



JOHN LAW CHAMBERS LLC

Advocates & Solicitors
Commissioner For Oaths and Notary Public
UEN/GST REG. NO. 201938836C

25 FEB 2022

Your Ref: TO BE ADVISED

Our Ref: JLC.2021.2897.PDPI(G)

We Do Not Accept Service of Court
Documents by Fax or Email.

WITHOUT PREJUDICE SAVE AS TO COSTS

AXA INSURANCE
8 SHENTON WAY,
#24-01 AXA TOWER,
SINGAPORE 068811.

BY PDX (8176)

Attn: Motor Claims Department

Dear Sir/Madam,

CLAIMANT: NAI YAN LIANG

ACCIDENT INVOLVING MOTOR VEHICLES NO. SMH1101P AND SHD3510J ALONG PAN ISLAND EXPRESSWAY ON 31.10.2021 AT ABOUT 1315 HOURS.

1. We act for **NAI YAN LIANG**, the driver/owner of vehicle No. **SMH1101P** involved in the abovementioned road accident, in his/her claim for damages for the personal injuries suffered and consequential losses and expenses incurred as a result of the said accident.
2. We are instructed that the accident was caused solely or contributed by your / your authorized driver's / your insured's authorized driver's negligent driving, use and/or management of motor vehicle No. **SHD3510J**.
3. Copies of the following supporting documents are enclosed herewith for your perusal: -

a.	Singapore Accident Statement / Police Report
b.	Medical Leave Certificate & Receipt
c.	Survey Report & Fee
d.	Rental Agreement & Receipt
e.	Medical Report & Receipt
f.	GIA / LTA



JOHN LAW CHAMBERS LLC

Advocates & Solicitors

Commissioner For Oaths and Notary Public

UEN/GST REG. NO. 201938836C

25 FEB 2022

Your Ref: TO BE ADVISED

Our Ref: JLC.2021.2897.PDPI(G)

We Do Not Accept Service of Court Documents by Fax or Email.

WITHOUT PREJUDICE SAVE AS TO COSTS

4. As a result of the accident, our client suffered personal injuries and incurred consequential losses and expenses, which are as follows:

1.	General damages:	
	a. Personal Injuries: - Neck Strain - Headache	S\$ 8,000.00
2.	Special damages	
	a. Medical Expenses	S\$ 132.24
	b. Transport Expenses	S\$ 50.00
	c. Loss of Income*	To Be Assessed
	d. Cost of Repair	S\$ 29,500.00
	e. Loss of Use – PRI	S\$ 240.00
	f. Loss of Use / Rental	S\$ 8,640.00
3.	Disbursements	
	a. Medical Report	S\$ 110.00
	b. GIA	S\$ 7.49
	c. Survey Fee	S\$ 500.00
	d. Incidentals	S\$ 150.00
4.	Cost Contributions Inclusive of GST (at this stage)	S\$ 3,210.00
5.	TOTAL :	S\$ 50,539.73

5. **To the Defendants**, 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 insurers.
6. In compliance with the pre-action protocol under the State Courts' Practice Direction 38, we propose using the following experts as a single joint expert:
- **Dr. PRAVIN THIRUCHELVAM of CHANGI GENERAL HOSPITAL**
7. Please note that you or your insurers should send to us an acknowledgment of receipt of this letter within 14 days of your receipt of this letter.
8. Please also inform us, within 14 days of your acknowledgment of receipt of this letter, whether you have an objection to our proposed medical experts or whether you wish to propose other medical experts.



JOHN LAW CHAMBERS LLC

Advocates & Solicitors
Commissioner For Oaths and Notary Public
UEN/GST REG. NO. 201938836C

25 FEB 2022

Your Ref: TO BE ADVISED

Our Ref: JLC.2021.2897.PDPI(G)

We Do Not Accept Service of Court
Documents by Fax or Email.

WITHOUT PREJUDICE SAVE AS TO COSTS

9. Please note that if you have a counterclaim against our client arising out of the accident, you/your insured are required to send us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 6 weeks of your receipt of this letter.
10. **To the Insurers**, pursuant to the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), we hereby give your Insurers/you, **AXA INSURANCE LTD**, notice that we have our client's instructions to commence court proceedings against you/your insured driver without further notice should you fail to acknowledge receipt of this letter within 14 days and/or fail to reply substantively to the same within 8 weeks and/or to preserve our client's claim from being time-barred.
11. You may acknowledge receipt of this letter by email to executive@johnlawchambers.com
12. Please revert.

Yours faithfully

JOHN LAW CHAMBERS LLC

cc: Clients

Enquire Vehicle's Insurance Particulars (As At 31 Oct 2021 / 13:15:00)

Vehicle No.:

SHD3510J

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.:

20211101143733550236

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date of Submission	01/11/2021 15:12 (SGT)
Date of Accident	31/10/2021 13:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH1101P
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NAI YAN LIANG
NRIC No	S9033681I
Email Address	yanliang.nai@manulife.com.sg
Mobile Phone No	(Phone) +65-91187193
Alternative Phone No	+65-91187193

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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	2000

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00173612100
Cover Note Number	-

DRIVER

Name of Driver	NAI YAN LIANG
NRIC No	S9033681I

Date Of Birth	15/09/1990
Occupation	Outdoor
Date Of Driving Pass	22/03/2018
Driving experience	3 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91187193
Alt. Phone Number	+65-91187193
Email Address	yanliang.nai@manulife.com.sg
Address	88 TANAH MERAH KECHIL AVE
Address complement	#07-20
Postcode	465518
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211031/2056

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	WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3510J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
Name of Driver	LIM SHENG CHUAN RAYMOND
NRIC No	S8018459Z
Contact Number	(Phone) +65-88083250
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLZ3947U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KESUMA BIN SUPAAR
NRIC No	S8430903F
Contact Number	(Phone) +65-91514409
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	NAI YAN LIANG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMH1101P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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 completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel

A - SMH1101P
B - SHD3510J
C - SLZ3947U

DIE TWOS THAS

A C A B

Describe Circumstances of the Accident

P/s refer to the police report T/20211031/2056

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]
12 Nov

Policyholder's Signature / Date & Time

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

[Signature] 01/11/21

Witnessed by Reporting Centre Personnel



SINGAPORE
POLICE FORCE



T/20211031/2056

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

3 of 4

Report No. T/20211031/2056

CONTINUATION OF REPORT

Brief Details.

On the 31/10/2021 at about 1315hrs, I was driving my vehicle SMH1101P along PIE at around 13.5km mark on lane 2. The traffic flow was moderate and it was raining heavily when the vehicle SLZ3947U in front of me jammed brake. I in turn applied my brake and stop in time however a taxi SHD3510J had hit my vehicle from the rear.

The front vehicle claimed that I had hit onto him however there were no damaged on my front portion and his rear portion. We all exchanged particulars and left.

Subsequently at about 1500hrs, I started to feel giddiness thus went to seek medical treatment at CGH. I received 07 days of Medical Leave. Medical Certificate number EMD2021189729.







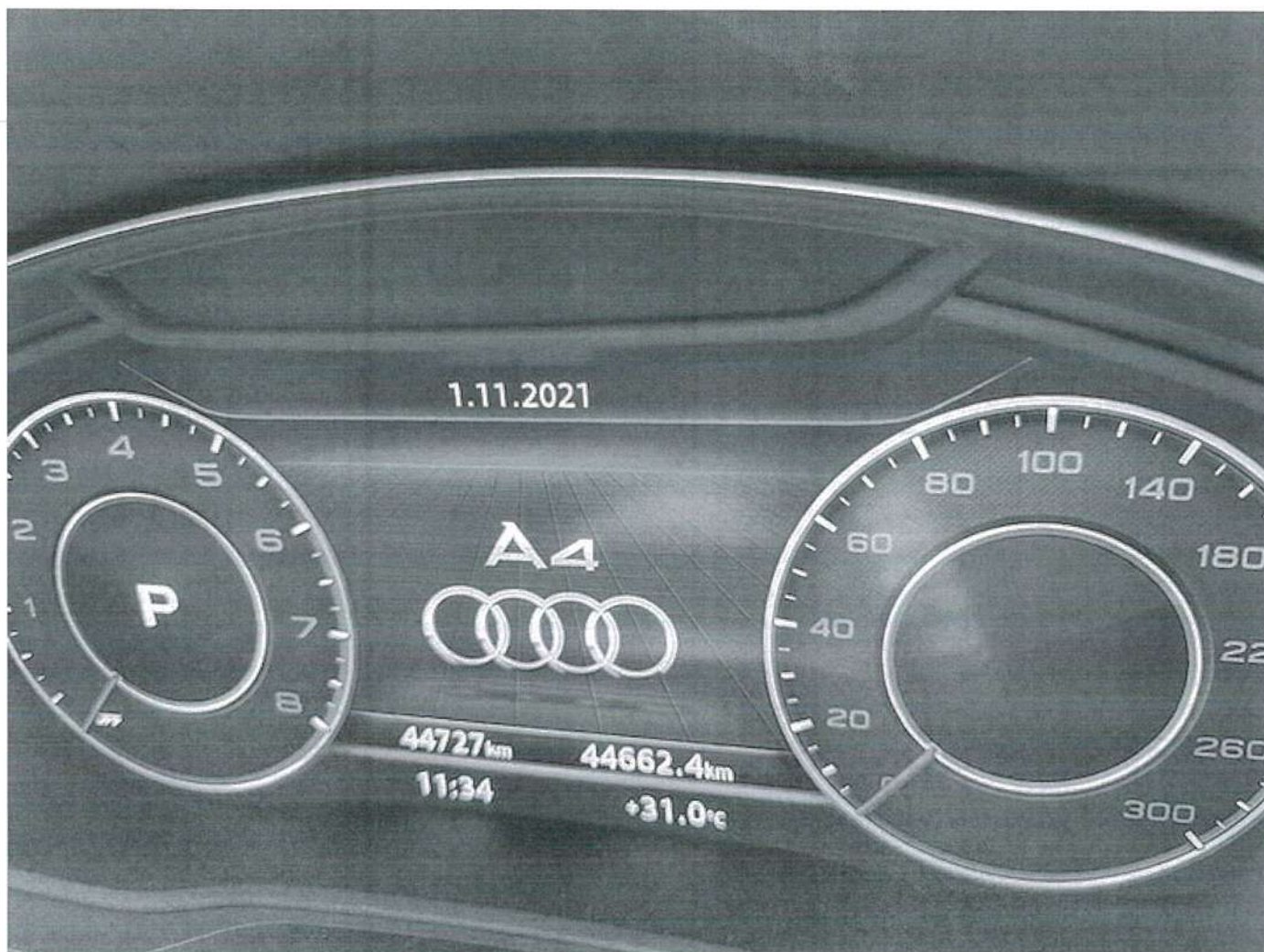














**SINGAPORE
POLICE FORCE**



T/20211031/2056

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 4

Report No. T/20211031/2056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/10/2021 18:27		Vide Report No.:		Station Diary No.: 35	
Informant's Particulars					
Name of Informant: NAI YAN LIANG			Address: 88 TANAH MERAH KECHIL AVENUE #07-20 SINGAPORE 465518		
ID Type / ID No.: NRIC NO / S90336811			Contact No.: Home/Office: Mobile: 91187193		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 15/09/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: INSURANCE MANAGER			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/10/2021 13:15	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: MULTIPLE COLLISION			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3510J	Car				Slightly Damaged	0
SLZ3947U	Car				No Damage	1
SMH1101P	Car	AUDI	A4 SEDAN 2.0 TFSI S TRONIC (NAV)	Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20211031/2056

2 of 4

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20211031/2056

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH1101P	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001736 12100	24/09/2021	23/09/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Lim Sheng Chuan Raymond		ID No.	S8018459Z
Related Vehicle	SHD3510J (Car)		Contact No.	88083250
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	Kesuma Bin Supaar		ID No.	S8430903F
Related Vehicle	SLZ3947U (Car)		Contact No.	91514409
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	NAI YAN LIANG		ID No.	S9033681I
Related Vehicle	SMH1101P (Car)		Contact No.	91187193
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	31/10/2021	Date Discharge	NIL	
No. of Days granted Medical Leave	07	Degree of Injury	Slight	



SINGAPORE
POLICE FORCE



T/20211031/2056

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

3 of 4

Report No. T/20211031/2056

CONTINUATION OF REPORT

Brief Details.

On the 31/10/2021 at about 1315hrs, I was driving my vehicle SMH1101P along PIE at around 13.5km mark on lane 2. The traffic flow was moderate and it was raining heavily when the vehicle SLZ3947U in front of me jammed brake. I in turn applied my brake and stop in time however a taxi SHD3510J had hit my vehicle from the rear.

The front vehicle claimed that I had hit onto him however there were no damaged on my front portion and his rear portion. We all exchanged particulars and left.

Subsequently at about 1500hrs, I started to feel giddiness thus went to seek medical treatment at CGH. I received 07 days of Medical Leave. Medical Certificate number EMD2021189729.

**SINGAPORE
POLICE FORCE**

T/20211031/2056

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

4 of 4

Report No. T/20211031/2056

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

G /

SI MUHAMMAD HAFIDZ BIN
ABDUL RAHMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436Authentication Stamp
NP168SINGAPORE
POLICE FORCE

SIGNATURE

Signature Of Informant:

Date/Time:

31/10/2021 18:27

Classification Of Case:



SINGAPORE POLICE FORCE



T/20211031/2056

Station Of Origin:

Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

1 of 4

Report No. T/20211031/2056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

31/10/2021 18:27

Vide Report No.:

Station Diary No.:

35

Informant's Particulars

Name of Informant:

NAI YAN LIANG

Address:

88 TANAH MERAH KECHIL AVENUE #07-20 SINGAPORE 465518

ID Type / ID No.:

NRIC NO / S90336811

Contact No.:

Home/Office:

Mobile: 91187193

Nationality:

SINGAPORE CITIZEN

Email:

Sex:

Male

Age:

31

Date of Birth:

15/09/1990

Type of Informant:

Driver

Race:

Chinese

Language:

English

Institution / School Name:

Occupation:

INSURANCE MANAGER

Driving Licence Information:

Class: 3A

Date of Expiry:

General Information of the Accident

Type of Accident:

Injury

Others

Drink

Drive:

No

Date/Time of Accident:

31/10/2021 13:15

Type of Location:

Straight Road

Location:

PAN-ISLAND EXPRESSWAY

Weather:

Heavy rain

Road Surface:

Wet

Road Speed Limit:

Traffic Flow:

Traffic Control:

Traffic Volume:

Moderate

Type of Collision:

MULTIPLE COLLISION

Anyone conveyed by

ambulance:

No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3510J	Car				Slightly Damaged	0
SLZ3947U	Car				No Damage	1
SMH1101P	Car	AUDI	A4 SEDAN 2.0 TFSI S TRONIC (NAV)	Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20211031/2056

2 of 4

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20211031/2056

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH1101P	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001736 12100	24/09/2021	23/09/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Lim Sheng Chuan Raymond		ID No.	S8018459Z
Related Vehicle	SHD3510J (Car)		Contact No.	88083250
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	Kesuma Bin Supaar		ID No.	S8430903F
Related Vehicle	SLZ3947U (Car)		Contact No.	91514409
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	NAI YAN LIANG		ID No.	S9033681I
Related Vehicle	SMH1101P (Car)		Contact No.	91187193
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	31/10/2021		Date Discharge	NIL
No. of Days granted Medical Leave		07	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20211031/2056

3 of 4

Police Station Of Origin:

Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

Report No..T/2021 1031/2056

CONTINUATION OF REPORT

Brief Details.

On the 31/10/2021 at about 1315hrs, I was driving my vehicle SMH1101P along PIE at around 13.5km mark on lane 2. The traffic flow was moderate and it was raining heavily when the vehicle SLZ3947U in front of me jammed brake. I in turn applied my brake and stop in time however a taxi SHD3510J had hit my vehicle from the rear.

The front vehicle claimed that I had hit onto him however there were no damaged on my front portion and his rear portion. We all exchanged particulars and left.


Subsequently at about 1500hrs, I started to feel giddiness thus went to seek medical treatment at CGH. I received 07 days of Medical Leave. Medical Certificate number EMD2021189729.



ORIGINAL

MEDICAL CERTIFICATE

EMD2021189729

Name NAI YAN LIANG		NRIC No. S90336811
This is to certify that the above-named is unfit for duty for a period of <u>7</u> days from <u>31-Oct-2021</u> to <u>06-Nov-2021</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave,	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave,	Operated on : _____
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Time Chit: Time in <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis acute neck strain post RTA	Surgical Operation (if applicable)	
Comments :		
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 31-Oct-2021	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  LIM HUI PHENG, 05365A

GST Registration No. : M90368910N

ORIGINAL RECEIPT

CAEMAM1

31.10.2021 17:52 hrs

Bill To

NAI YAN LIANG
88 TANAH MERAH KECHIL AVENUE
OPTIMA @ TANAH MERAH
#07-20 SINGAPORE 465518

MRN/NRIC : S90336811
CASE NUMBER : 6921403117D
CUSTOMER : 3025015087
A&E VISIT : 31.10.2021 15:59

Name of Patient NAI YAN LIANG

Service Description

Amount (\$\$)

X-RAY INVESTIGATIONS
DRUGS / PRESCRIPTIONS / INJECTIONS
A&E ATTENDANCE FEE

TOTAL CHARGES
LESS : GOVERNMENT GRANT

AMOUNT PAYABLE BEFORE TAX
ADD : 7% GST

AMOUNT PAYABLE AFTER TAX
LESS : GST ABSORBED BY THE GOVERNMENT

NET AMOUNT PAYABLE

Total Charges Before Govt Grant	Total Amt Payable After Govt Grant
51.00	0.00
10.97	2.24
264.00	132.00

325.97	
191.73-	
	134.24
	9.40
	143.64
	9.40-
	134.24

PAYMENT
NAI YAN LIANG

134.24-

AMOUNT DUE
NAI YAN LIANG

0.00

FOR INFORMATION:
ST: P SN: S90336811

PAYMENT DETAILS
NAME
NAI YAN LIANG

DATE
31.10.2021

AMOUNT
134.24

PAYMENT TYPE
VISA/MASTERCARD

"VIEW YOUR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your SingPass at <http://www.cpf.gov.sg> and proceed to My Statement» Section B» Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://www.cpf.gov.sg> FAQ» Healthcare. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS: Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at <http://www.cpf.gov.sg> and proceed to Employers» Services» Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan." Payment may be made at DBS iBanking, AXS or NETS station, via Visa/MasterCard/eNETS direct debit at <https://eservices.healthhub.sg/public/payments/singhealth> or by cheque. Payment may also be made at the Patient Service Centre during office hours or at A&E Registration Counter after office hours.

F/BO/02-003.R16

Please attach this portion to your cheque payment.

31.10.2021

17:52 hrs

Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".

Please mail to Robinson Road Post Office, PO Box 2093, Singapore 904093.

Amount Enclosed : \$

Cheque No./Bank :

MRN/NRIC : S90336811
CASE NUMBER : 6921403117D
ADMISSION DATE : 31.10.2021

S90336811 NAI YAN LIANG



Changi
General Hospital
SingHealth

Payment Enquiries: 6407 8108 Email: payment@lfs.com.sg
Mon-Fri 8.30am-6.00pm Sat 8.30am-12.30pm

PAGE: 2 / 2

GST Registration No. : M90368910N

ORIGINAL RECEIPT

CAEMAM1

31.10.2021 17:52 hrs

Bill To

NAI YAN LIANG
88 TANAH MERAH KECHIL AVENUE
OPTIMA @ TANAH MERAH
#07-20 SINGAPORE 465518

MRN/NRIC : S9033681I
CASE NUMBER : 6921403117D
CUSTOMER : 3025015087
A&E VISIT : 31.10.2021 15:59

Name of Patient NAI YAN LIANG

Service Description

Amount (\$\$)

THIS IS AN ORIGINAL RECEIPT FOR VISA/MASTERCARD PAYMENT OF \$134.24 RECEIVED ON 31.10.2021.

TYPE OF SUPPLY: CASH/CREDIT

"VIEW YOUR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your SingPass at <http://www.cpf.gov.sg> and proceed to My Statements» Section B» Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://www.cpf.gov.sg> FAQ» Healthcare. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS: Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at <http://www.cpf.gov.sg> and proceed to Employers» Services» Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan." Payment may be made at DBS iBanking, AXS or NETS station, via Visa/MasterCard/eNETS direct debit at <https://eservices.healthhub.sg/public/payments/singhealth> or by cheque. Payment may also be made at the Patient Service Centre during office hours or at A&E Registration Counter after office hours.

F/BO/02-003.R16

Please attach this portion to your cheque payment.

Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".

Please mail to Robinson Road Post Office, PO Box 2093, Singapore 904093.

Amount Enclosed : \$

Cheque No./Bank :

S9033681I NAI YAN LIANG

CGH S9033681I

6921403117D

31.10.2021

17:52 hrs

BALANCE DUE : S\$ 0.00

MRN/NRIC : S9033681I

CASE NUMBER : 6921403117D

ADMISSION DATE : 31.10.2021

0000000000000000



Changi
General Hospital
SingHealth

Tel: (65) 6788 8833
Fax: (65) 6788 0933
Changi General Hospital
2 Simei Street 3
Singapore 529889
www.cgh.com.sg
Reg No 198904226R

Restricted, Sensitive (Normal)

PRIVATE & CONFIDENTIAL

JLC/2021/2897/PD/PI
MPL/2022/0000429

3 February 2022

Through
CHAIRMAN MEDICAL BOARD
Changi General Hospital
2 Simei Street 3
Singapore 529889

MEDICAL REPORT

NAI YAN LIANG
S9033681I

This report is written based on a review of the available records documented by the attending doctor at Changi General Hospital (CGH) Accident & Emergency department (A&E). The author of this report did not personally examine the patient.

Patient was seen on the 31/10/2021. Patient was the driver of a vehicle that was involved in a road traffic accident. The vehicle patient was in was rear ended. Patient complained of neck pain radiating to the occiput.

On examination, patient was conscious and alert.

Injuries sustained:

- paracervical muscle tenderness.

Cervical spine x-rays done was reported as no acute fracture.

Impression of the attending doctor was strain of the neck muscles and headache.

Patient was discharged. Medical leave was issued from the 31/10/2021 till the 6/11/2021.

DR PRAVIN THIRUCHELVAM
Staff Registrar
Accident & Emergency Department

PATIENTS. AT THE HEART OF ALL WE DO.®

SingHealth Duke-NUS Academic Medical Centre

Singapore General Hospital • Changi General Hospital • Sengkang General Hospital • KK Women's and Children's Hospital
National Cancer Centre Singapore • National Dental Centre Singapore • National Heart Centre Singapore
National Neuroscience Institute • Singapore National Eye Centre • SingHealth Community Hospitals • SingHealth Polyclinics



Changi
General Hospital
SingHealth

JOHN LAW CHAMBERS LLC
133 NEW BRIDGE ROAD
#17-09 CHINATOWN POINT
SINGAPORE 059413

MR No. : MPL/2022/0000429
Receipt No. : 681L JLC2897 PIB21112559
Date : 08-Jan-2022
Reference No. : JLC/2021/2897/PD/PI
External Receipt No. : 681L JLC2897
PIB2111255964664896

PAYMENT ACKNOWLEDGEMENT

GST Reg No. : M9-0368910-N

Received From : JOHN LAW CHAMBERS LLC	Quantity	Fee (S\$)	Amount (S\$)
Patient Name : NAI YAN LIANG			
HRN : XXXXX681I			
LEGAL ORDINARY MEDICAL REPORT (19)	1	110.00	110.00
	Amount Before Tax		102.80
	GST (7%)		7.20
	Total Amount Payable		110.00

Payment Mode	Receipt ID	Cheque/Card No.	Bank	Amount Paid
PAYNOW	MR/2022/00186			110.00

PLEASE NOTE: The time frame for completion of **Ordinary** medical reports is between 4 to 6 weeks from time of receiving the request with all relevant documents and appropriate medical report fee. **Specialist** medical reports and **Work Injury** compensation cases require a longer processing time as a review at the Specialist outpatient clinic may be required after the patient has been discharged or given an open date for clinic review. Request for **Duplication** of investigation results will be completed within 1 week of receipt at Health Information Management Services (HIMS).

***You are served by
CHU MEI LING



Email: chengchuan@live.com.sg

Chassis Car Plate No:
SMH1101P

Receiver Chop & Sign

ICON MOTOR APPRAISER PTE LTD

Motor Appraiser and Insurance Loss Adjustor
Blk 361 Yung An Road #12-105 Singapore 610361
Mobile: +65 9232 0012 Email: iconappraiser@gmail.com
UEN: 202006885Z

INVOICE

To : NAI YAN LIANG
c/o : Cheng Chuan Enterprise Pte Ltd
2 Kaki Bukit Avenue 2 #02-20/26/30/31
Kaki Bukit Autohub
Singapore 417921

Date : 10 Dec 2021
Invoice No. : 2021-00088
Ref : 20211210/00088/CCE

DESCRIPTION	AMOUNT
Service rendered for appraisal / inspection report :	
Professional inspection fees	SGD 500.00
Total	SGD 500.00
Singapore dollar : FIVE HUNDRED ONLY.	
Registration no. : SMH1101P Make/Model : AUDI A4 SEDAN 2.0 TFSI S TRONIC Our reference : 20211210/00088/CCE	
<i>All payments made payee to:- " ICON MOTOR APPRAISER PTE LTD "</i> Please note payment terms:- 30 days from invoice date	



ICON MOTOR APPRAISER PTE LTD

ICON MOTOR APPRAISER PTE LTD

Motor Appraiser and Insurance Loss Adjustor
Blk 361 Yung An Road #12-105 Singapore 610361
Mobile: +65 9232 0012 Email: iconappraiser@gmail.com
UEN : 202006885Z

INSPECTION REPORT

To : NAI YAN LIANG

Our ref. : 20211210/00088/CCE

Date : 10 Dec 2021

REFERENCE

Assign by : NAI YAN LIANG
Assign on : 01 Nov 2021
Inspection on : 01 Nov 2021
Accident on : 31 Oct 2021
Workshop name : Cheng Chuan Enterprise Pte Ltd
Inspection at : 2 Kaki Bukit Avenue 2 #02-20/26/30/31
Kaki Bukit Autohub
Singapore 417921

PARTICULARS OF DAMAGED VEHICLE

Registration no.	: SMH1101P	Odometer	: 44727 km
Make / Model	: AUDI A4 SEDAN 2.0 TFSI S TRONIC	Chassis no.	: WAUZZZF40JA206486
Regn. date	: 2018	Engine no.	: CVK065573
Body colour	: White	Engine cap.	: 1984 cc

PRE-ACCIDENT CONDITION OF VEHICLE (STATIC CHECK ONLY)

Steering	: In order	Paintwork	: Fair
Footbrake	: In order	Undercarriage	: Serviceable
Handbrake	: In order	Gen. condition	: Fair

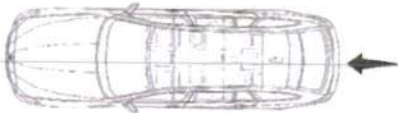
TYRE CONDITION ON VEHICLE

	Make	Size	Tread depth	Type of road wheel
Front N/S	: Pirelli	245/40R18	70%	Alloy
Front O/S	: Pirelli	245/40R18	70%	Alloy
Rear N/S	: Pirelli	245/40R18	70%	Alloy
Rear O/S	: Pirelli	245/40R18	70%	Alloy

NOTE: Tread depth percentages represents the visually estimated remaining life of tyre treads.

Note: This report is confidential and solely for the use of the client. The survey was conducted on a "Without Prejudice" basis.

POINT OF IMPACT

The damages was found on the rear portion.	
--	--

RECOMMENDATION

The estimated cost of repair submitted by the repairer Cheng Chuan Enterprise Pte Ltd as per schedule attached has been revised and scrutinised, and in our opinion, we consider it to be fair and reasonable. The repairer have agreed to undertake the repairs at our recommendation.

Our adjusted cost of repair is SGD 29,500.00 to carry out the repairs.
Kindly refer to parts and labour portion for a detailed account of the cost estimates.

REMARKS

However, for your information, under normal circumstances, the repair normally would take approximately 20 (Twenty) working days to complete.

We have **NOT AUTHORISED** the repair to the damaged vehicle.
The survey was conducted strictly on a "**WITHOUT PREJUDICE**" basis.

We are pleased to advise that the inspection work was carried out accordingly, and hereby submit our final report, which includes material damages photographs.

Yours faithfully,
ICON Motor Appraiser Pte Ltd



Patrick Ng
Motor Vehicle Appraiser

Note: This report is confidential and solely for the use of the client. The survey was conducted on a "Without Prejudice" basis.

ICON MOTOR APPRAISER PTE LTD

List items					
S/N	Parts description	QTY	Condition	Repairer's Estimate	Our Recommendation
1	Rear bumper (RS4)	1	Damaged	\$ 3,270.00	\$ 3,270.00
2	Rear bumper fixing parts	1	Cracked	\$ 433.00	\$ 433.00
3	Rear bumper lower spoiler (RS4)	1	Damaged	\$ 1,239.00	\$ 1,239.00
4	Rear bumper securing strip	1	Necessary	\$ 210.00	\$ 210.00
5	Rear bumper lower black trim (RS4)	1	Damaged	\$ 375.00	\$ 375.00
6	Rear bumper bracket-LH/RH	2	Cracked	\$ 220.00	\$ 220.00
7	Exhaust tail pipe trims-LH/RH	2	Damaged	\$ 668.00	\$ 668.00
8	Rear light reflector-LH/RH	2	Damaged	\$ 378.00	\$ 378.00
9	Boot lid control unit	1	Damaged	\$ 392.00	\$ 392.00
10	Tailgate opening sensor line	1	Cut	\$ 194.00	\$ 194.00
11	Start authorisation antenna	1	Damaged	\$ 105.00	\$ 105.00
12	Rear bumper carrier	1	Damaged	\$ 955.00	\$ 955.00
13	Rear bumper seal	1	Necessary	\$ 26.00	\$ 26.00
14	Rear bumper guide section-LH	1	Necessary	\$ 41.00	\$ 41.00
15	Rear bumper guide section-RH	1	Necessary	\$ 43.00	\$ 43.00
16	Rear bumper guide section-LH/RH lower	2	Necessary	\$ 42.00	\$ 42.00
17	Rear bumper holding strap-LH/RH	2	Necessary	\$ 156.00	\$ 156.00
18	Rear lid	1	Damaged	\$ 2,496.00	\$ 2,496.00
19	Rear lid flap gasket	1	Deformed	\$ 193.00	\$ 193.00
20	Rear lid hinge-LH/RH	2	Bent	\$ 432.00	\$ 432.00
21	Rear lid lock	1	Jammed	\$ 317.00	\$ 317.00
22	Rear lid lock striker	1	Bent	\$ 31.00	\$ 31.00
23	Lid lock push button	1	Re-use	--	--
24	Audi emblem	1	Necessary	\$ 117.00	\$ 117.00
25	LED tail light-LH/RH	2	Damaged	\$ 1,918.00	\$ 1,918.00
26	Tail light trim-LH/RH	2	Necessary	\$ 56.00	\$ 56.00
27	Rear lid light-LH/RH	2	Damaged	\$ 1,296.00	\$ 1,296.00
28	Rear lid trim panel	1	Deformed	\$ 310.00	\$ 310.00
29	End panel	1	Buckled	\$ 1,045.00	\$ 1,045.00
30	Rear reinforcement	1	Bent	\$ 675.00	\$ 675.00
31	End panel top trim	1	Cracked	\$ 256.00	\$ 256.00
32	Rear support-LH/RH	2	Damaged	\$ 184.00	\$ 184.00
33	Side panel reinforcement-LH/RH rear	2	Damaged	\$ 388.00	\$ 388.00
34	Spare wheel well	1	Buckled	\$ 2,095.00	\$ 2,095.00
35	Spare wheel mounting	1	Bent	\$ 127.00	\$ 127.00
36	Battery clamping strip	1	Damaged	\$ 13.00	\$ 13.00
37	Rear cross member	1	Repair	--	--
38	Luggage compartment trim-LH/RH	2	Deformed	\$ 1,482.00	\$ 1,482.00
39	Luggage compartment floor	1	Deformed	\$ 254.00	\$ 254.00

40	Rear silencer-LH/RH	2	Bent	\$ 2,148.00	\$ 2,148.00
41	Rear silencer dual clip	2	Necessary	\$ 92.00	\$ 92.00
42	Exhaust silencer bracket	2	Bent	\$ 79.00	\$ 79.00
43	Centre silencer	1	Damaged	\$ 843.00	\$ 843.00
44	Seatbelt-LH front	1	Jammed	\$ 1,040.00	\$ 1,040.00
45	Seatbelt-RH front	1	Jammed	\$ 1,040.00	\$ 1,040.00
46	Seatbelt height adjuster	2	Re-use	--	--
47	Airbag control unit	1	Necessary	\$ 1,986.00	\$ 1,986.00
48	Battery central protection module	1	Necessary	\$ 500.00	\$ 500.00
Subtotal				\$ 30,160.00	\$ 30,160.00
Discount (less 5.00%)				\$ -	\$ 1,508.00
Total				\$ 30,160.00	\$ 28,652.00

Special nett items

No.	Parts description	QTY	Condition	Repairer's Estimate	Our Recommendation
1	Rear parking aid sensor-inner/outer	4	Damaged	\$ 1,540.00	\$ 1,540.00
2	Rear bumper wiring set	1	Cut	\$ 633.00	\$ 633.00
3	Rear lid carbon lip	1	Necessary	\$ 850.00	\$ 850.00
4	Rear bumper clips	12	Necessary	\$ 80.00	\$ 60.00
5	Rear lid trim clips	16	Necessary	\$ 90.00	\$ 70.00
6	End panel sealant	1	Necessary	\$ 120.00	\$ 100.00
7	Spare wheel well sealant	1	Necessary	\$ 140.00	\$ 120.00
8	Luggage compartment trim clips	24	Necessary	\$ 140.00	\$ 100.00
9	Rear licence plate & frame	1	Damaged	\$ 65.00	\$ 55.00
10	Sundries	1	Necessary	\$ 80.00	\$ 60.00
Total				\$ 3,738.00	\$ 3,588.00

Labour

No.	Description	QTY	Repairer's Estimate	Our Recommendation
1	To dismantle / renew accident damaged portion. To panel beat, reshape, straighten, orientate and align repair / replacement parts.	1	\$ 1,800.00	\$ 1,600.00
2	To disconnect rear wire harness of electrical components to facilitate repairs, reconnect and check functions including taillamp lightings.	1	\$ 100.00	\$ 80.00
3	To remove, refit bootlid components and replace bootlid, check and re-adjust close gap, alignment and water seepage.	1	\$ 200.00	\$ 150.00
4	To remove and refit, straighten and readjust exhaust pipe and replace exhaust silencer.	1	\$ 300.00	\$ 250.00
5	To align rear chassis frame and to conduct chassis alignment on Car-O-Liner.	1	\$ 400.00	\$ 300.00
6	To reset tailgate auto close mechanism.	1	\$ 200.00	\$ 120.00

7	Supply spray paint material and necessary items to respray affected area / panel.	1	\$ 1,400.00	\$ 1,200.00
8	To rust proof all affected portions after repair.	1	\$ 100.00	\$ 80.00
9	To remove and reinstall fuel tank assy.	1	\$ 200.00	\$ 150.00
10	To dismantle and reinstall centre console, renew airbag control unit and both front seatbelt.	1	\$ 200.00	\$ 160.00
11	To remove and transfer rear parking aid and rear lid kick sensor, check function.	1	\$ 800.00	\$ 600.00
Total labour			\$ 5,700.00	\$ 4,690.00

Estimate Grand Total	\$ 39,598.00	\$ 36,930.00
-----------------------------	---------------------	---------------------

ICON MOTOR APPRAISER PTE LTD

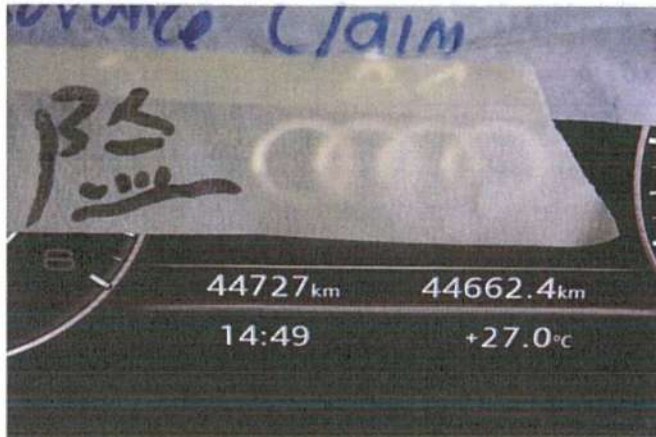
Our Ref: 20211210/00088/CCE
Your Ref: SHD3510J



Note: This report is confidential and solely for the use of the client. The survey was conducted on a "Without Prejudice" basis.

ICON MOTOR APPRAISER PTE LTD

Our Ref: 20211210/00088/CCE
Your Ref: SHD3510J



Note: This report is confidential and solely for the use of the client. The survey was conducted on a "Without Prejudice" basis.

ICON MOTOR APPRAISER PTE LTD

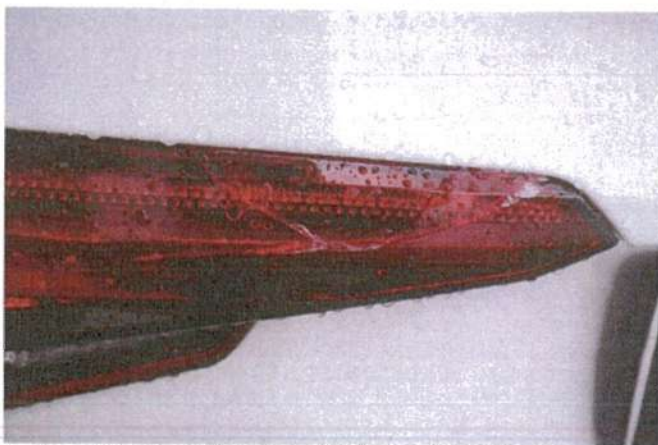
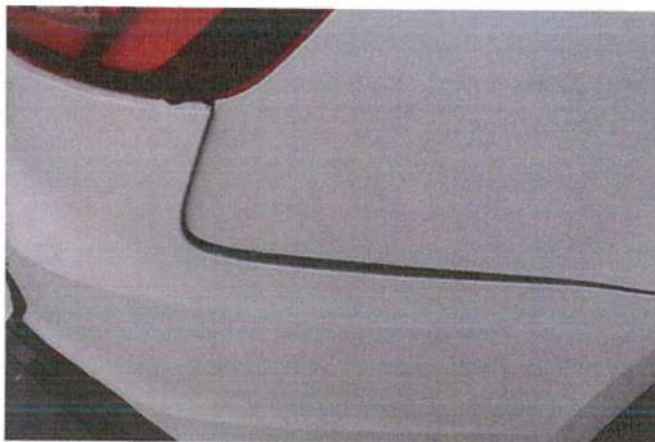
Our Ref: 20211210/00088/CCE
Your Ref: SHD3510J



Note: This report is confidential and solely for the use of the client. The survey was conducted on a "Without Prejudice" basis.

ICON MOTOR APPRAISER PTE LTD

Our Ref: 20211210/00088/CCE
Your Ref: SHD3510J



Note: This report is confidential and solely for the use of the client. The survey was conducted on a "Without Prejudice" basis.

ICON MOTOR APPRAISER PTE LTD

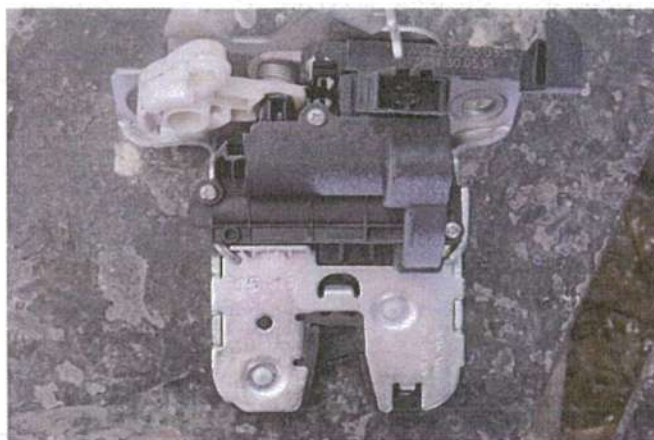
Our Ref: 20211210/00088/CCE
Your Ref: SHD3510J



Note: This report is confidential and solely for the use of the client. The survey was conducted on a "Without Prejudice" basis.

ICON MOTOR APPRAISER PTE LTD

Our Ref: 20211210/00088/CCE
Your Ref: SHD3510J



Note: This report is confidential and solely for the use of the client. The survey was conducted on a "Without Prejudice" basis.

ICON MOTOR APPRAISER PTE LTD

Our Ref: 20211210/00088/CCE
Your Ref: SHD3510J

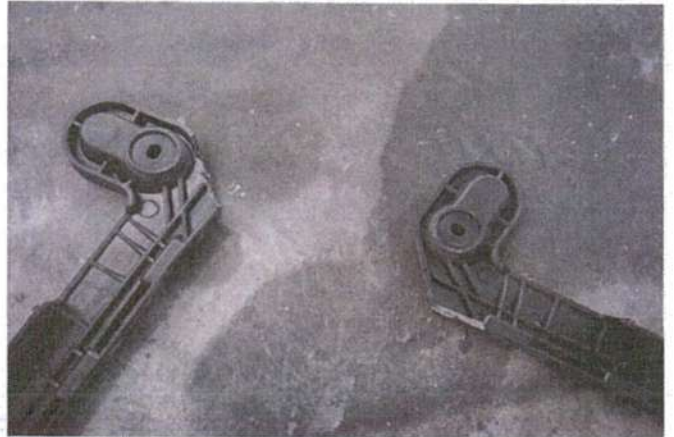
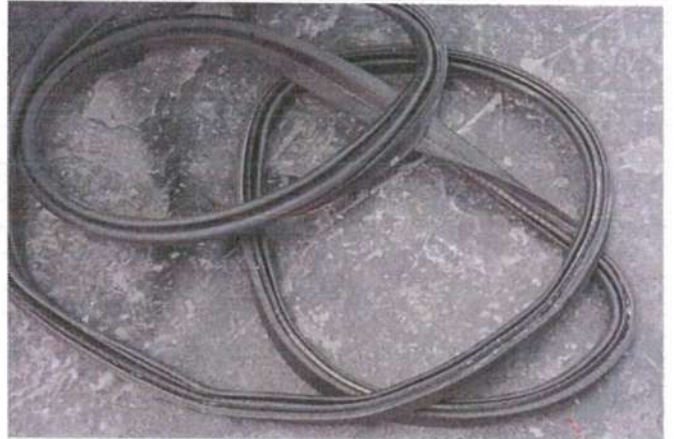


Note: This report is confidential and solely for the use of the client. The survey was conducted on a "Without Prejudice" basis.

ICON MOTOR APPRAISER PTE LTD

Our Ref: 20211210/00088/CCE

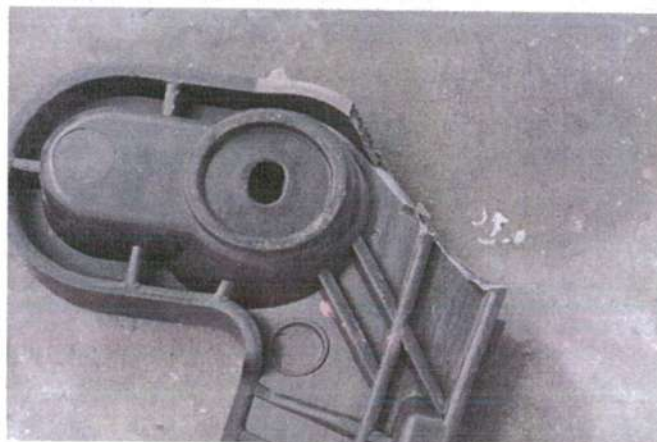
Your Ref: SHD3510J



Note: This report is confidential and solely for the use of the client. The survey was conducted on a "Without Prejudice" basis.

ICON MOTOR APPRAISER PTE LTD

Our Ref: 20211210/00088/CCE
Your Ref: SHD3510J



Note: This report is confidential and solely for the use of the client. The survey was conducted on a "Without Prejudice" basis.

ICON MOTOR APPRAISER PTE LTD

Our Ref: 20211210/00088/CCE
Your Ref: SHD3510J



Note: This report is confidential and solely for the use of the client. The survey was conducted on a "Without Prejudice" basis.

ICON MOTOR APPRAISER PTE LTD

Our Ref: 20211210/00088/CCE
Your Ref: SHD3510J



Note: This report is confidential and solely for the use of the client. The survey was conducted on a "Without Prejudice" basis.

ICON MOTOR APPRAISER PTE LTD

Our Ref: 20211210/00088/CCE

Your Ref: SHD3510J



Note: This report is confidential and solely for the use of the client. The survey was conducted on a "Without Prejudice" basis.

ICON MOTOR APPRAISER PTE LTD

Our Ref: 20211210/00088/CCE
Your Ref: SHD3510J



Note: This report is confidential and solely for the use of the client. The survey was conducted on a "Without Prejudice" basis.

ICON MOTOR APPRAISER PTE LTD

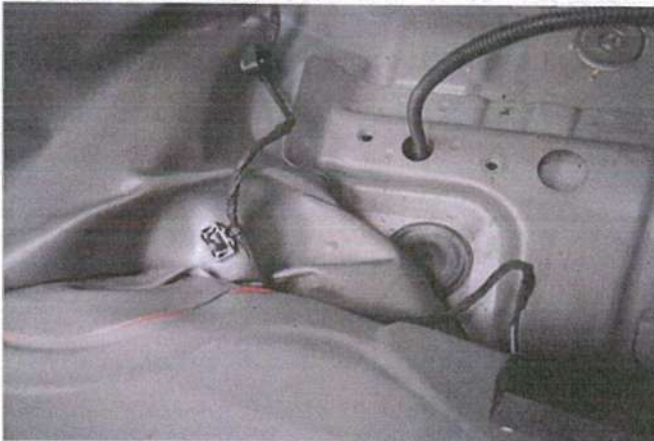
Our Ref: 20211210/00088/CCE
Your Ref: SHD3510J



Note: This report is confidential and solely for the use of the client. The survey was conducted on a "Without Prejudice" basis.

ICON MOTOR APPRAISER PTE LTD

Our Ref: 20211210/00088/CCE
Your Ref: SHD3510J



Note: This report is confidential and solely for the use of the client. The survey was conducted on a "Without Prejudice" basis.

ICON MOTOR APPRAISER PTE LTD

Our Ref: 20211210/00088/CCE
Your Ref: SHD3510J



Note: This report is confidential and solely for the use of the client. The survey was conducted on a "Without Prejudice" basis.