

# KURUP & BOO

UEN 53130914B

ADVOCATE & SOLICITOR

COMMISSIONER FOR OATHS

NOTARY PUBLIC

111 North Bridge Road  
#15-03 Peninsula Plaza  
Singapore 179098

Tel. No. 6223 3343

6221 8623

Fax. No. 6225 7248

Writer's e-mail :

boo@kurupnboo.com.sg

3019870011-

Our Ref : BMC.3375.19.wh

10 February 2020

**AXA Insurance Pte Ltd**

8 Shenton Way

#B1-01 AXA Tower

Singapore 06881



60184610

WITHOUT PREJUDICE  
SAVE AS TO COSTS



Dear Sirs

**ACCIDENT INVOLVING VEHICLES NO. XE 3025Z, FBN 280K AND SHD 9516D AT  
PIE TOWARD CHANGI ON 18 AUGUST 2019**

1. We act for Gim Tian Logistics Pte Ltd, the owner of vehicle no. XE 3025Z which was involved in the above accident with your insured vehicle SHD 9516D.
2. We have today written to your insured driver, Mr Lim Cheow Fatt of Block 455 Hougang Avenue 10, #10-447, Singapore 530455. A copy of this letter together with all the attachments including colour copies of photographs of our client's damaged vehicle are now enclosed for your attention.
3. Please take notice that should you wish to negotiate this claim on behalf of your insured and/or your insured driver with our firm, you should send to us an **acknowledgment letter** within **14 days** upon your receipt of this letter. If you fail to do so by then, our client will have no alternative but to commence proceedings against your insured and/or your insured driver without further notice to you.
4. Kindly acknowledge receipt on the duplicate copy of this letter.

Yours faithfully

**BOO MOH CHEH**

encs

cc client

# KURUP & BOO

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Fax. No. 6225 7248

Writer's e-mail :

boo@kurupnboc.com.sg

Our Ref.: BMC.3375.19.wh

10 February 2020

*WITHOUT PREJUDICE*

*SAVE AS TO COSTS*

Mr Lim Cheow Fatt  
Block 455 Hougang Avenue 10  
#10-447  
Singapore 530455

CERTIFICATE OF POSTING

Dear Mr. Lim

**CLAIMANT'S FULL NAME : GIM TIAN LOGISTICS PTE LTD**

**CLAIMANT'S ADDRESS : 24 LOYANG CRESCENT  
LOYANG INDUSTRIAL ESTATE  
SINGAPORE 508987**

1. We are instructed by the above named to claim damages against you in connection with a road traffic accident on 18 August 2019 at PIE towards Changi involving our client's vehicle no. XE 3025Z and vehicle no. SHD 9516D driven by you at the material time and another vehicle no. FBN 280K.

2. We are instructed that the accident was caused by your negligent driving and/or management of vehicle SHD 9516D. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows :

(1)	Cost of repairs to our client's vehicle	\$11,663.00
(2)	Loss of use – 114 days x \$400.00 18.8.19 to 9.12.19	45,600.00
(3)	Loss of use incurred in compliance with 2 clear days notice for pre-repair inspection of our client's vehicle (2 days x \$400.00)	800.00
(4)	GIA search fee / report fee	43.00

Balance c/f

-----  
\$58,106.00  
=====

## KURUP & BOO

Our Ref.: BMC.3375.19.wh  
10 February 2020

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	Balance b/f	\$58,106.00
(5)	LTA search fee	22.47
(6)	Survey fee	620.00
(7)	<b><u>Photocopying charges</u></b>	
	a) For insurers only	
	Colour photographs	
	19 pages @ \$1.00 per page x 2	38.00
	b) Supporting claim documents	
	For Insurers – 32 pages @ 0.15 per page x 2	9.60
	For insured/insured driver –	
	51 pages @ 0.15 per page x 2	15.30
(8)	Transport, postage and other charges	30.00
(9)	Our costs at this stage	900.00
		-----
		<b>\$58,741.37</b>
		=====

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

- (1) GIA reports lodged by the drivers of vehicle involved in the accident together with tax invoices for search and report fee ;



## KURUP & BOO

Our Ref.: BMC.3375.19.wh

10 February 2020

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- (2) The repairer's tax invoice
  - (3) Survey report issued by Carlink Consultancy with colour photographs and tax invoice for survey fee
  - (4) Two LTA search documents.
4. Kindly note that our client has yet to make payment to the repairers for the cost of repairs.
5. We have also sent a letter of claim to Ms Teo Lay Har the driver of vehicle no. FBN 280K and her insurers is MSIG Insurance (Singapore) Pte Ltd at 16 Raffles Quay #24-01, Hong Leong Building, Singapore 048581. A copy of this letter is enclosed.
6. 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.
7. Please note that you or your insurer should send to us an **Acknowledgment Letter** to acknowledge receipt of this letter within 14 days. If you or your insurer failed to do so, then our client will have no alternative but to commence proceedings against you without further notice to you or your insurer.



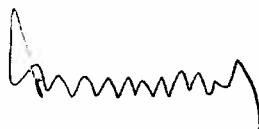
## KURUP & BOO

Our Ref.: BMC.3375.19.wh  
10 February 2020

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8. 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



**BOO MOH CHEH**

encs

cc : **AXA Insurance Pte Ltd**  
8 Shenton Way  
#B1-01 AXA Tower  
Singapore 06881

cc : Ms Teo Lay Har  
Block 316C Yishun Avenue 9  
#08-168  
Singapore 763316

c.c. client

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

Date Of Report	19/08/2019 10:30
Date Of Accident	18/08/2019 11:40
Exact Location Of Accident	PIE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9516D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	PRIUS-1.8 HYBRID CVT (A)
Vehicle Category	TAXI
<b>Insurance Company</b>	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VFX/P2203857
Cover Note Number	
<b>Driver</b>	
Name of Driver	LIM CHEOW FATT
NRIC No	S0195176I
Address	BLK 455 HOUGANG AVE 10 #10-447

### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR

### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	1

### Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20190819/2079

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	FBN280K
Vehicle Make/Model/Colour	
Name of Driver	TEO LAY HAR
Insurance Company Name	

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	XE3025Z
Vehicle Make/Model/Colour	
Name of Driver	90848954
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.

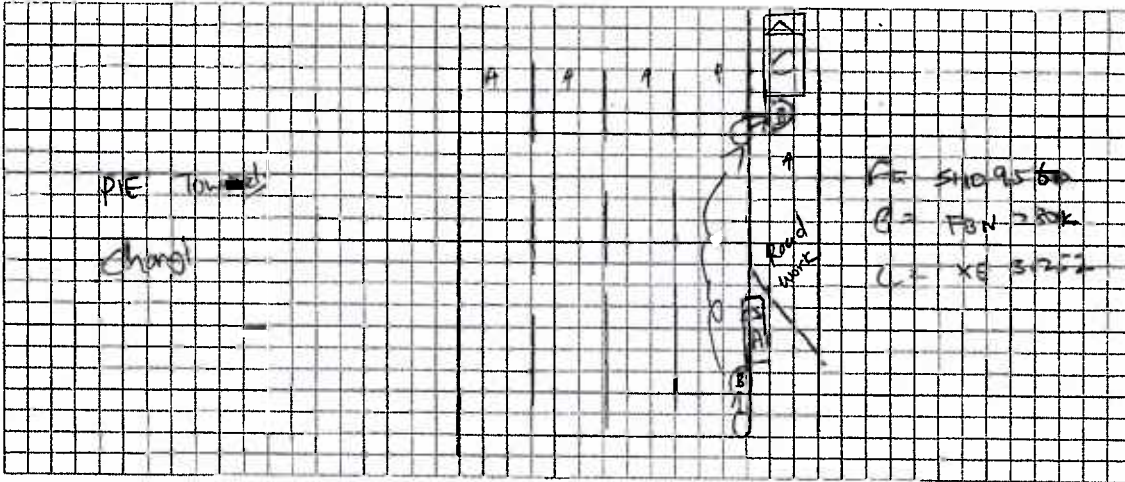
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS ~~see~~ attach police Report

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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



**SINGAPORE  
POLICE FORCE**



T/20190819/2079

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

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Report No. T/20190819/2079

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20190819/2079

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

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Report No. T/20190819/2079

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

SI BALA MURUGAN S/O KALIAPPAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/08/2019 13:22

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD AFIQ BIN RAHMAT

Contact No.: 65476171

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE  
POLICE FORCE**



T/20190819/2079

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

1 of 4

Report No. T/20190819/2079

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/08/2019 13:22		Vide Report No.: T/20190818/7005		Station Diary No.: 45
<b>Informant's Particulars:</b>				
Name of Informant: LIM CHEOW FATT		Address: APT BLK 455 HOUGANG AVENUE 10 #10-447 SINGAPORE 530455		
ID Type / ID No.: NRIC NO / S01951761		Contact No.: Home/Office: Mobile: 97324090		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 66	Date of Birth: 25/06/1953	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: TAXI DRIVER		Driving Licence Information: Class: 3,4,5 Date of Expiry:		

<b>General Information of the Accident:</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/08/2019 11:40	Type of Location: Straight Road
Location: Along Road 1 PAN-ISLAND EXPRESSWAY towards Changi Airport, Lane 1 (before Eng Neo Avenue exit)				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved:</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBN280K	Motorcycle	KAWASAKI				0
SHD9516D	Car	TOYOTA	Prius	Red		0
XE3025Z	Road Diversion Truck					0

## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190819/2079

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

2 of 4

Report No. T/20190819/2079

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TEO LAY HAR	ID No.	S8740675Z
Related Vehicle	FBN280K (Motorcycle)	Contact No.	91895386
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM CHEOW FATT	ID No.	S0195176I
Related Vehicle	SHD9516D (Car)	Contact No.	97324090
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Unknown Person			
Name	Unknown	ID No.	NIL
Related Vehicle	XE3025Z (Road Diversion Truck)	Contact No.	90848954
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 18/08/2019 at about 11.40am at the location of incident, I was driving my taxi (Transcab taxi, SHD9516D) along lane 1. Then I observed that lane 1 was closed with cones and a road diversion truck (XE3025Z). I came to a stop and was waiting to change lane into lane 2. Then, a motorcycle (FBN280K) which was riding behind my taxi, had collided onto the rear right side bumper of my taxi and thereafter, the motorcycle collided onto the road diversion truck. Ambulance and traffic police attended. The motorcyclist did not wish to be conveyed. there is dent on the rear right bumper and I feel pain on my back body. I did not seek medical attention then but will do so later. There is in-car camera inside my taxi. My taxi company will preserve the footage.

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

Date Of Report	19/08/2019 15:01
Date Of Accident	18/08/2019 11:40
Exact Location Of Accident	PIE (CHANGI) AFTER BKE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN280K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO LAY HAR (ZHANG LIXIA)
<b>Vehicle Particulars</b>	
Manufacturer	KAWASAKI
Model	NINJA 400 MANUAL
Vehicle Category	MOTORCYCLE
<b>Insurance Company</b>	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSCN: 72184560 (TPFT)
Cover Note Number	
<b>Driver</b>	
Name of Driver	TEO LAY HAR (ZHANG LIXIA)
NRIC No	S8740675Z
Address	BLK 316C YISHUN AVENUE 9 #08-168

### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR

### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	1

### Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

### Attachment(s)

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

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD9516D
-----------------------------	----------

Vehicle Make/Model/Colour

TOYOTA / PRIUS 5DR HATCHBACK (AUTO)

Name of Driver

Insurance Company Name

**DETAILS OF INJURED PERSON 1**

Name

TEO LAY HAR (ZHANG LIXIA)

Injured person in which vehicle?

FBN280K



SKETCH PLAN

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature

Date & Time:

19 AUG 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

LDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: [yackb@singnet.com.sg](mailto:yackb@singnet.com.sg)

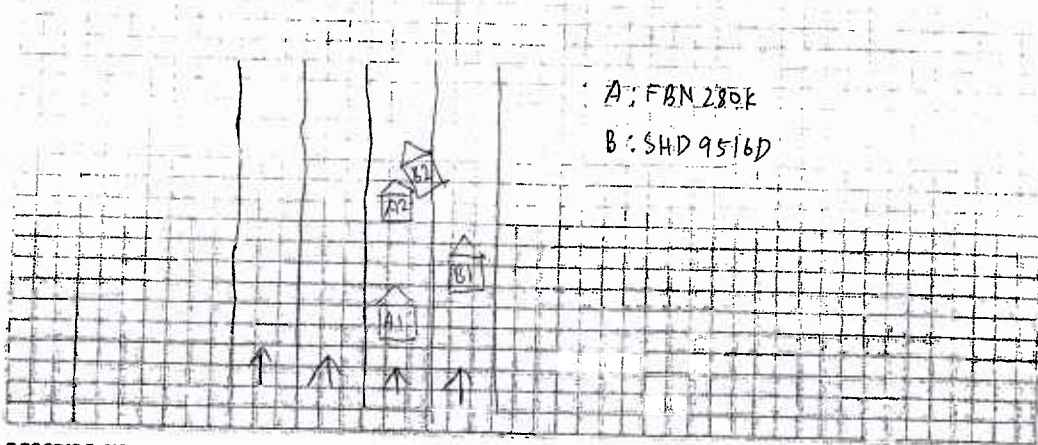
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached police report.

DECLARATION

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

Policyholder's Signature

Date & Time: 19 AUG 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Reporting Centre/Personal Signature

Name:

NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20190818/7005

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

1 of 3

Report No. T/20190818/7005

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/08/2019 13:27		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TEO LAY HAR			Address: APT BLK 316C YISHUN AVENUE 9 #08-168 SINGAPORE 763316		
ID Type / ID No.: NRIC NO / S8740675Z			Contact No.: Home/Office: Mobile: 91895386		
Nationality: SINGAPORE CITIZEN			Email: Albarosa@gmail.com		
Sex: Female	Age: 31	Date of Birth: 10/12/1987	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PERONSAL TRAINER			Driving Licence Information: Class: 2B		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/08/2019 11:40	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN280K	Motorcycle	KAWASAKI	NINJA 400 MANUAL	Green		0
SHD9516D	Car	TOYOTA		Red		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN280K	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72184560	27/06/2019	26/06/2020



**SINGAPORE  
POLICE FORCE**



T/20190818/7005

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

2 of 3

Report No. T/20190818/7005

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	TEO LAY HAR	ID No.	S8740675Z
Related Vehicle	FBN280K (Motorcycle)	Contact No.	91895386
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	LIM CHEOW FATT	ID No.	S0195176I
Related Vehicle	SHD9516D (Car)	Contact No.	97324090
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

i was travelling on lane 2 of PIE(Changi) before Eng Neo when a taxi from lane 1 swerved to the left into my lane and jam braked on me, hitting my bike and causing me to fly off and sustain several abrasions. TP and ambulance came to the scene. I sought medical treatment for my abrasions and was awarded 5 days of medical leave.

Individual Statement Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190818/7005

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

3 of 3

Report No. T/20190818/7005

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
MUHAMMAD AFIQ BIN RAHMAT  
Contact No.: 65476171

Authentication Stamp  
NP168

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

Date/Time:  
18/08/2019 13:27

Classification Of Case:

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

Date Of Report	19/08/2019 16:33
Date Of Accident	18/08/2019 11:40
Exact Location Of Accident	PIE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE3025Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GIM TIAN LOGISTICS PTE LTD
Co Reg No	199400038D
Email Address	GTLOGISTICS@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62910909

### Vehicle Particulars

Manufacturer	HINO
Model	HINO FS1EKMD-KAS

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

If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCG19005810
Cover Note Number	

### Driver

Name of Driver	BOSE SUNDARESAN
Passport No/FIN	G6682020W
Date Of Birth	23/08/1989
Occupation	INDOOR
Date Of Driving Pass	13/06/2013
Driving Experience	6 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90848954
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address C/O 24 LOYANG CRESCENT  
 Postcode 508987  
 Was driver an employee of the Insured's Company YES  
 If No, Relationship of the Driver with the Insured  
 Vehicle Registration Number of Driver's Own Vehicle -  
 Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident CHAIN COLLISION  
 Weather Conditions CLEAR  
 Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO  
 Number of vehicles (including own vehicle) involved in the accident 3  
 Was any body injured in the Accident? NO  
 Was any injured conveyed to hospital by ambulance? NO  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 1

#### Details of Police Action

Was the accident reported to the police? NO  
 If Yes, Please state which Police Station  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO 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 FBN280K  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category MOTORCYCLE  
 Name of Driver TEO LAY HAR  
 NRIC/Passport Number S8740675Z  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHD9516D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



SKETCH PLAN

**IMPORTANT NOTICE**

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

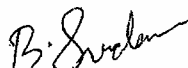
**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature  
Date & Time:



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

Date & Time: 19/8/19 @ 11.30am



Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:

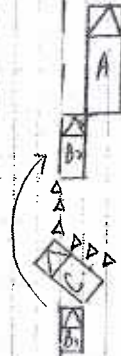




# Sketch Plan Pg. 2

## SKETCH PLAN

L6 L5 L4 L3 L2 L1



A: XE3025Z

B: FBN280K

C: SHD9516A


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

BIKE HIT TAXI THEN BIKE HIT VEHICLE A  
REAR PORTION.

\* Repair other workshop \*

## DECLARATION


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



Policyholder's Signature

Date & Time:

Company Chop (if applicable)



Driver's Signature

(If driver is not the policyholder)

Date & Time: 19/8/19 @ 11.30am



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





RECORDS 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**

Our Ref No: GR-20-003045

Date of Request: 07/01/2020

Your Ref No: BMC.3375.19.WH

KURUP & BOO  
111 North Bridge Road #15-03  
Peninsula Plaza  
Singapore 179098

Dear Sir/Madam,

Date of Accident: 18/08/2019  
Vehicle No: XE3025Z  
Place of Accident: PIE TOWARDS CHANGI  
Involving Vehicle No: SHD9516D

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SHD9516D	PIE TOWARDS CHANGI	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



RECORDS 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**

Our Ref No: GR-20-003046

Date of Request: 07/01/2020

Your Ref No: BMC.3375.19.WH

KURUP & BOO  
111 North Bridge Road #15-03  
Peninsula Plaza  
Singapore 179098

– Dear Sir/Madam,

Date of Accident: 18/08/2019

Vehicle No: XE3025Z

Place of Accident: PIE TOWARDS CHANGI

Involving Vehicle No: FBN280K

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
FBN280K	PIE TOWARDS CHANGI	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

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.

For GIARMC Official use:

Date:

☒ G/RO ☐ Cash ☐ Cheque



RECORDS 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**

Our Ref No: GR-20-003037

Date of Request: 07/01/2020

Your Ref No: BMC.3375.19.WH

KURUP & BOO  
111 North Bridge Road #15-03  
Peninsula Plaza  
Singapore 179098

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 18/08/2019

Place of Accident: PIE TOWARDS CHANGI

Client Vehicle No: XE3025Z

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For G ARMC Official use:

Date:

☒ [X] GIRO ☐ [ ] Cash ☐ [ ] Cheque



email 18/12/19 Mr. BOO

**INOPAVE** GROUP PTE LTD  
No: 96, Lorong M, Telok Kurau  
Singapore 425401  
Tel: 65-6284 8551 Fax: 65-6285 8106  
<http://www.inopave.com>

Co. Reg. No. : 200302075 E  
GST Reg. No.: 20-0302075-E

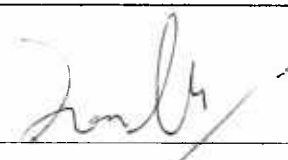
**TAX INVOICE NO.: IN/LI/0305/0582**

<b>GIM TIAN LOGISTICS PTE LTD</b> 24 Loyang Crescent, Loyang Industrial Estate. Singapore 508987 Tel : 6291 2396 , Fax: 6292 6737 Attention: Mr. Ang				
<b>Your Reference</b>		<b>Term</b>		<b>Date</b>
-		COD		09/12/2019
<b>Item</b>	<b>Description</b>	<b>Qty</b>	<b>Unit Prices (SGD)</b>	<b>Amount (SGD)</b>
	Supply & Install Scorpion Model 10,000 Truck Mounted Attenuator for Truck XE 3025Z. ( S/N: 10021)			
1	P/N: 10400A Module A Energy Absorber	01	9,500.00	9,500.00
2	Tail Lamp with bracket ( Left )	01	200.00	200.00
3	Full Labour Cost , dismantling, removing, installation, repairing, re-alignment	01	1,200.00	1,200.00
<b>SGD: Eleven Thousand, Six Hundred &amp; Sixty-Three Only.</b>				

Sub-Total : \$10,900.00  
7% GST : \$ 763.00  
**Total : \$ 11,663.00**

**E. & O.E**

ANY COMPLAINTSON ON THE INVOICE SHOULD BE LODGED WITHIN 7 DAYS.  
INTEREST AT 2% PER MONTH WILL BE CHARGED ON OVERDUE ACCOUNT  
Payment to be made payable to " **INOPAVE GROUP PTE LTD** "

  
**Authorized Signature**

**Louis Chia**  
**Admin Executive**

**Enquire Vehicle & Owner Information ( Vehicle No. FBN280K As At 08 Aug 2019 / 11:40:00 )****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: BMC.3375.19

**Current Owner Details**

Owner D Type: Singapore NRIC

Owner D: S8740675Z

Owner Name: TEO LAY HAR

Registered Address Type: HDB / HUDC

Registered Block/House No.: 316C

Registered Street Name: YISHUN AVENUE 9

Registered Unit No.: # 08 - 168

Registered Building Name: -

Registered Postal Code: 763316

**Current Vehicle Details**

Vehicle No.: FBN280K

Make Description/Model: KAWASAKI / NINJA 400 MANUAL

Insurance Company Name: MSIG INSURANCE (SINGAPORE) PTE LTD

**Enquire Vehicle & Owner Information ( Vehicle No. SHD9516D As At 18 Aug 2019 / 11:40:00 )****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: BMC.3375.19

**Current Owner Details**

Owner ID Type: Company

Owner ID: 200303878K

Owner Name: TRANS-CAB SERVICES PTE. LTD.

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.:2

Registered Street Name: ANG MO KIO STREET 63

Registered Unit No.: -

Registered Building Name: -

Registered Postal Code: 569111

**Current Vehicle Details**

Vehicle No.: SHD9516D

Make Description/Model: TOYOTA / PRIUS 5DR HATCHBACK (AUTO)

Insurance Company Name: AXA INSURANCE PTE LTD

**Enquire Vehicle & Owner Information ( Vehicle No. XE3025Z As At 18 Aug 2019 / 11:40:00 )****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: BMC.3375.09

**Current Owner Details**

Owner ID Type: Company

Owner ID: 199400038D

Owner Name: GIM TIAN LOGISTICS PTE. LTD.

Registered Address Type: Private Residential (non-Condo Apt / non-House)

Registered Block/House No.:24

Registered Street Name: LOYANG CRESCENT

Registered Unit No.: 2

Registered Building Name: LOYANG INDUSTRIAL ESTATE

Registered Postal Code: 508987

**Current Vehicle Details**

Vehicle No.: XE3025Z

Make Description/Model: HINO / HINO FS1EKMD-KAS

Insurance Company Name: ERGO INSURANCE PTE. LTD.



## CARLINK CONSULTANCY

60 Hillside Drive, Singapore 549009  
Fax: 62874788 Tel: 62856178

## INVOICE

M/S Gim Tian Logistics Pte Ltd  
24 Loyang Crescent  
Singapore 508987

Invoice No: CL 11155 TP  
Our Ref: CL 11155 XE 3025 Z  
Date: 30th January 2020

S/N	DESCRIPTION	QTY	UNIT PRICE (\$)	AMOUNT (\$)
1	<u>Vehicle No: XE 3025 Z (Truck mounted attenuator)</u> Charges for accident vehicle inspection and appraisal report, transportation, photographs and etc** (photographs - 75 copies)			\$620.00
			<b>Total:</b>	<b>\$620.00</b>

We thank you for the opportunity to serve you and assure you of our best at all times



Automotive Engineer Assessor  
MIMI, MIRTE, LCG, I ENG, LAE, CGLI ETC.

Note: Payment by cheque should be crossed and made payable to "CARLINK CONSULTANCY"

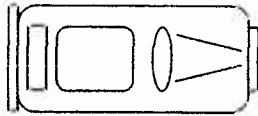
# CARLINK CONSULTANCY

60 Hillside Drive  
Singapore 549009

Tel : 62856178  
Fax : 62874788

## ACCIDENT VEHICLE INSPECTION / ASSESSMENT REPORT

Our Ref: CL 11155 XE 3025 Z

<b>1 REFERENCE</b>			
Date of request	:	19th August 2019	
Requested by	:	M/S Gim Tian Logistics Pte Ltd 24 Loyang Crescent Singapore 508987	
Type of claim	:	Third party	
Place of Survey	:	160 Sin Ming Drive, #01-03 Sin Ming Autocity, Singapore 575722	
Date of survey	:	19th August 2019	
Accident date	:	18th August 2019	
Date of re-survey	:	9th December 2019 at Yishun Ave 7, URA Heavy Vehicle Car Park	
<b>2 DETAILS OF VEHICLE</b>			
Registration No.	:	XE 3025 Z	
Make & Model	:	Hino FS1EKMD-KAS	
Year of registration	:	12th June 2017	
Engine No.	:	E13CWA11553	
Chassis No.	:	FS1EKM10033	
Transmission	:	Manual	
Speedometer reading	:	48677 Km	
Colour	:	White	
<b>3 STATIC CHECK</b>			
Steering	:	In order	Paintwork : Good
Footbrake	:	In order	Modification : Nil
Handbrake	:	In order	General condition : Good
<b>4 TYRE CONDITION</b>			
		<u>Nearside/Make</u>	<u>Offside/Make</u> <u>Size</u>
Front axle	:	9mm/Bridgestone	9mm/Bridgestone : 295/80 R22.50
Centre axle	:	9mm/Bridgestone	9mm/Bridgestone : 295/80 R22.50
Rear axle	:	9mm/Bridgestone	9mm/Bridgestone : 295/80 R22.50
<b>5 POINT OF IMPACT</b>			
See Annex(es) and Motor Accident Reports			
The point of impact was onto the truck mounted attenuator ("TMA") that was mounted onto the rear of the truck no. XE 3025 Z. The TMA was badly damaged due to the force of the impact			
<b>6 DETAILS OF THE TRUCK MOUNTED ATTENUATOR ("TMA")</b>			
The damaged TMA was mounted onto the rear side of the truck registration no. XE 3025 Z			
The damaged TMA was a "Scorpion" brand Scorpion 10,000 Model TMA.			
The Land Transport Authority ("the LTA") has approved the use of the TMA model 10,000 for use in Singapore as a piece of road safety equipment since the year 2001.			
The LTA base issued a Code of Practice - Traffic Control at Work Zone. This code includes a section on the proper use and maintenance of a truck mounted attenuator.			
The "Scorpion" brand Scorpion Model 10,000 TMA ("TMA Model 10,000") has been manufactured by a company named Traffix Devices Inc. of California, USA.			
Traffix Devices Inc. has appointed as the approved distributor and named Eng Soon Huat Engineering Works as the approved installer of the TMA Model 10,000.			
TMA Systems Pte Ltd has appointed Inopave Group Pte Ltd to be the sole authorised dealer of the TMA Model 10,000 in Singapore.			

## Annex A : Assesement / Adjustment on Spare Parts

XE 3025 Z

Item	Vehicle Parts Description	Condition	Qty	W/shop Est. (\$)	Disc (%)	Adjusted Cost (\$)
<b>S/Nett Items</b>						
	Supply & install Scorpion Model:10,000 Truck Mounted Attenuator for Truck XE 3025 Z ( S/N: 10021 )					
1	P/N: 10400A Module A Energy Absorber	Buckled/cut	1	\$9,500.00		\$9,500.00
2	Tail lamp with bracket (Left)	Bent/cracked	1	\$200.00		\$200.00
<b>Total for Spare Parts :</b>				<b>\$9,700.00</b>		<b>\$9,700.00</b>

## Annex B : Adjustment on Labour and Spray Painting

XE 3025 Z

Item	Job Description	Workshop Est. (\$)	Adjusted Cost (\$)
1	Full Labour Cost, dismantling, removing, installation, repairing, re-alignment	\$1,200.00	\$1,200.00
TOTAL FOR LABOUR & SPRAY PAINTING :		<u>\$1,200.00</u>	<u>\$1,200.00</u>

### Summary

	Workshop Est. (\$)	Adjusted Cost (\$)
TOTAL FOR SPARE PARTS :	\$9,700.00	\$9,700.00
TOTAL FOR LABOUR & SPRAY PAINTING :	\$1,200.00	\$1,200.00
TOTAL REPAIR COSTS :	<u>\$10,900.00</u>	<u>\$10,900.00</u>

## CARLINK CONSULTANCY

XE 3025 Z

### Annex C: Recommendation

We have inspected thoroughly the actual damages found on the vehicle/TMA and our assessment is appended in the Annex(es) attached. The condition and age of the vehicle/TMA was considered before we reached our recommendation as to whether the parts need replacement or repair.

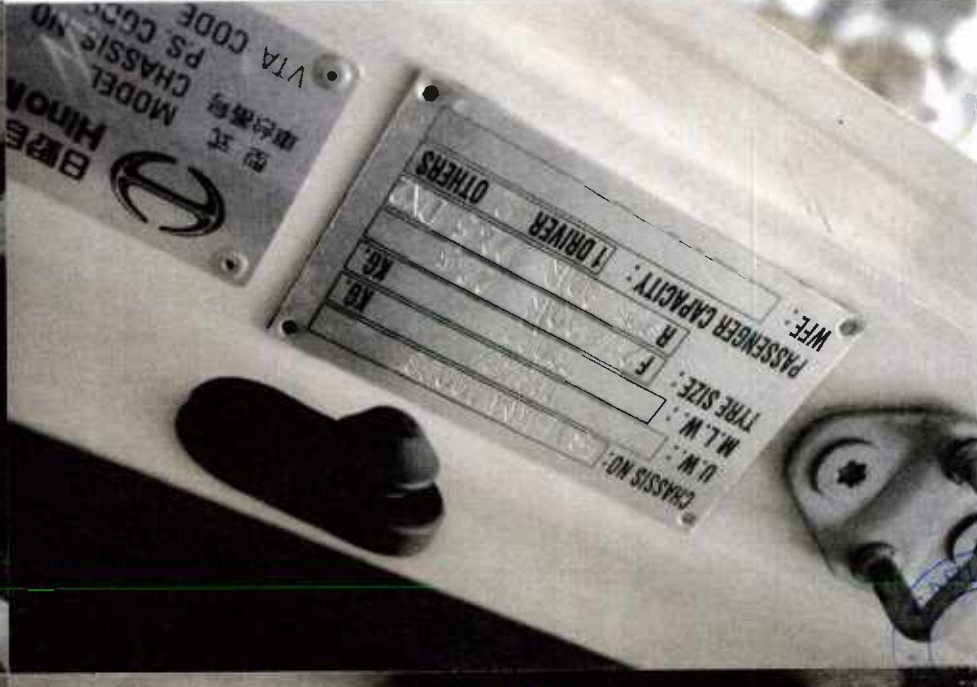
I have reviewed the items and the sums stated in this tax invoice. I am of the professional view that the sum of **S\$10,900.00** stated by M/S Inopave Group Pte Ltd is fair and reasonable.

The repairer took between 18th August 2019 and 9th December 2019 to complete the full replacement of the damaged TMA Model 10,000 with a new one. In our opinion, this period of Eight (08) working days is fair and reasonable.

Yours faithfully,  
CARLINK CONSULTANCY



PATRICK NG  
Automotive Engineer Assessor  
MIMI, MIRTE, LCGI, I ENG, LAE, CGLI FTC.





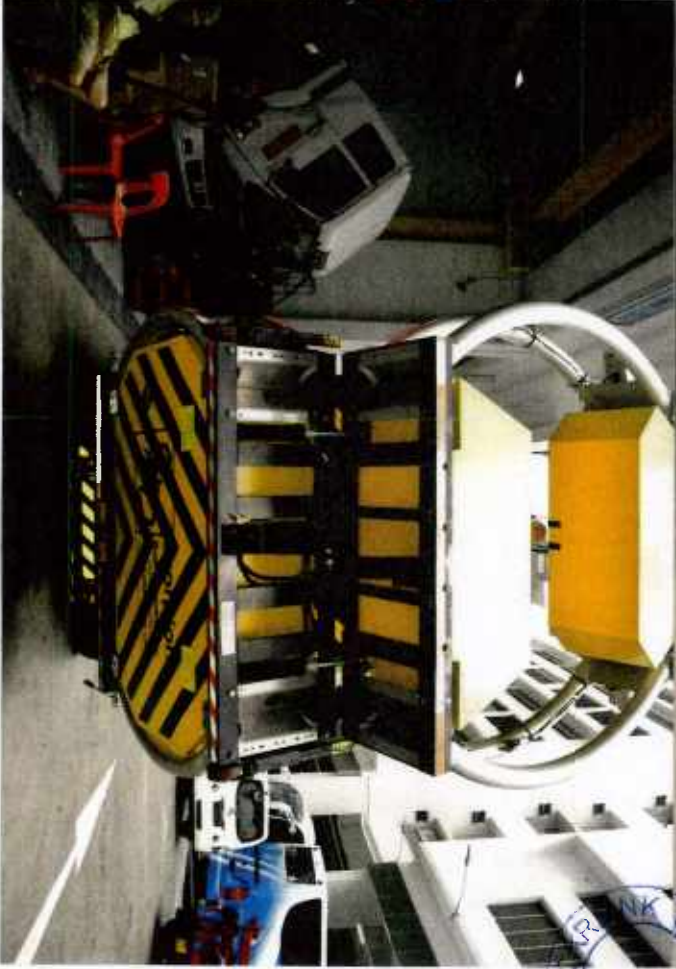
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CARLINK CONSULTANCY





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CARLINK CONSULTANCY









CARLINK



CONSULTANCY



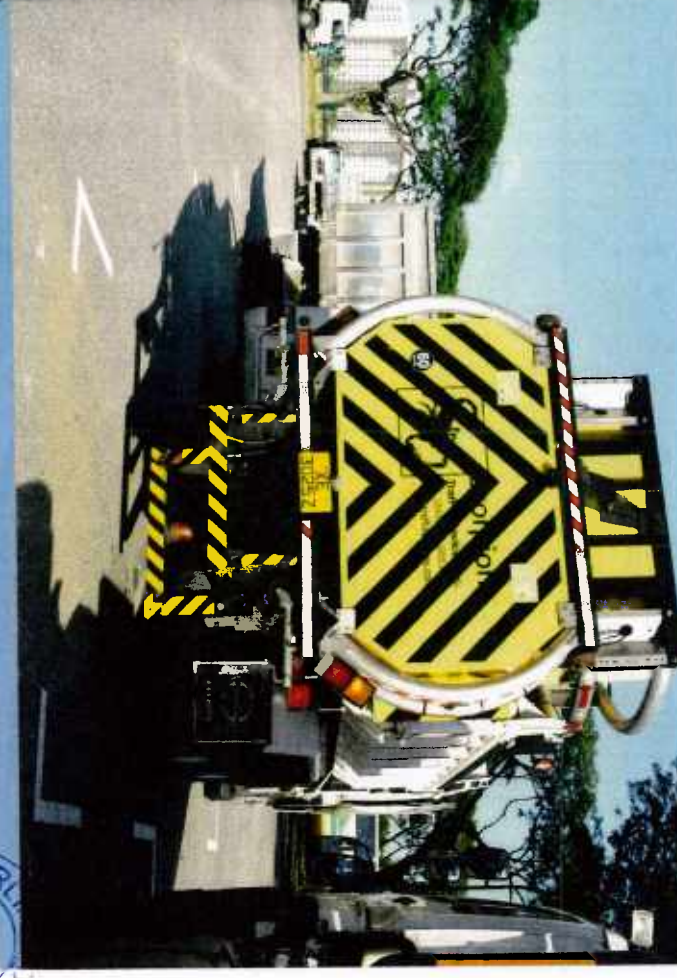
CARLINK CONSULTING



CARLINK CONSULTING

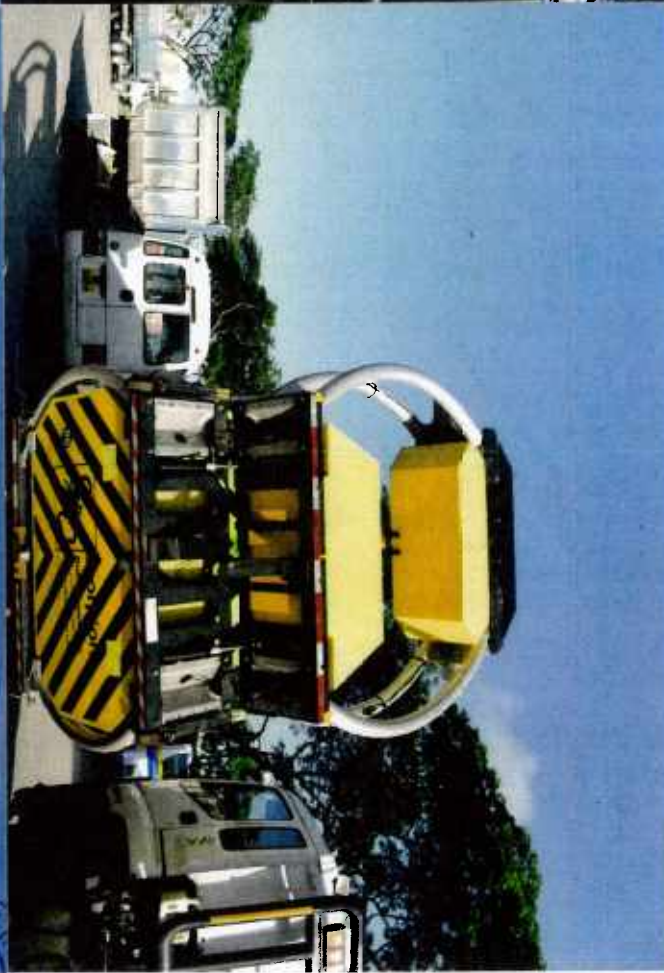
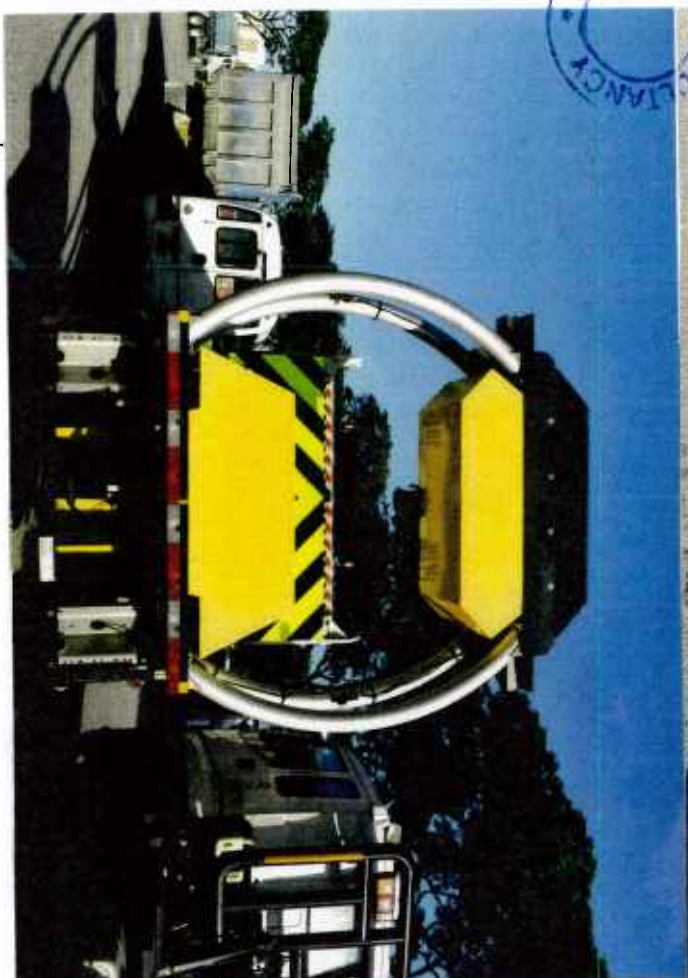


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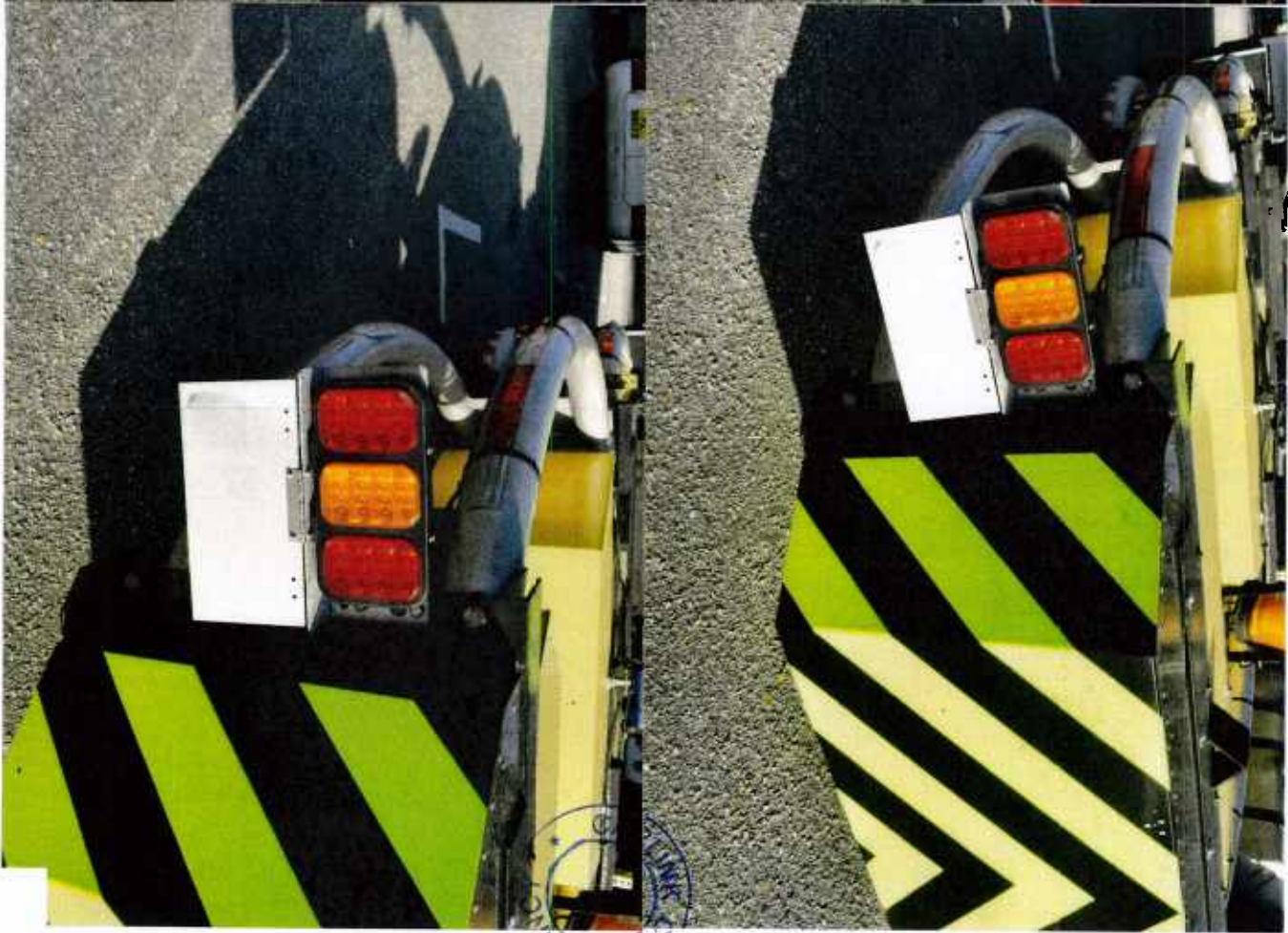








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