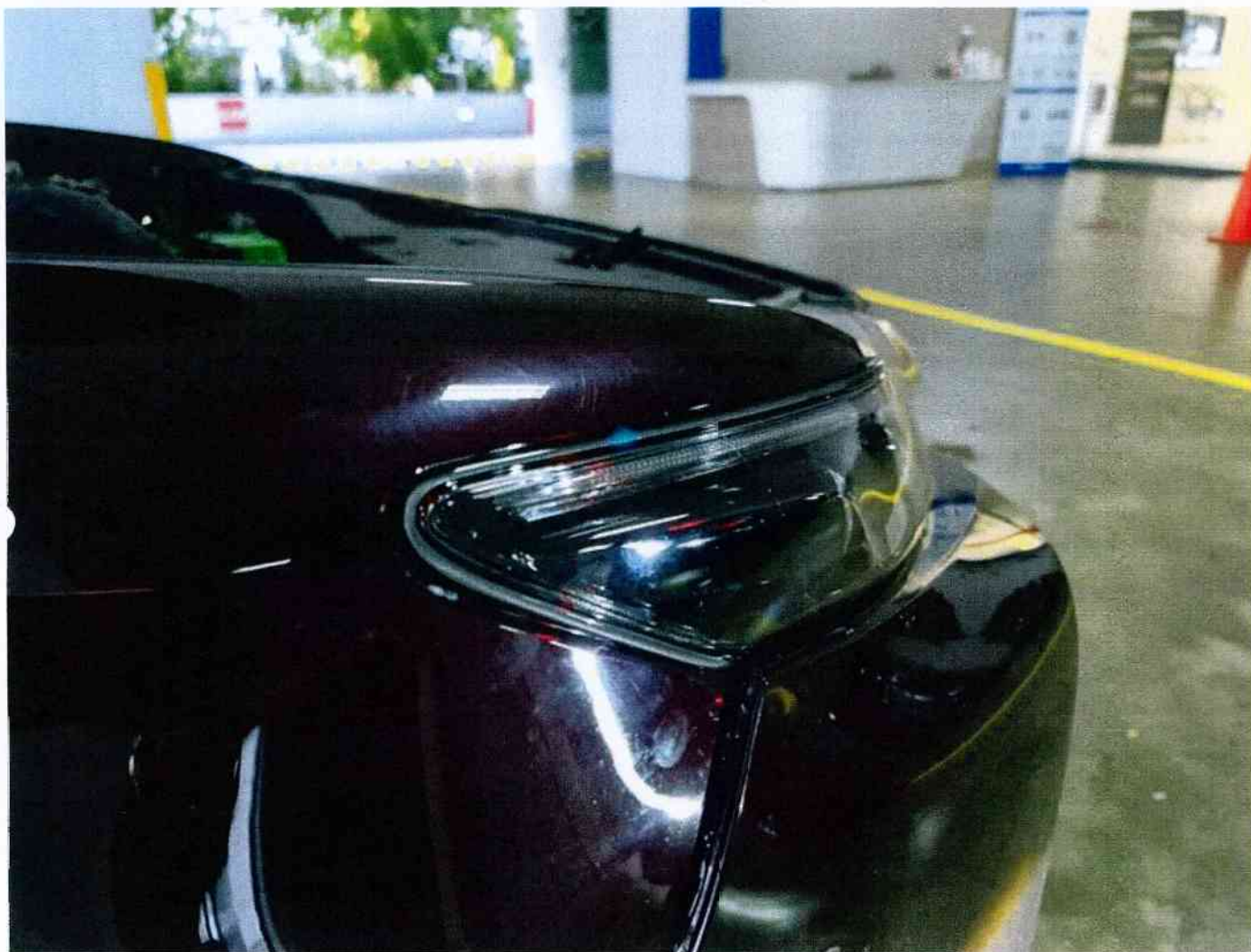


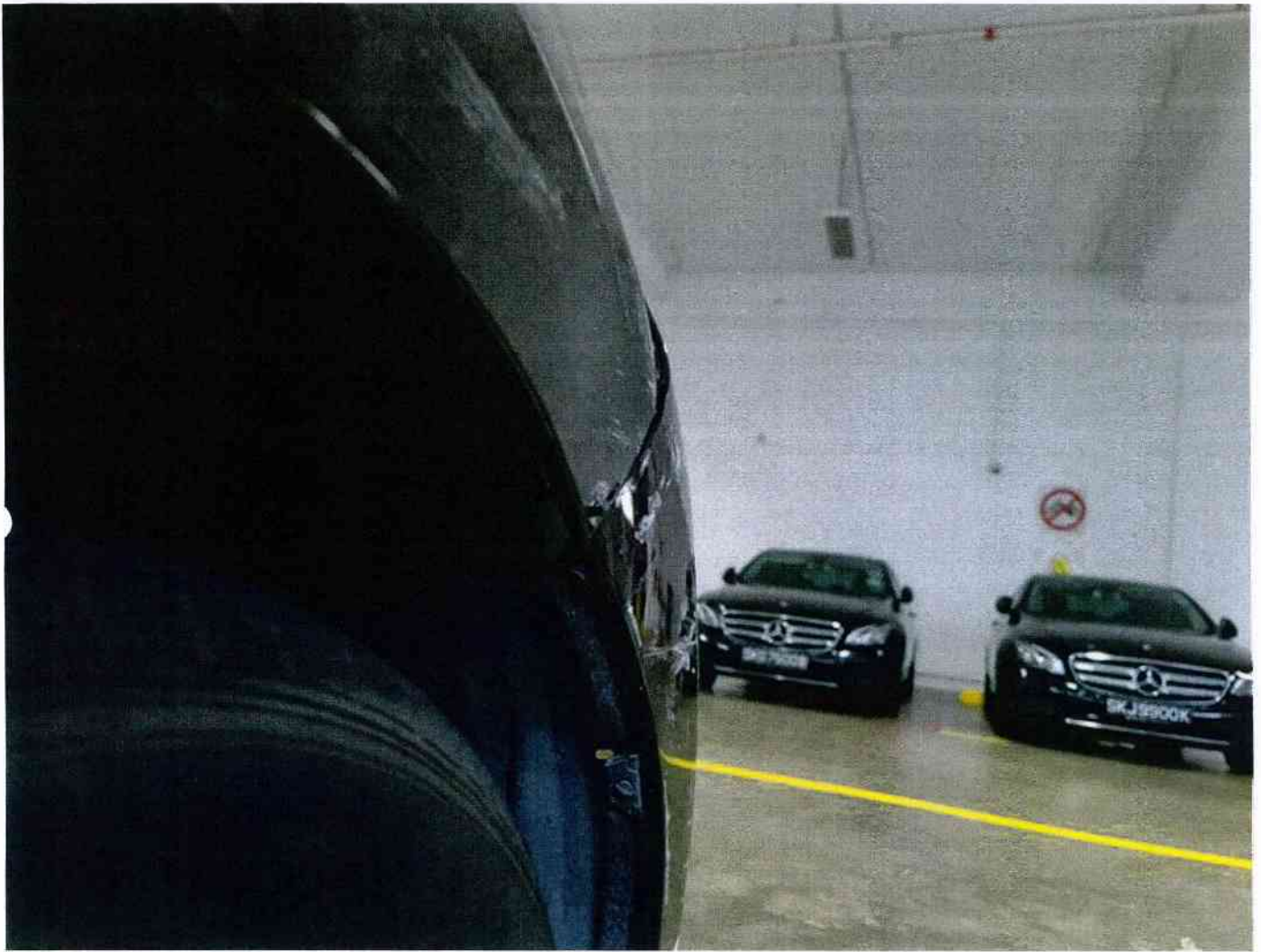




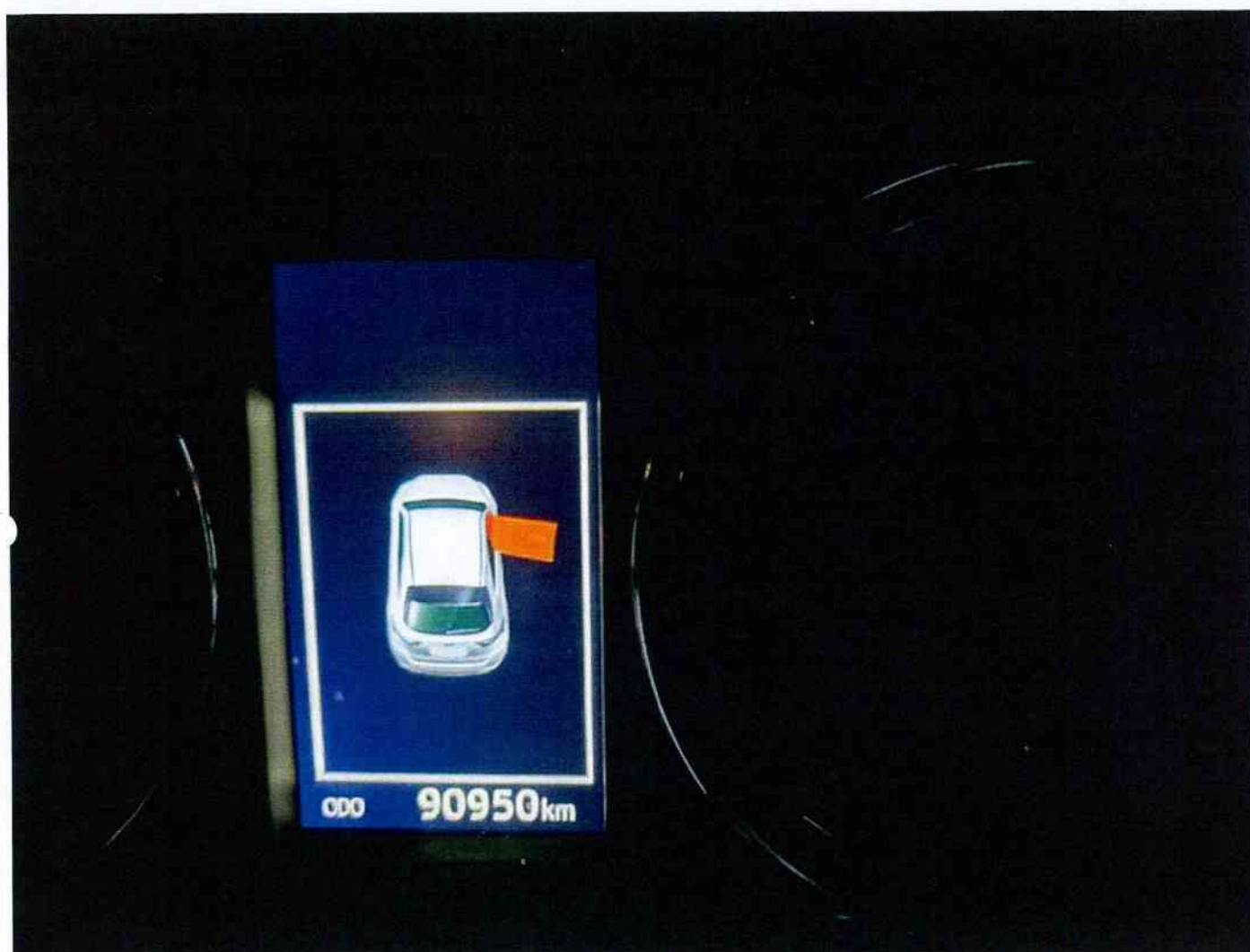


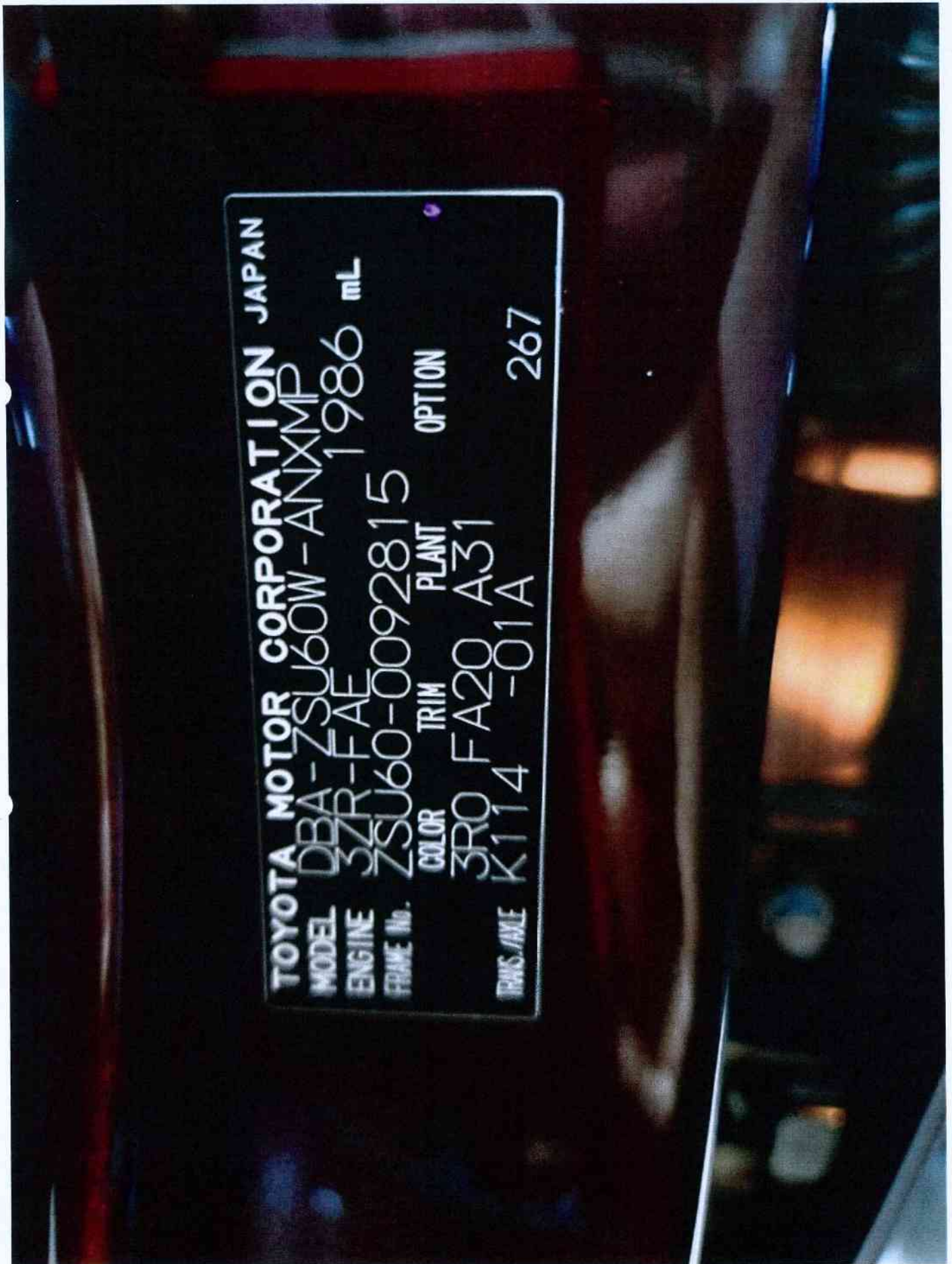






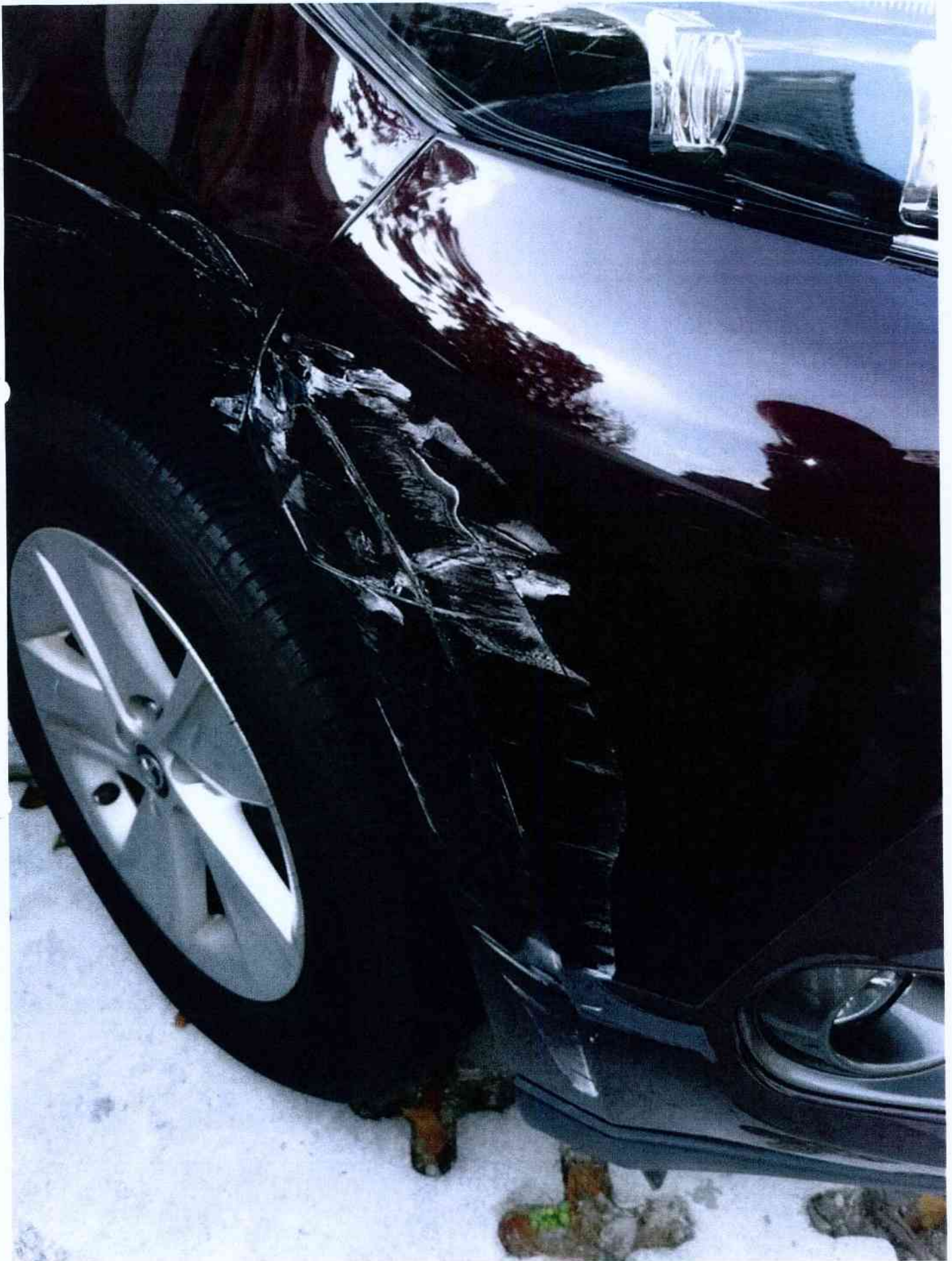














Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 08 Feb 2021 / 06:55:00)

Vehicle Insurance Details



Vehicle No.:

SFU1816A

Make Description/Model:

TOYOTA / HARRIER ELEGANCE 2.0 CVT

Insurance Company Name:

AXA INSURANCE PTE LTD

Business Transaction Reference No.:

20210208151409453288

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

Save as PDF

OK →

Print

Titanium

L I M O U S I N E S

BILL TO:

NAME / COMPANY: YU XING
 ADDRESS: 6 SUFFOLK WALK #17-08 VIVA S307464
 NRIC / UEN / FIN: G3921204N
 CONTACT: 8319 9003
 ATTENTION: YU XING

TAX INVOICE
Date of Invoice

18 February 2021

Invoice No.

TL202102 - 4534

No.	SERVICE DESCRIPTION
1	Date of Rental: 8 Feb 2021 to 18 Feb 2021 Vehicle: TOYOTA ALPHARD 2.5S Car Plate: SLR9660Z Rates: \$180 per day x 10 days CNY Surcharge: \$90 per day x 5 days (11-16 Feb 2021)

Amount (SGD)
\$ 1,800.00
\$ 450.00

Gross:	\$ 2,250.00
GST 7%:	\$ 157.50
Grand Total:	\$ 2,407.50

Terms & Conditions:

1. Payments to be made within **7 days** from date of invoice.
2. Cheque to be made payable to **TITANIUM LIMOUSINES PTE LTD**
3. For bank transfer:

Bank: DBS Bank (Current Account)

Account no: 033-903307-3

Bank Code: 7171

Branch Code: 033

Bank Swift Code: DBSSSGSG

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TITANIUM LIMOUSINES PTE LTD

GST Reg No: 201213055R

10 Anson Rd, #23-02A International Plaza, Singapore 079903

T: +65 9180 2235 | E: enquiry@titaniumlimousines.com.sg



INVOICE

To: Titanium Limousines Pte Ltd
enquiry@titaniumlimousines.com.sg
+65 9180 2235

Invoice Date
18-02-2021

Invoice Number
PL022021 – 0025

Description	Amount SGD
VEHICLE NO: SMD1603D	
SUPPLY PARTS AND LABOUR TO DISMANTLE / CHANGE OF ALL PARTS. ADJUSTMENT / REALIGN TO ORIGINAL SPEC AND RE-SPRAY ALL AFFECTED PORTION. (LUMP SUM)	\$5,750.00
Subtotal	\$5,750.00
Total SGD	\$5,750.00

Payment Advise

Palladium Auto Solutions
No 160 Sin Ming Drive,
#07-12 Sin Ming Autocity,
Singapore 575722
enquiry@palladiumcarz.sg
+65 8112 6412

Customer	Titanium Limousines
Invoice Number	PL022021 – 0025
Amount Due	\$5,750.00

Cheque to be made payable to
PALLADIUM AUTO SOLUTIONS PTE LTD
For bank transfer:
Bank: DBS Bank (Current Account)
Account no: 288 904 9193
Bank Code: 7171
Branch Code: 288

Paynow: 202011672C



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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

INVOICE

To : Titanium Limousines Pte Ltd
c/o : Palladium Auto Solutions Pte Ltd
No 160 Sin Ming Drive
#07-12 Sin Ming Autocity
Singapore 575722

Date : 23 Mar 2021

Invoice No. : 8093786

DESCRIPTION	AMOUNT
Service rendered for appraisal / inspection report :	
Professional inspection fees	SGD 557.00
Photographs 28 pcs	
Transport fees	
Re-inspection fees (work in progress, post repair inspection)	
Total	SGD 557.00
Singapore dollar : FIVE HUNDRED FIFTY SEVEN ONLY.	
Registration no. : SMD 1603 D	
Make/Model : Toyota Alphard 2.5S	
Our reference : UAM21.03.24-TT-STP-PAS-SMD1603D	
All payments made payee to:- " UNITED APPRAISAL & MANAGEMENT PTE LTD "	



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. : UAM21.03.24-TT-STP-PAS-SMD1603D

Date : 23 Mar 2021

Titanium Limousines Pte Ltd

WITHOUT PREJUDICE

Dear Sir,

Re : Third Party Claim For Vehicle Registration No. SMD 1603 D

We refer to your instruction to appraise the above-mentioned vehicle on 09 February 2021

A static inspection was carried out and our report is enclosed for your perusal. The estimated cost of repair submitted by Messrs. Palladium Auto Solutions Pte Ltd for SGD 9,411.25 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 7,194.49. 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 5,750.00 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 6 (Six) 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. Siswas-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 : Titanium Limousines Pte Ltd

Our ref. : UAM21.03.24-TT-STP-PAS-SMD1603D

Date : 23 Mar 2021

REFERENCE

Assign by	: Titanium Limousines Pte Ltd	Insured	: To be advice
Assign on	: 09 Feb 2021	Policy no.	: To be advice
Inspection on	: 09 Feb 2021	Claim no.	: To be advice
Accident on	: 08 Feb 2021	Sum insured	: To be advice
Workshop name	: Palladium Auto Solutions Pte Ltd	Excess	: Not applicable
Inspection at	: No 160 Sin Ming Drive	3rd party Veh.	: To be advice
	#07-12 Sin Ming Autocity	3rd party ins.	: To be advice
	Singapore 575722		

PARTICULARS OF DAMAGED VEHICLE

Registration no.	: SMD 1603 D	Odometer	: 109322 km
Make / Model	: Toyota Alphard 2.5S	Chassis no.	: AGH300190070
Regn. date	: 03 Aug 2018	Engine no.	: 2ARJ078896
Body colour	: Black	Engine cap.	: 2493 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

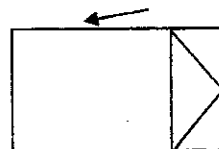
	Make	Size	Tread depth	Type of road wheel
Front N/S	: Michelin	235/50 R18	70%	Alloy
Front O/S	: Michelin	235/50 R18	70%	Alloy
Rear N/S	: Michelin	235/50 R18	70%*	Alloy
Rear O/S	: Michelin	235/50 R18	70%	Alloy

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

* Denotes damaged component/s

POINT OF IMPACT

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

**SYNOPSIS OF DAMAGES RESULTANT FROM THE ACCIDENT**

The impact of the collision has damaged / affected the n/s sliding door, rear fender, rear bumper and etc...

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

Note: Reinspection vehicle on 10 Feb 2021 for repair in progress.

RECOMMENDATION

The estimate cost of repair submitted by Messrs Palladium Auto Solutions 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 5,750.00 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 6 (Six) 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. : SMD 1603 D

Our reference : UAM21.03.24-TT-STP-PAS-SMD1603D

S/N	Qty	Description	Condition / Remarks	Estimate by Wshop SGD	Adjusted Amt SGD
<u>LIST ITEMS</u>					
1	1	Sliding door n/s	Dented	1872.60	1872.60
2	1	Sliding door moulding n/s	Necessary	147.30	147.30
3	1	Sliding door weatherstrip n/s	Necessary	186.50	186.50
4	1	Rear fender n/s	Dented	982.50	982.50
5	1	Rear fender glass moulding n/s	Necessary	123.00	123.00
6	1	Rear fender inner shield n/s	Torn	154.00	154.00
7	1	Rear bumper	Cut/Torn	1244.35	1244.35
8	1	Rear bumper reflector n/s	Re-Used	98.60	0.00
9	1	Rear bumper side retainer n/s	Affected	72.60	72.60
10	1	Rear bumper side holder n/s	Affected	68.60	38.60
11	1	Rear bumper deflector / garnish n/s	Deformed/Damaged	151.20	151.20
				5101.25	4972.65
Less 0% / 25%				0.00	1243.16
				5101.25	3729.49

SPECIAL NETT ITEMS

1	1	Sundries	Necessary	50.00	30.00
2	1	Sliding door trimboard clips n/s	Necessary	60.00	60.00
3	1	Sliding door sealant n/s	Dented	100.00	80.00
4	1set	Rear fender inner shield clip n/s	Necessary	15.00	15.00
5	1	Rear fender glass inner seal n/s	Necessary	80.00	60.00
6	1	Rear fender glass sealant n/s	Necessary	100.00	80.00
7	1set	Rear bumper clips	Necessary	80.00	80.00
8	1	Rear tyre n/s	Abraided	280.00	260.00
9	1	Rain deflector (1 set)	Necessary	165.00	150.00
				930.00	815.00
TOTAL				6031.25	4544.49

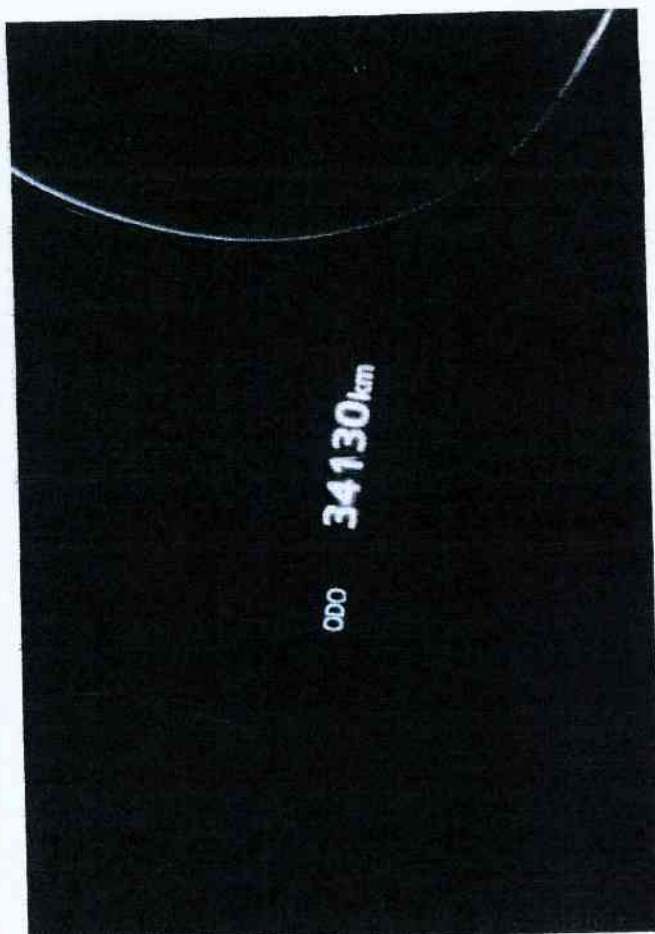
APPRAISEMENT SCHEDULE

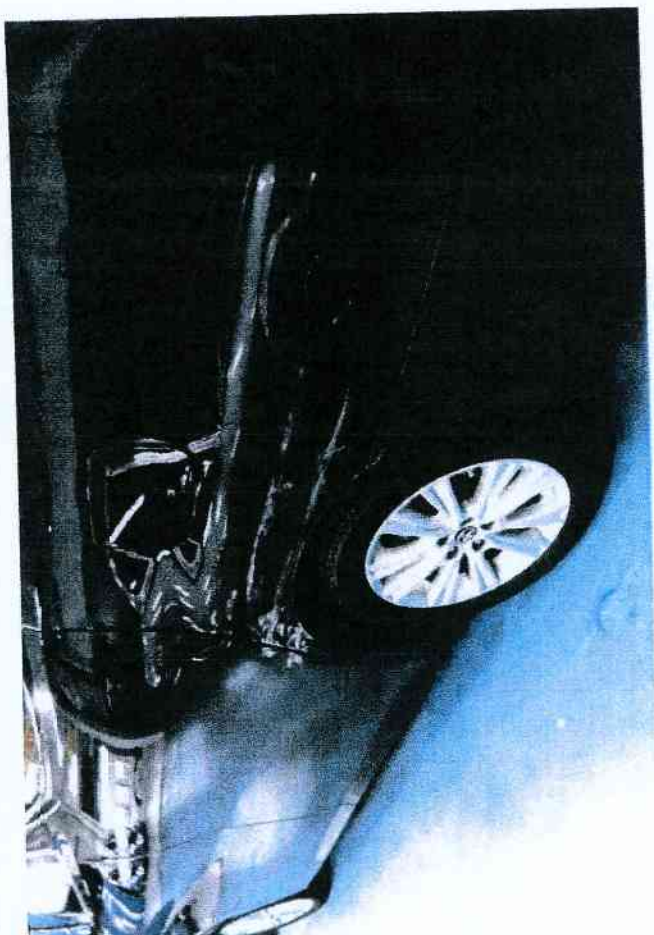
Annex A

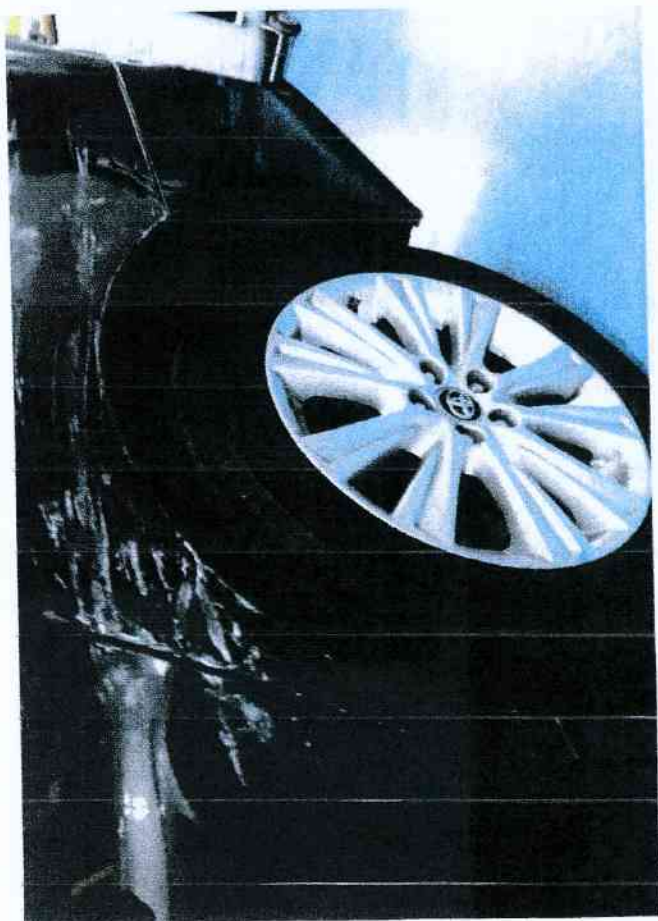
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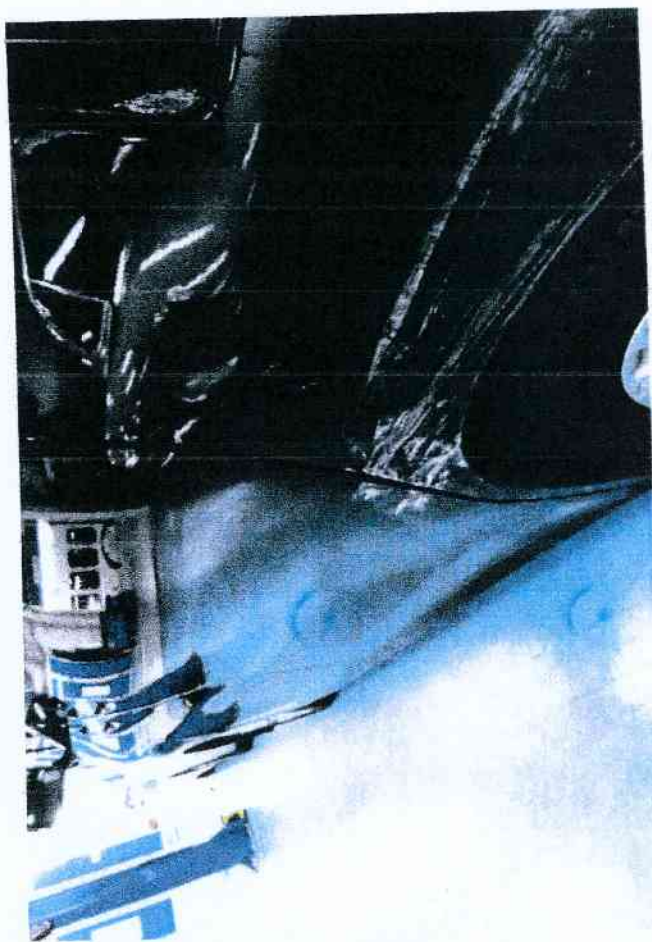
Our reference : UAM21.03.24-TT-STP-PAS-SMD1603D

S/N	Qty	Description	Condition / Remarks	Estimate by Wshop SGD	Adjusted Amt SGD
<u>LABOUR & 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	1300.00	1050.00
2		To disconnect wire harness of electrical component to facilitate repairs, reconnect and check functions.		100.00	80.00
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 rea tyre to replace. To perform tyre balancing.		80.00	60.00
6		To conduct computerize full wheel alignment.		120.00	100.00
7		To measure, drill holes on replaced rear bumper, position and install reverse sensor, check and test on the distance and functions.		80.00	60.00
8		To apply undercoating on the accident repair and replaced panel for rust protection.		150.00	100.00
9		Supply spray paint material and necessary items to respray n/s sliding door, rear fender, rear bumper other affected area / panel.	SGD 250.00/pnl	1200.00	900.00
TOTAL				3380.00	2650.00
Total Parts and Labour Cost of Repair				9411.25	7194.49
Less (Lumpsum repair adjustment)					1444.49
Adjustment Parts and Labour Cost of Repair					5750.00

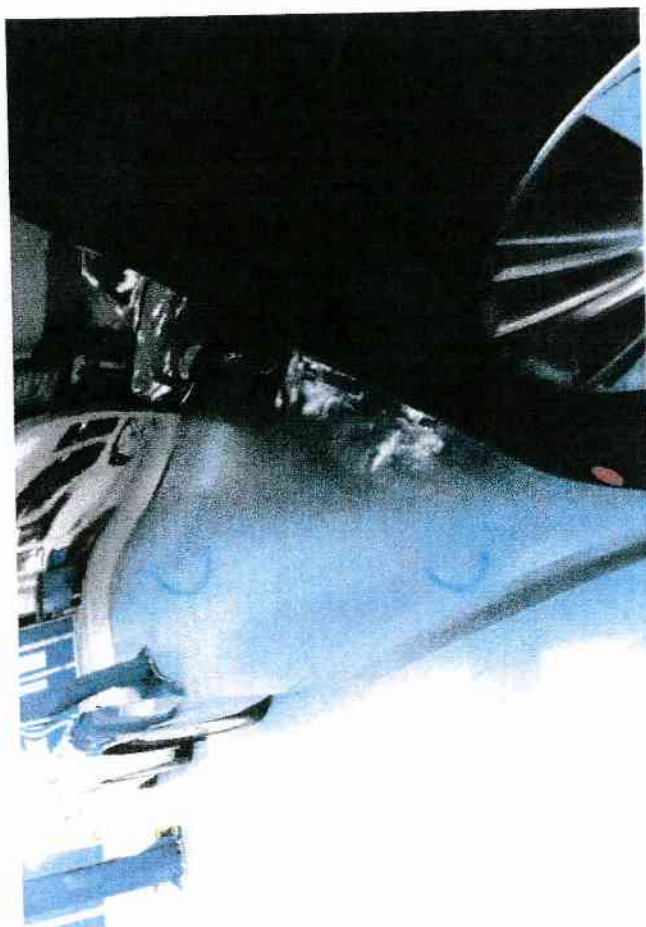


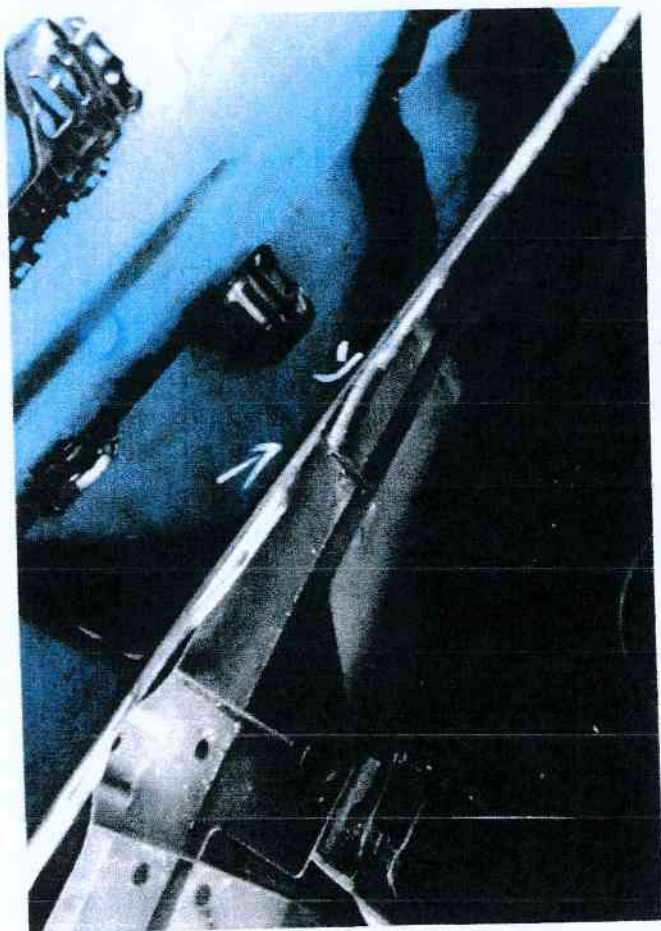
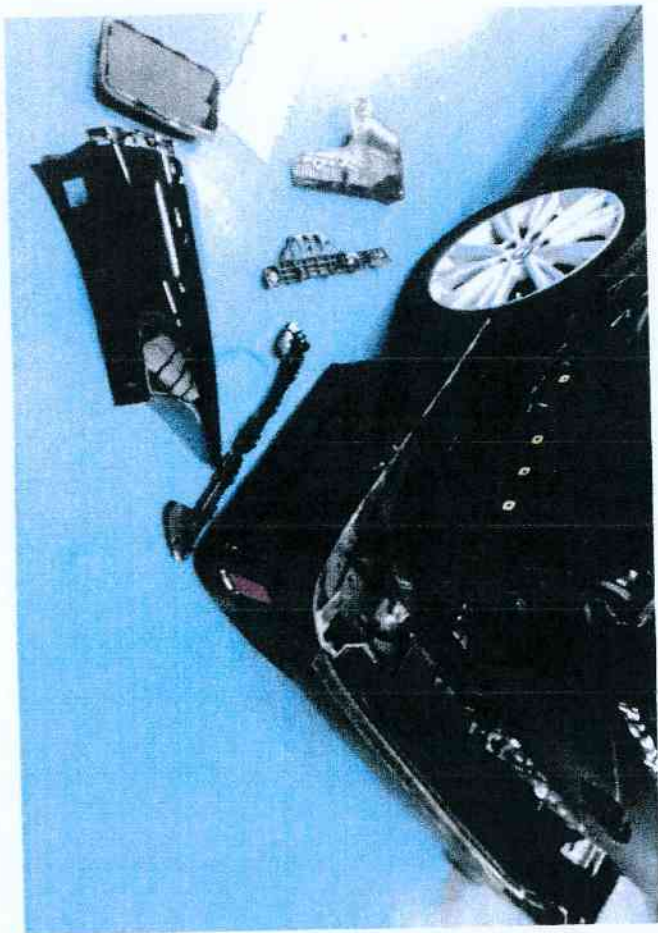












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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	055R
Vehicle Details	
Vehicle No.:	SMD1603D
Vehicle to be Exported:	Yes
Intended Deregistration Date:	09 Feb 2021
Vehicle Make:	TOYOTA
Vehicle Model:	ALPHARD 7-SEATER 2.5S CVT
Primary Colour:	Black
Manufacturing Year:	2018
Engine No.:	2ARJ078896
Chassis No.:	AGH300190070
Maximum Power Output:	134.0 kW (179 bhp)
Open Market Value:	\$39,506.00
Original Registration Date:	03 Aug 2018
First Registration Date:	03 Aug 2018
Transfer Count:	0
Actual ARF Paid:	\$47,309.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	02 Aug 2028
PARF Rebate Amount:	\$35,481.00
Intended COE Rebate Details	
COE Expiry Date:	02 Aug 2028
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$32,551.00
COE Rebate Amount:	\$24,351.00
Total Rebate Amount:	\$59,832.00

The information contained herein is correct as at 09 Feb 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: 09/02/2021

Your Ref No: pas

Dear Sir/Madam,

Date of Accident: 08/02/2021 00:00 (SGT)

Vehicle No: SMD1603D

Place of Accident: Near Old Police Academy - Thompson Rd, 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\$)
SFU1816A	Near Old Police Academy - Thompson Rd, 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.

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Thank you

Amerjeet Singh has successfully logged out.

Your last login date and time was 08 Feb 2021, 15:13:28.

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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(\$\$)↓	Log Date
1	Vehicle	SFU1816A	-	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	08 Feb