

(UEN No. 201939937D)

(GST Registration No. 201939937D)

151 Chin Swee Road

#10-03/05 Manhattan House

Singapore 169876

Tel: +65 6955 8899

Fax: +65 6900 9899

CL No.

WhatsApp: +65-9171-4767

Email: caroline@aplp.com.sg

We do not accept service of Court documents by fax.

Our ref: AP/2021/004240

Your ref: SJG6036C

Date: 2 December 2021

Secretary in charge: Caroline

Secretary's email: caroline@aplp.com.sg

CHUA CHIN HIANG (CAI ZHEN XIAN)

BLK 522B TAMPINES CENTRAL 7

AIG Asia Pacific Insurance Pte Ltd

#08-19

SINGAPORE 522522

Insurer of SJG6036C

#07-16 AIG Building

78 Shenton Way

By POST

By HAND

(Without attachments)

(With attachments)

RECEIVED BY AIG Claims Dept

0 7 DEC 2021

2

Singapore 079120

Dear Sirs,

WITHOUT PREJUDICE

CLAIM ARISING FROM A ROAD TRAFFIC ACCIDENT ON 17 OCTOBER 2021 AT ABOUT 1435 HRS INVOLVING MOTOR VEHICLES NO(S). SMA5189Y AND SJG6036C ALONG TAMPINES AVE

We act for LI YANG, owner of SMA5189Y.

We are instructed by our client to claim damages against you/your insured in connection to the abovementioned road traffic accident between our client and your/your insured's vehicle SJG6036C.

We are instructed that the above-mentioned road traffic accident was caused by your/your insured's negligence / the negligence of your authorised driver in the driving, management and/or control of your/your insured's vehicle.

As a result of the abovementioned road traffic accident, our clients' vehicle was damaged and our clients has been put to loss and expense, particular of which are as follows:

COSTS OF REPAIR (WITH GST)

\$ 3,424.00

LOSS OF RENTAL (WITH GST)

\$1,926.00

- Pre-repair \$ 642.00 (03 days including intervening weekend @ \$214.00 per day)
- Loss of rental during repair works \$1,284.00 (06 days including intervening weekend @ \$214.00 per day)

Our Legal Costs with GST (At this stage)

\$ 1,605.00



Our ref: AP/2021/004240

2 December 2021

Disbursements (To-date)

\$ 689.48

1.	Survey Report Fees	\$ 485.00
2.	GIA / LTA searches fee	\$ 43.98
3.	Other Incidentals with GST	\$ 160.50

Total \$ 7,644.48

We enclose herewith the following supporting documents for your attention:

- a. Our client's Singapore Accident Statement;
- b. Copy of repair bill from our client's workshop;
- c. Copy of our client's surveyor report;
- d. Copy of the survey report tax invoice;
- e. Client's rental invoice;
- f. Copies of receipts for GIA / LTA searches;

In compliance with the pre-action protocol under the State Courts' Practice Direction 37, we had notified your insurer of the above-mentioned road traffic accident and to the best of our knowledge, your insurer had arranged for the pre-repair inspection of our client's vehicle.

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 to us within fourteen (14) days of your receipt of this letter, failing which, our client will have no alternative but to commence proceedings against you without further notice to you or your insurer

Please also note that if you a counterclaim against our client arising out of the above-mentioned accident, you are required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within eight (8) weeks of your receipt of this letter

Should you fail to acknowledge receipt of this letter within fourteen (14) days, our client may commence Court proceedings against you without further notice to you or your insurer. For the avoidance of any doubt, this letter serves as notice under Section 9(3) of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189) of our client's intention to commence proceedings against you and/or your authorised driver.

Yours faithfully,

A P LAW PRACTICE LLC

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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 witholding of material facts may allow insurance companies to repudiate policy flability.

 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 18/10/2021 19:50 (SGT) Date of Accident 17/10/2021 14:35 (SGT) **Exact Location of Accident** Tampines Ave 5, Singapore Additional Location Information

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA5189Y

INSURED/POLICYHOLDER

Country/State of Loss

Is company? No Name Of Registered Owner **LI YANG** NRIC No S8157268B **Email Address**

ly.20080808@hotmail.com Mobile Phone No (Phone) +65-93207181 Alternative Phone No +65-93207181

VEHICLE PARTICULARS

Manufacturer Nissan Model Qashqai

Variant 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? Vehicle Category Transmission

CC

No - Claiming third party

Private car Auto 1200

Private use

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.

Type of Coverage Comprehensive No

Fleet Policy

Policy Number DMPCSNW00033702100 Cover Note Number

DRIVER

Name of Driver **LI YANG** NRIC No S8157268B

Accident report SN0921AI000G

Date Of Birth 25/05/1981 Occupation Indoor Date Of Driving Pass 19/03/2008 Driving experience 13 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-93207181 Alt. Phone Number +65-93207181 Email Address ly.20080808@hotmail.com Address **BLK 515B TAMPINES CENTRAL 7** Address complement #15-14 Postcode 522515 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 Raining Road Surface Wet 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 vehicle 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 SHI LUOJIA Gender **Female** PASSENGER 2

Name SHI XIAO BAO Gender Male

PASSENGER 3

Name MARIA CLAIRE ANTONIO MAMARIL
Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Tampines Neighbourhood Police Centre

(Phone) +65-18005871999

(Fax) +65-65871699

6 Tampines Ave 4 Singapore 529682

No

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211017/2057

ATTACHMENT(S)



Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

With DRIVER Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJG6036C Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIYANG
Gender	Female
Phone No	_
Address	-
Address Complement	_
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMA5189Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	_

INJURED 2

Name of injured person	SHI XIAO BAO
Gender	Male Male
Phone No	-
Address	
Address Complement	-
Post Code	
Approximate Age Years Old	_
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMA5189Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

transfer and the state of the s	140
INJURED 3	
Name of injured person	MARIA CLAIRE ANTONIO MAMARIL
Gender	Female
Phone No	•
Address	-
Address Complement	
Post Code	-
Approximate Age Years Old	
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMA5189Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process:
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wiful 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 erchiving of this report at the centre and to copies of the report being made available aforesald.
- 5. Consent under the Personal Data Protection Act (PDPA)

lunderstand, 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' law yers/law firms, the Monstary 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' law yers/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 they law yors flow firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

18/10/2

Sketch Plan

Tompines Ares

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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 2. Time

alyun 18/10/21



T/20211017/2057

Report No. 1/20211017/2057

Police Station Of Origin: Tampines N.P.C.

6 Tampines Avenue 4 SINGAPORE 529682

Tel No. 1800-5871999

CONTINUATION OF REPORT

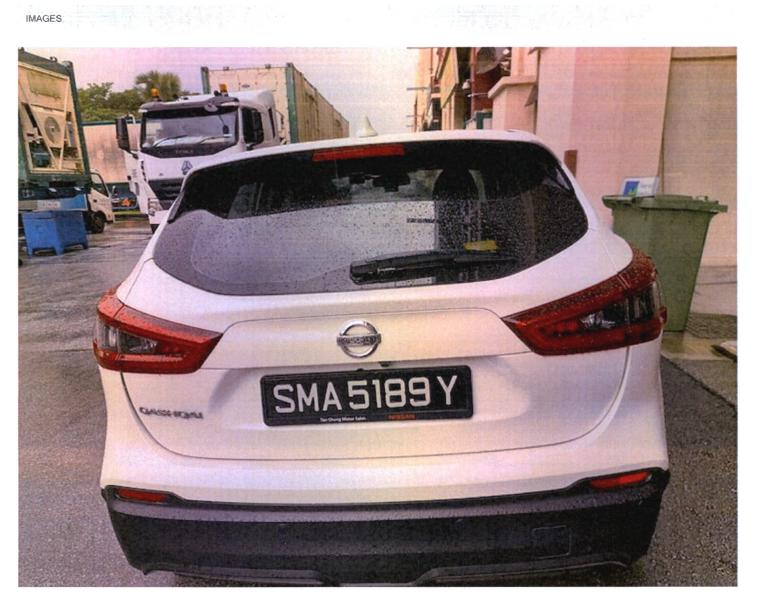
Passenger	, where the state of the state		AURILLEY	4	COCCOCC	
Name	MARIA CLAIRE ANTONIO MA	MARIL ID No.		3 4	G8569225P	
Related Vehicle	SMA5189Y (Car)		Contact No.		83487713	
Hospital/Clinic NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc		NIL		
No. of Days gran	ited Medical Leave NIL	Degree of	Injury.	NIL		

Brief Details.

On 17/10/21 at about 1435hrs, I was driving along Tampines Ave 5 towards Tampines Ave 6. I was driving on lane 2 of a 2 lane road. I made a left turn to Tampines Ave 6 however there was a bicycle crossing thus I had to stop. V2 was driving behind me, collided into the rear right side of my rear bumper.

Police and Ambulance were not at scene. I have in-car-camera pointed to the rear of my vehicle which captured the incident. The car subsequently drove off straight before I could exit my vehicle. As I was holding up traffic and V2 did not make a stop, I moved off so as to not choke the turning point.

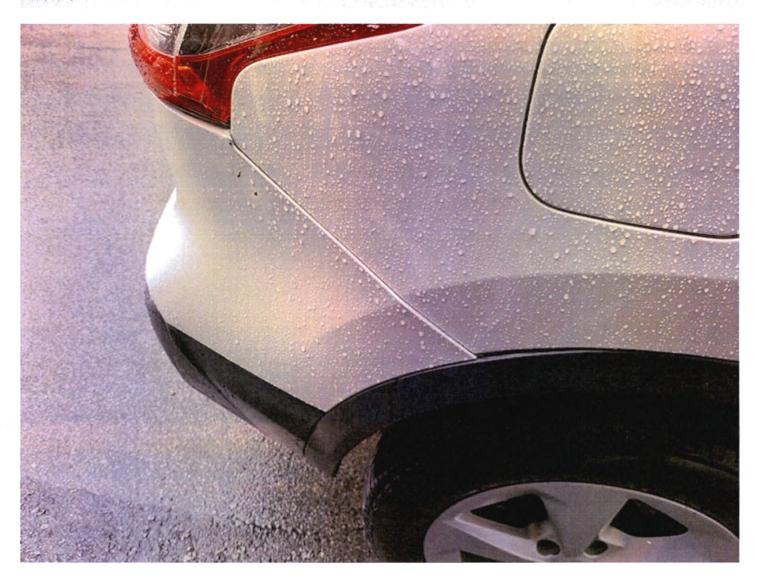
I am not sure of the estimated cost of repairs.





















Lota

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

Report No. T/2021-1017/2057

REPORT OF	A TRAFFIC	ACCIDENT		N4***		
Date/Time Report Made: 17/10/2021 17:14			Vide Report No.:	Station Diary No. 65		
Informan	t's Partici	ulars		and the second s		
Name of Informant: LI YANG			Address: APT BLK 515B TAMPINES CENTRAL 7 #15-14 SINGAPORE 522515			
ID Type / ID No.: NRIC NO / S8157268B			Contact No.: Mobile: 93207181			
Nationality: CHINESE			Email:			
Sex: Age: Date of Birth: Female 40 25/05/1981			Type of Informant: Driver			
Race: Chinese			Language. English	Institution / School Name:		
Occupation: Telephone Marketer			Driving Licence Information: Class: 3	Date of Expiry:		

	mation of the Accide	Service 10	Date/Time of	Type of Location	
Type of Accident: Non-Injury.		Drink Drive: No	Accident: 17/10/2021 14:35	T-Junction	
Location: TAMPINES A	VENUE:5				
Weather: Drizzling		Road Surface:		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	rking	Traffic Volume: Light	
	sion:			Anyone conveyed by ambulance:	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SJG6036C	Car	MERCEDES BENZ				0
SMA5189Y	Car	NISSAN	QASHQAI 1.2 DIG-T	White	Slightly Damaged	3

Details of Vehicle Insurance		ر بروستان المالية الم	The intilization
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date
Venicle INO. Insulance Company			





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

2 of 4 Report No. 1/20211017/2057

CONTINUATION OF REPORT

Details of V	efficie insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	I Fig. 1995 Acc
SMA5189Y	CHINA TAIPING INSURANCE	DMPCSNW000337		Expiry Date
	(SINGAPORE) PTE. LTD.	02100	09/02/2021	08/02/2022

Details of Pers	on involved	The street states of			
Any Pedestrian	Involved: No	The second second			
No. of Pedestria	ns Injured: NIL	Use of Pede	noteine (Nin and i	
Passenger	The water below they are a second	Trose of Fede	estrian.	JOSSIF	ig: NA
Name	SHI LUOJIA	1	iD No.	35.1	T1839068F
Related Vehicle	SMA5189Y (Car)		Contact No.		VIL _C
Hospital/Clinic	spital/Clinic NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discha		JIL.	
	ted Medical Leave NIL	Degree of Ir	iury A	IIL.	
Driver		3,000	~ 1	V P Gay	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Name	LIYANG	1	D No.	S	81572688
Related Vehicle	SMA5189Y (Car)		Contact No.		3207181
Hospital/Clinic	VClinic NIL		Class of Driving Licence & Expiry Date		lass: 3 ate of Expiry: NIL
Date Treatment.	NIL	Date Discha			
	ed Medical Leave NIL	Degree of In	iury N	III.	
Passengér	18 de la Colon de Col				TRIVITIES AT SECULAR
Vame	SHI XIAO BAO.		No.	S	8169271D
Related Vehicle	SMA5189Y (Car)		ontact I	Vo. 93	3266319 M
fospital/Clinic	NIL.	D	lass of riving cence of xpiry Da	Da	ass: NIL ate of Expiry: NIL
	NIL	Date Dischar			
lo of Days grante	ed Medical Leave NIL	Degree of Inju			





3 of 4

Report No. T/20211017/2057

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

Passenger			(pa . 25 pa			COCCOCCO
Name	MARIA CLAIRE ANTONIO MAMARIL		ARIL ID No.		G8569225P	
Related Vehicle	SMA5189Y (Car)			Conta	ct No.	83487713
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dis		NIL	
	ted Medical Leave	NIL	Degree	of Injury	NIL	

On 17/10/21 at about 1435hrs, I was driving along Tampines Ave 5 towards Tampines Ave 6. I was driving on lane 2 of a 2 lane road. I made a left turn to Tampines Ave 6 however there was a bicycle crossing thus I had to stop. V2 was driving behind me, collided into the rear right side of my rear bumper.

Police and Ambulance were not at scene. I have in-car-camera pointed to the rear of my vehicle which captured the incident. The car subsequently drove off straight before I could exit my vehicle. As I was holding up traffic and V2 did not make a stop, I moved off so as to not choke the turning point.

I am not sure of the estimated cost of repairs.





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

4 of 4 Report No. T/20211017/2057

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 G7 Sgi 3 NURFAIZ BIN NOORDIN	Signature Of Informant.
Signature Of Interpreter: Not applicable	Date/Time: 17/10/2021 17:14
Officer In Charge Of Case: TP://HRT:/ SI KALESWARI PALANI Contact No:: 65476902	Classification Of Case:
Authentication Stamp	



TAX INVOICE

SKG726Y BMW X3

CHASSIS NO.: WBAWX320100B25674

Invoice Date 27 Oct 2021 Invoice Number 2020-8237 UEN/GST Reg. No. 201539883N STK AUTO (S) PTE. LTD. 8 Kaki Bukit Ave 4 #03-21 S 415875 HP:91237949 Tel:63860669

Description	Quantity	Unit Price	Amount SGD
MRS LI YANG			
CAR RENTAL 19/10/2021 TILL 25/10/2021	6.00	200.00	1,200.00
		Subtotal	1,200.00
	INCLUDE	S SALES GST 7%	84.00
		TOTAL SGD	1,284.00

Due Date: 27 Oct 2021

- ** Received In Good Order & Condition. Goods Sold Are Not Refundable/Return.
- ** Interest rate of 5% per month, calculated on a daily basis, is levied on payment for overdue amount/account owing to STK AUTO (S) PTE LTD after seven (7) days from date of invoice.
- ** Cheque should be crossed and make payable to "STK AUTO (S) PTE LTD".
- ** Transfer to OCBC current account: 6951-58626-001
- ** Paynow UEN NO. 201539883N

Customer's Signature

STK Auto (S) Pte Ltd

8 Kaki Bukit Avenue 4 #03-21 Premier @ Kaki Bukit, Singapore 415875

Owner:

Li Yang

Date:

26-Oct-21

Address:

C/o: STK Auto (S) Pte Ltd

8 Kaki Bukit Avenue 4

#03-21 Premier @ Kaki Bukit, Singapore 415875

Model : Reg No. : Nissan Qashqai

SMA 5189 Y

D.O.A:

17-Oct-21

U.PRICE SGD	AMOUNT SGD
SGD 3,200.00	SGD 3,200.00
	SGD



24 Penshurst Place, Singapore 556440 Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783 Reg No: 201000228E

INVOICE

Invoice No.:

CL/210502

Li Yang

C/o: STK Auto (S) Pte Ltd

Ref No.:

STK/10/2103/TP

8 Kaki Bukit Avenue 4

#03-21 Premier @ Kaki Bukit, Singapore 415875

Date:

26 October 2021

DESCRIPTION

AMOUNT

OUR SERVICE FEE CHARGES:

SURVEY INSPECTION FOR VEHICLE NO.

SMA 5189 V

- RESURVEY INSPECTION
- DIGITAL PHOTOGRAPHS SERVICES
 (INCLUSIVE OF STORAGE AND SUBMISSION OF DIGITAL PHOTOGRAPHS)
- TRANSPORTATION

GRAND TOTAL

S\$ 485.00

E & O. E

All cheque payment should be "Crossed" and made payable to "CL APPRAISER PTE LTD"

We shall be grateful if you could forward our payment at your early convenience.



24 Penshurst Place, Singapore 556440

Email: clappraiser@yahoo.com Hp: 9068 8689 Fax: 6452 9783

Reg No: 201000228E

VEHICLE INSPECTION REPORT

To: Li Yang

Date

: 26 October 2021

C/o: STK Auto (S) Pte Ltd

Our ref

: STK/10/2103/TP

8 Kaki Bukit Avenue 4

#03-21 Premier @ Kaki Bukit, Singapore 415875

Accident Date

: 17 October 2021

Type of Survey: Third Party

:

Inspection Date

: 21 October 2021

Repairer Name

: STK Auto (S) Pte Ltd

8 Kaki Bukit Avenue 4

#03-21 Premier @ Kaki Bukit, Singapore 415875

PARTICULARS OF VEHICLE

Registration No

: SMA 5189 Y

Year / Capacity:

2018 / 1197 cc

Make / Model

: Nissan Qashqai

Colour

White

Chassis No

: SJNFEAJ11U2233989

Mileage

29918

Engine No

: HRA2595151A

CONDITION OF TYRES

		Make	Size	Thread Balance	Rim
Front Nearside	:	Bridgestone	215/60 R17	5 mm	Sport
Front Offside	:	Bridgestone	215/60 R17	5 mm	Sport
Rear Nearside	:	Bridgestone	215/60 R17	5 mm	Sport
Rear Offside	:	Bridgestone	215/60 R17	5 mm	Sport

<u>45</u>

GENERAL DESCRIPTION OF DAMAGE VEHICLE

The impact damages sustained on the vehicle at the time of inspection is on the rear portion. (Details refer to the photographs attached)

Enclosed number of photographs:

copies

REMARKS

This inspection was conducted entirely on a "WITHOUT PREJUDICE" basis and we have not given authorization and instruction to the repairer to proceed with the repair.

RECOMMENDATIONS

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a Lump Sum of \$3,200.00 on a contractual basis.

Under normal circumstances, the repair period would be about 5 (Five) working days.

Page 1



Vehicle Registration No.: SMA 5189 Y

Our Ref No.:

STK/10/2103/TP

Qty	Description	Conditions	Repairer's Estimate	Revised Amount
	SPARE PARTS - LIST ITEMS			
1	Rear o/s taillamp	Damage	\$ 485.60	\$ 485.60
1	Rear bumper	Damage	\$ 737.00	\$ 737.00
1	Rear bumper inner sponge	Damage	\$ 200.80	\$ 200.80
1	Rear bumper reinforcement	Damage	\$ 659.20	\$ 659.20
1	Rear bumper reinforcement stay	Damage	\$ 135.00	\$ 135.00
1	Rear bumper o/s side retainer	Necessary	\$ 40.20	\$ 40.20
1	Rear o/s fender	Repair	\$ 1,269.40	
			\$ 3,527.20	\$ 2,257.80
		Less 10%	\$ 352.72	\$ 225.78
	Total Cost - List Items		\$ 3,174.48	\$ 2,032.02
	SPECIAL NETT ITEMS			
1	Rear reverse sensor (1 set)	Damage	\$ 350.00	\$ 350.00
1	Rear bumper clip (1 set)	Necessary	\$ 60.00	\$ 60.00
	Total Cost - Special Nett items		\$ 410.00	\$ 410.00

Total cost of parts

 Market and	
\$ 3,584.48	\$ 2,442.02

Vehicle Registration No.: SMA 5189 Y

Our Ref No.:

STK/10/2103/TP

S/No	Description		Repairer's Estimate		Revised Amount	
	Total cost of parts c/f	\$	3,584.48	\$	2,442.02	
	<u>LABOUR</u>					
1	To remove, refit, replaced damaged lamps and check up rear electrical wiring	\$	80.00	\$	50.00	
2	To remove and refit inner garnishes, inner trim to assist repair.	\$	120.00	\$	80.00	
3	To apply undercoating on repaired and replaced panel.	\$	80.00	\$	30.00	
4	To provide labour charges, workmanship to dismantle above damaged parts, repair including cut and weld; re-align body structure and damaged consistent to the accident.	\$	1,080.00	\$	750.00	
5	To respray painting include polishing and waxing on the changed body parts, repaired portions where consistent to the accident.	\$	1,000.00	\$	660.00	
	GRAND TOTAL	\$	5,944.48	\$	4,012.02	



Vehicle Registration No.: SMA 5189 Y

Our Ref No .:

STK/10/2103/TP

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: \$ 3,200.00

By accepting to carry out the repairs on a contract lump sum basis, the repairer has the discretion to replace the damaged parts with used, reconditioned or new parts, or to repair it to a roadworthy condition.

Note: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage / item in this survey, kindly notifed the company within seven (7) from the date hereof. Otherwise, the revised amount shall be deem to be vaild.

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 vehicle and/or other accident in other legal proceedings.

C L APPRAISER PTE LTD

Cheong K. H

Automotive Appraiser











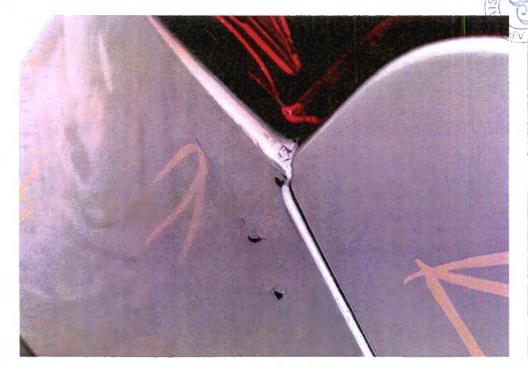


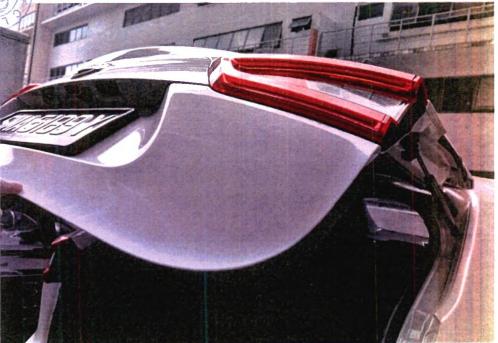










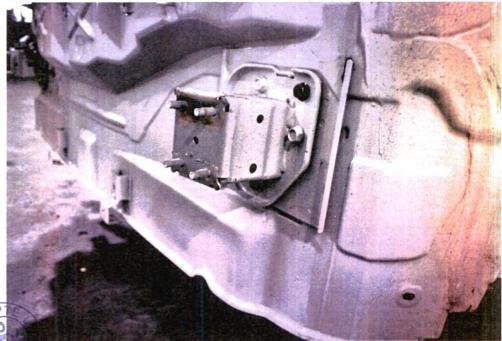




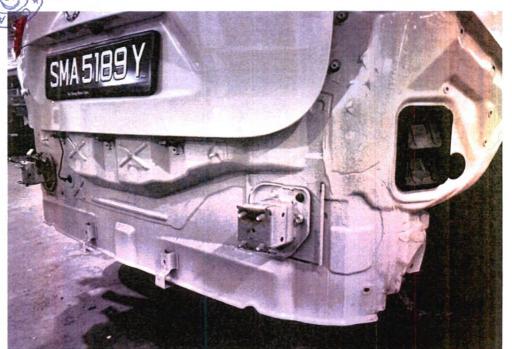


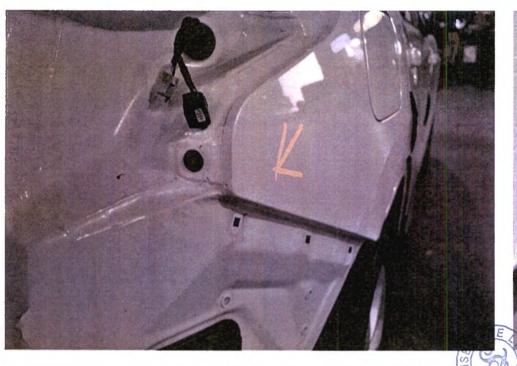


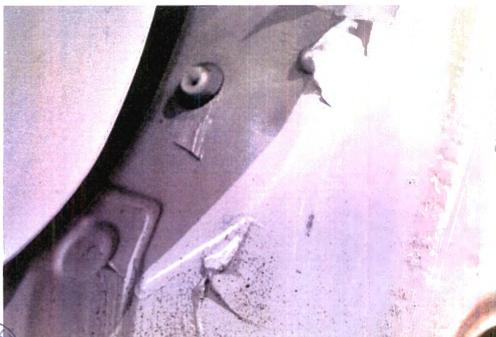
















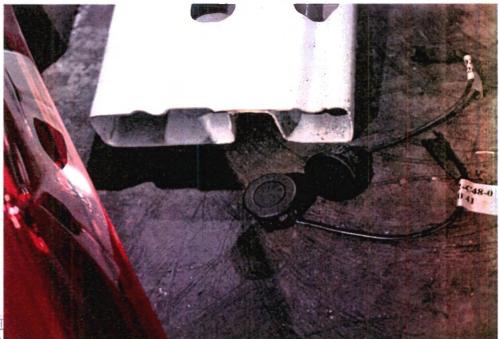






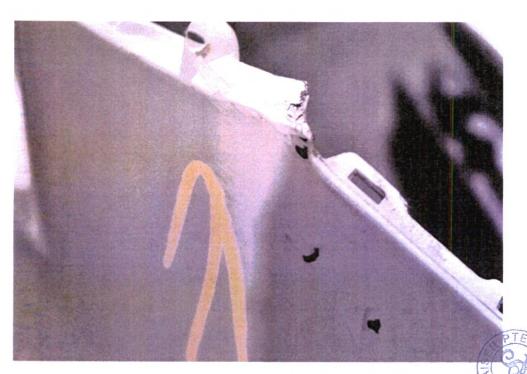






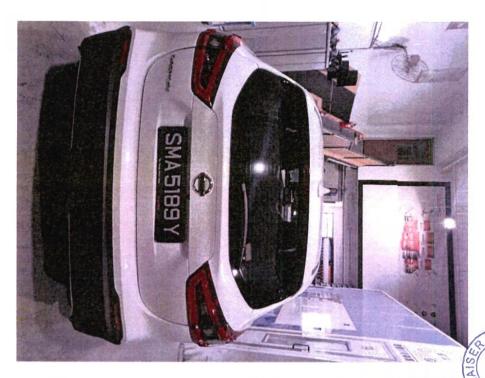




















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

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: 03/11/2021

Your Ref No: 004240

Dear Sir/Madam,

Date of Accident: 17/10/2021 00:00 (SGT)

Vehicle No: SMA5189Y

Place of Accident: Tampines Ave 5, Singapore

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S	S\$) QTÝ	AMOUNT (S\$)
SJG6036C	Tampines Ave 5, Singapore	(29.	00) 1	(27.10)
GST Amount				
Total Amount Due	(29.00)			

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.



Enquire Vehicle's Insurance Particulars (As At 17 Oct 2021 / 14:35:00)

Vehicle No.:

Make Description/Model:

SJG6036C

MERCEDES BENZ / GLC200 (R18 LED)

Insurance Company Name:

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Business Transaction Reference No.:

20211019114902005040

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



Enquire Vehicle's Insurance Particulars (As At 17 Oct 2021 / 14:35:00)

Vehicle No.:

Make Description/Model:

SJG6036C

MERCEDES BENZ / GLC200 (R18 LED)

Insurance Company Name:

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Business Transaction Reference No.:

20211029095205120415

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



Hoon Ang Ping has successfully logged out.

Your last login date and time was 29 Oct 2021, 09:49:42.

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
1 Vehicle SJG6036C - 18.19 Enquire Veh Owner Info (Others) by Law Firm 7.49



Hoon Ang Ping has successfully logged out. Your last login date and time was 19 Oct 2021, 11:43:44. To return to ONE.MOTORING, please click here For security reasons, please CLEAR YOUR CACHE after each session.

Session Transaction History

. . . .

Asset ID: SJG6036C Asset Owner (D: Transaction Type:
18.19 Enquire Veh Owner Info (Others) by Law Firm Vehicle

7.49