



1 of 4 2172

Police Station Of Origin: Yis 31

Tel No: 1800-8529999

nee otation of origin.		Depart No.	T/20201207/
shun North N.P.G		resport ivo:	
Yishun Central SINGAPORE 768827			

Date/Time R 07/12/2020	eport Ma		Vide R	Vide Report No.:				ation Diary No.; 9	
Informant's	Particul	ars							
Name of Info YEO SHER			Add						
ID Type / ID NRIC NO / S)F							
Nationality: SINGAPORI	E CITIZE	N	Email:						
	Age: 25	Date of Birth: 13/08/1995	Type of Driver	of Informant					
Race: Chinese			Langu Englisi	h		Institu	tion / Sc	hool Name:	
Decupation: SELF-EMPL	OYED	-and	Driving Class:	Driving Licence Information: Class: 3 Date of				f Expiry:	
Type of Accident:	Inj	of the Accident ury thers		Drink Drive: No	Date/Tir Acciden 07/12/20	t:	Type of Local T-Junction		
Location: SELETAR V	WEST LIN	٩K							
V√eather: Clear			Road	Road Surface: Dry			Road Speed Limit:		
Traffic Flow One Way	*		2.0.000	Traffic Control: Not Controlled			Traffic Volume: Moderate		
Type of Col Between Me	lision: oving Vel	nicles - Head To	Rear					ne conveyed by lance:	
Details of \	/ehicle li	nvolved				No.			
Vehicle No.	THE RESERVE AND PERSONS ASSESSED.	Make		Model	Color	C	ondition	No of Passeng	
SJB3782C	Car						-	0	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJB3782C	Car					0
SLA3451P	Car	ТОУОТА	ESTIMA AERAS 2.4	Blue	Seriously Damaged	1

Details of Veni	cle Insurance			
Vehicle No. In	nsurance Company	Insurance No	Effective	Expiry Date



Details of Vehicle Insurance

No. of Days granted Medical Leave



2 of 4 Report No. T/20201207/2172

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

CONTINUATION OF REPORT

Vehicle No.	ins	surance Company	Insu	rance No		Effective	Expiry Date
SLA3451P	NT	UC Income Insurance Co-Operationited	ve 5119	511657		17/10/2020	16/10/2021
Details of P	erso	in Involved					
Any Pedestr	ian li	nvolved: No					
No. of Pede:	striar	ns Injured: NIL	Lien of I	Dadactric	o Con	ssing: NA	
Driver		THE RESERVE THE PERSON NAMED IN	USE OF	edestrie	III CIO	ssing: IVA	
Name		LOW KAI SIANG		ID N	0.	S7689131A	
Related Veh		SJB3782C (Car)		Cont	act No	NIL	
Hospital/Clir		NIL		Class Drivir Licen	ng	Class: NIL Date of Expir	y: NIL
Date Treatm	make a second of	NIL	Date Di	scharge	NIL		
No. of Days	gran	ted Medical Leave NIL	Degree	of Injury	NIL		4
Driver	2.5						
Name		YEO SHER HOW		ID No).	S9529090F	
Related Veh	icle	SLA3451P (Car)	4	Conta	act No.		
Hospital/Clin	ic	TSI & PARTNERS FAMILY CLINIC	С	Class Drivin Licend	g ce &	Class: 3 Date of Expiry	y: NIL
Date Treatme	ent	07/12/2020	Date Di-	Expiry	Date		
No. of Days g		ed Medical Leave 03	Degrae	charge	07/12	/2020	4.1
Passenger			and the C	of Injury	Slight		
Name		CHONG WEI ZHI		ID No.		S9514410A	
Related Vehic	cle	SLA3451P (Car)		Contac	ct No.		
Hospital/Clinic	C	TSI & PARTNERS FAMILY CLINIC		Class of Driving Licence	e &	Class: NIL Date of Expiry	: NIL
Date Treatme	nt	07/12/2020	Date Disc	Expiry	Date		
A STATE OF THE PARTY OF THE PAR	Total Supple		LJISC	FIGURE	Phillips of the sales of	No. 14. The second seco	THE RESERVE OF THE PARTY OF THE

Date Discharge 07/12/2020 Degree of Injury Slight







Police Station Of Origin: Vishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

3 of 4 Report No. T/20201207/2172

CONTINUATION OF REPORT

Brief Details.

On 07/12/2020 at about 0920hrs, I was driving my vehicle SLA3451P along Seletar West Link (after Seletar Club Road and before Seletar Aerospace Drive) and was travelling towards the CTE direction. It was a 3 lanes road on my direction and I was driving on the extreme right lane.

Subsequently, I stopped my vehicle a distance (about 3 to 4 cars) after T-junction traffic light at Seletar West Link & Seletar Aerospace Drive as the traffic light signal shown red. While my vehicle was in a stationary state, one vehicle SJB3782C which was travelling behind my vehicle, had collided onto the rear portion of my vehicle.

We then exchange particulars between us and took photos of the incident; thereafter we left. I did not take the contact number of the driver of SJB3782C.

No ambulance and Traffic Police officers were at scene.

After the incident, my wife and myself went to seek medical assistance from TSI Partners & Family Clinic (located at Block 151 Serangoon North Avenue 2 #01-01) as I felt pain on lower back and right shoulder region. My wife also suffered a headache and pain on her left knee region.

There are front & rear vehicle camera installed on my vehicle; however my vehicle is currently at the workshop, so I do not know if the recording is still available. I had informed my insurance company about the incident.



Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999



4 of 4

Report No. T/20201207/2172

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 L / Staff Sgt LAU JIXIANG	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 07/12/2020 21:31	*
Officer in Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:	3
Authentication Stamp	SNOES	\$3
Singap	ore Police Force	71.

SN0920CA0003 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 10/12/2020 10:47 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (10/12/2020 10:47 (SGT))

SINGAPORE ACCIDENT STATEMENT

- 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 witholding 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 Date of Accident Exact Location of Accident dditional Location Information Country/State of Loss

10/12/2020 10:47 (SGT) 07/12/2020 09:20 (SGT) Seletar West Link, Singapore twds cte Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA3451P

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No No

YEO SHER HOW SXXXX090F

VEHICLE PARTICULARS

!anufacturer Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Tovota Estima

Private use

No - Claiming third party Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

NTUC

Comprehensive

No

5119511657

DRIVER

Name of Driver

NRIC No. Date Of Birth Occupation

YEO SHER HOW SXXXX090F 13/08/1995 Indoor



Date Of Driving Pass 28/12/2015 Driving experience 5 YEARS Gender Male Mobile Number Alt. Phone Number Email Address Address Address complement Postcode 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 Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name CHONG WEI ZHI 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 STATEMENT. ATTACHMENT(S) Are accident photos available for attachment?

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

Yes

No

Vehicle Registration Number SJB3782C Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver LOW KAI SIANG Contact Number



Was there any video captured by Car Camera?

Was there any audio recorded?

Address		
Address complement		9
Postcode		
Insurance Company Name		,
Nature Of Damage		
Details of property damaged in accider	nt	
No. Of Passenger (Including Driver)		-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Address

Address Complement

Post Code

Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YEO SHER HOW

BODY

SLA3451P

Yes

No

-NJURED 2

Name of injured person

Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

CHONG WEI ZHI

BODG

SLA3451P

Yes

No

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly the details of the accident to speed up the claims process.
- 2) This Form must be completely by the Policyholder and/ or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or w/thholding of material fact may allow insurance companies to <u>repudiate policy liability</u>.
- 4) The issue and acceptance of this Form by insurance companies is not an admission of policy hability on the part of the insurance companies.
- 5) Any false reporting may be referred to the Police as 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 insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- Consent under the Personal Data Protection Act (PDPA) Lunderstand, acknowledge, agree and consent that:
 - 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ law firms, the Monetary Authority of Singapore and any relevant government agency/ authority (such as the police), for the purpose(s) of:
 - Processing, handling and/or dealing with my claims including 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;
 - Administering my claims (including the mailing or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring delivery of the same as well as on the external cover of envelopes/ mail packages; and/ or
 - Complying with applicable law in administering, processing, handling and/ or dealing with my claims.
 (Collectively the "Purposes")
 - all insurer(s) who have insured vehicle(s) involved in this accident and the Insurer's lawyers/ law firms, may/ are
 permitted to collect, use or 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 lawyer/ 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:
 - 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 purposed stated, or:
 - ii. For complying with the requirements under any regulations, law or court orders.

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

.....

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/ FIN No.

SKETCH PLAN

By the statu	s fine and date vehille best Linti toward stellio inpact from my rear vehicle rear bumper	A SLA 34SIP	, was travelling
do along celatur w	port Linto toward chelying	chuttery, My	vehile was stationery
cultarly I felt a in	apact from my rear yehr	E. Vehicle B	STB 37810 had
(all 1-1 1 be	reac human		
CO11.063 40 mg	Con Compet	v 1	
DECLARATION			
I/ We declare the foregoing pa	rticulars are true in every respect.		
11	1/2		
14	91		~ A
2//1	/_*		VIA
- pje			Company College Control
Policyholder's Signature	Driver's Signature		ing Centre Personnel's Signature
Date & Time:	(If driver is not policyholder)	Name:	

(If driver is not policyholder)

Date & Time:

NRIC/ FIN No:

Date & Time:



























Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5119511657

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLA3451P : ACR507126872

Chassis Number

: YEO SHER HOW

2. Name of Policyholder

: 17 Oct 2020

3. Effective Date of Insurance

: 17 Oct 2020

4. Expiry Date of Insurance

: 16 Oct 2021

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6 Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)
Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

 EXCESS (SECTION 1)
 : \$\$600

 EXCESS (SECTION 2)
 : N/A

 WINDSCREEN EXCESS
 : \$\$100

 ADDITIONAL EXCESS
 : \$\$1,500

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES
NCD PROTECTION : NO
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : YEO SHER HOW

NAMED DRIVER (1) : N/A
NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : TAI HUAT CREDIT PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: INSURANCE MARKET PTE. LTD. (00000691183)

Date of Issue

: 16 Oct 2020 23:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive



Enquire Vehicle Owner Details (As At 07 Dec 2020 / 09:20:00)

Vehicle Owner Details

Owner ID Type:

Singapore NRIC

Owner Name:

LOW KAI SIANG

Registered Block/House No.:

31

Registered Unit No.:

#10-62

Registered Postal Code:

518075

Owner ID:

57689131A

Registered Address Type:

Private Residential (non-Condo Apt / non-

House)

Registered Street Name:

PASIR RIS GROVE

Registered Building Name:

 \leftarrow

Vehicle Insurance Details

Vehicle No.:

SJB3782C

Insurance Company Name:

AXA INSURANCE PTE LTD

Make Description/Model:

TOYOTA/BB 1.5ZQ A

> Back to OneMotoring

Land Transport Authority

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

07 Dec 2020 / 12:56:21

Receipt Date/Time: 07 Dec 2020 / 12:56:21

Tax Invoice/Receipt

Receipt No.: ITNET-00000-201207-001755

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	It of Insurance Enquiry - SJB3782C				
As at	07 Dec 2020/09:20:00				
Insur	ance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SJB3782C Enquiry Fee 20201207125523878951		7.00	0.49	7.49
		Sub-Total	7.00	0.49	7.49
		Total Before Rounding	7.00	0.49	7.49
		Rounding Difference			0.04
		Total Amount Payable			7.45
		Paid By			
		20201207125538121	Direct Debit: eNE (Internet Banking		7.45
		Total		San Sc	7.45
		Cash Change			0.00
		Tendered Amount			7.45
		Excess Refundable Amount			0,00

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

CARS FOR RENT (2016) PTE LTD

Mailing Address:

10 Kaki Bukit Ave 4 #09-60 Premier@Kaki Bukit, Singapore 415874

Tel Nos.: +65 6970 9119 / 6789 5155

Co. Reg'n No.: 201609732N GST Reg'n No.: 201609732N

Tax Invoice #: E2012115

Date: 15-12-20

1

Bill To:

Garage 13 For the account of: Yeo Sher How S9529090F

Ship To:

Garage 13 For the account of: Yeo Sher How S9529090F

Description

Amount

\$1,260.00

Job No.

SJM3824H

SR

Vehicle Rental for Period 07.12.2020 to 14.12.2020 (Billing for days 7 X \$180.00/per day)

(Vehicle No.: SLA3451P)

Your Order #: E17342

Terms: Net 30th after

GST:

\$82.43

COMMENT

CODE RATE GST SALE AMOUNT

7%

Total Inv Amt:

\$1,260.00

SR

\$82.43

\$1,177.57 Amount Applied:

\$0.00

Balance Due:

\$1,260.00



CARS FOR RENT (2016) PTE LTD

10 Kaki Bukit Ave 4 #09-60 Premier @ Kaki Bukit Singapore 415874 Tel: 6970 9119 Fax: 6970 9961 Website: www.carsforrent2016.com No: E 17342

#20/2/15

ROC/GST No: 201609732N

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR	Vehicle No: SJM 3824 H Replace Veh No: SI A 3451 B
Name: (as in I/C)	Mileage out:
NRIC/PASSPORT No: S 95 2 90 90 F	Make & Model: Honda Stream Auto 7 Manual
Date of Birth:	OUT: Date 9 12/20 Time: 12:00
A	HIRE PERIOD and a mean purious strains for a plant but it was parte sails and
Driving Licence No: D/L Type: Local / International	OWN DAMAGE CLAIM Excess S\$
Issue Date:	THIRD PARTY CLAIM Excess S\$
Tel: (O) HP	CHARGES
Company Name:	
Company UEN:	
Company Address:	Weekly @\$ per week
\DDITIONAL DRIVER'S PARTICULARS	Monthly @\$ per month
Name: (as in I/C)	Others @\$
NRIC/PASSPORT No:	Delivery Service
Date of Birth:	GST and an
Address (Res):	SUB-TOTAL \$
15. On the most to the explicit on the prince of the Block the Block to the Block State teach the said version to the said ver	PETROL LEVEL
Driving Licence No: D/L Type: Local / International	Out E 1/4 1/2 3/4 F
issue Date.	In E 1/4 1/2 3/4 F
Tel: (O) HP	EXTENSION
VEHICLE CHECK LIST	built in a street than all the later and the
BACK	Misc.
SCRATCHES SCRATCHES SCRATCHES	GST MITUOLO.
	TOTAL CHARGES 1260 00
00	Rented out by:
	Dan M
	Hirer's Signature
CODE	duta administrative control territory transfer from the results of minimum
A-ACCIDENTS A-ACCI	one: arti-
4 ◀	Addition Driver's Signature
have read and agree to the terms and condition on both sides of the	agreement of I have presented a charge/ and it and for any minut I are

that all amount payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given CARS FOR RENT (2016) PTE LTD in connection with this agreement is true.

* IMPORTANT

- 1. ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- 2. ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- 3. THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN ABOVE.
- 4. IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY, IF THERE IS BODILY INJURIES. A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- 5. VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY CARS FOR RENT (2016) PTE LTD

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVE" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO CARDS FOR RENT (2016) PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	Dan I	e sa cultura ablog
14/2	1720	The same same		alday anini sebnek iliw 5 taru 7 Aus n	A 11	contact and who one
100	11.50	и амотном	TO THE EMERT OF	defail	HIRER'S SI	GNATURE

GARAGE 13 PTE LTD

8 KAKI BUKIT AVE 4 #03-46 PREMIER@KB SINGAPORE 415875 TEL: 9666 4445

PROFORMA INVOICE

To: Yeo Sher How

Invoice No.

G13/20140

Date

12/03/2021

Vehicle No.

SLA3451P

No.	Description	on	Qty	Un	it Price	An	nount
1	Repair cost		1	\$	7,000.00	\$	7,000.00
	18			Ч ^Т	31:1		
				7	Advi		
	I				Sub-Total	\$	7,000.00

Sub-Total \$ 7,000.00 GST 7% \$ 490.00 Total: \$ 7,490.00

Payment by cheque should be crossed and made payable to 'Garage 13 Pte Ltd'

Issued By:

Authorised Signature



No.25 Kaki Bukit Road 4 #06-46 Synergy @KB Singapore 417800 Hotline: **6385 1171**

Our reference:

21-7100

Date:

20/12/2020

INVOICE NO. 7100

Yeo Sher How

c/o Garage 13 Pte Ltd 8 Kaki Bukit Ave 4 #03-46 Premier@KB Singapore 415875

Registration No.

SLA3451P

We enclose our fee note for your kind attention, which remains payable irrespective of the outcome of this case.

S/No.	Description of Services Provided	Qty	Amount
1	Being vehicle damage assessment report, inspection, photographs, transport and miscellaneous.	1	\$ 821.00
		Total amount	\$ 821.00

Please kindly cross all cheques made payable to "Impact Analysis Consultant".

We thank you in anticipation for your prompt payment.

L. L. Tan (Ms)

Principal Consultant

- Impact Analysis Consulting Pte Ltd Impact Analysis Academy Pte Ltd IA Racking Solutions Pte Ltd
- IA Accounting & Consultancy Pte Ltd
 Infoknights International Services (Philippines)
 IABN Pte Ltd
 www.iaconsultingsg.com



Our reference:

21-7100

Date:

20/12/2020

c/o Garage 13 Pte Ltd 8 Kaki Bukit Ave 4 #03-46 Premier@KB Singapore 415875

Dear Sirs

RE:

Road Traffic Accident on 7/12/2020

Yeo Sher How

In accordance with your instructions received in this office on

8/12/2020

, we made arrangements to

No.25 Kaki Bukit Road 4

#06-46 Synergy @KB Singapore 41780 Hotline: **6385 1171**

examine the vehicle on

8/12/2020

at above-mentioned address. The following data was

recorded:

Vehicle details

Make	Toyota	Registration	SLA3451P
Model	Estima	Chassis	ACR507126872
Colour	Blue	Gearbox	Auto
Odometer	71526km	Paintwork	Good
Steering	In order	Brakes	In order
Condition	Good		

Tyre Depths

Front left	235/50R18	85% Michelin
Front right	235/50R18	85% Michelin
Rear left	235/50R18	85% Michelin
Rear right	235/50R18	85% Michelin

Status	REPAIRABLE		
Magnitude	Medium		
Legal status	Unroadworthy		

Impact Direction & Area of Damage:



Following our examination of the accident damage, we have calculated repair times and method, which are detailed on page 2 & 3. We would recommend a sum of \$7,000.00 and 7 working days for repair, which is sufficiently lower than the pre accident value to render the vehicle an economically and physically reliable proposition.

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21-7100

Date

20/12/2020

Page

2

Section A: Damaged Parts Assessment

No.25 Kaki Bukit Road 4

#06-46 Synergy @KB Singapore 41780 Hotline: **6385 1171**

Part's Description	Qty	Condition As inspected	Repairer's Estimate	Our Adjustment
<u>List Items</u> :				
Tail gate	1	bent	1552.40	1552.40
Tail gate weather strip	1	ripped/nec	325.70	325.70
Tail gate logo	1	necessay	66.78	66.78
Tail gate emblem 'ESTIMA'	1	necessay	48.50	48.50
Tail gate emblem 'AERAS'	1	necessay	47.00	47.00
Tail gate inner lock	1	bent-in	385.20	385.20
Tail gate inner trim	1	deformed	499.00	499.00
Tail gate inner outer garnish	1	intact	312.40	0.00
Tail gate windscreen moulding	4	necessay	185.70	185.70
Tail gate reflector @\$315.00	2	refix	630.00	0.00
Rear bumper	1	deformed	1321.50	1321.50
Rear bumper reflector @\$75.00	2	refix	150.00	0.00
Rear bumper side retainer @\$78.33 (front)	2	necessay/damaged	156.66	156.66
Rear bumper side retainer @\$58.33 (rear)	2	necessay/damaged	116.66	116.66
Tail lamp @\$558.90	2	refix	1117.80	0.00
Rear end panel	1	mutiple-dented/bent	698.20	698.20
Rear end panel top garnish	1	deformed	277.40	277.40
Rear end panel top garnish lower	1	deformed	185.80	185.80
Rear fender inner trim @\$625.80	2	material yield/deformed	1251.60	1251.60
Rear floor panel	1	repair.	1150.00	0.00
Rear bumper sponge @\$95.00	2	damaged _	190.00	190.00
	Sub- Tot	al cost	10668.30	7308.10
Percentage o	discount	: 25%	2667.08	1827.03
Sub-7	Total cos	ts for parts	8001.23	5481.08

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21-7100

Date

20/12/2020

_			
Sner	rial	Nett	Items:

1 set <i>ub-Total costs</i>	necessary necessary for parts	50.00 50.00 795.00	50.00 50.00 795.00
			50.00
1	necessary	50.00	
1	necessary	60.00	60.00
1	damaged	120.00	120.00
1	damaged	250.00	250.00
3	necessary	15.00	15.00
set	malfunction	250.00	250.00
	3 1	necessarydamaged	3 necessary 15.00 1 damaged 250.00

Sub- Total costs	
Total costs for parts	

8796.23	6276.08
0.00	0.00
0.00	0.00

No.25 Kaki Bukit Road 4 #06-46 Synergy @KB Singapore 41780 Hotline: **6385 1171**

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21-7100

Date

20/12/2020

Page

3

Section B: Labour Cost Calculation

No.25 Kaki Bukit Road 4

#06-46 Synergy @KB Singapore 41780 Hotline: **6385 1171**

To discountly analyse such would be allowed and destructions as side at		Manhr. Req.	Total	
To dismantle, replace, cut, weld, knock out dents to straighten accident parts as-mentioned on the 'Parts Repair' column inclusive of replacement parts.	\$ 45.00	23	\$	1,035.00
Putty & Spray painting to adjacent panels. Job allowance. Paint / material.	Sub-con	tract work.	\$	900.00
Apply rust proofing on the adjacent panels.	Sub-con	tract work.	\$	80.00
Remove and refix tailgate rear windscreen glass. (2-man job)	\$ 45.00	3.5	\$	157.50
Remove and replace rear bumper reverse sensor & conduct distance safety setting.	\$ 45.00	1.7	\$	76.50
Transfer tailgate mechanism	\$ 45.00	1.7	\$	76.50
Specialist charges - Dignostic fault code / reset			\$	100.00
Conduct water leak test for rear portion associated repair works	\$ 45.00	1.5	\$	67.50
Wiring / bulb checking (inclusive of re-focus / re-adjust on angle of light intensity.)	\$ 45.00	0.8	\$	36.00
	Total la	bour cost	\$	2,529.00

Manhour rate and the number of manhours required for each repairing task are formulated based on individual workshop's operating cost and in-house@ IA Research Guidelines respectively.

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20/12/2020

Section C: Summary Table of Total Repair Cost

Desc	ription	Cost	
Damaged Parts Assessment (See section A) Labour Cost Calculation (See section B) Total cost		\$6,276.08	
		\$2,529.00	
		\$8,805.08	
Lump st	um repair		
Further discount 20%		\$1,761.02	
Total Repair Cost		\$7,000.00	

We would recommend a sum of	\$7,000.00	and	7	working days for repair.
No further items will be approved w	vithout our expresse	ed written agreeme	ent. Any signi	ificant additional
items will be subject to a supplement	ntary report.			

Mechanical Engineer, Accident Expert Witness, Licensed Appraiser (Automobile)

B.Eng. (Hons, NUS)

Diploma. Mechanical Engineering

NTC-2 Automovite Technology

Sr.MIES, Institution of Engineers, Singapore (#20100091)

MATAI, Maryland Association of Traffic Accident Investigators

IAARS, International Association of Accident Reconstruction Specialists

PMC of Singapore Business Advisors & Consultants Council

ACTA certified Trainer, Singapore

Enterprise Singapore - Recognised Certification for Management Consultants

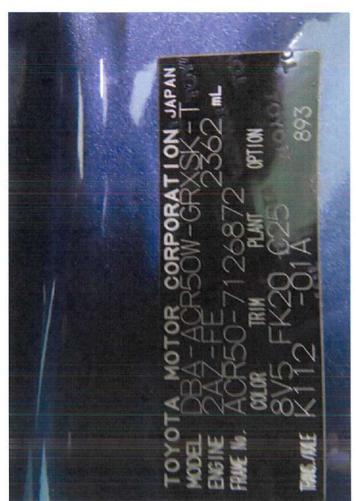
IMI Professional Certificate In Vehicle Accident Damage Assessment (UK)

Subsidiaries of Impact Analysis Consultant:

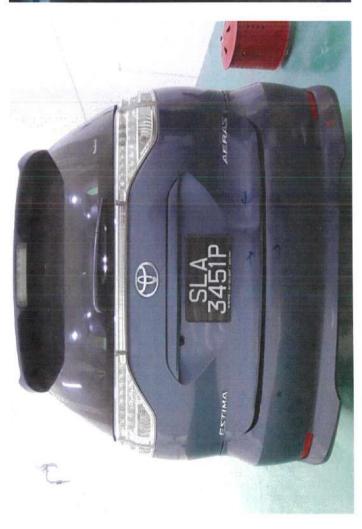
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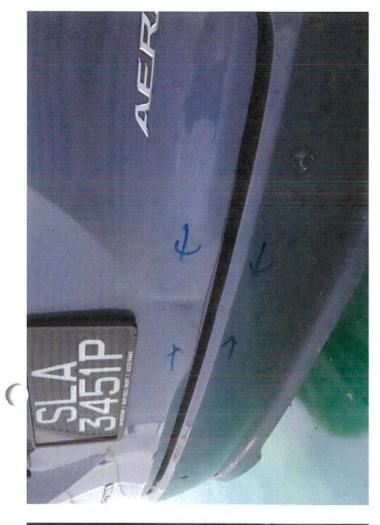
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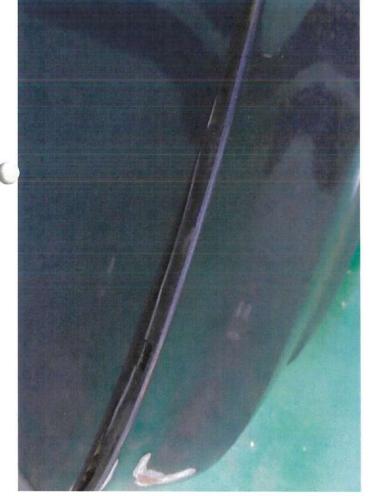








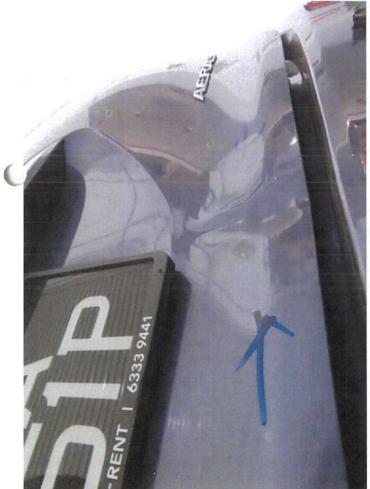












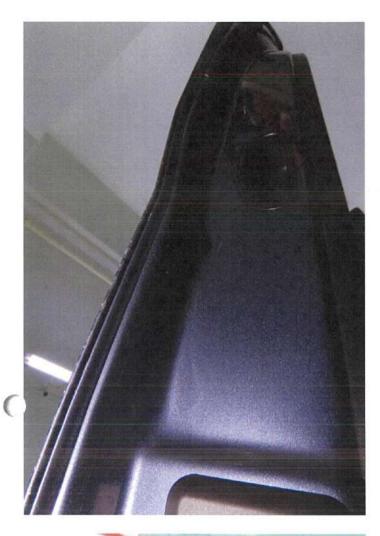






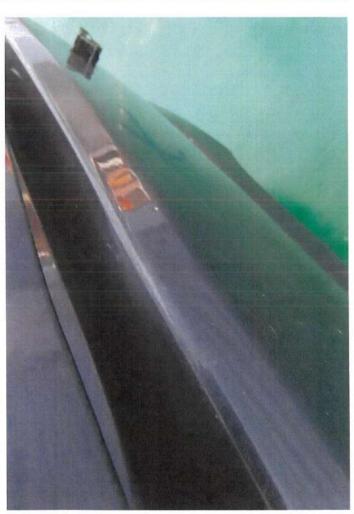




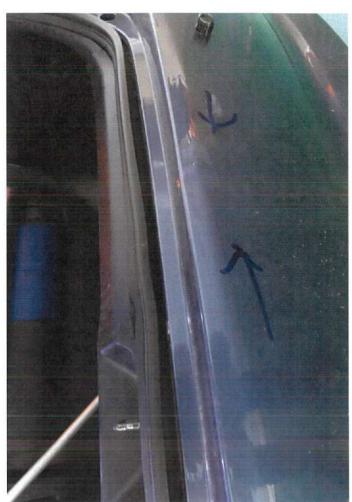




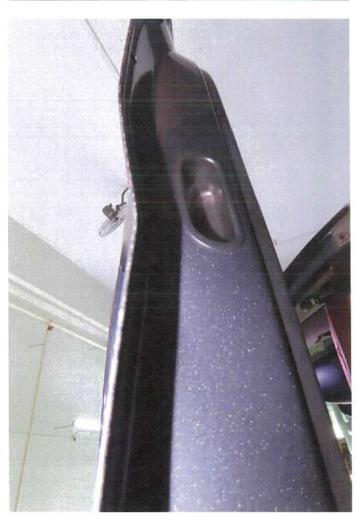


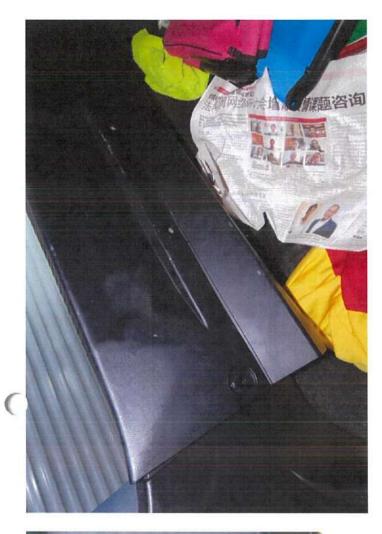
















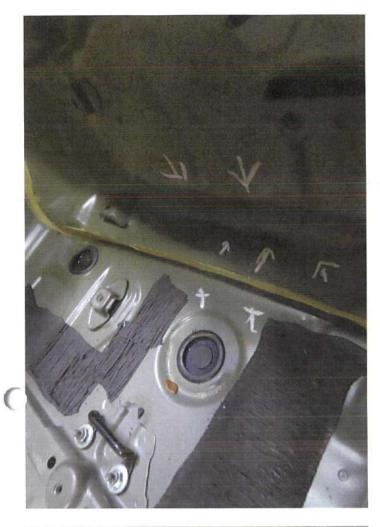








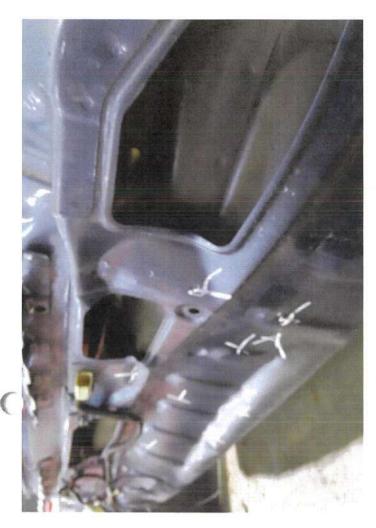










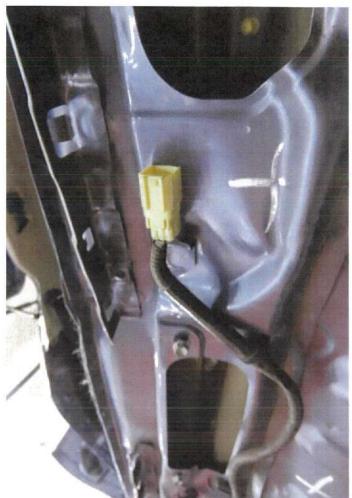


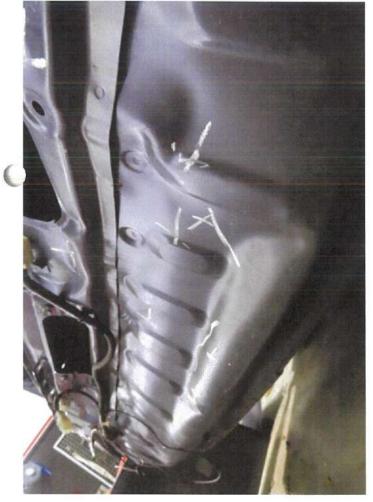










































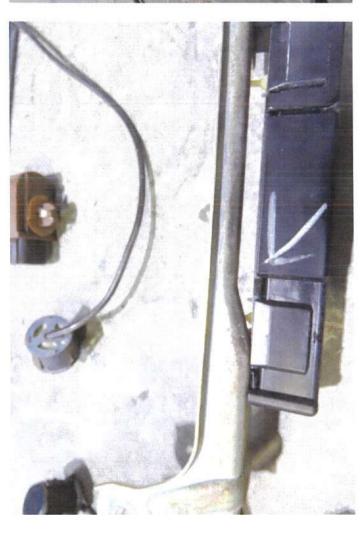


























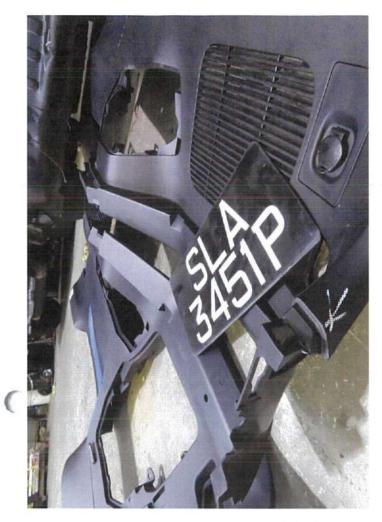






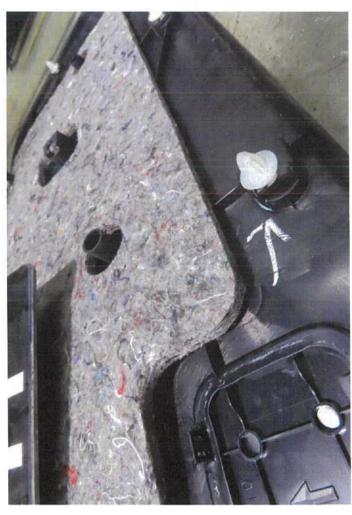


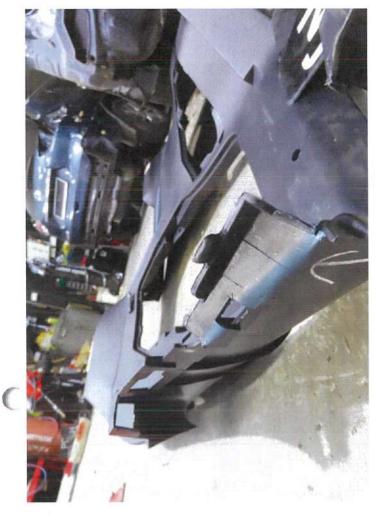






















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