

# AUTO PERFORMANCE APPRAISAL

APA

## TAX INVOICE

Yap Gim Guan Raymond  
C/O Richmotor Auto Services  
35 Upper Bukit Timah Road  
Singapore 588166

INVOICE NO : APA21002210

DATE : 29/05/2021

VEHICLE NO : SKB5245L

JOB REFERENCE NO : 21/002316

ACCIDENT DATE : 01/05/2021

SURVEY DATE : 19/05/2021

<u>DESCRIPTION</u>	<u>AMOUNT</u>
Survey Fees Inclusive Of Transportation	\$540.00
Photographs (\$1) Per Copies : 53	\$67.00

**TOTAL AMOUNT : \$607.00**

Notes :

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

Auto Performance Appraisal



VEHICLE SURVEY REPORTS																																				
<p>Yap Gim Guan Raymond C/O Richmotor Auto Services 35 Upper Bukit Timah Road Singapore 588166</p>																																				
1	<b>Reference</b> Job Reference No : 21/002316 Claim No : - Claim Type : Third Party Accident Date : 01/05/2021 Survey Date : 19/05/2021 Survey Report Date : 29/05/2021																																			
2	<b>Particulars Of Vehicle</b> Vehicle Registration No : SKB5245L Make & Model : Mercedes Benz E200 AMG M-Hybrid Auto Vehicle Registration Date : 30/03/2021 Chassis No : W1K2130802A879469 Engine No : Blocked Colour : Blue																																			
3	<b>Condition Of Vehicle And Tyres</b> <table border="0"> <tr> <td><u>Mileage (KM)</u></td> <td><u>Brakes</u></td> <td><u>Steering</u></td> <td><u>Modification</u></td> </tr> <tr> <td>4483</td> <td>Serviceable</td> <td>Serviceable</td> <td>None</td> </tr> <tr> <td colspan="4"> </td> </tr> <tr> <td><u>Tyres</u></td> <td><u>Make</u></td> <td><u>Size</u></td> <td><u>Balance (MM)</u></td> </tr> <tr> <td>Front RHS</td> <td>Continental</td> <td>245/40R19</td> <td>7</td> </tr> <tr> <td>Front LHS</td> <td>Continental</td> <td>245/40R19</td> <td>7</td> </tr> <tr> <td>Rear RHS</td> <td>Continental</td> <td>245/40R19</td> <td>8</td> </tr> <tr> <td>Rear LHS</td> <td>Continental</td> <td>245/40R19</td> <td>8</td> </tr> </table>				<u>Mileage (KM)</u>	<u>Brakes</u>	<u>Steering</u>	<u>Modification</u>	4483	Serviceable	Serviceable	None					<u>Tyres</u>	<u>Make</u>	<u>Size</u>	<u>Balance (MM)</u>	Front RHS	Continental	245/40R19	7	Front LHS	Continental	245/40R19	7	Rear RHS	Continental	245/40R19	8	Rear LHS	Continental	245/40R19	8
<u>Mileage (KM)</u>	<u>Brakes</u>	<u>Steering</u>	<u>Modification</u>																																	
4483	Serviceable	Serviceable	None																																	
<u>Tyres</u>	<u>Make</u>	<u>Size</u>	<u>Balance (MM)</u>																																	
Front RHS	Continental	245/40R19	7																																	
Front LHS	Continental	245/40R19	7																																	
Rear RHS	Continental	245/40R19	8																																	
Rear LHS	Continental	245/40R19	8																																	
4	<b>Description Of Damages</b> The vehicle sustained damages at front right hand portion. (For information of damages please refer to Parts/Labour/Photographs attached)																																			
5	<b>Instruction</b> This survey was conducted entirely on a "WITHOUT PREJUDICE" basis, and we have not authorised any repair.																																			

# AUTO PERFORMANCE APPRAISAL

Annex A

## Vehicle Assessment Reports

Ref No : 21/002316

### Damage And Repair Cost Adjustment

<u>S/No</u>	<u>Qty</u>	<u>Parts Description</u>	<u>Comments/condition</u>	<u>Workshop Estimate (\$)</u>	<u>Our Assessment (\$)</u>
			<u>List Items</u>		
1	1	Front bumper	Deformed/torn	1,852.50	1,852.50
2	1	Front bumper RH fog lamp cover	Broken/cut	124.95	124.95
3	1	Front bumper RH corner small arch cover	Deformed	92.35	92.35
4	2	Front bumper parking sensor	Broken/malfunction	549.94	549.94
5	4	Front bumper parking sensor holder	Broken/necessary	240.40	240.40
6	1	Front bumper RH inner small	Bent	92.35	92.35
7	1	Front bumper RH side holder	Deformed/broken	79.20	79.20
8	1	Front bumper inner foam	Torn	178.75	178.75
9	1	Front bumper inner reinforcement	Dented/bent	721.00	721.00
10	1	Front bumper inner reinforcement RH corner lower small bracket	Dented/bent	20.53	20.53
11	1	Horn	Broken/malfunction	187.95	187.95
12	1	RH HID headlamp	Broken/smashed	3,856.20	3,856.20
13	1	RH HID headlamp ballast	Malfunction	633.80	633.80
14	1	RH HID headlamp top aluminium bracket	Bent/dented	82.60	82.60
15	1	Front RH fender	Badly dented/bent	966.68	966.68
16	1	Front RH fender under splash shield	Serviceable/reuse	191.61	-
17	1 set	Front fender under splash shield clips	Necessary	50.00	50.00
				9,920.81	9,729.20
Less discount 10%				992.08	972.92
Total :				8,928.73	8,756.28
Total Spare Parts :				8,928.73	8,756.28

# AUTO PERFORMANCE APPRAISAL

## Vehicle Assessment Reports

Annex B

Ref No : 21/002316

### Damage And Repair Cost Adjustment

<u>Items</u>	<u>Job Description</u>	<u>Workshop Estimate (\$)</u>	<u>Adjusted Costs (\$)</u>
1	To remove, cut out damage portion, jack out, straighten, panel beating, welding, align and renew replaced parts.	1,000.00	600.00
2	To putty and respray painting on affected areas.	1,000.00	700.00
3	To check wirings & reset lightings.	80.00	50.00
4	To remove, refix and reset front bumper parking sensors.	120.00	80.00
5	To remove, refix aircon condenser, pipes, drier vacuum and recharge gas.	120.00	-
6	To supplied and applied anti rust treatments.	100.00	60.00
Total Labour :		2,420.00	1,490.00
Total Spare Parts :		8,928.73	8,756.28
Total Labour :		2,420.00	1,490.00
Total Repair Costs :		11,348.73	10,246.28

### Assessor's Recommendation

Repairer Estimate :	<u>11,348.73</u>
Our Adjustment :	<u>10,246.28</u>

### Remarks

The repairer has agreed to undertake the repair on a lump sum basis of \$8,200.00, with a repair period of 5 working days.

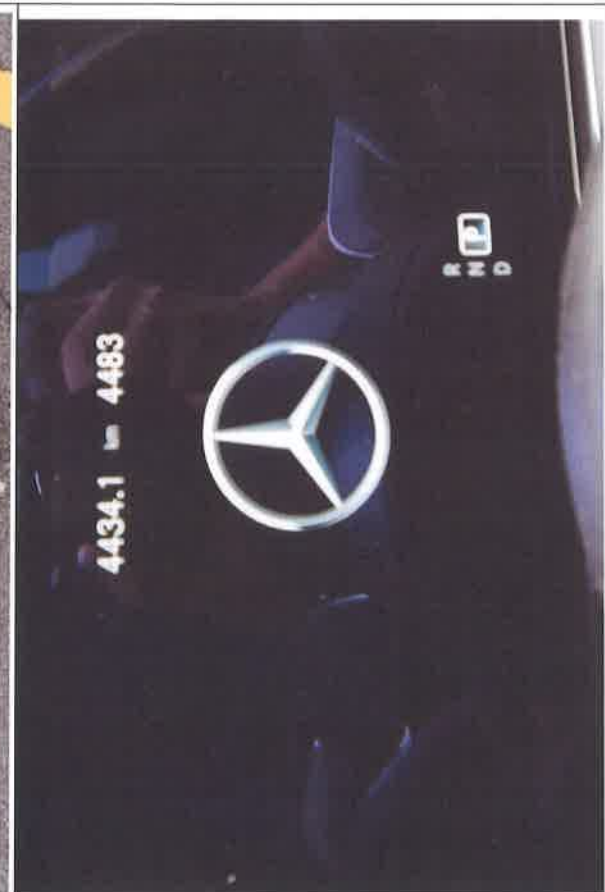
Surveyed By:



Lek Boon Hwee  
Automobile Appraiser

APA

Job Reference No : 21/002316





APA

Job Reference No : 21/002316



APA

Job Reference No : 21/002316





APA

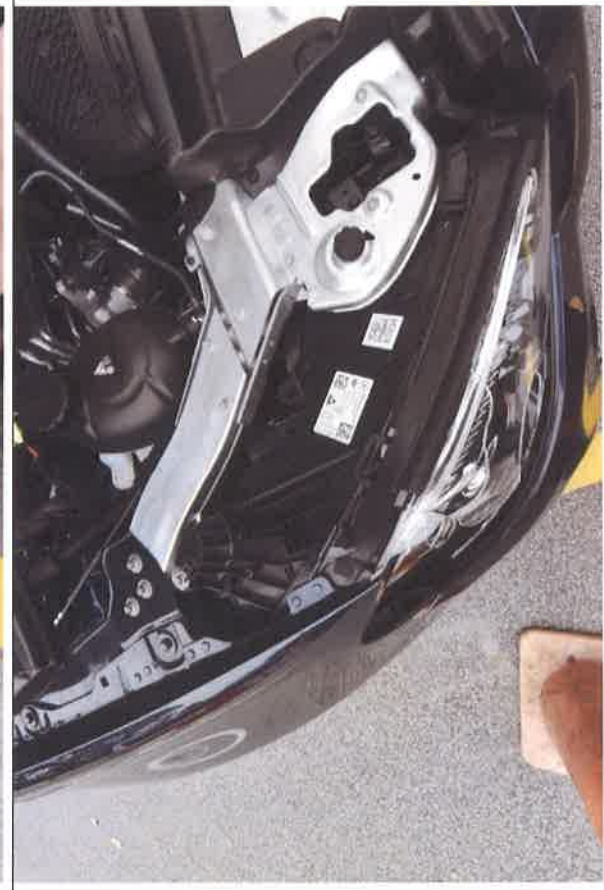
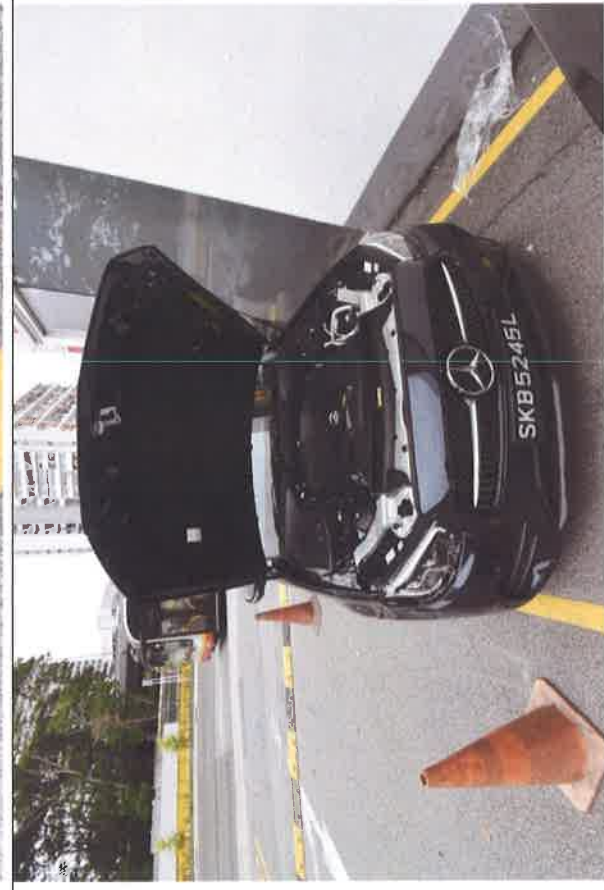
Job Reference No : 21/002316





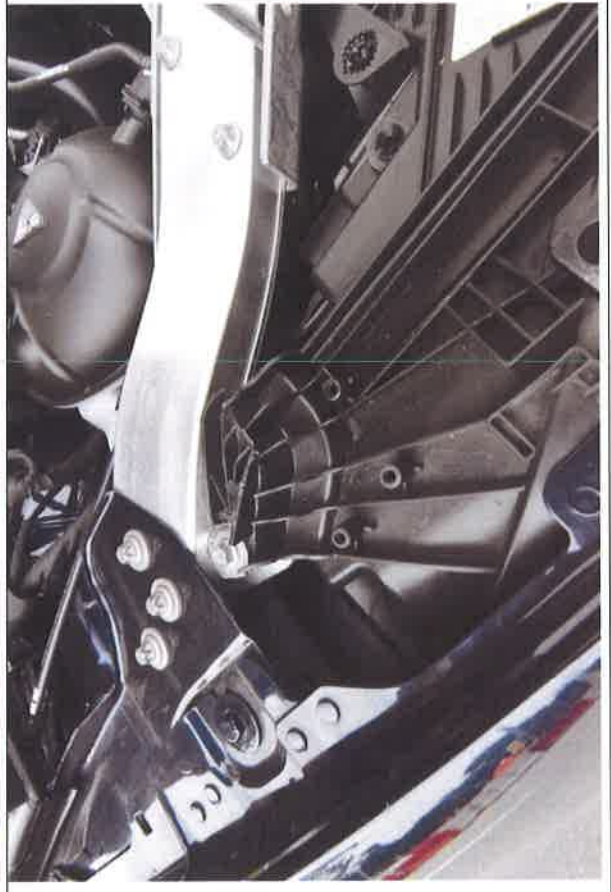
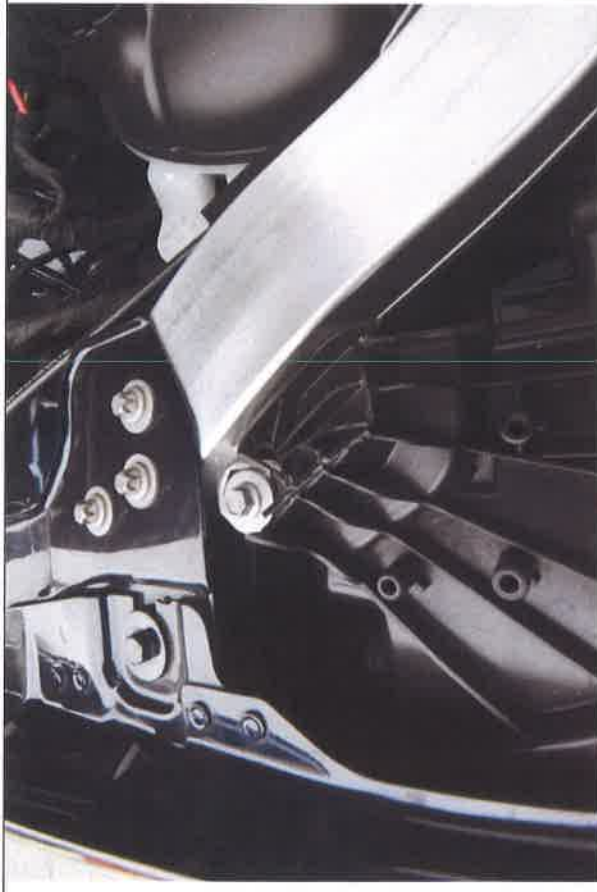
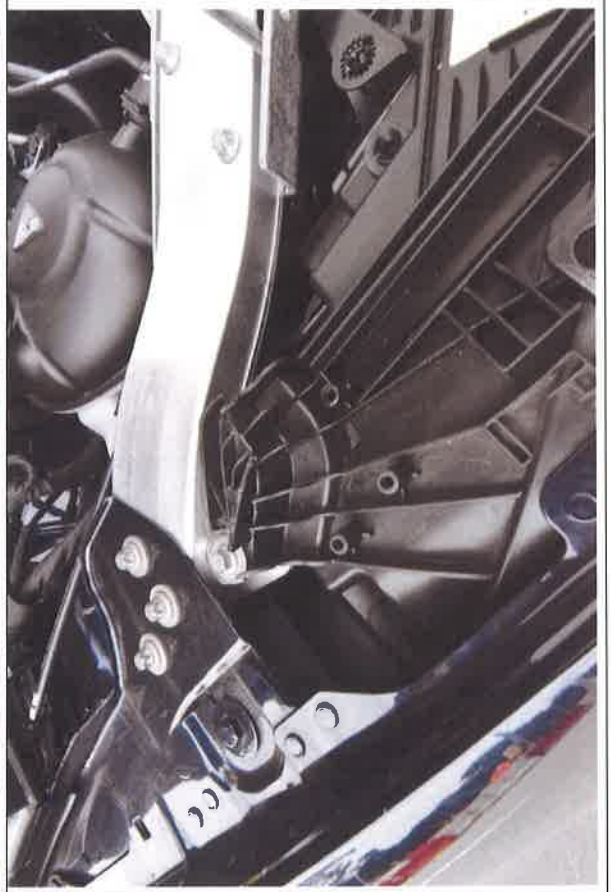
APA

Job Reference No : 21/002316



APA

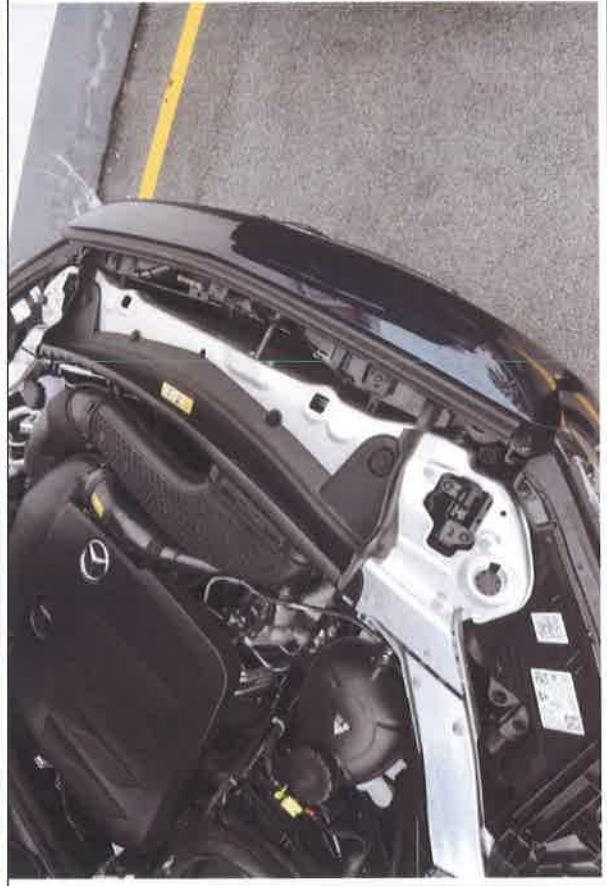
Job Reference No : 21/002316





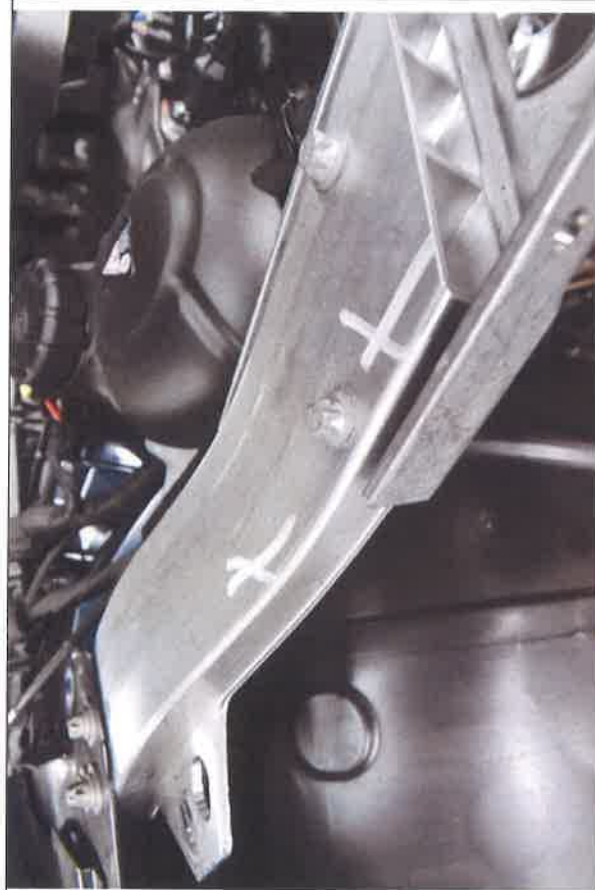
APA

Job Reference No : 21/002316



APA

Job Reference No : 21/002316





APA

Job Reference No : 21/002316



APA

Job Reference No : 21/002316





APA

Job Reference No : 21/002316



APA

Job Reference No : 21/002316





APA

Job Reference No : 21/002316



APA

Job Reference No : 21/002316



Your Ref : SGD 2423X  
Our Ref : **SKB 5245L/RAS/hk/cl**  
Date : 18 May 2021

Fax : **6538 3708**  
Tel : **3152 0989**  
Email : **accident@kscgp.com**

AIG ASIA PACIFIC INSURANCE PTE LTD

BY EMAIL ONLY

**DATE OF ACCIDENT: 1 MAY 2021**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We are instructed by the owner of **SKB 5245L** to notify you of a road traffic accident on 1 May 2021 at about 12.55 p.m. at Plaza Singapura Multi-Storey Carpark Level 4, involving our client's vehicle registration number **SKB 5245L** and vehicle registration number SGD 2423X which was insured by you at the material time. A copy of the Singapore accident statement is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

*NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.*

Yours faithfully,

*CL*

Enc.

Your Ref : 4150352593SG003  
Our Ref : **SKB 5245L/RAS/hk/cl**  
Date : 18 May 2021

Fax : **6538 3708**  
Tel : **3152 0989**  
Email : **accident@kscgp.com**

AIG ASIA PACIFIC INSURANCE PTE LTD

BY EMAIL ONLY

**DATE OF ACCIDENT: 1 MAY 2021**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We refer to your email dated 18 May 2021.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/No.	Name of Surveyor	Company Name
1.	Lek Boon Hwee	Auto Performance Appraisal
2.	Oh Han Cheong	Oh Appraisal Services
3.	Lim Say Koon	SK Appraisal Pte Ltd
4.	Edwin Koh	Auto Hyperdeals Pte Ltd

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : Richmotor Auto Services  
35 Upper Bukit Timah Road  
Singapore 588166  
(Shell Upper Bukit Timah PIE)  
Contact Person/Tel : Mr Richard Ong (Tel: 9838 9819)

Yours faithfully,

*CL*



Your Ref : 4150352593SG003

Our Ref : **SKB 5245L/RAS/hk/cl**

Date : 18 May 2021

**Acknowledgement**

This is to confirm that I \_\_\_\_\_ *[Full Name of Surveyor]* of \_\_\_\_\_ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(c) Re-inspection of new replacement part (part by part) on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(d) Post – Repair Survey/Inspection on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard #42-01b, Singapore 038989

Email: [gears-support@shift-technology.com](mailto:gears-support@shift-technology.com)

GST Reg No: M400017735

UEN: S66SS0020G

**TAX INVOICE**

Yap Gim Guan Raymond

**Invoice Number**  
GR-2021-001680

**Invoice Issue Date**  
12 May 2021

**Invoice Due Date**  
19 May 2021

**Total Amount (\$\$)** 27.10  
**Total GST 7.00% (\$\$)** 1.90  
**Total Amount Incl. of GST (\$\$)** 29.00

Bill Type	Reference	Amount (\$\$)	GST 7.00% (\$\$)	Amount Incl. of GST (\$\$)
Sale of Accident Report - Publ	12/05/2021,01/05/2021,SKB5245L,SGD2423X	27.10	1.90	29.00
		Total Amount (\$\$)		27.10
		Total GST 7.00% (\$\$)		1.90
		Total Amount Incl. of GST (\$\$)		29.00

***This is a computer generated document.  
No signature is required.***

# 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.....	03/05/2021 10:37 (SGT)
Date of Accident.....	01/05/2021 12:45 (SGT)
Exact Location of Accident.....	68 Orchard Rd, Singapore 238839
Additional Location Information.....	PLAZA SINGAPURA CARPARK LEVEL 4
Country/State of Loss.....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number.....	SGD2423X
----------------------------------	----------

### INSURED/POLICYHOLDER

Is company?.....	No
Name Of Registered Owner.....	POH CHIAN SHOONG

### VEHICLE PARTICULARS

Manufacturer.....	Mazda
Model.....	3
Variant.....	-
Vehicle Category.....	Private car
Transmission.....	Auto
CC.....	1496

### INSURANCE COMPANY

Name of Insurance Company.....	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage.....	Comprehensive
Fleet Policy.....	No
Policy Number.....	-
Cover Note Number.....	-

### DRIVER

Name of Driver.....	POH CHIAN SHOONG
NRIC No.....	SXXXX794C
Address.....	BLK 490C CHOA CHU KANG
Address complement.....	AVENUE 5 #12-287
Postcode.....	683490
Does Driver Own Other Vehicles?.....	No

### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident.....	Collision - Major/Minor Rd
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).....	3

#### CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

#### 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 I

Vehicle Registration Number.....	SKB5245L
Vehicle Manufacturer.....	-
Vehicle Model.....	-
Vehicle Variant.....	-
Vehicle Colour.....	-
Vehicle Category.....	Private car
Name of Driver.....	-
Insurance Company Name.....	-



## 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)

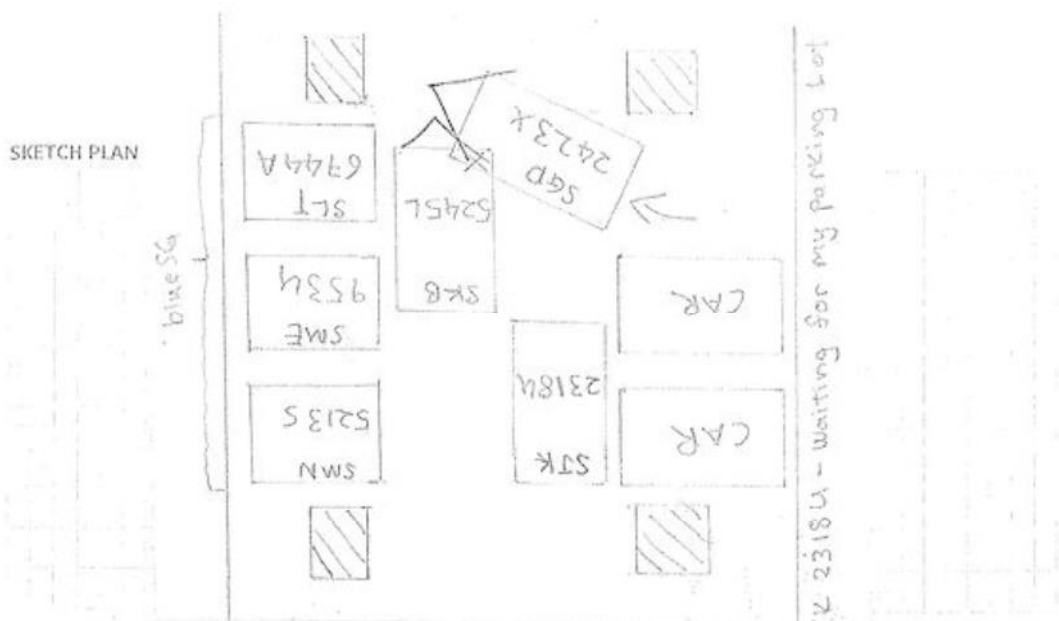
I understand, acknowledge, agree and consent that:

- (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 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.

  
 3 MAY 8:14am  
 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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1 May 2021, around 12:48pm at Plaza Singapura Car park L4 Peck, my vehicle (SGD2423X) was getting ready to leave the parking lot.

At the same time, Subaru SUV vehicle SKK 2318U with hazard light on was waiting at the side of the one way direction lane for me to exit the lot.


Subaru had blocked my left view which resulted me to move slowly in a safe manner. While I was moving out slowly and about to turn right, a vehicle (SKB 5245L) from left hand side bang onto my left side of the vehicle.

DECLARATION

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

  
Policyholder's Signature  
Date & Time: 3 May 2021 8:14am

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

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

















# Enquire Vehicle Owner Details

## Enquire Vehicle Owner Details ( As At 01 May 2021 / 12:55:00 )

### Vehicle Owner Details



Owner ID Type:

**Singapore NRIC**

Owner ID:

**S7819794C**

Owner Name:

**POH CHIAN SHOONG (FU JIANXIONG)**

Registered Address Type:

**HDB / HUDC**

Registered Block/House No.:

**490C**

Registered Street Name:

**CHOA CHU KANG AVENUE 5**

Registered Unit No.:

**# 12 - 287**

Registered Building Name:

-

Registered Postal Code:

**683490**

### Vehicle Insurance Details



Vehicle No.:

**SGD2423X**

Make Description/Model:

**MAZDA / MAZDA3 SEDAN 1.5 AT LED EU6**

Insurance Company Name:

**AIG ASIA PACIFIC INSURANCE PTE. LTD.**

Save as PDF

OK →

Print

Find insurer

Vehicle reg. no.

sgd2423x

Date of Accident

01/05/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance ..... **AIG Asia Pacific Insurance Pte....**

Period of Insurance ..... **26/12/2020 - 25/12/2021**

Requested By ..... **KSCGP01 (KSCGP JURIS LLP)**

Requested Date ..... **18/05/2021 14:45**

Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**