

# CROSSBORDERS LLC

PDX Intercompany Exchange Pte Ltd  
010809220565  
FROM CROSSBORDERS LLC  
PDX Box No. 8039

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.7920Z.2021.PG-PD  
Your Ref: SHC1878S

60216516

23 DEC 2021

TO: ✓CHELVA KUMAR S/O OVELOO  
Blk 872 Woodlands Street 81  
#02-274  
Singapore 730872

BY CERTIFICATE OF POSTING

WITHOUT PREJUDICE

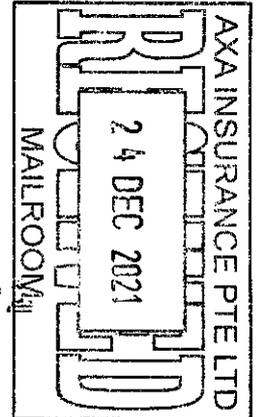
BY PDX

WITHOUT PREJUDICE

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



3019995498



Dear Sirs

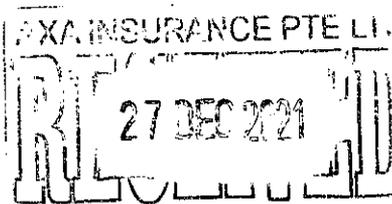
RE: CLAIMANT: MOHAMED BIN MOHAMED JALIL  
ACCIDENT INVOLVING VEHICLES NO. SMT6433K & SHC1878S ALONG SERANGOON ROAD ON 11.10.2021

We are instructed by the abovenamed to claim damages against you in connection with an accident on 11 October 2021 at about 20:50 hours along Serangoon Road involving our client's vehicle no. SMT6433K and vehicle registration number SHC1878S 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 SHC1878S.

As a result of the accident, our client's vehicle registration number SMT6433K was damaged and our client has been put to loss and expense, particulars of which are as follows:-

<b>A</b>	<b>Damages</b>		
a.	Cost of Repairs (inclusive GST)	\$	7,300.00 ✓
b.	Rental (12 days x \$100.00 per day)	\$	1,200.00 ✓
<b>B</b>	<b>Disbursements</b>		
a.	LTA Search Fees	\$	7.49 ✓
b.	GIA Report Fees	\$	29.00 ✓
c.	Survey Report Fees	\$	779.00 ✓
<b>C</b>	<b>LEGAL COSTS (AT THIS STAGE)</b>	\$	749.00
		<b>\$</b>	<b>10,064.49 ✓</b>



CSU

CONFIDENTIALITY CAUTION

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

**CROSSBORDERS LLC**

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

# CROSSBORDERS LLC

Advocates & Solicitors | Commissioner for Oaths | Notary Public

Our Ref: AJ.tk.7920Z.2021.PG-PD  
Your Ref: SHC1878S

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

23 DEC 2021

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

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

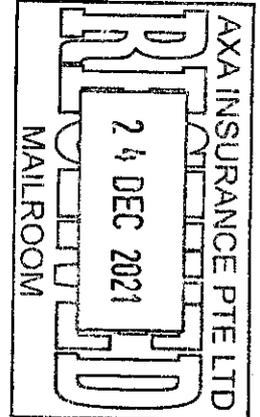


BY CERTIFICATE OF  
POSTING

WITHOUT PREJUDICE

BY PDX

WITHOUT PREJUDICE



Dear Sirs

**RE: CLAIMANT: MOHAMED BIN MOHAMED JALIL  
ACCIDENT INVOLVING VEHICLES NO. SMT6433K & SHC1878S ALONG  
SERANGOON ROAD ON 11.10.2021**

We are instructed by the abovenamed to claim damages against you in connection with an accident on 11 October 2021 at about 20:50 hours along Serangoon Road involving our client's vehicle no. SMT6433K and vehicle registration number SHC1878S 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 SHC1878S.

As a result of the accident, our client's vehicle registration number SMT6433K was damaged and our client has been put to loss and expense, particulars of which are as follows:-

<b>A</b>	<b>Damages</b>		
a.	Cost of Repairs (inclusive GST)	\$	7,300.00
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<b>B</b>	<b>Disbursements</b>		
a.	LTA Search Fees	\$	7.49
b.	GIA Report Fees	\$	29.00
c.	Survey Report Fees	\$	779.00
<b>C</b>	<b>LEGAL COSTS (AT THIS STAGE)</b>	\$	749.00
		<b>\$</b>	<b>10,064.49</b>

#### CONFIDENTIALITY CAUTION

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### CROSSBORDERS LLC

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

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

- a) GIA Report lodged by our client (SMT6433K) with sketch plan together with photographs of your vehicle no. SMT6433K;
- b) GIA Report lodged by you (SHC1878S) with sketch plan together with photographs of your vehicle no. SHC1878S;
- c) Result of LTA search on your vehicle registration no. SHC1878S;
- d) Rental Agreement from Prowerkz Garage Pte Ltd;
- e) Final Repair Bill from Prowerkz Garage Pte Ltd;
- f) Vehicle Assessment Report & Invoice from Pal's Appraiser Pte Ltd;
- g) One Hundred and Four (104) colour photographs depicting the damage to our client's motor vehicle no. SMT6433K;
- h) Vehicle Owner Particulars of our client's vehicle no. SMT6433K; and
- i) Disbursements Invoices.

We have on 15 October 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 client arising out of the accident, you are required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents **within 8 weeks** of your receipt of this letter.

Yours faithfully

  
CrossBorders LLC  
Email: [corene@crossborderllc.com](mailto:corene@crossborderllc.com) (secretary)

encs

cc: SMT6433K

# 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 ..... 13/10/2021 14:11 (SGT)  
Date of Accident ..... 11/10/2021 20:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Along Serangoon Road (opposite Tekka)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMT6433K

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Mohamed Bin Mohamed Jalil  
NRIC No ..... SXXXX218A  
Email Address ..... md69jedi@gmail.com  
Mobile Phone No ..... (Phone) +65-82603086  
Alternative Phone No ..... +65-86008071

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Vezel 1.5  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... GA577356  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Mohamed Bin Mohamed Jalil  
NRIC No ..... SXXXX218A

Date Of Birth .....	20/08/1969
Occupation .....	Outdoor
Date Of Driving Pass .....	31/07/1994
Driving experience .....	27 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82603086
Alt. Phone Number .....	+65-86008071
Email Address .....	md69jedi@gmail.com
Address .....	Blk 188C Bedok North Street 4 #06-98
Address complement .....	-
Postcode .....	463188
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 .....	Side Swipe
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 vehicle 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 .....	Clariss
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

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 1

Vehicle Registration Number .....	SHC1878S
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Taxi

Name of Driver .....	Chelva Kumar
NRIC No .....	SXXXX990G
Contact Number .....	(Phone) +65-83166498
Address .....	Blk 872 Woodland St 81 #02-274
Address complement .....	-
Postcode .....	730872
Insurance Company Name .....	NTUC Income Insurance Co-operative Ltd
Nature Of Damage .....	-
Details of property damaged in accident .....	Left front (Headlamp side)
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 lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the making 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

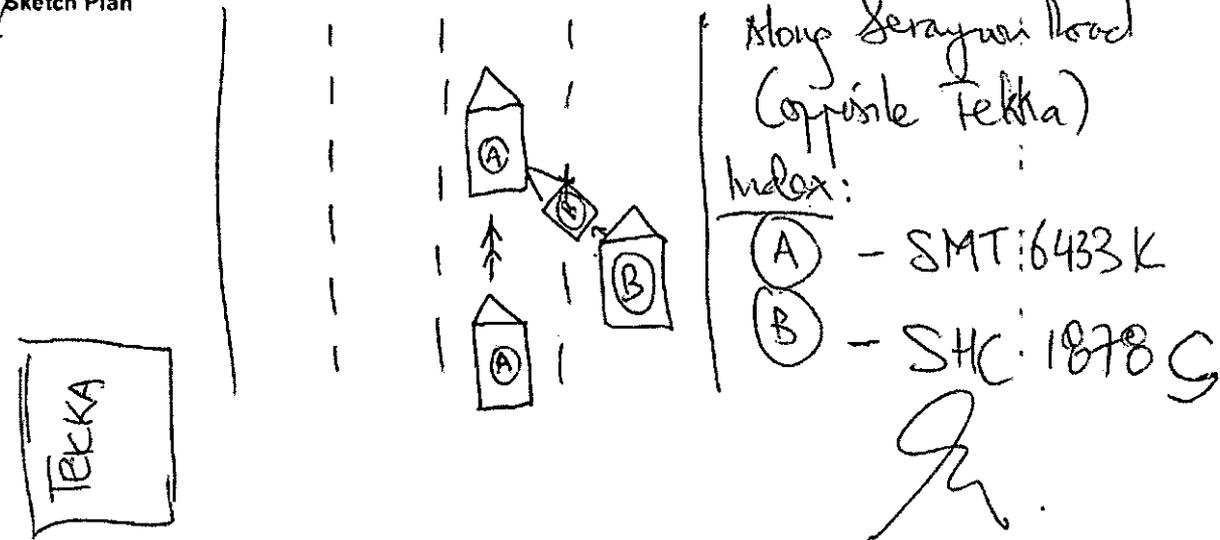
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
 Policyholder's Signature / Date & Time  
 13/10/21  
 C. S. S. S.

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

  
 Witnessed by Reporting Centre Personnel  
 Susan

**Sketch Plan**







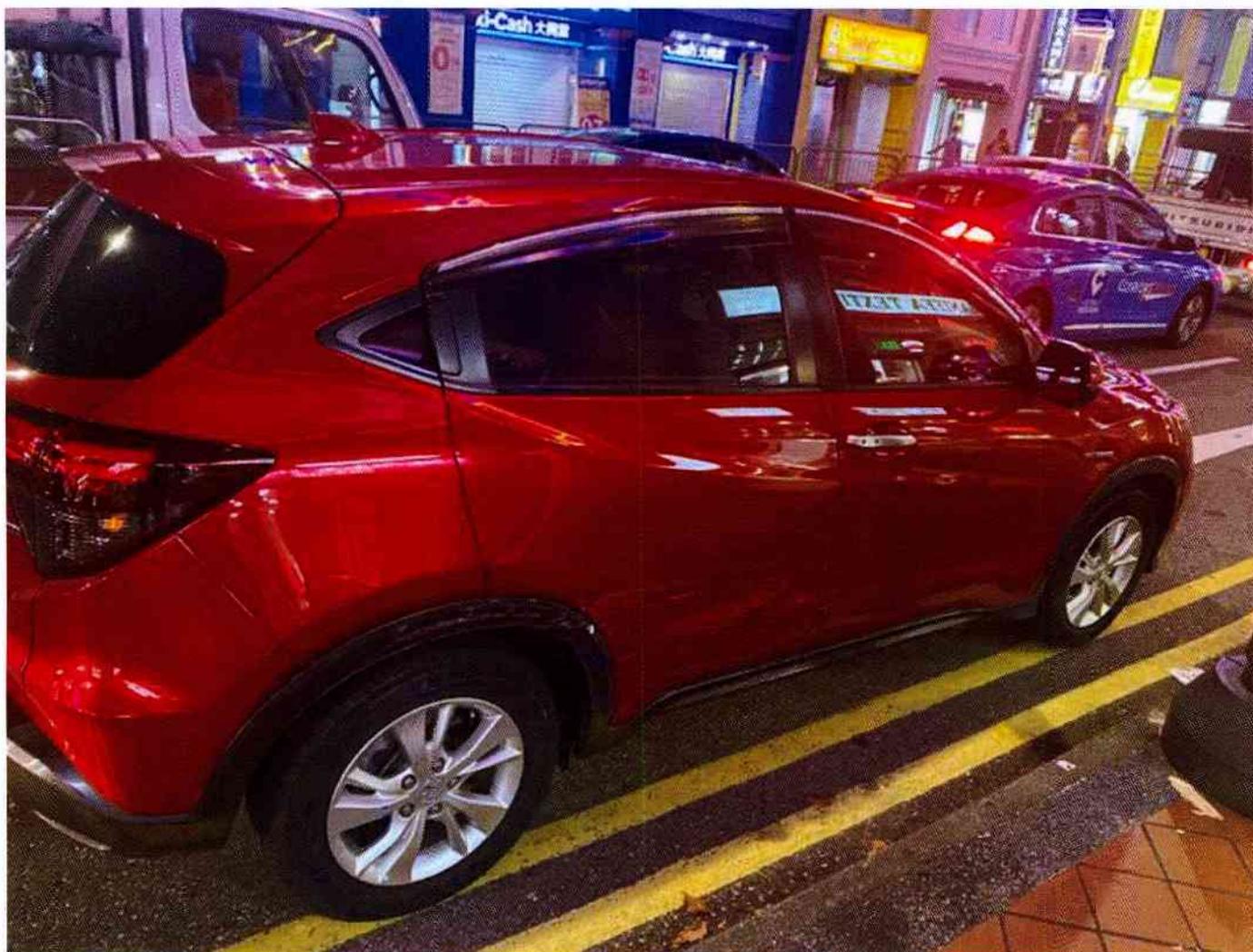


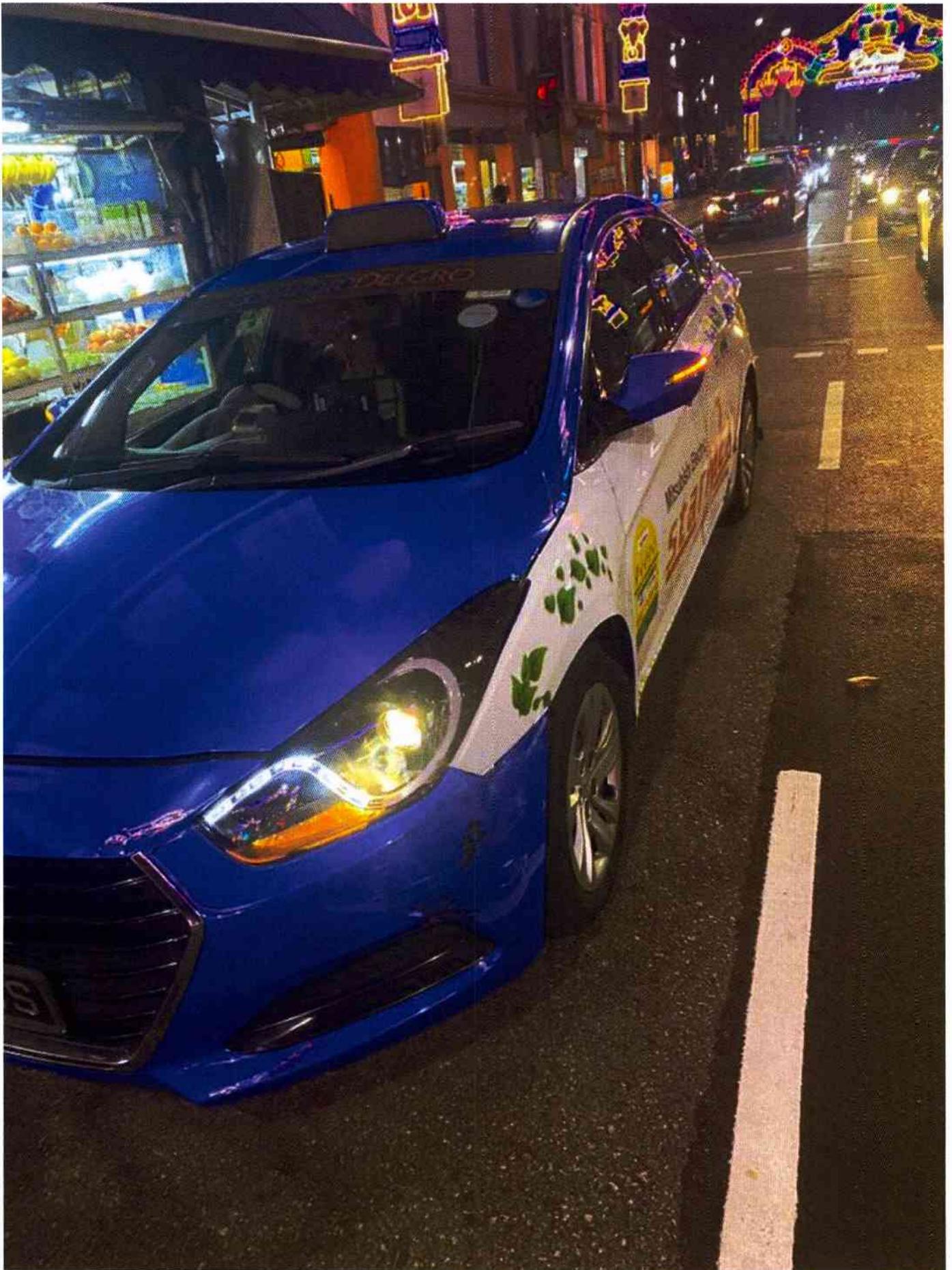


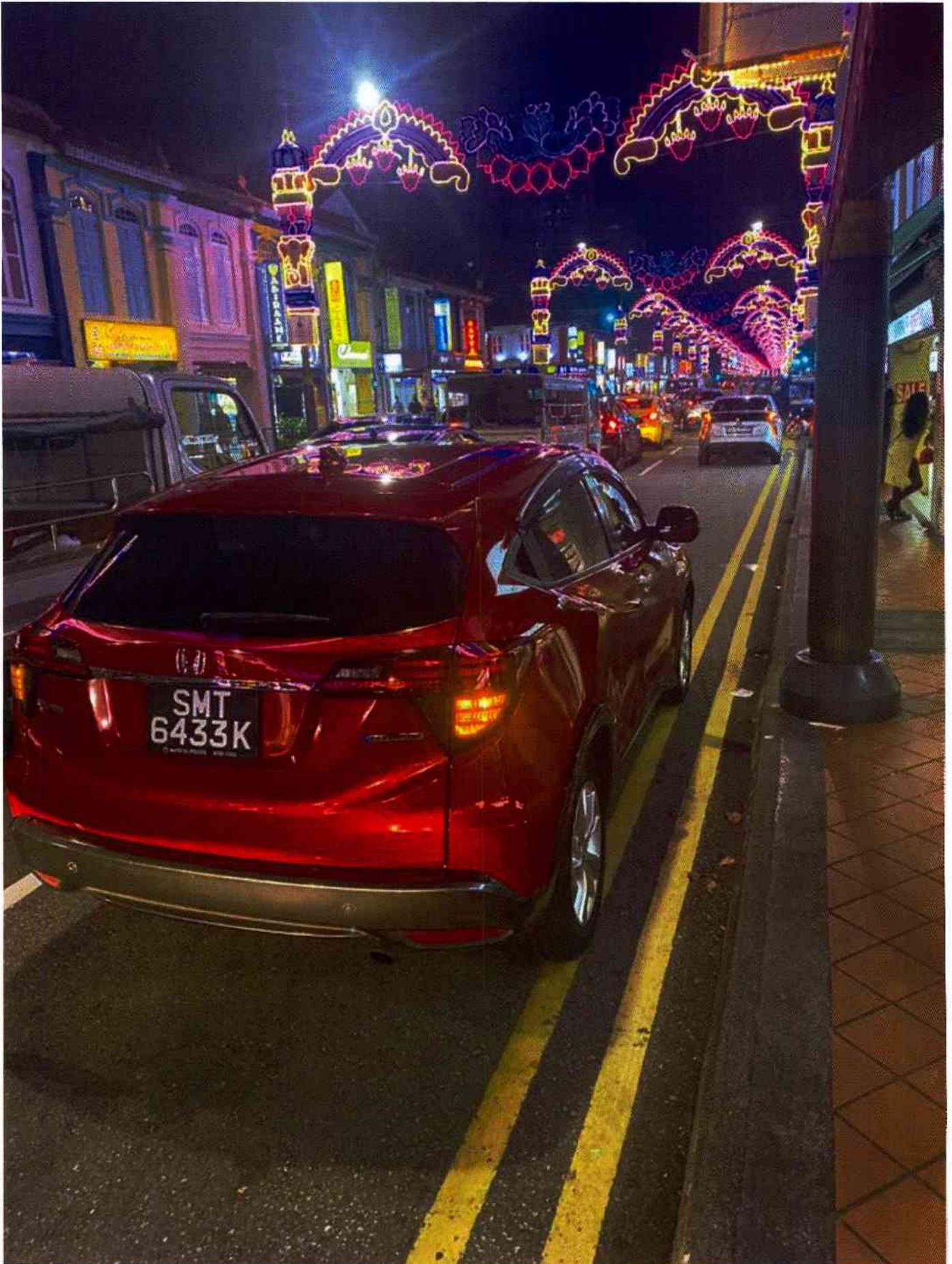


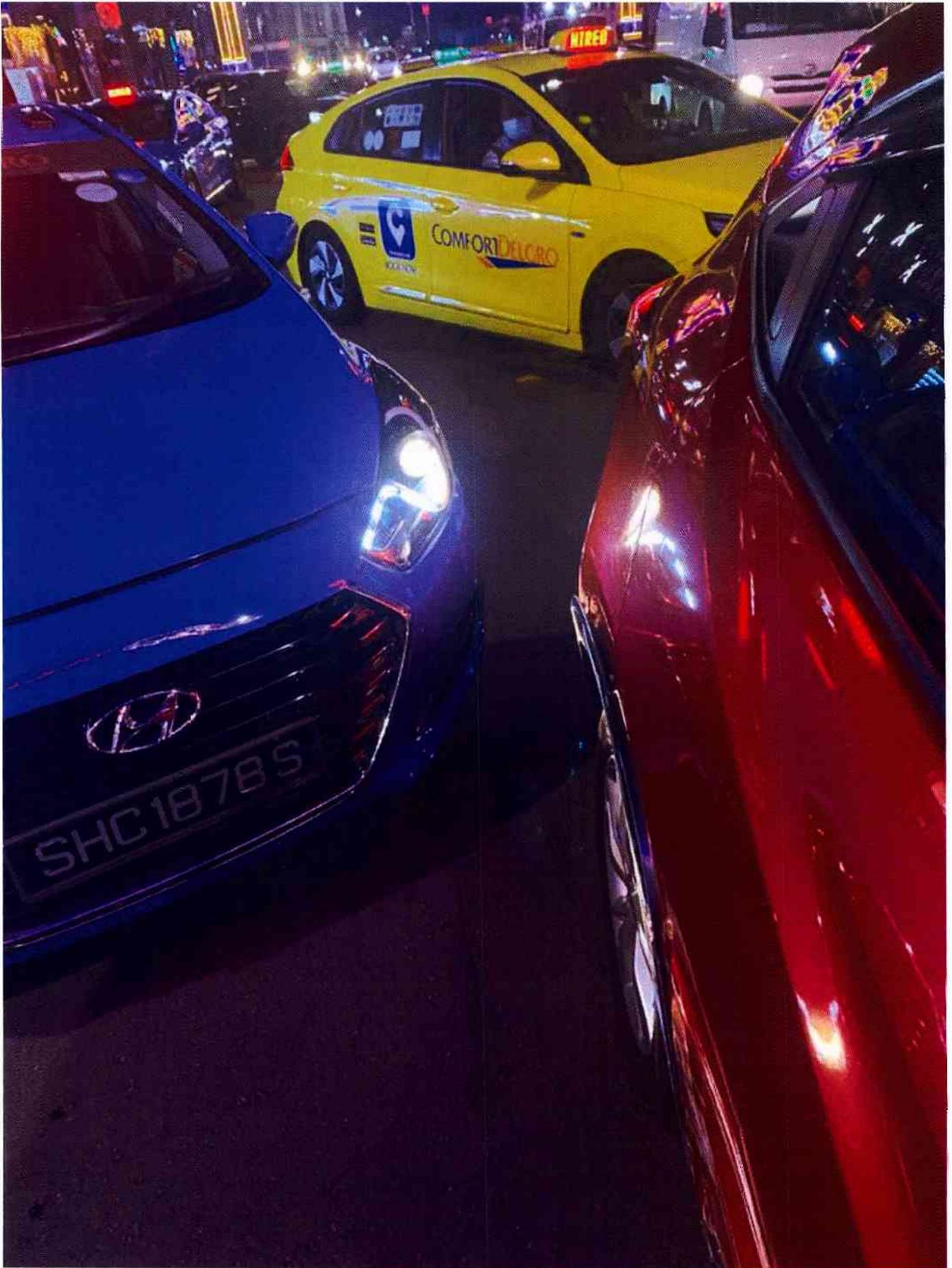


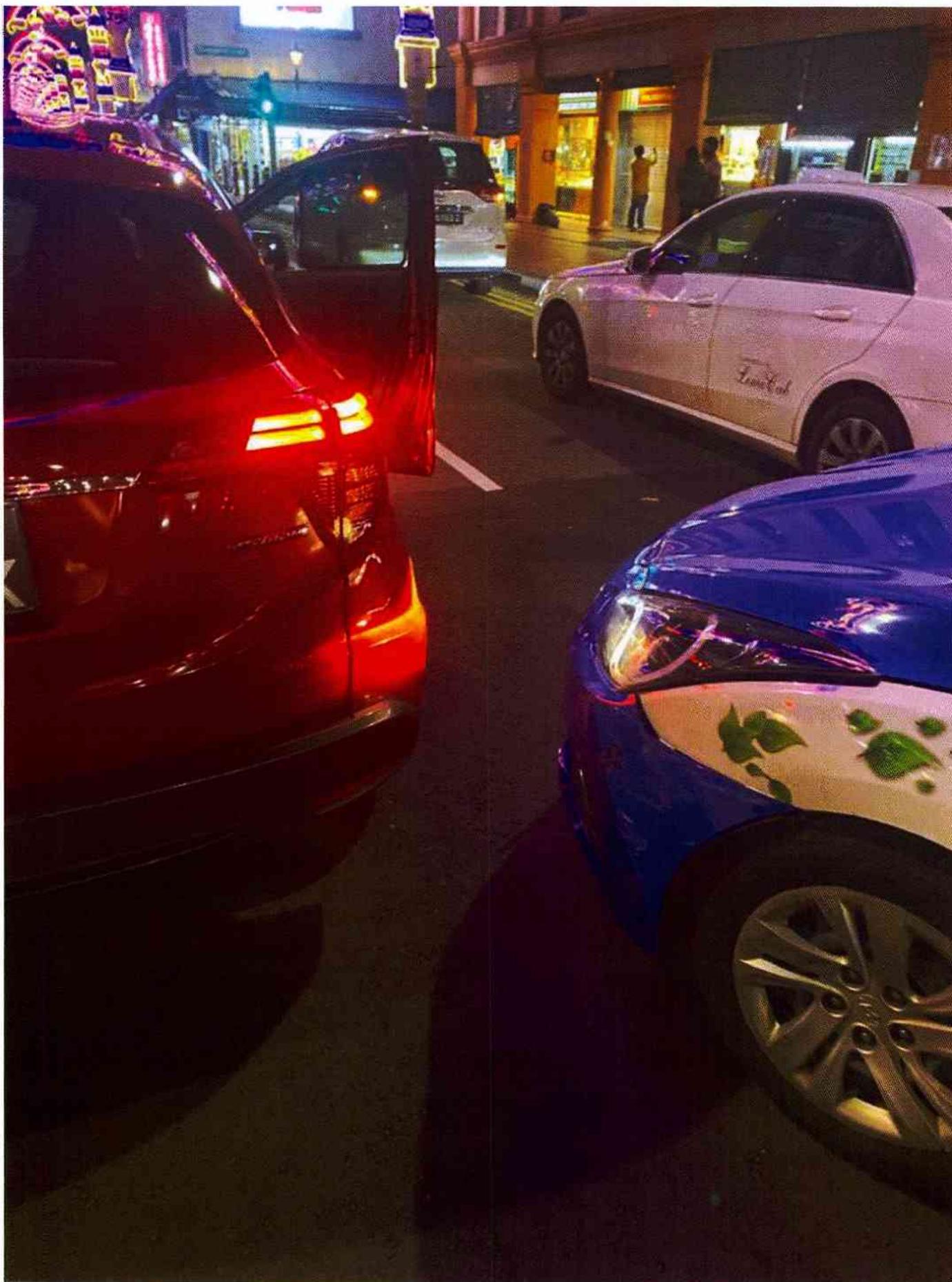


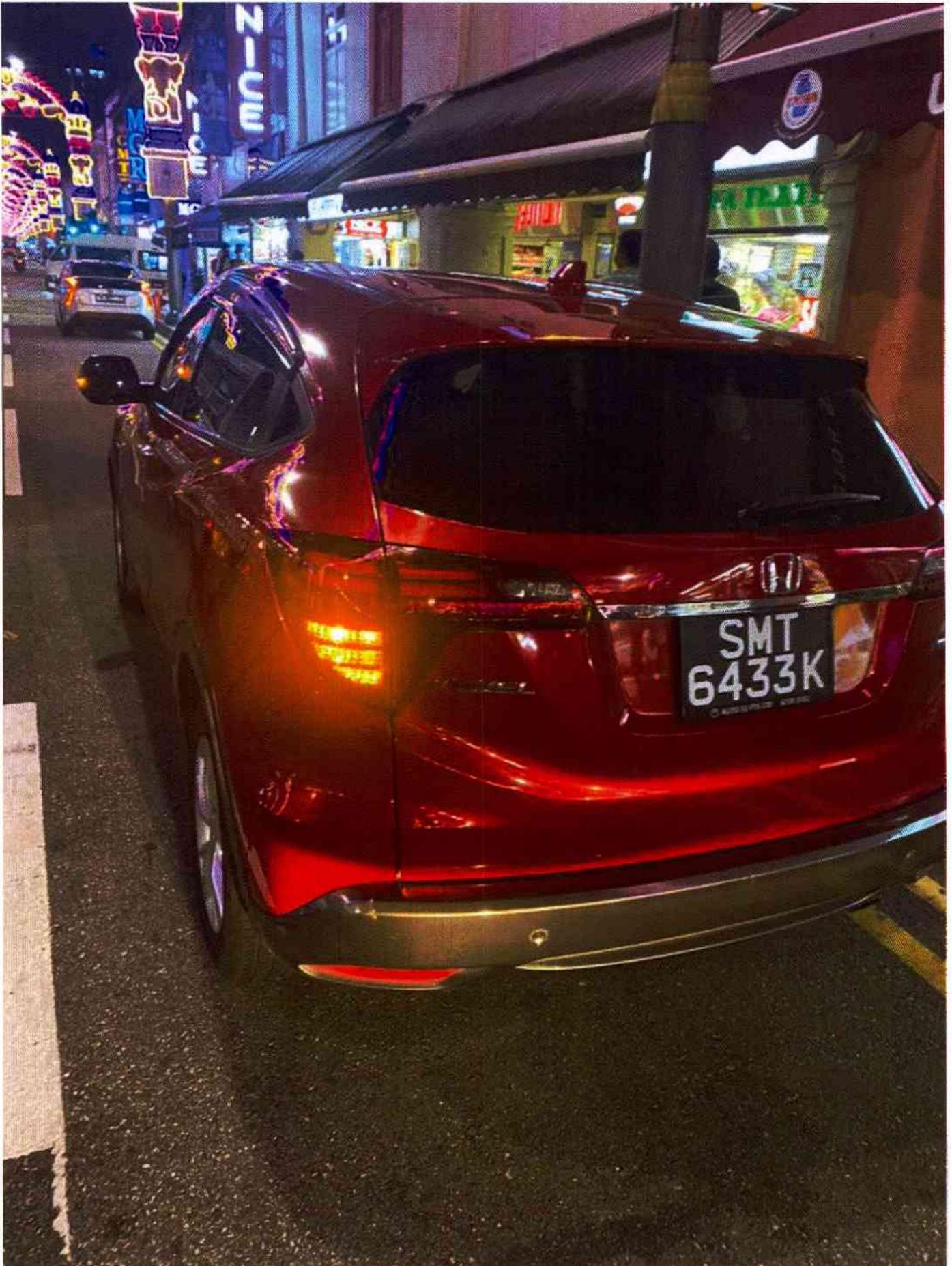


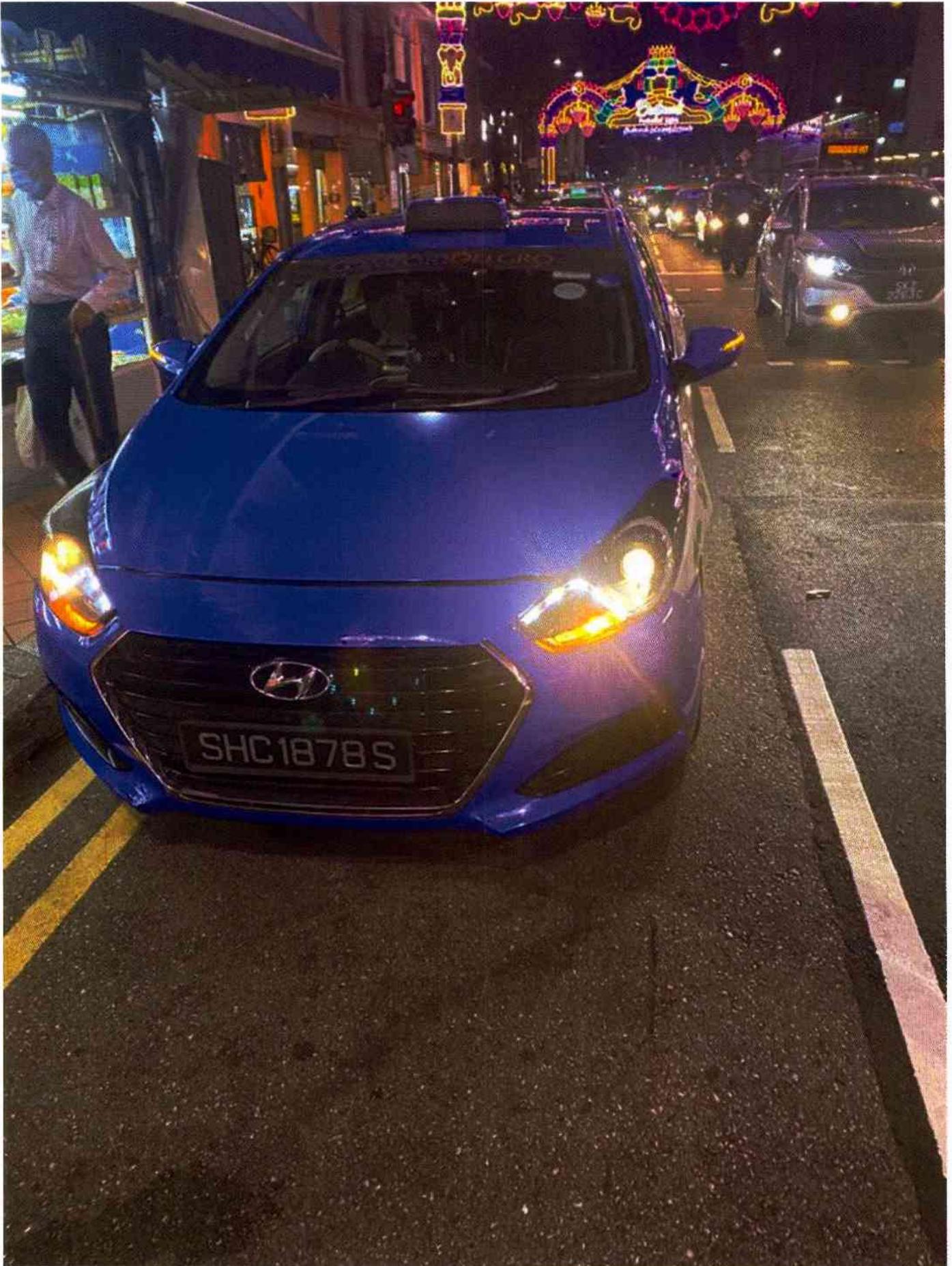














**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SH0221AD0001 Vehicle Registration No: SMT6433K  
 Name (as shown in NRIC): Mohamed B. n Mohamed Jalil NRIC/FIN/Passport No: S6930218A  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 81K 188C Badak North Street 4 #06-98 Singapore (46318)8  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 82603086  
 Email Address: md69jed@gmail.com  
 Date of Accident: 11/10/2021 Time of Accident: 20.50  
 Place of Accident: Along Serangoon Road (Opposite Tekka)  
 Insurance Company: AXA

**(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:

Amending from reporting only to third party claims.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[Signature]  
 Policyholder / Driver's Signature  
 Date: 18/10/21

[Circular Stamp: TIAN LING WORKSHOP]  
 Reporting Centre Personnel's Signature  
 Name: Anna  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: \_\_\_\_\_

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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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 ..... 15/10/2021 16:25 (SGT)  
Date of Accident ..... 11/10/2021 20:50 (SGT)  
Exact Location of Accident ..... Serangoon Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHC1878S

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... COMFORT TRANSPORTATION PTE LTD

#### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... I40  
Variant ..... -  
Vehicle Category ..... Taxi  
Transmission ..... Auto  
CC ..... 1685

#### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... Yes  
Policy Number ..... VFX/P2419138  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... CHELVA KUMAR S/O OVELOO  
NRIC No ..... S1490990G  
Address ..... BLOK C 872 WOODLANDS STREET 81  
Address complement ..... #02-274  
Postcode ..... 730872  
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 vehicle or property damaged? ..... Yes  
Number of Passengers (Including Driver) ..... 1

CIRCUMSTANCES OF ACCIDENT

ON11/10/2021 AT ABOUT 20:50HRS, I WAS DRIVING VEHICLE A ( SHC1878S) ALONG SERANGOON ROAD. AFTER DROP PASSANGER, I ABOUT TO EXCUTE TO LEFT LANE. BEHIND UNKNOWN VEHICLE STOP AND GIVE WAY TO VEHICLE A. WHILE SLOWLY FILTERING, VEHICLE B, (SMT6433K) NOT SURE FROM WHICH DIRECTION GRAZED ONTO VEHICLE A LEFT SIDE. MINOR SCRATCHES FOR BOTH VEHICLES. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SMT6433K  
Vehicle Manufacturer ..... Honda  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... Red  
Vehicle Category ..... Private car  
Name of Driver ..... MOHAMAD BIN MOHD JALIL  
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.
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- 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



A-SHC 18785

B-SMT 6433K

Describe Circumstances of the Accident

ON 11/10/2021 AT ABOUT 20:50 HRS, I WAS DRIVING VEHICLE A (SHC1878S) ALONG SERANGOON ROAD. AFTER DROP PASSENGER, I ABOUT TO EXECUTE TO LEFT LANE. BEHIND UNKNOWN VEHICLE STOP AND GIVE WAY TO VEHICLE A. WHILE SLOWLY FILTERING, VEHICLE B, (SMT6433K) NOT SURE FROM WHICH DIRECTION GRAZED ONTO VEHICLE A LEFT SIDE. MINOR SCRATCHES FOR BOTH VEHICLES. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

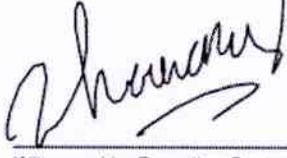
**Declaration**

I/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

14/10/21 - 16:00

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

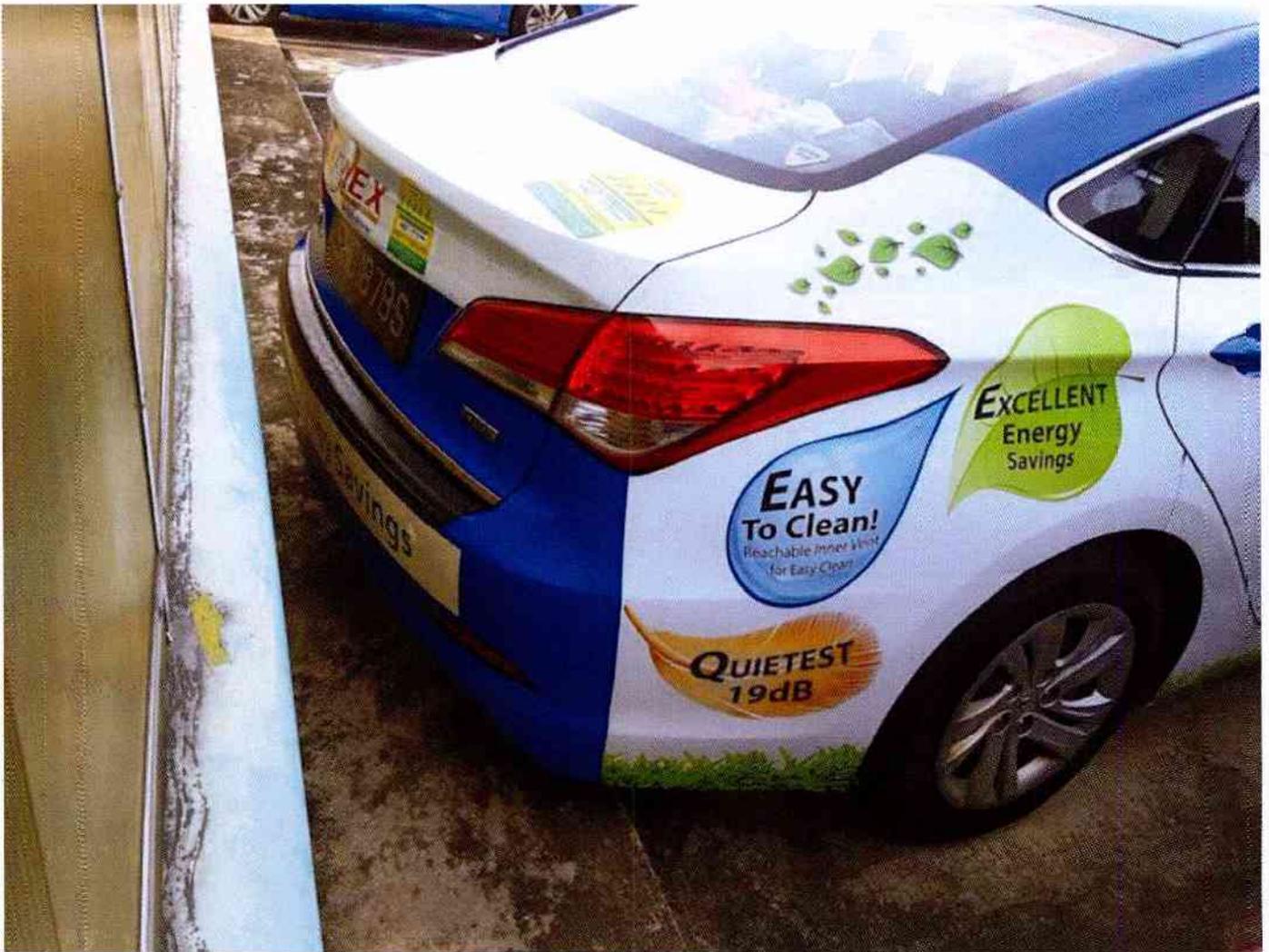


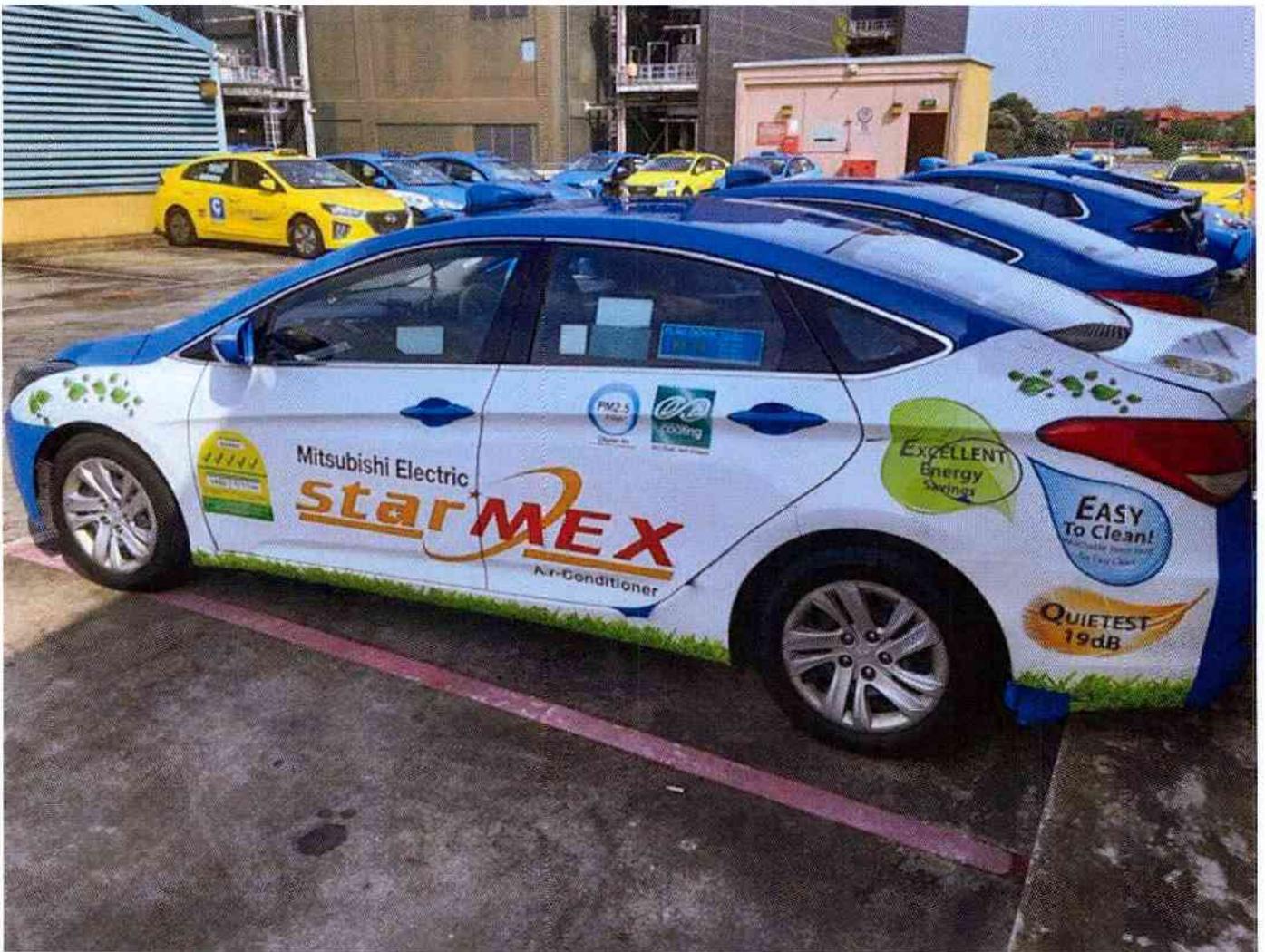


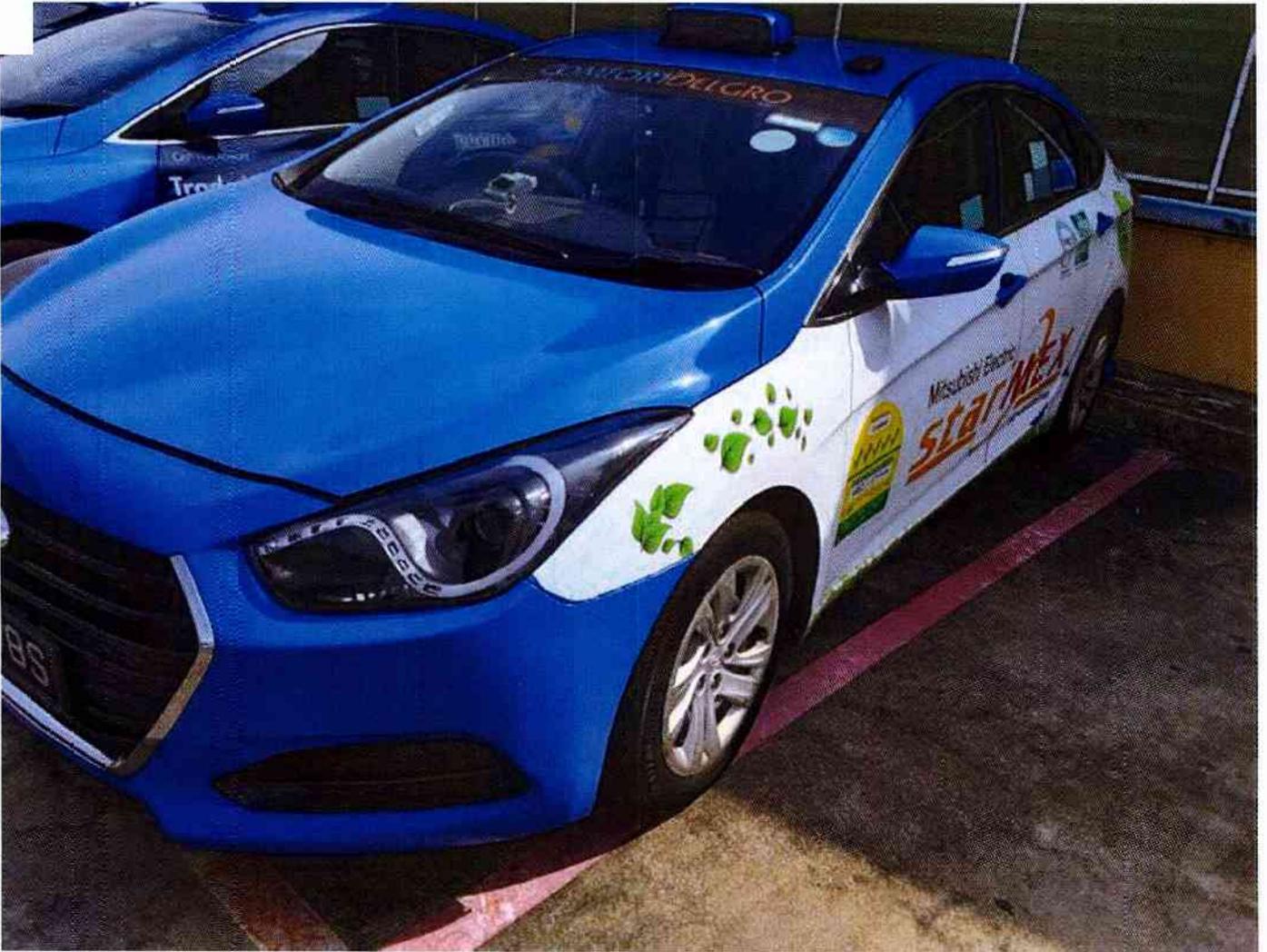


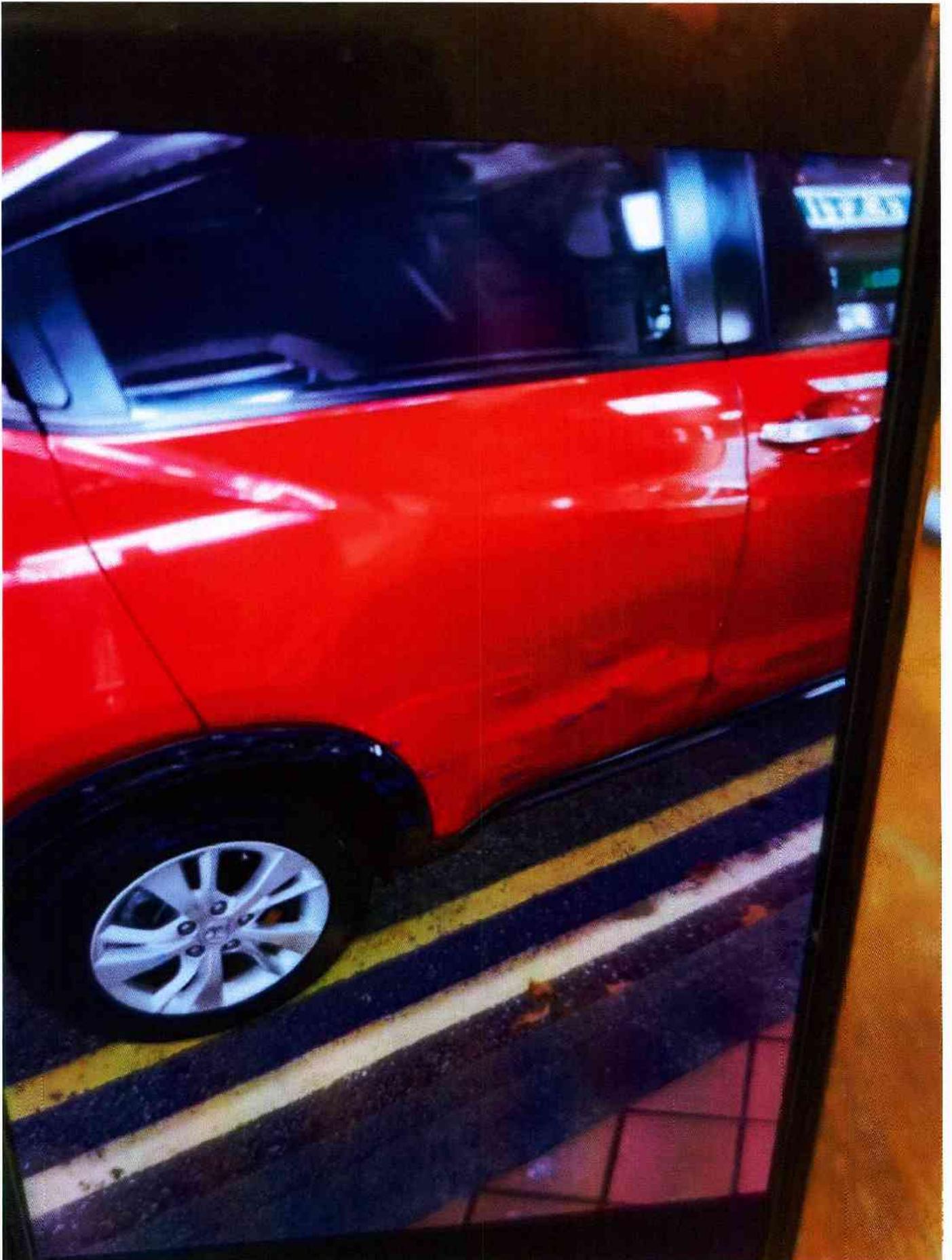




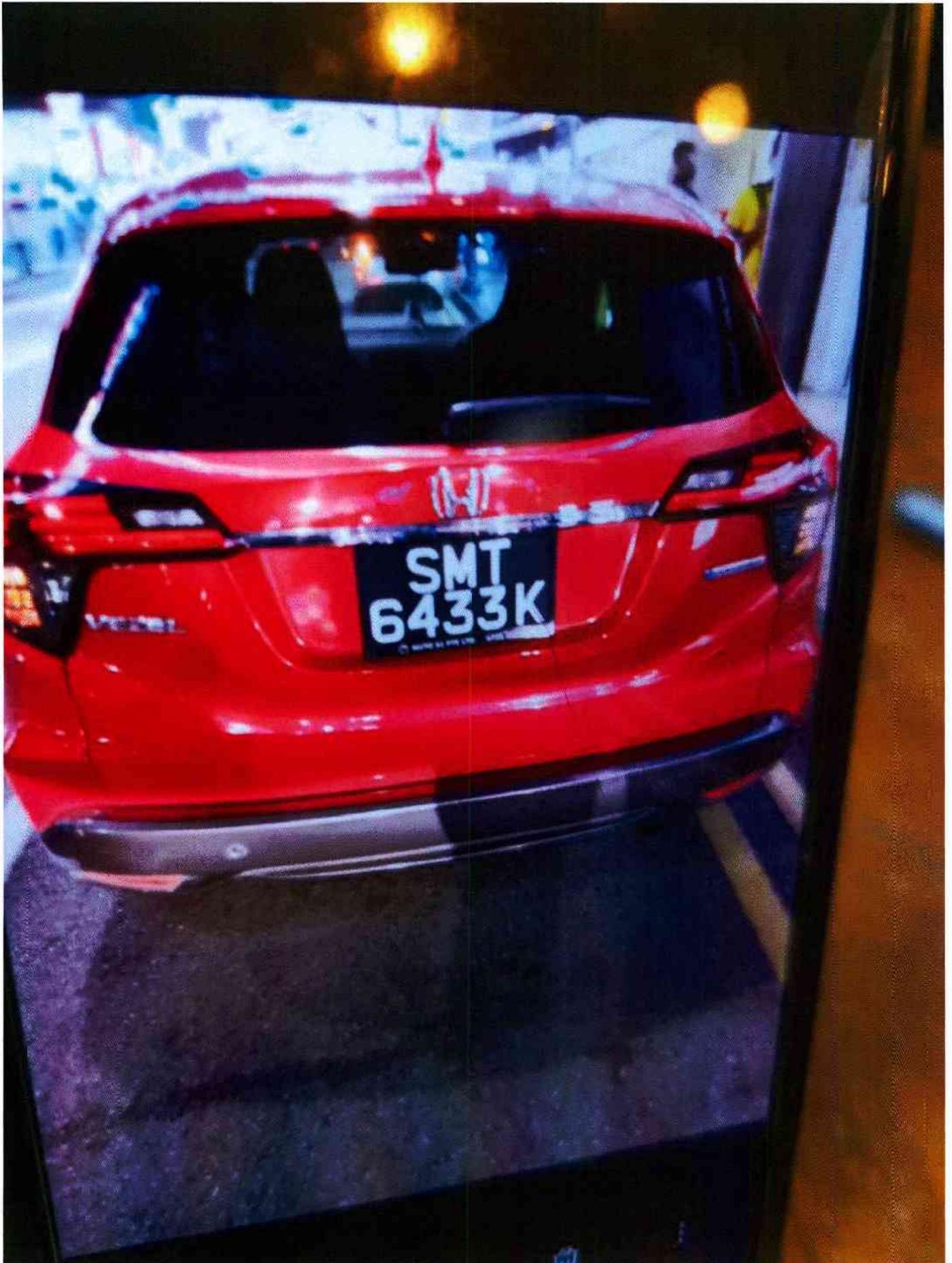














# Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars ( As At 11 Oct 2021 / 20:50:00 )

## Vehicle Insurance Details ^

Vehicle No.:

**SHC1878S**

Make Description/Model:

**HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR**

Insurance Company Name:

**AXA INSURANCE PTE LTD**

Business Transaction Reference No.:

**20211015104254104526**

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

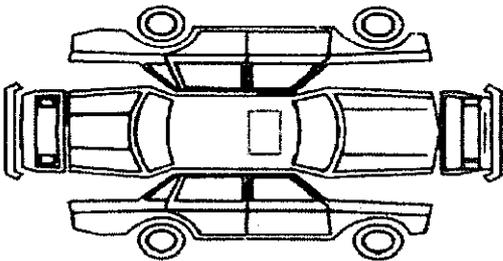
Save as PDF

OK →

Print



UEN : 201226462C

<b>RENTAL AGREEMENT</b>	
RA No: R - 202110-011	
Vehicle rented on: 17. Oct. 2021 3.00PM	Vehicle return on: 29. Oct. 2021 3.15PM
Miles out:	Date in:
Miles in:	Time in:
<b>RENTAL CHARGES#</b>	
Daily @ <i>Days</i>	\$100.00
Weekly @	
Monthly @	
Extra Hours @	
Delivery Svc	
Others:	
Fuel Level: E 1/4 1/2 3/4 <input checked="" type="checkbox"/> F	
	
#rates do not include gasoline	
0 Estimate rental total:	\$1200.00
Deposit made:	

**VEHICLE DETAILS**

Vehicle Reg No. SJV 7366 P  
 Vehicle Make/ Model: TOYOTA ALTIS  
 Engine Capacity: 1.6CC

**RENTER'S DETAILS**

Name: MOHAMED BIN MOHAMED JALIL  
 Address: BLK188C BEDOK NORTH STREET 4 #06-98 S463188  
 Tel:  
 HP: 82603086  
 Contact Person:

**DRIVER'S DETAILS**

Name: MOHAMED BIN MOHAMED JALIL  
 Address: BLK188C BEDOK NORTH STREET 4 #06-98 S463188  
 Tel:  
 HP: 82603086  
 NRIC: S6930218A  
 Driving Licence:  
 Nationality: SINGAPOREAN  
 Driving Pass Date:  
 Date of Birth: 20 AUG 1969

Renter is responsible for the first \$ 4,000.00 excess for collision/ damage to first party including windscreen and also first \$ 3,000.00 excess for collision/ damage to third party's vehicles for each and every accident/ damage.

Renter's signature: *[Signature]*

Renter hereby read and understood all terms and conditions stated on this agreement\*.

**\*NOTE:**

- 1) Only named person aged 23 and above with more than 2 years driving experience, authorised, licensed and signing this agreement may drive the above mentioned vehicle.
- 2) Vehicle is strictly for Singapore use only and not be driven out of Singapore without prior consent of Prowerkz Garage management.
- 3) In the event of an accident, renter shall report to Prowerkz Garage immediately. If bodily injury involved, a police report must be made within 24hours from incident.
- 4) Renter is fully responsible for any damages, loss, fire or theft and any notice of offence / summon during the rental period.
- 5) Prowerkz reserves the right to collect deposit covering estimated rental charges.
- 6) Unauthorised driver(s) who did not fulfill the above requirement are fully liable for full cost & losses suffered by Prowerkz management should the vehicle is damaged or stolen.
- 7) Renter needs to return vehicle's fuel at the same level when he or she collects at the point of time, otherwise a payment of \$30.00 will be charge to the rental bill.
- 8) No smoking, durians or transportation of pets are allowed during rental period. Renter is responsible for the cleanliness and a penalty of \$200.00 if vehicle is returned dirty/smelly.

Veh return on and time in:	Renter's signature (upon returned)	Checked by:	REMARKS:
	<i>[Signature]</i>		

# Prowerkz Garage Pte Ltd

No.25 Kaki Bukit Road 4 #06-87 Synergy@KB Singapore 417800  
Tel : 64536008 Fax : 65436108

Name : Mohamed Bin Mohamed Jalil  
Address : Blk 188C Bedok North Street 4  
#06-98  
Singapore 463188

Date : 9-Nov-21

FINAL REPAIR BILL FOR HONDA VEZEL NO. SMT 6433 K

\$ 7,300.00

Singapore Dollars : Seven Thousand Three Hundred Only

# PAL'S

APPRAISER PTE LTD

No. 1 Kaki Bukit Ave 6 #01-53 AutoBay @ Kaki Bukit Singapore 417883  
Tel: 81818802 Fax: 67471017 Registration No: 201000268D

Invoice No 10-21003/DY

Billing Name & Address

Mohamed Bin Mohamed Jalil  
Blk 188C Bedok North Street 4  
#06-98  
Singapore 463188

Date 9 Nov 2021

Vehicle No : SMT 6433 K

Model : Honda Vezel

Item	Descriptions	Amount S\$
1	Date of inspection : <u>18 Oct 2021</u> A copy of the inspection / survey report Correspondence, postages and etc.	
2	Photography Services - Purchase of films, develop negatives - Storage of negatives - Submission of photographs <u>104</u> copies	
3	Transportation Charges	
4	2nd Inspection & Final Inspection	
	Total	<u>\$ 779.00</u>
	SDLS : SEVEN HUNDRED AND SEVENTY-NINE ONLY	

Notes :

1. All cheque payment should be "Crossed" and made payable to "Pal's Appraiser Pte. Ltd."
2. All cheque should have our "Invoice No." written on the reverse side of the cheque
3. For further enquiries on this invoice, please feel free to contact us



Official Stamp

E & O. E

# PAL'S

APPRAISER PTE LTD

No. 1 Kaki Bukit Ave 6 #01-53 AutoBay @ Kaki Bukit Singapore 417883  
Tel: 81818802 Fax: 67471017 Registration No: 201000268D

Report Reference : TP / 10-21003/DY / 2021

Date of Report : 9 Nov 2021

Mohamed Bin Mohamed Jalil  
Blk 188C Bedok North Street 4  
#06-98  
Singapore 463188

## THIRD PARTY SURVEY

ACCIDENT HAPPENED ON 11 Oct 2021

As per your instruction dated 18 Oct 2021 with regard to the above matter. We have carried out a physical inspection on the said vehicle SMT 6433 K. We enclosed herewith our report and findings as follows:

### 1. VEHICLE PARTICULARS

Registration No : SMT 6433 K  
Model : Honda Vezel  
Year / Capacity : 2020/1496  
Chassis No : RU3-1322398  
Engine No : LEB6742408  
Mileage : 76121  
Colour : Red

### 2. TYRES CONDITION

		<u>Size</u>	<u>Made</u>	<u>Balance</u>		<u>Rim</u>
FRONT	O/S	: 215/60 R16	Michelin	5.00	mm	Sport
REAR	O/S	: 215/60 R16	Michelin	5.00	mm	Sport
FRONT	N/S	: 215/60 R16	Michelin	5.00	mm	Sport
REAR	N/S	: 215/60 R16	Michelin	5.00	mm	Sport

# PAL'S

APPRAISER PTE LTD

No. 1 Kaki Bukit Ave 6 #01-53 AutoBay @ Kaki Bukit Singapore 417883  
Tel: 81818802 Fax: 67471017 Registration No: 201000268D

### 3. DESCRIPTION OF DAMAGES

At the time of inspection, we noted that the vehicle has sustained an impact damages on the o/s portion(s). For more detail of the damages, please see photograph attached.

4. Workshop Address : Prowerkz Garage Pte Ltd  
No.25 Kaki Bukit Road 4  
#06-87 Synergy@KB  
Singapore 417800

5. Estimated normal period of repair : 7 working days to complete.

6. Enclosed number of photograph : 104 copies.

7. In accordance to your instruction, we have **Not Authorised** repair to the vehicle and the survey was done on a "**Without Prejudice**" basis. We hope that this report will be of assistance to you in dealing with the matter.

8. Should you discover any discrepancy in the report, please kindly notify us **within 2 weeks**, or the report will be treated as correct.

#### Disclaimer

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

Vehicle No: SMT 6433 K  
 Report No: TP/ 10-21003/DY / 2021

**SPARE PARTS**

Qty	Parts Description	Condition	Workshop's Estimation	Our Revised Estimation
<u>List Items</u>				
1	Front o/s door	Damage	\$ 950.00	\$ 950.00
1	Front o/s door inner board	Intact	\$ 541.80	\$ XNN
1	Front o/s door lock	Damage	\$ 350.00	\$ 350.00 XNN
1	Front o/s door regulator c/w motor	Intact	\$ 400.00	\$ XNN
1	Front o/s door rubber	Necessary	\$ 110.00	\$ 110.00
1	O/s rocker panel	Damage	\$ 530.00	\$ 530.00 XR
1	O/s rocker panel side skirt	Damage	\$ 380.00	\$ 380.00
1	Rear o/s door	Damage	\$ 1325.30	\$ 1325.30 1125
2	Rear o/s door hinges	Damage	\$ 86.20	\$ 86.20
1	Rear o/s door lock	Damage	\$ 858.00	\$ 858.00 389
1	Rear o/s door regulator c/w motor	Damage	\$ 400.00	\$ 400.00
1	Rear o/s door rubber	Necessary	\$ 110.00	\$ 110.00
1	Rear o/s fender	Repair	\$ 1479.46	\$ XR
1	Rear o/s fender arch garnish	Damage	\$ 395.00	\$ 395.00 220
1	Rear o/s shock absorber	Damage	\$ 330.00	\$ 330.00 XNN
1	Rear o/s wheel hub c/w bearing	Damage	\$ 270.00	\$ 270.00
1	Rear axle	Damage	\$ 1350.00	\$ 1350.00 XNN
			<u>\$ 9865.76</u>	<u>\$ 7444.50</u> 4040.20
	Discount	20.0%	\$ 1973.15	\$ 1488.90 3232.16
			<u>\$ 7892.61</u>	<u>\$ 5955.60</u>
<u>Special Nett Items</u>				
1	Rear o/s tyre (Depreciation)	Damage	\$ 300.00	\$ 150.00 XNN
1	Rear o/s rim	Damage	\$ 500.00	\$ 500.00
			<u>\$ 800.00</u>	<u>\$ 650.00</u>

500

**Spare Parts Total**      \$ 8692.61      \$ 6605.60

Vehicle No: SMT 6433 K  
 Report No: TP/ 10-21003/DY / 2021

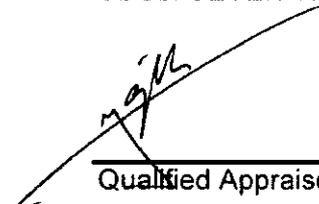
**LABOUR COST**

S/No	Job Descriptions	Workshop's Estimation	Our Revised Estimation	
	Spare Parts Total c/f	\$ 8692.61	\$ 6605.60	
1	To remove and refit rear electrical wiring, replaced damaged lamps and test for proper functioning.	\$ 50.00	\$ 40.00	30
2	To remove and refit rear undercarriage.	\$ 400.00	\$ 250.00	200
3	To check and re-adjust (Computerized) all wheel alignment.	\$ 150.00	\$ 60.00	
4	To remove and refit the door lock mechanism, regulator gear, window glass, handle, inner board, hinges, channel to facilitate the repairs.	\$ 200.00	\$ 120.00	
5	To remove and replace the above damaged parts, straighten, knock out, realign and repair including cut and weld body panels. To re-adjust to the original position using power tools.	\$ 1500.00	\$ 880.00	700
6	To spray paint on the replaced and repaired parts, prepare spray such as masking tape the unaffected areas with paper, cleaning and sanding of surfaces, final polishing and waxing are also available.	\$ 1500.00	\$ 1100.00	900
7	To apply undercoating on the repaired and replaced panels for rust protection.	\$ 150.00	\$ 60.00	50
	<b>Total</b>	<b>\$ 12642.61</b>	<b>\$ 9115.60</b>	<b>2060</b>

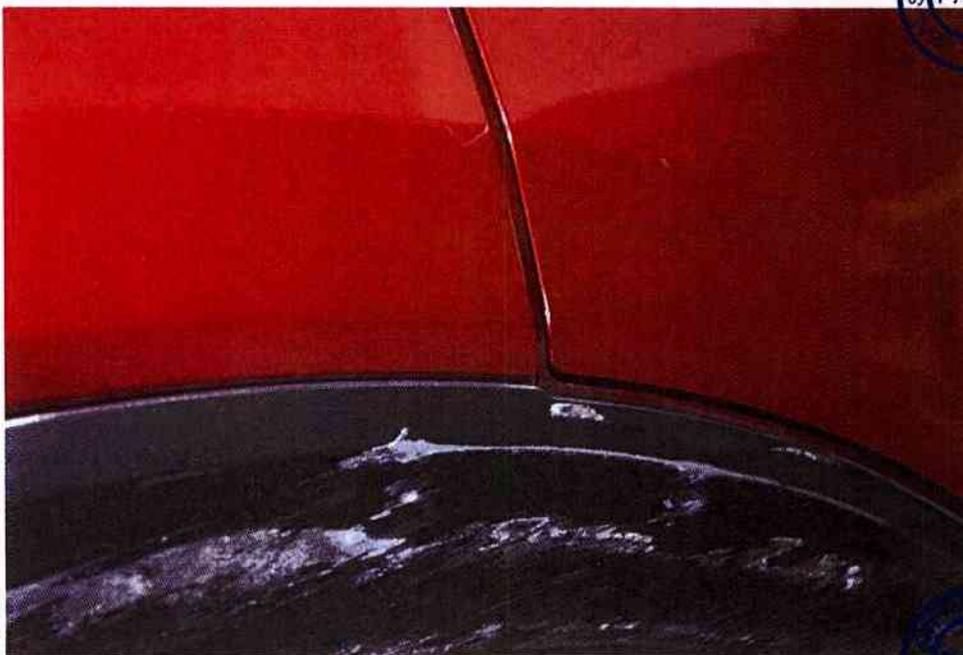
The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a Lump Sum Repair Contract of: 5792.16  
L/\$4600  
6 DAYS

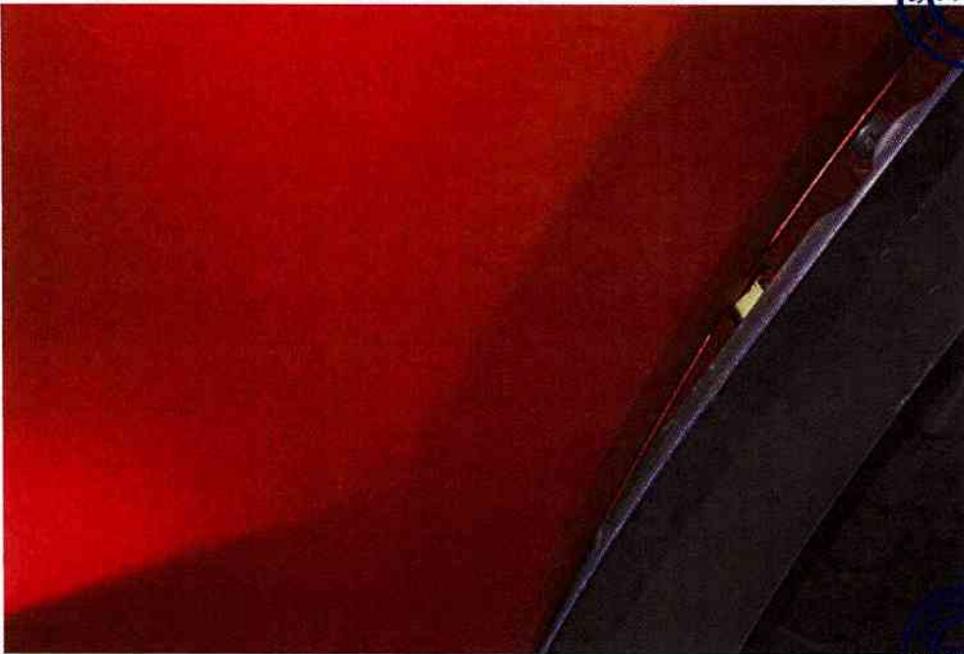
**\$ 7300.00**

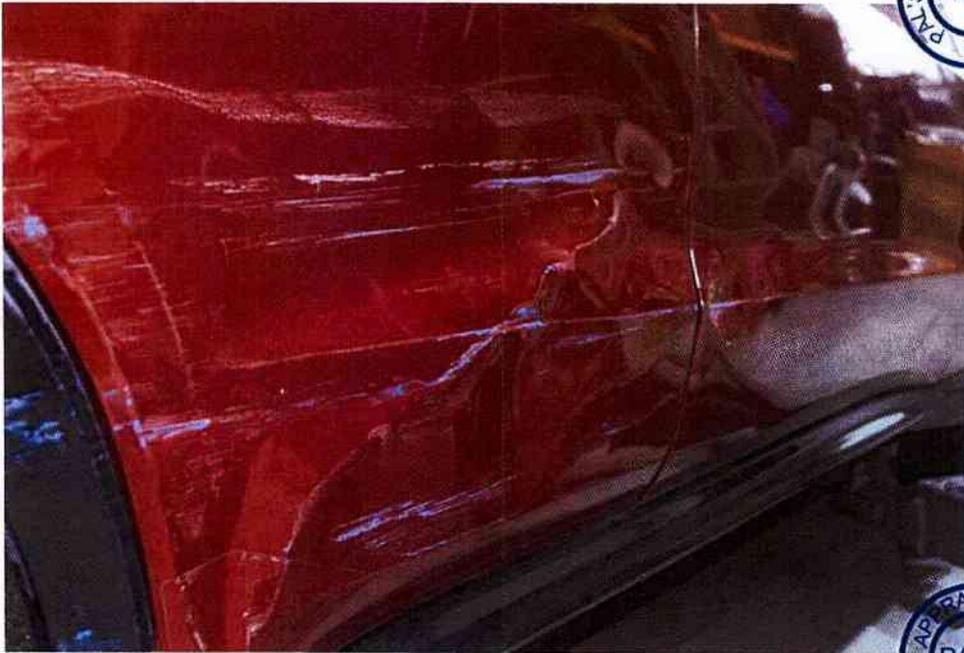
SDLS: SEVEN THOUSAND THREE HUNDRED ONLY

  
 Qualified Appraiser



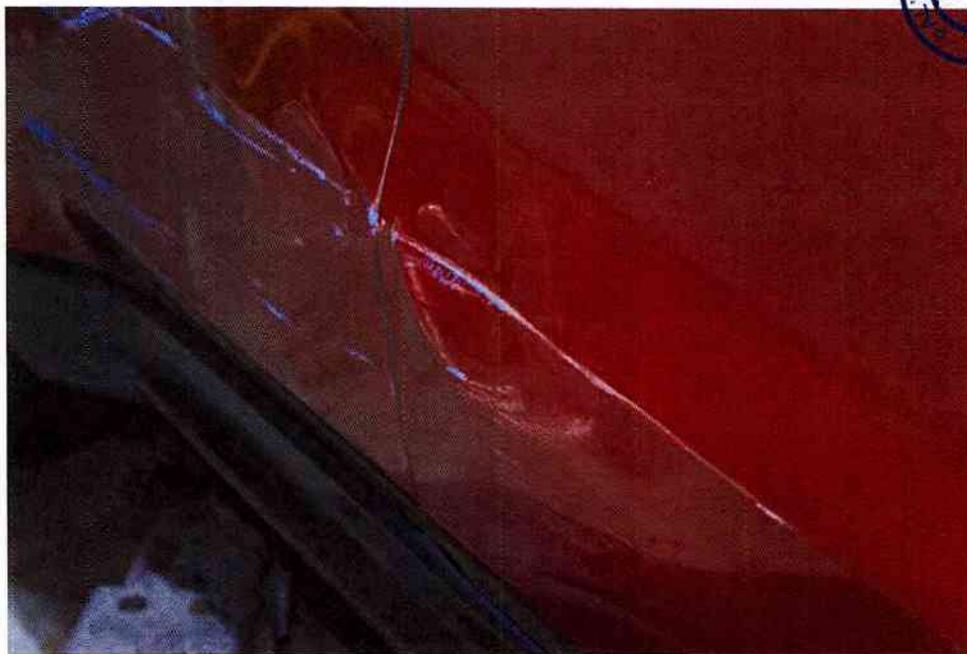
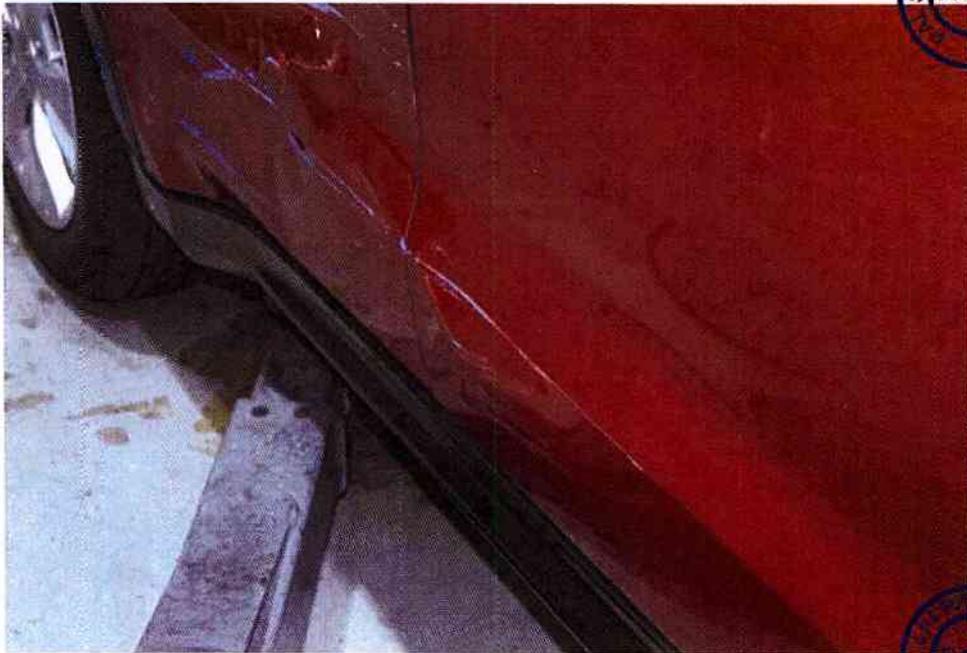




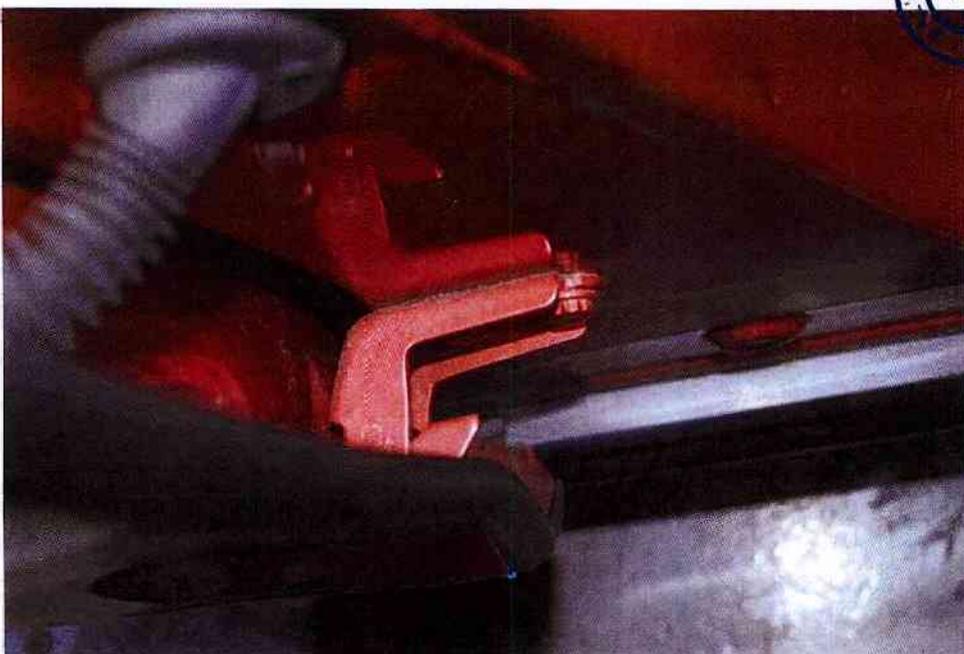
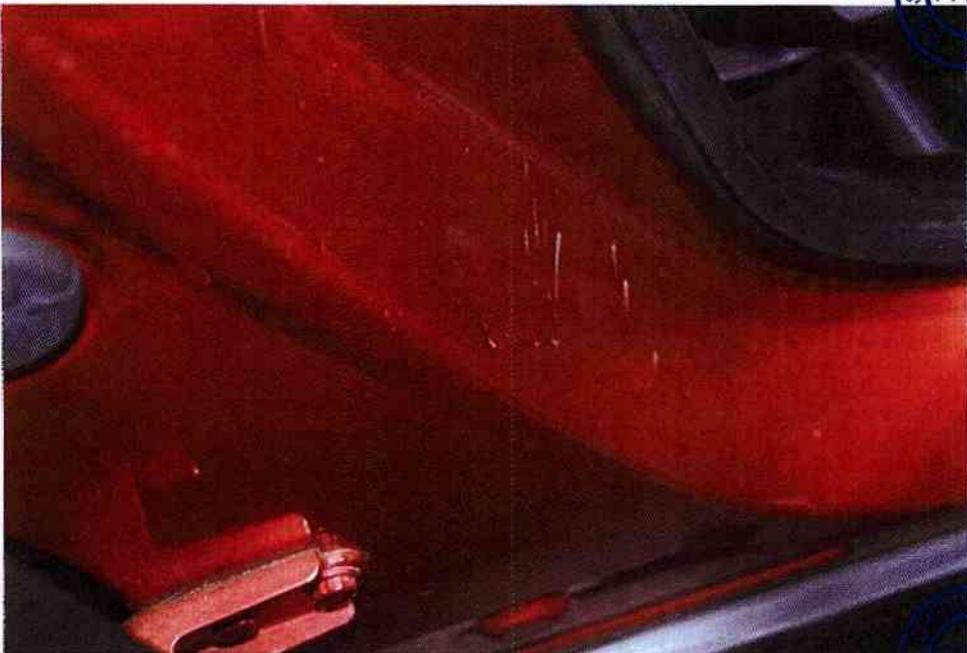


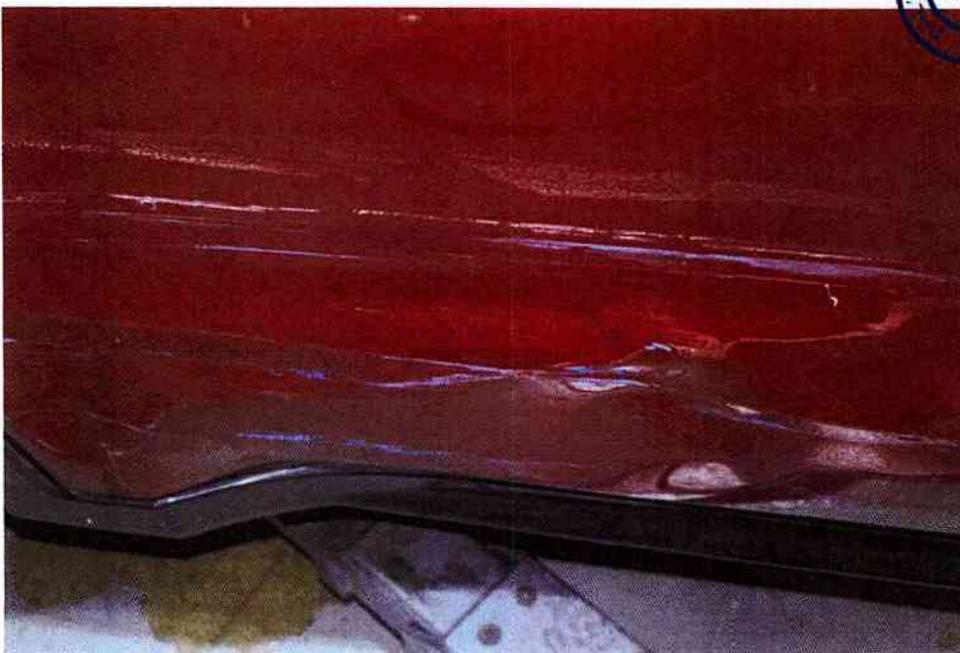
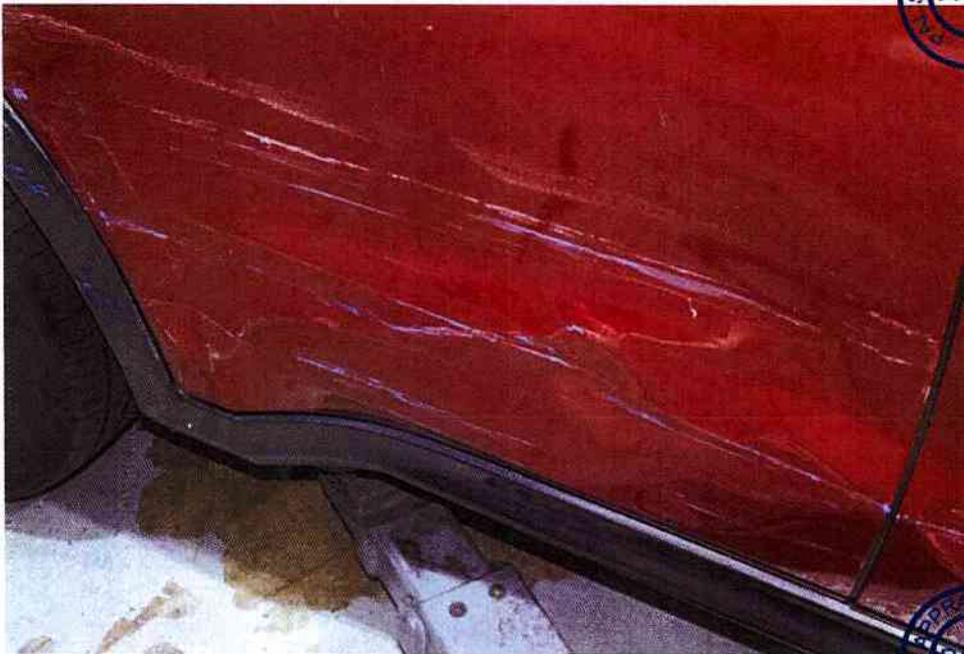


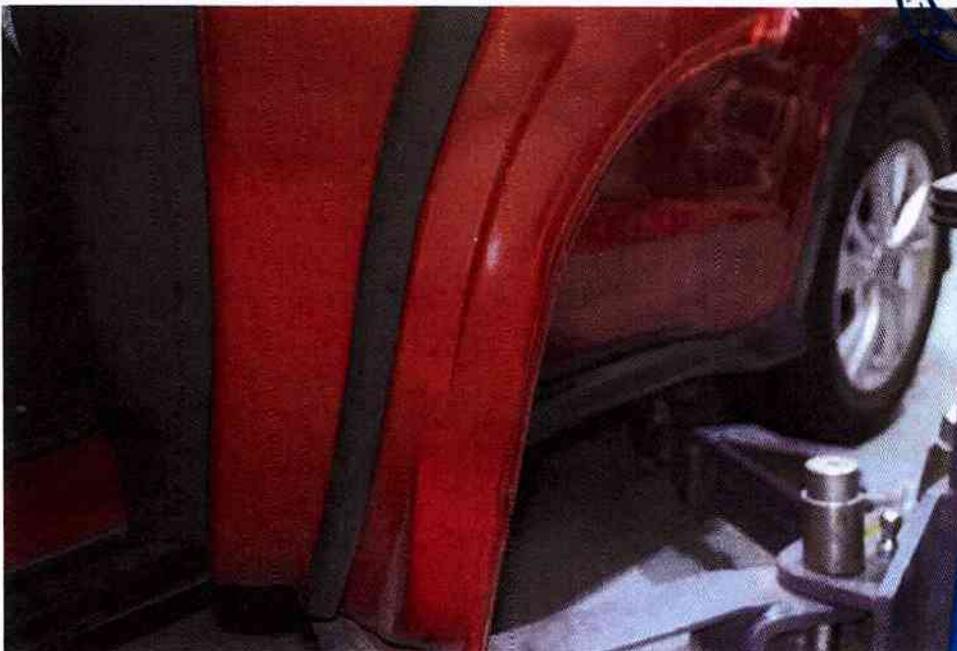


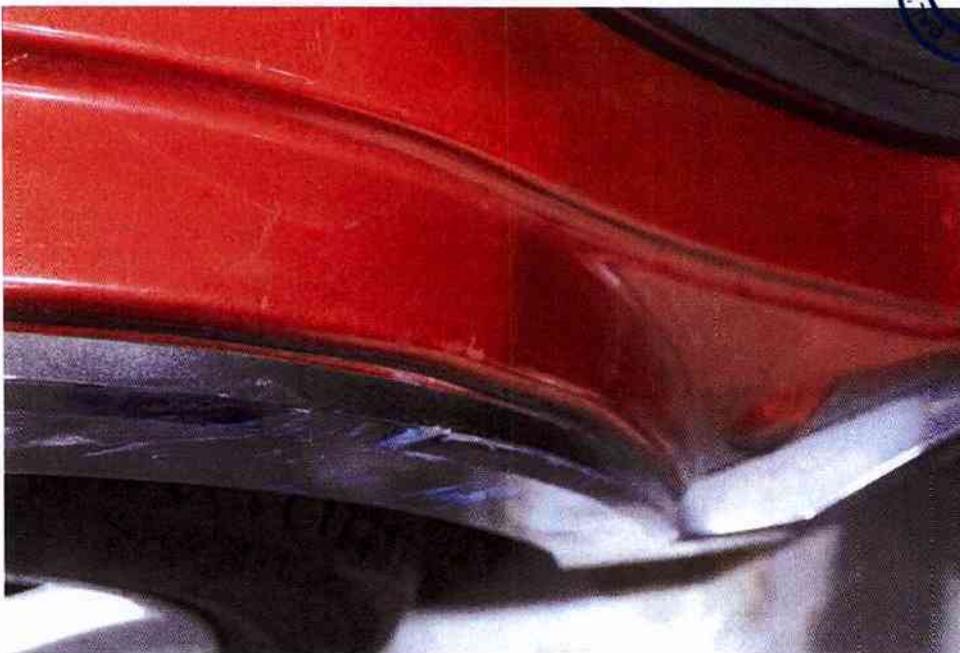
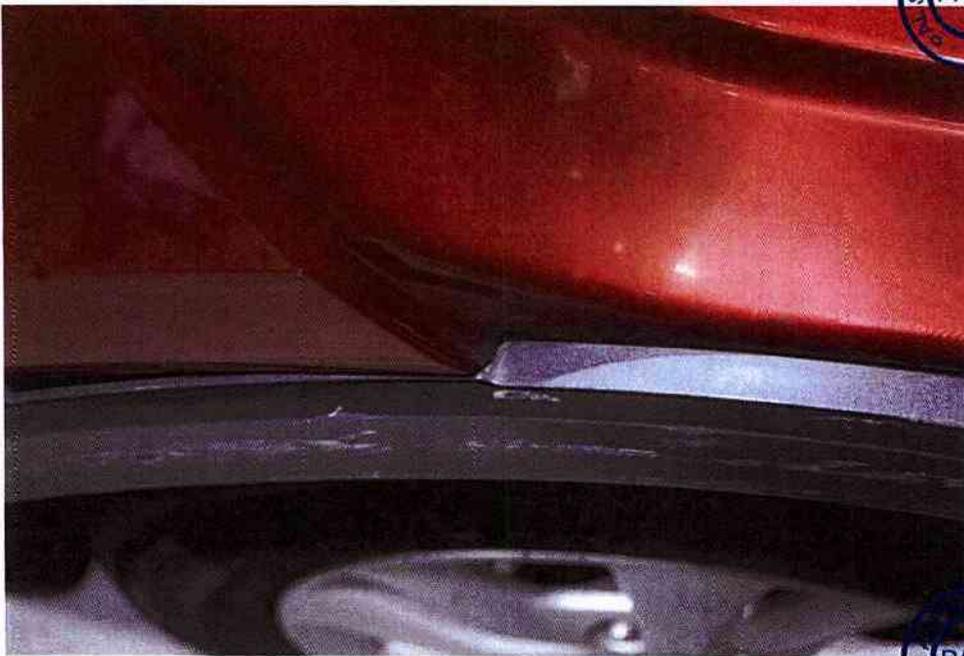


















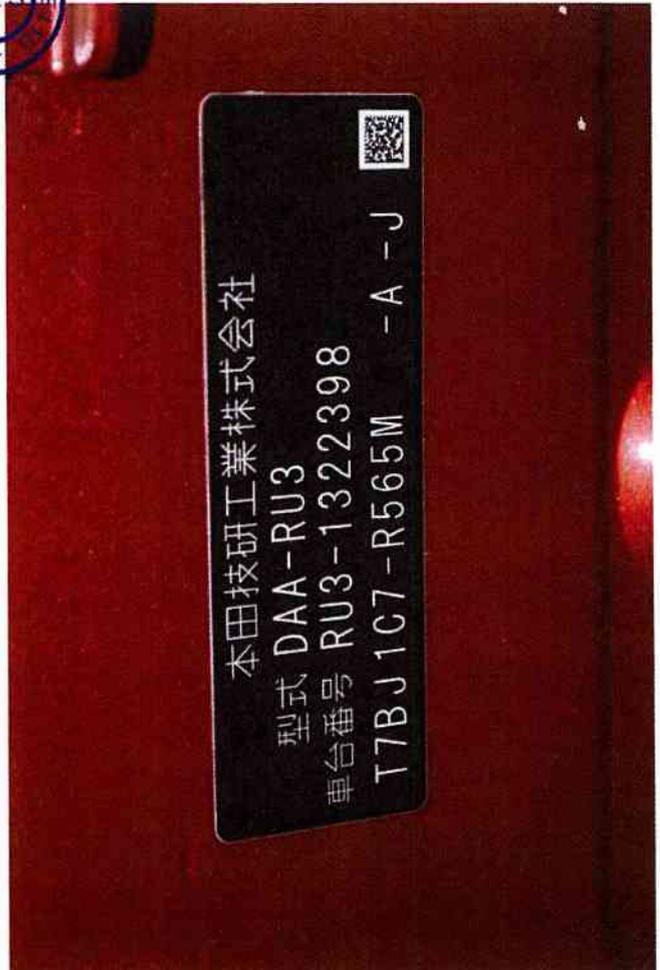
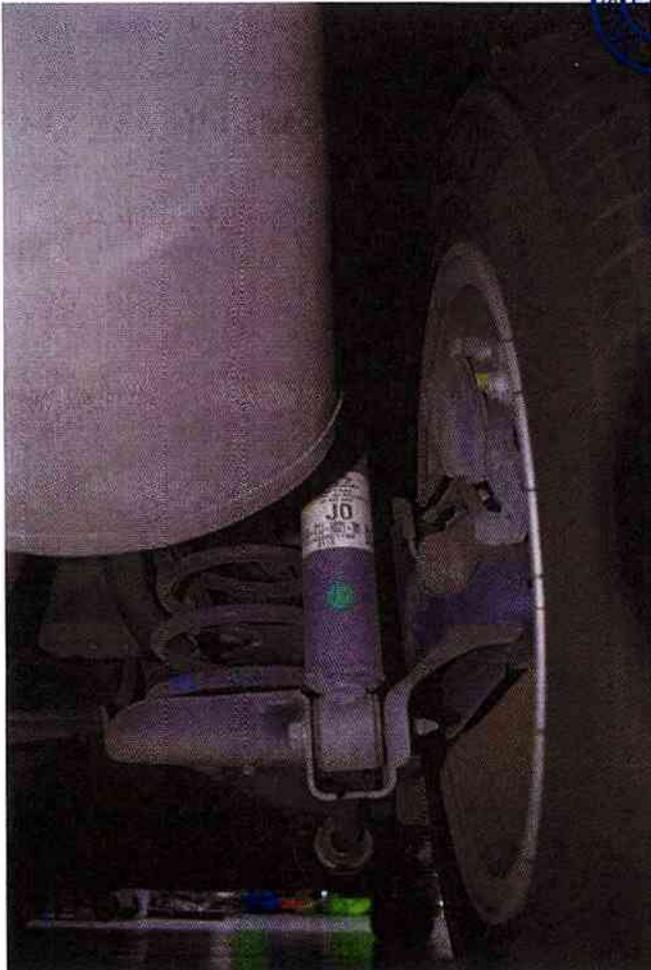
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PAL'S  
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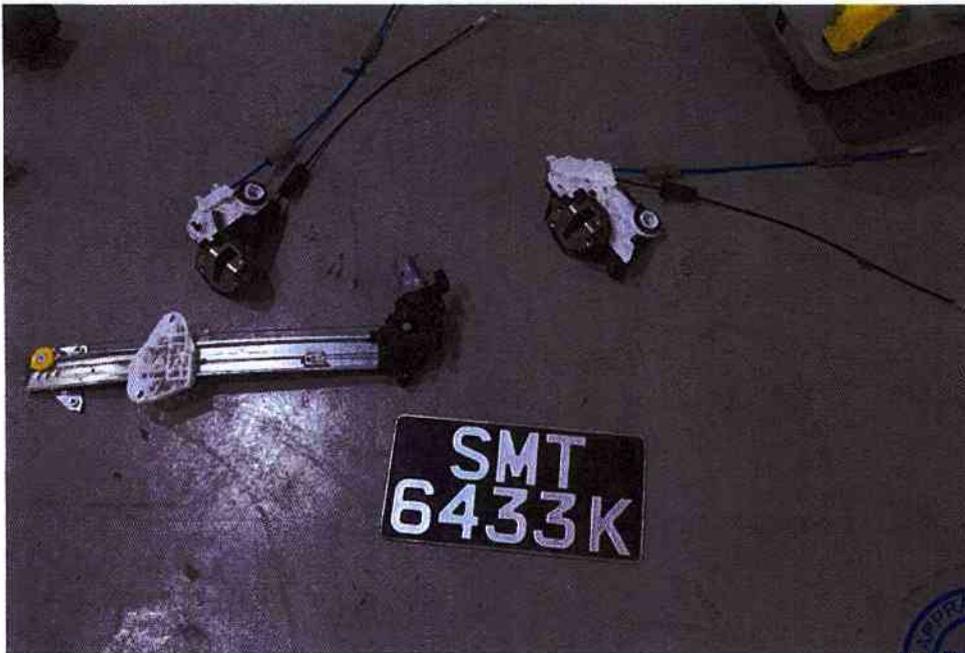


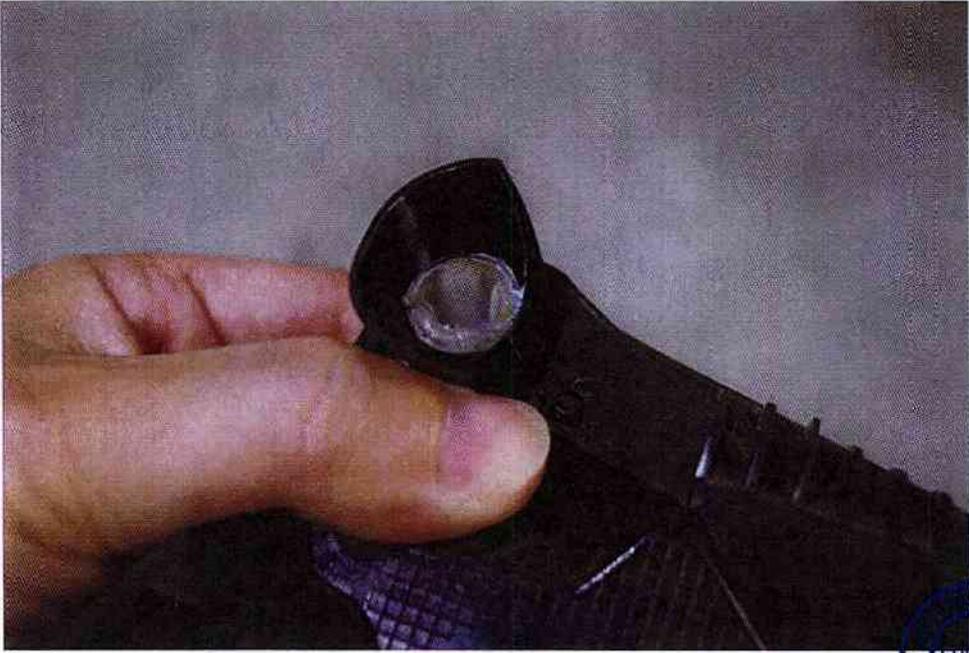
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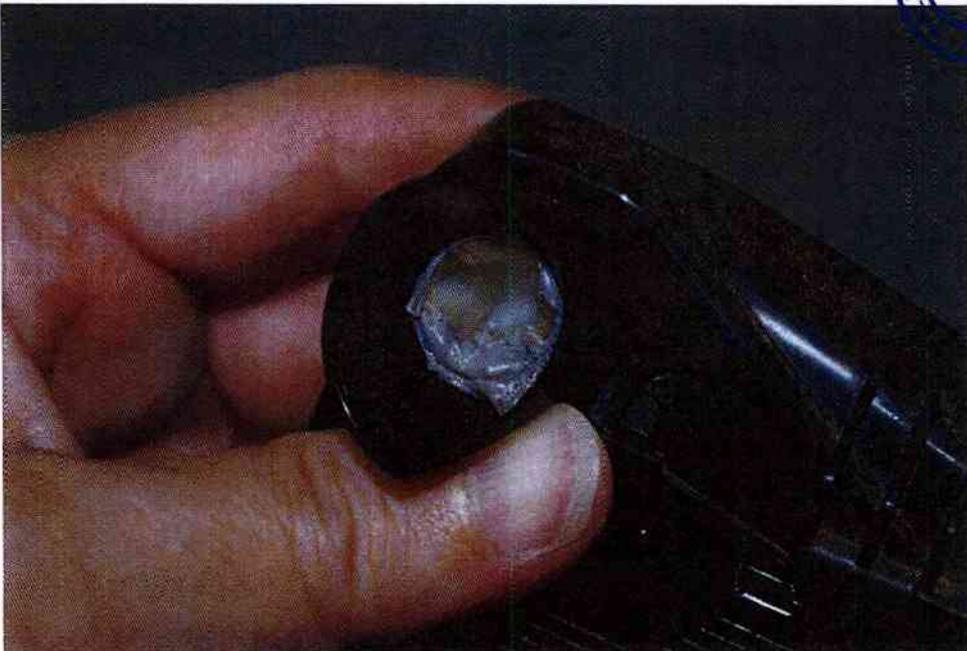


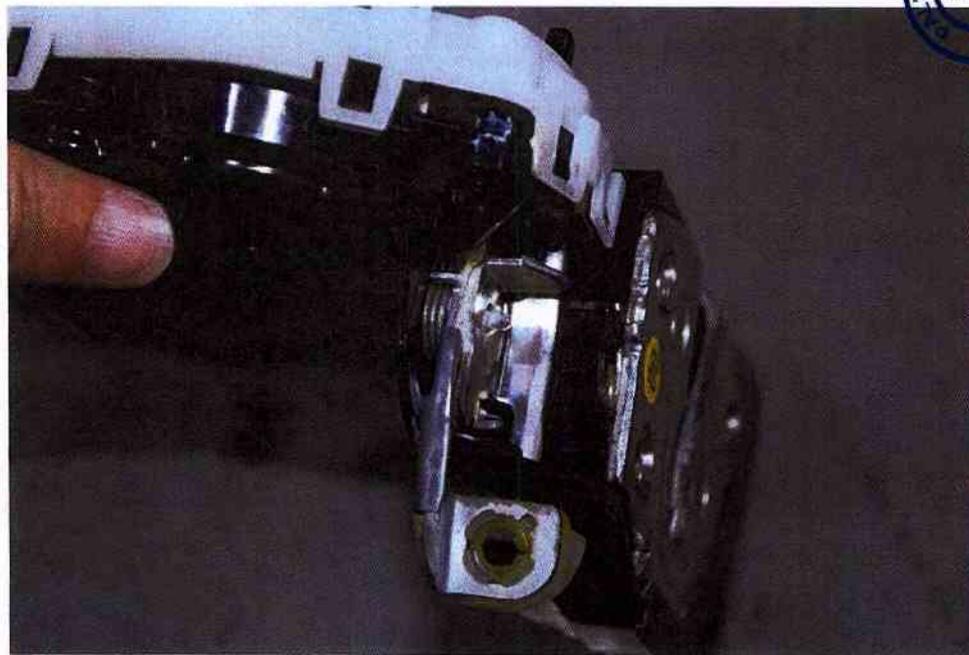


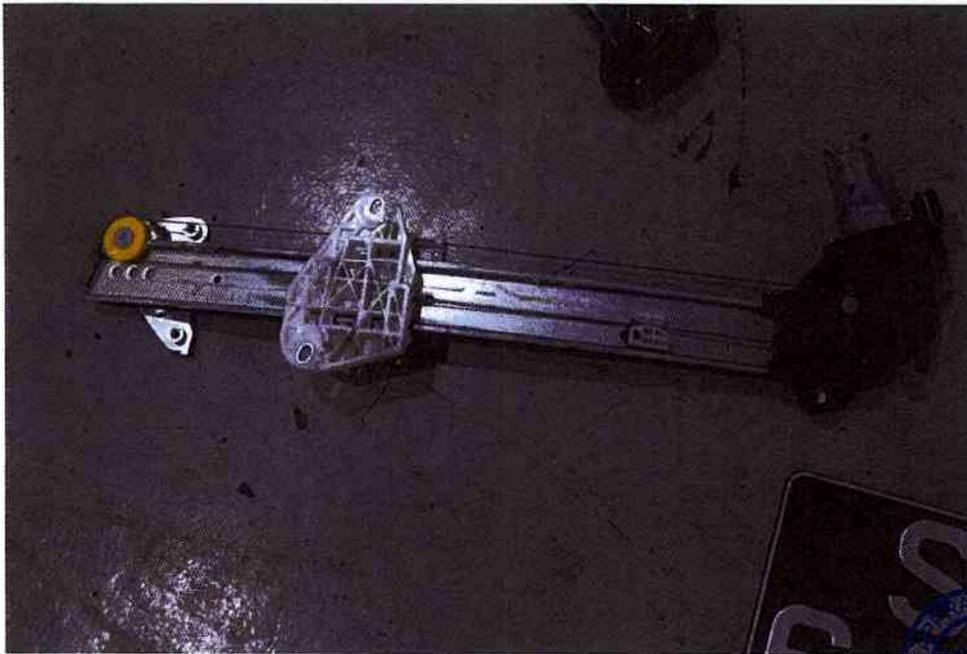
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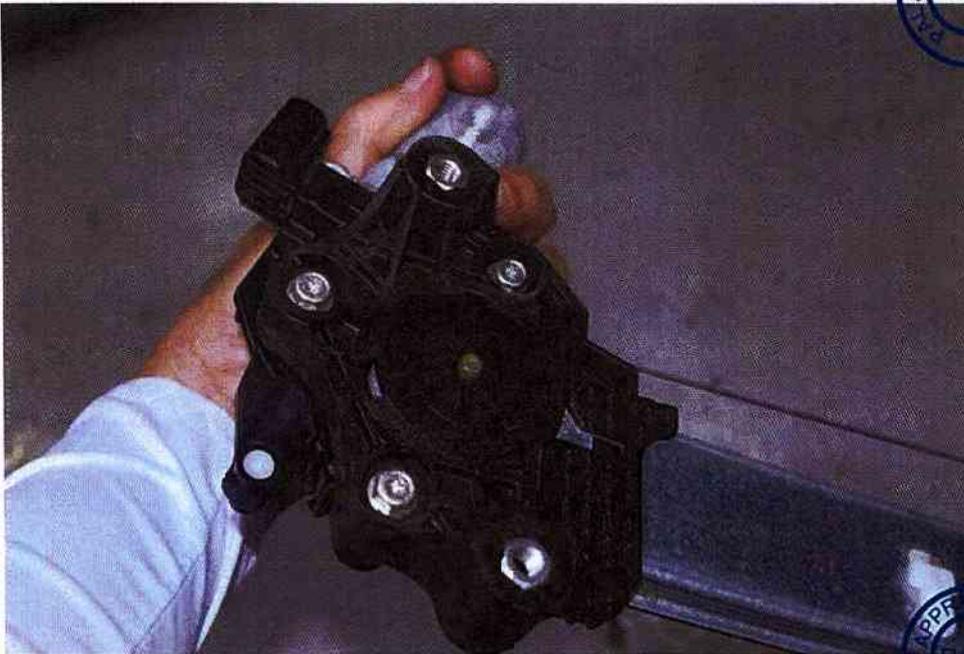
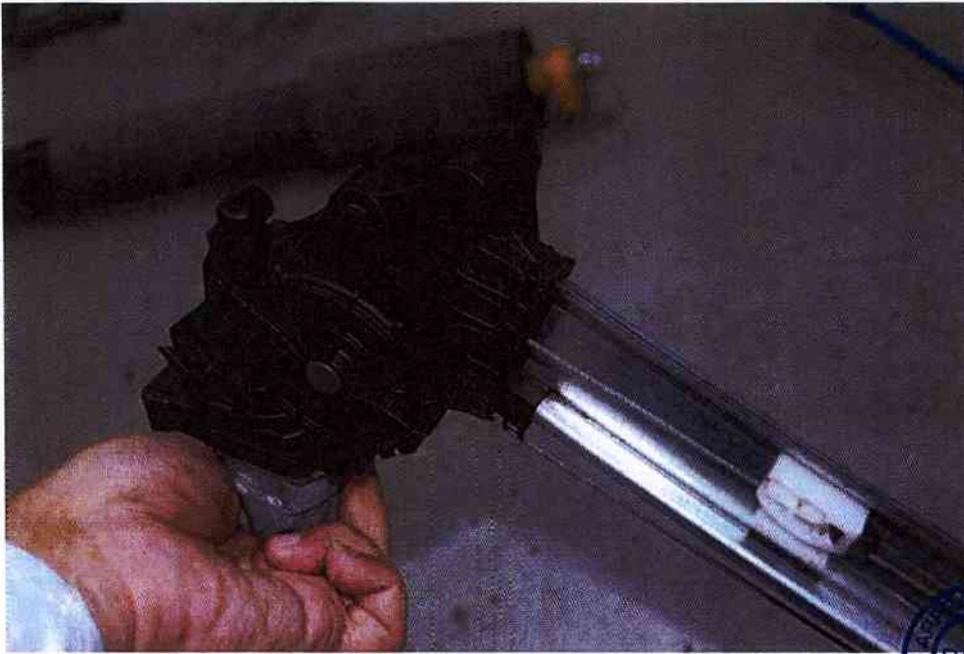


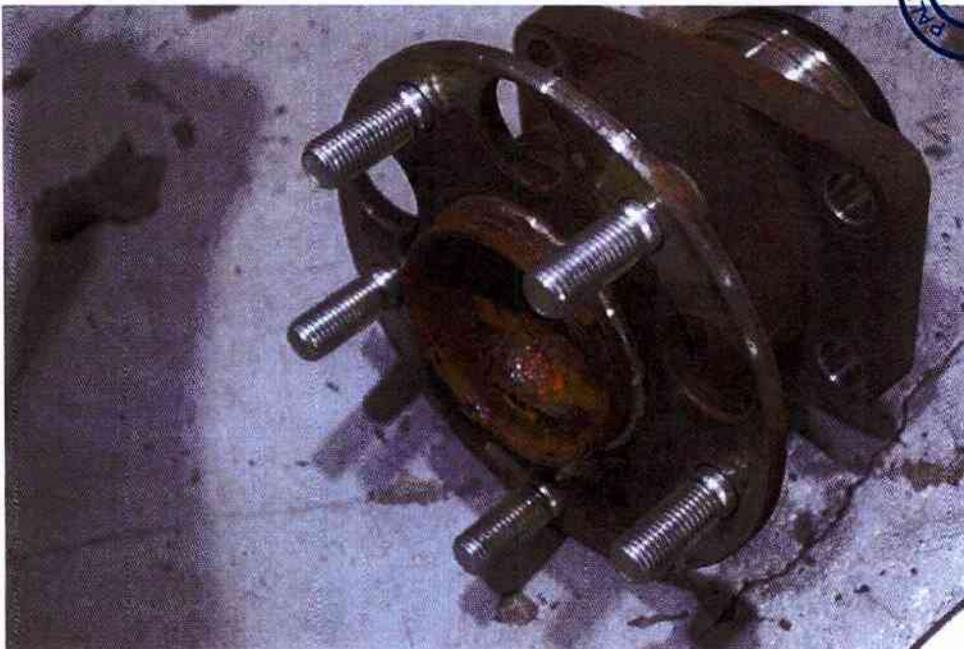
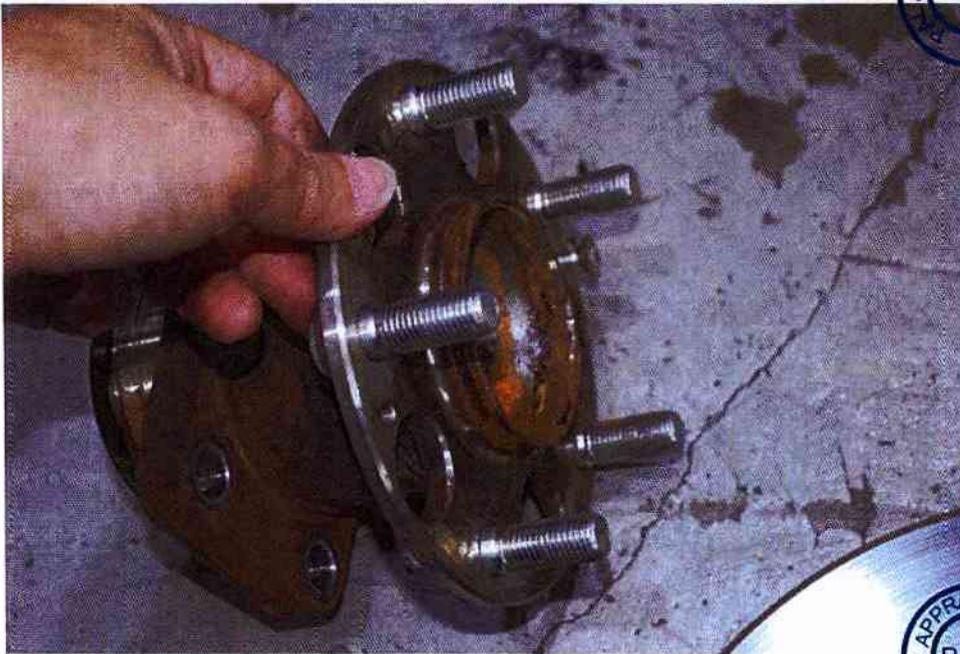
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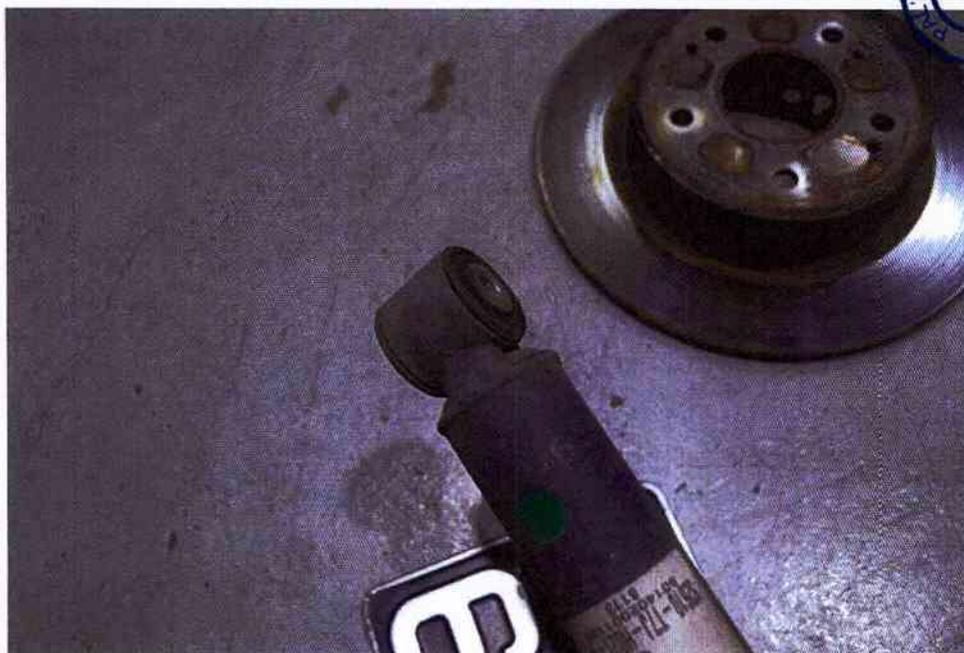
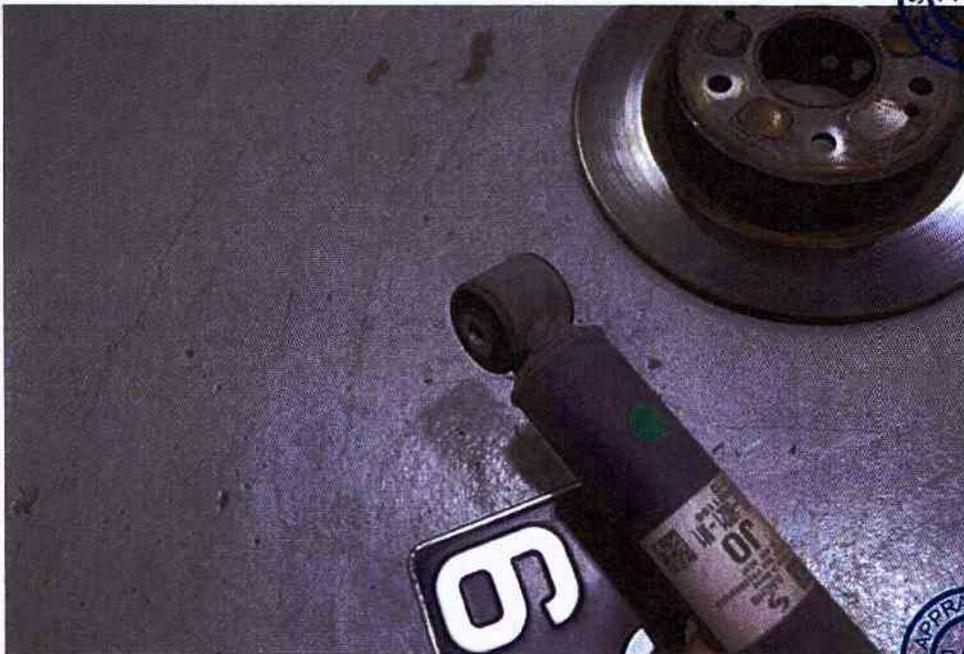


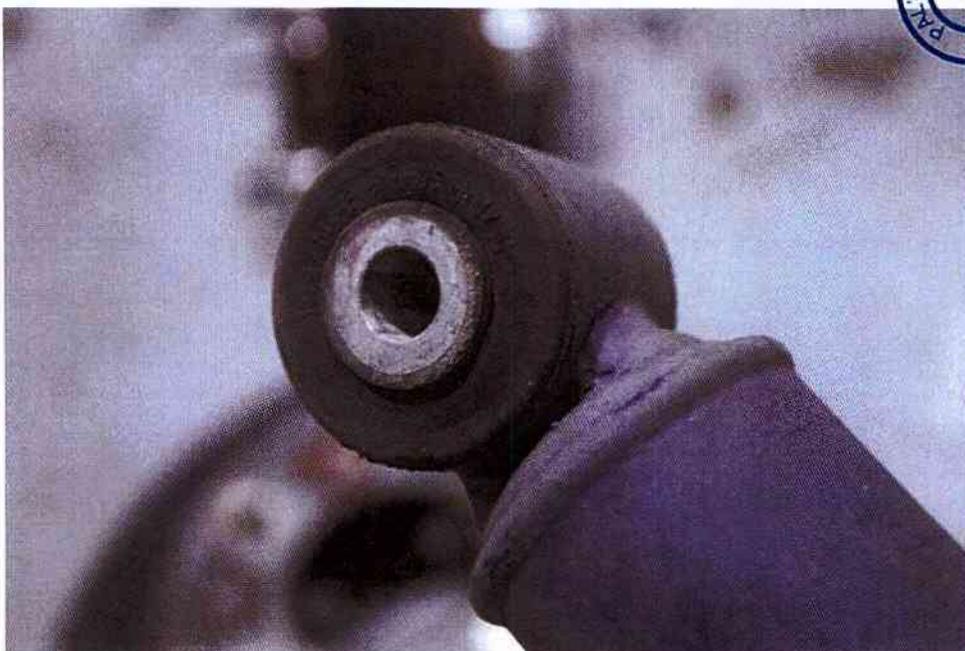
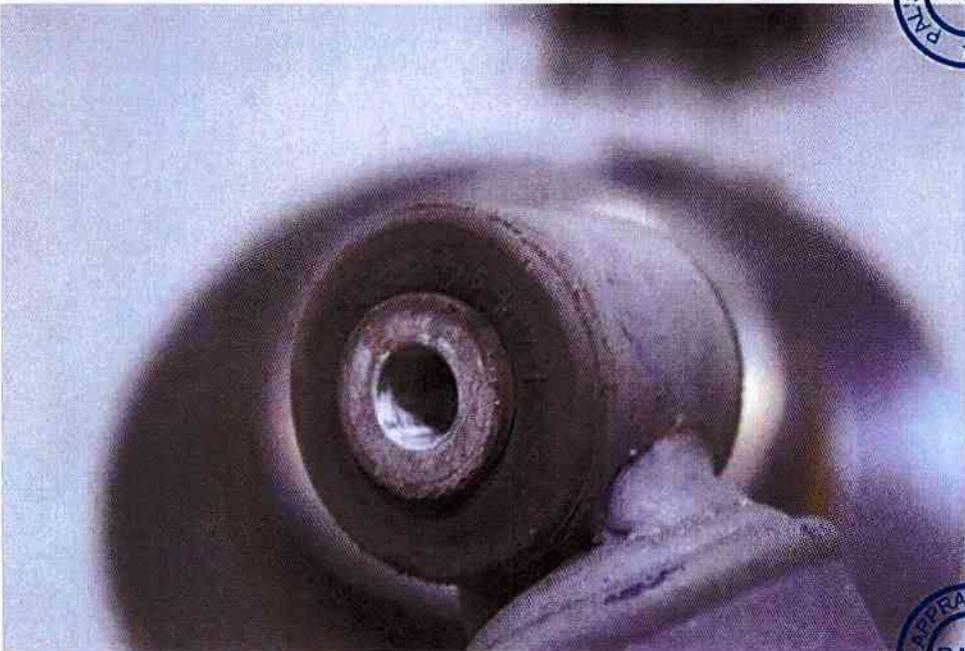
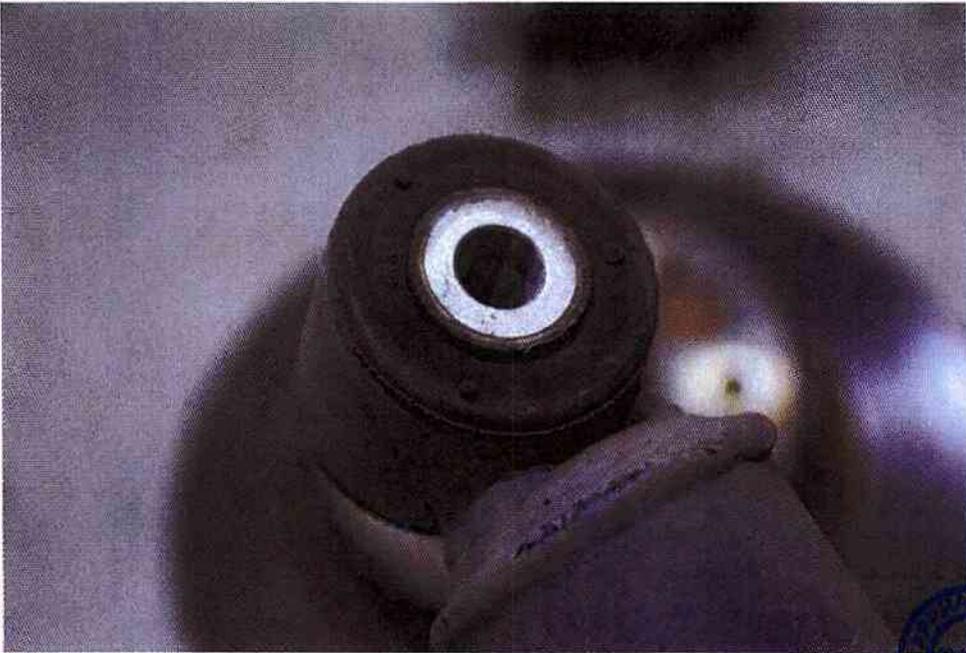


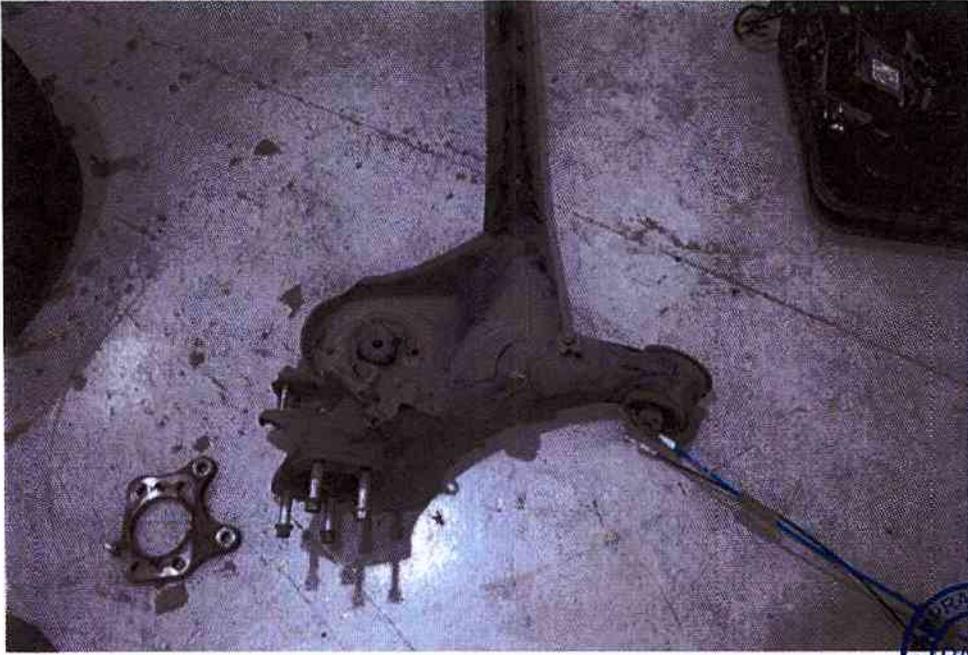




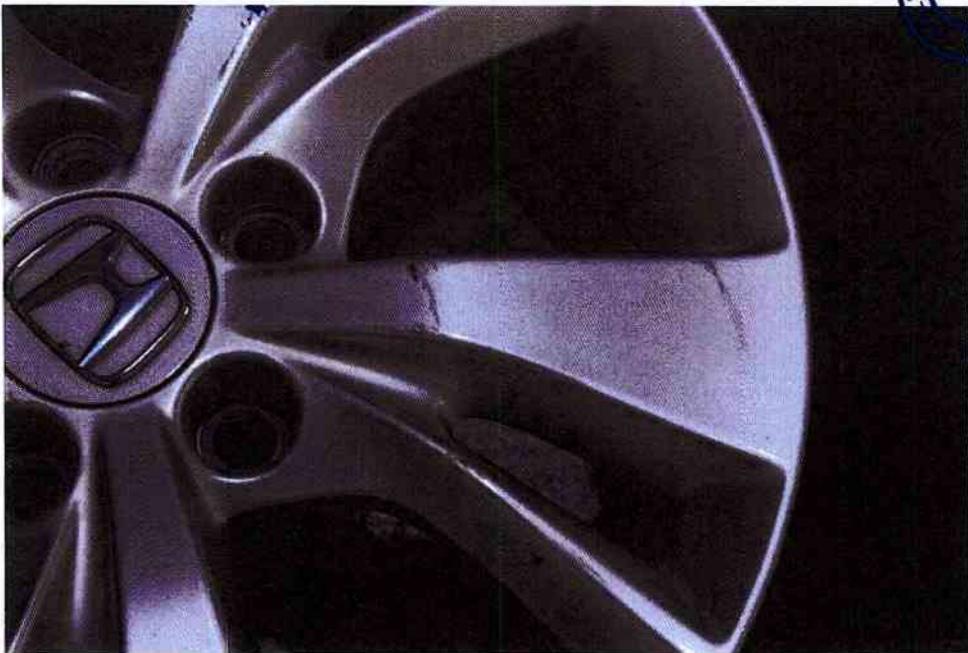


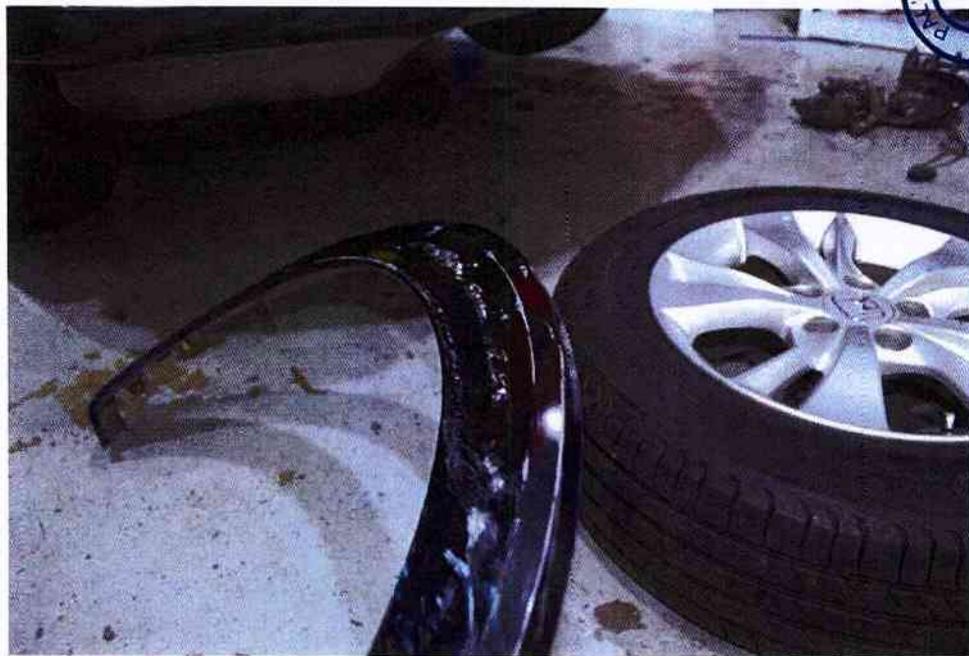


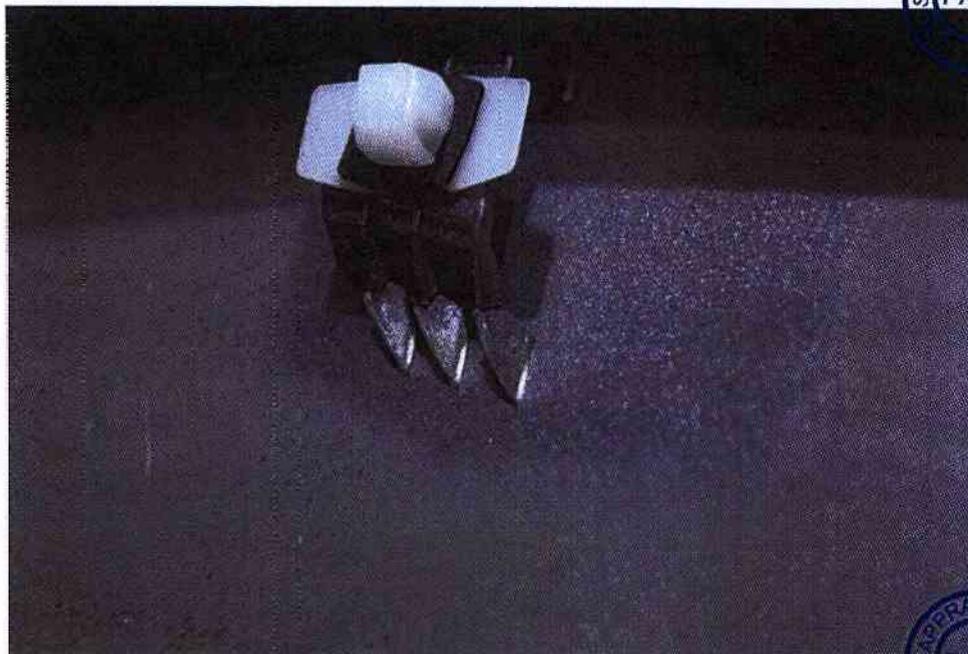










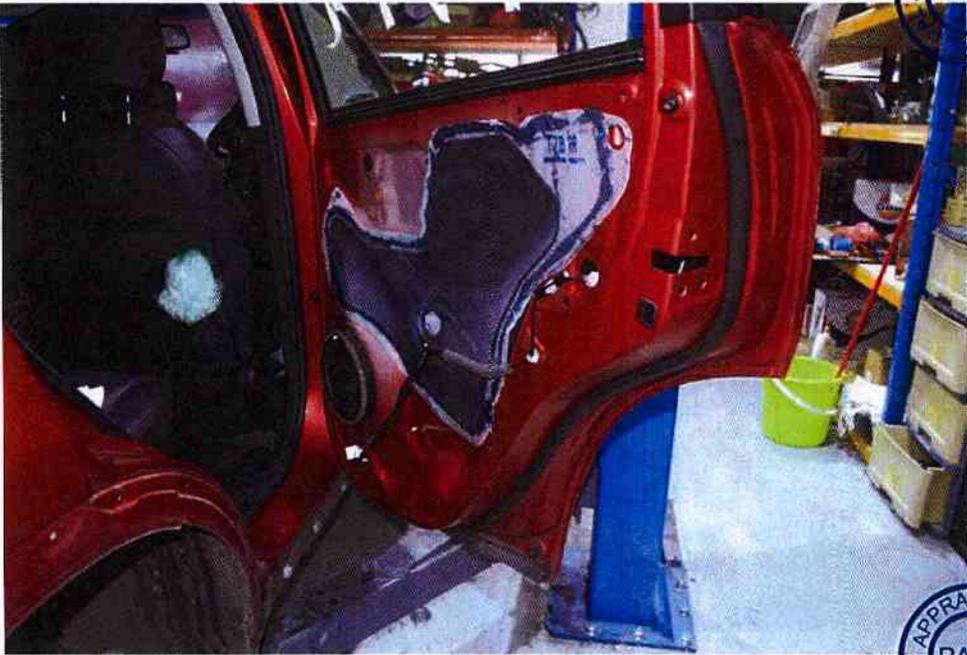








APPRAISER FIELD  
PAL'S



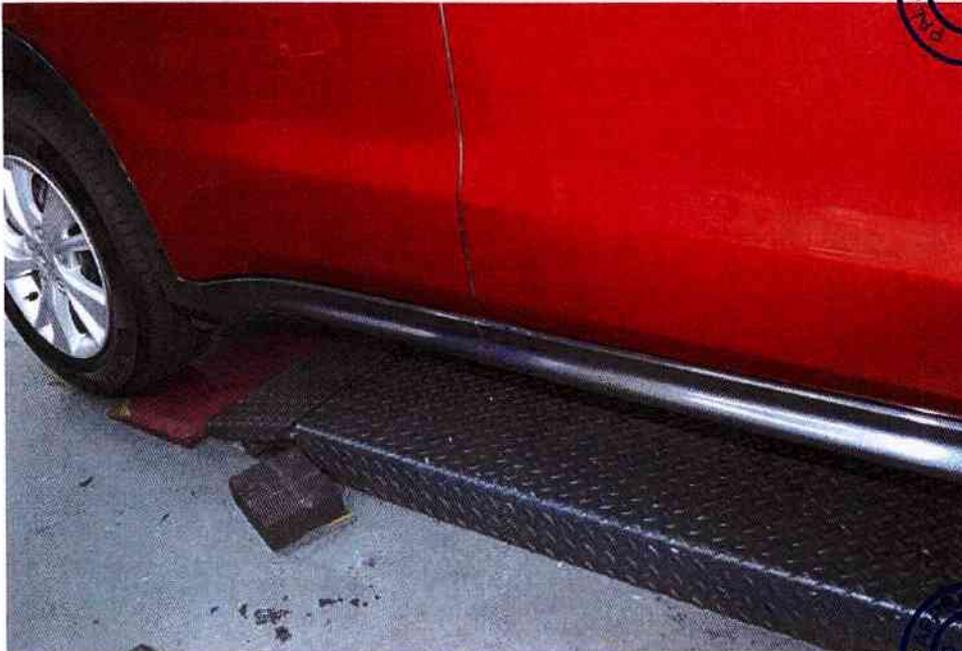
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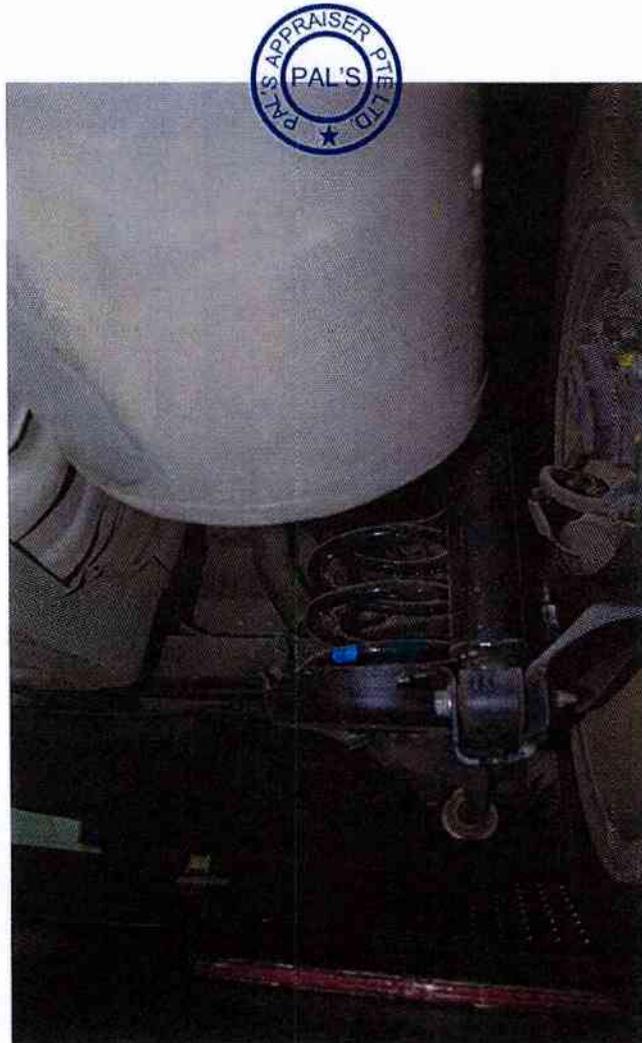


APPRAISER FIELD  
PAL'S









> Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle**

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	218A
<b>Vehicle Details</b>	
Vehicle No.:	SMT6433K
Vehicle to be Exported:	Yes
Intended Deregistration Date:	15 Oct 2021
Vehicle Make:	HONDA
Vehicle Model:	VEZEL HYBRID 1.5X AUTO
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	LEB6742408
Chassis No.:	RU31322398
Maximum Power Output:	112.0 kW (150 bhp)
Open Market Value:	\$27,344.00
Original Registration Date:	09 Jul 2020
First Registration Date:	09 Jul 2020
Transfer Count:	0
Actual ARF Paid:	\$20,282.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	08 Jul 2030
PARF Rebate Amount:	\$15,211.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	08 Jul 2030
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$35,889.00
COE Rebate Amount:	\$28,711.00
<b>Total Rebate Amount:</b>	<b>\$43,922.00</b>

The information contained herein is correct as at 15 Oct 2021

OK



# Thank you

Amerjeet Singh has successfully logged out.

Your last login date and time was 15 Oct 2021, 10:42:20.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

## Session Transaction History

S/No.	Asset Type	Asset ID	Asset Owner ID	Transaction Type
1	Vehicle	SHC18785	-	18.19 Enquire Veh Owner Info (Others) by Law Firm



**GENERAL  
INSURANCE  
ASSOCIATION**

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: 15/10/2021

Your Ref No: pg

Dear Sir/Madam,

Date of Accident: 11/10/2021 00:00 (SGT)

Vehicle No: SMT6433K

Place of Accident: Serangoon 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 (\$\$)	QTY	AMOUNT (\$\$)
SHC1878S	Serangoon Rd, Singapore	(29.00 )	1	(27.10 )
GST Amount				(1.90 )
Total Amount Due (GST Inclusive)				(29.00 )

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