

GURDEEP SINGH SEKHON
CHIA KOK SENG
REY FOO JONG HAN
GOH LAM CHUAN
NAVINDER SINGH
P. PADMAN
DR KWEH SOON HAN
FAIZAL MOHAMED ASHRAF
EMMANUEL-PREMNATH MAHESWARY
HUE JIAPEI
JAGA NAIDU
TAN XIN ER
LIM YUN HENG
FA PAUL AMAN SINGH SAMBHI
PAUL AMAN SINGH SAMBHI



*Celebrating 28 Years of
Professional and Personalised
Legal Service*

CHINATOWN POINT OFFICE:

133 New Bridge Road
#17-03 Chinatown Point
Singapore 059413
Tel: 6538 3611
Fax: 6538 3708

Website: www.kscgp.com

(Fax/Email not for service of court documents)

Registered in Singapore with limited liability
as a Limited Liability Partnership
Registration Number T10LL1855L

Your Ref : SHA 5750K
S1M03O1W_TP
Our Ref : JN/CL/21/5543/CF
Date : 21 January 2022

DID: 3152 0986
Email: jaga@kscgp.com

AXA Insurance Pte Ltd 8 Shenton Way #24-01 AXA Tower Singapore 068811	By Email Only
Ng Beng Soon 612 Bedok Reservoir Road #06-1160 Singapore 470612	By Certificate of Posting
Comfort Transportation Pte Ltd 383 Sin Ming Drive Gas Building Singapore 575717	By Certificate of Posting

Dear Sirs,

CARFEELS PTE LTD

C/o 133 New Bridge Road, #17-03 Chinatown Point, Singapore 059413
ACCIDENT INVOLVING 5431S AND **SHA 5750K** ALONG UBI ROAD 3 ON
08.12.2021

We refer to the above matter.

We are instructed by the above named to claim damages against you / your authorised driver / your insured in connection with a road traffic accident on 08 December 2021 along Ubi Road 3, involving our client's motor vehicle bearing registration number 5431S and the motor vehicle bearing registration number **SHA 5750K**, which was driven / owned / insured by you at the material time.

We are instructed that the accident was caused by your / your authorised driver's / your insured's negligent driving and/or management of the motor vehicle **SHA**

MAIN OFFICE: PRIVATE PROPERTY CONVEYANCING
490 Lorong 6 Toa Payoh Biz 3 Lobby 2
#09-18 HDB Hub
Singapore 310490
Tel: 6591 7696 Fax: 6258 1825

MAIN OFFICE: HDB CONVEYANCING
490 Lorong 6 Toa Payoh Biz 3 Lobby 2
#09-18 HDB Hub
Singapore 310490
Tel: 6591 7696 Fax: 6258 1409

BRANCH: SHIPPING, ADMIRALTY & COMMERCIAL
92 Arab Street
#03-01 & #03-02
Singapore 199788
Tel: 6634 1346 Fax: 6634 1358

BRANCH: CORPORATE & LITIGATION
39 Robinson Road
#14-01 Robinson Point
Singapore 068911
Tel: 6817 8795 Fax: 6224 1612

5750K. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expenses, particulars of which are as follows:

(1)	Cost of repairs	-	\$	6,580.50
(2)	Loss of use	-	\$	960.00
(3)	Survey Fee	-	\$	594.00
(4)	LTA search fee	-	\$	10.00
(5)	GIA search and report fee	-	\$	29.00
(6)	Incidentals	-	\$	100.00
(7)	Costs	-	\$	900.00
(8)	GST on items (6) & (7)	-	\$	70.00
			\$	9,243.50

A copy each of the supporting documents are enclosed.

<u>S/NO.</u>	<u>AVAILABLE DOCS</u>	<u>PARTICULARS</u>
	<u>Plaintiff's Documents</u>	
1.	09.12.2021, 28.12.2021	GIA Statement / Traffic Police report
2.		Video footage / CCTV / CD recording & photos taken at the accident site
3.		Traffic police investigation results
4.	18.01.2022	Repair bill / invoice / Excess Tax invoice
5.		Rental bill / invoice and agreement / receipts
6.	03.01.2022	Survey invoice and surveyor's report
7.	03.01.2022	74 Original / Copies of damage photographs
8.	14.12.2021	Pre-repair Inspection Notice
9.	09.12.2021	Tax invoices and search results from General Insurance Association of Singapore (GIA) and Traffic Police search fees
10.		Photos taken at the accident site
11.		Witnesses Statutory Declaration
12.		Vehicle Entry Permit receipt / E-day license for off peak vehicle
13.		Towing fees / receipt (Singapore / Malaysia)
14.		Client sold off vehicle and produce letter from LTA
15.		Spare Part Ordering Form
16.		Levy at Custom / receipts
17.		Enquire PARF / COE Rebate for Registered Vehicle
18.		Enquire Transfer fee
19.		Certificate of Insurance / Motor Cover Note / New Policy Schedule / Registration Card / Grant / Road Tax
20.		Estimate of repairs with agreement by surveyors
	<u>Defendant's Documents</u>	
21.	09.12.2021	GIA Statement / Traffic Police report and

		photos taken at the accident site
22.	15.12.2021	LTA search on SHA 5750K / receipt / tax invoice
23.		RCB / ACRA search
24.		Admission Note
25.		Malaysia Vehicles Searches / service
26.		Enhanced Individual search / receipt
27.		Property tax search / receipt
	<u>Others</u>	
28.	Various	Correspondences of diverse dates exchanged between the Plaintiff's solicitors with the Defendant and/or his insurer/appointed adjusters/solicitors.

We have 14 December 2021 notified you / your insurer of the accident and a pre-repair inspection of our client's motor vehicle was carried out by the appointed surveyors.

Subject to our client's instructions, please confirm in writing within 7 days hereof if you / your insured wish to inspect our client's vehicle.

Please note that you / your insurer should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you / your insurer. In this event, you / your insurer will be liable for any and all further legal costs incurred.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter, which we will then forward to our client and/or the insurers for consideration on a without prejudice basis.

For avoidance of doubt, kindly note that this claim is made without prejudice to our client's personal injury claim.

In light of the COVID-19 outbreak, our staff members are working from home. Please expect delays in our replies during this time. We apologize for any inconvenience caused.

Yours faithfully,

KSCGP JURIS LLP

(Chinatown Point Office)

Enc.

Cc client

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date of Submission 09/12/2021 16:30 (SGT)
Date of Accident 08/12/2021 16:39 (SGT)
Exact Location of Accident Singapore
Additional Location Information UBI ROAD 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number 5431S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CARFEELS PTE LTD
Company Reg No
Email Address
Mobile Phone No (Phone)
Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Evo
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 1997

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5111809025-02
Cover Note Number -

DRIVER

Name of Driver KHOO HONG HUAT
NRIC No

Date Of Birth	[REDACTED]
Occupation	Indoor
Date Of Driving Pass	30/01/2012
Driving experience	9 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) [REDACTED]
Alt. Phone Number	-
Email Address	[REDACTED]
Address	[REDACTED]
Address complement	-
Postcode	[REDACTED]
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MELISSA CHUA
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

AS PER ATTACHED

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA5750K
Vehicle Manufacturer	Hyundai
Vehicle Model	I40
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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)	-

SKETCH PLAN**IMPORTANT NOTICE**

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

I understand, acknowledge, agree and consent that:

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

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

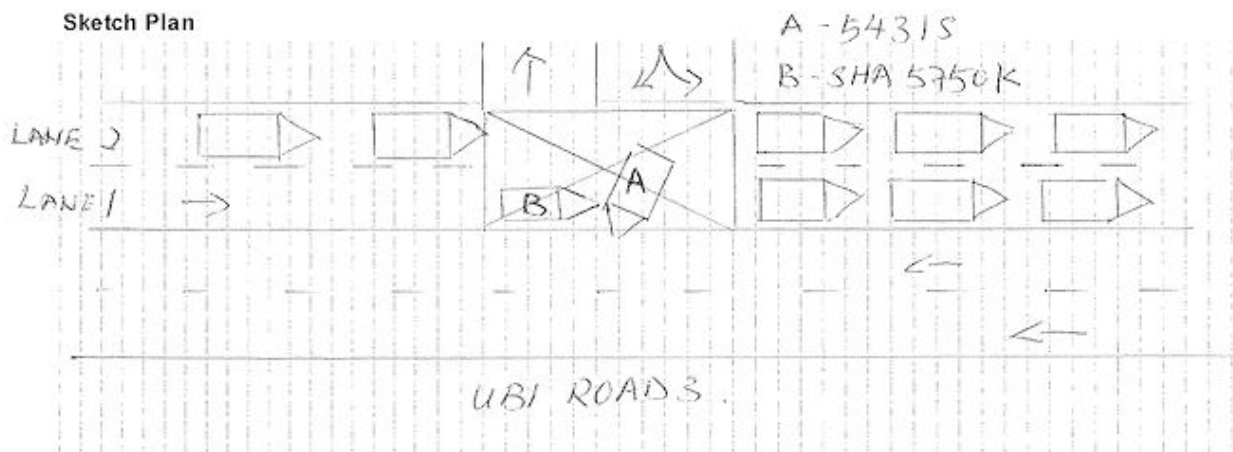
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

On 8 December 2021, 4:39pm as I approach the junction of Ubi Road 3 I came to a stop and check for the main traffic to clear before proceeding. A vehicle which was on the main road (lane 2) came to a stop before the yellow box.

Upon checking the traffic on lane 1 is cleared, I drove forward and stationed my vehicle in the yellow box to check for the traffic on the opposite lanes. As I was stationing in the yellow box, a blue taxi came on my right (lane 1) and collided onto the RH side of my car.

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel













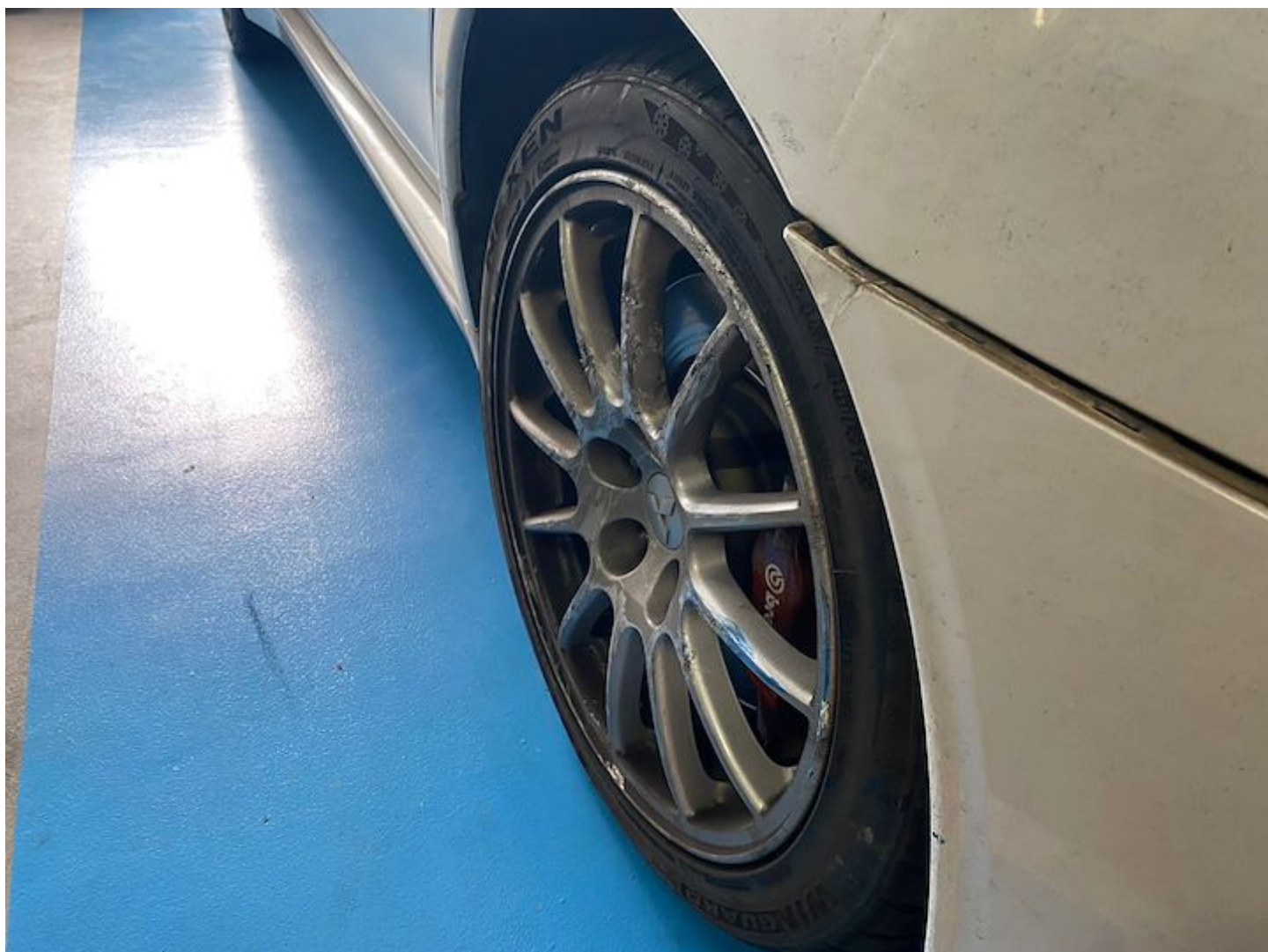












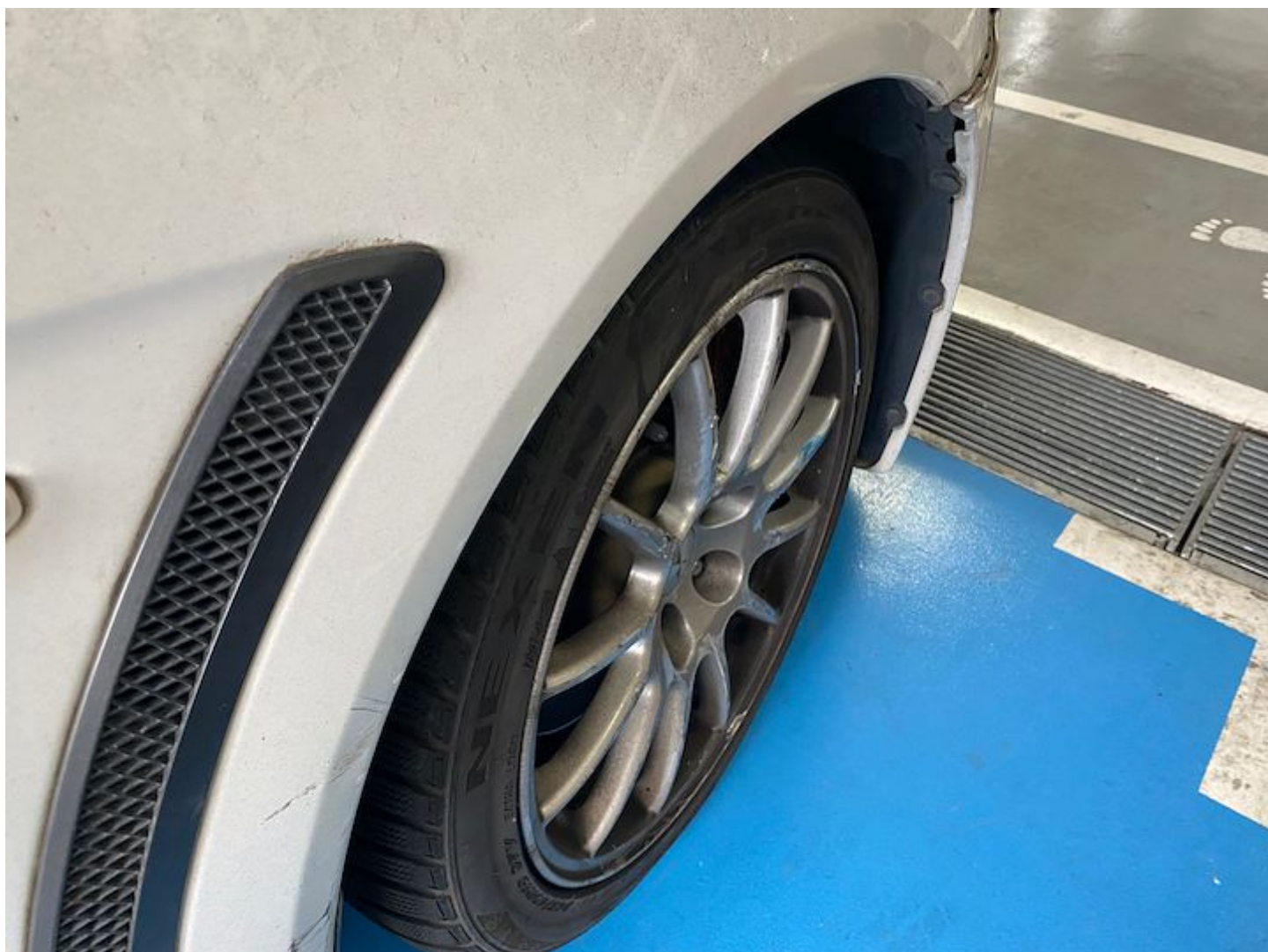




















POLICE REPORT (NP299)

Report No. G/20211228/7021

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 28/12/2021 11:59	Vide Report No.	Station Diary No.
Name Of Informant KHOO HONG HUAT	Address 86 LORONG L TELOK KURAU SINGAPORE 425524	
ID Type / ID No. NRIC NO / S7045674E	Contact No. Home/Office: Mobile: 97227833	
Nationality SINGAPORE CITIZEN	Email Address khoo1203@gmail.com	
Occupation Car workshop manager	Sex Male	Age 51
Institution/School Name	Date of Birth 12/03/1970	Race Chinese
Date/Time Of Incident 08/12/2021 16:35 - 08/12/2021 16:40	Location Of Incident UBI ROAD 3	

Brief details.

On 8 December 2021, around 4.39pm, as I approach the junction of Ubi Road 3, I came to a stop and check for the main traffic to clear before proceeding.

A vehicle which was on the main road (lane 2) came to a stop before the yellow box. Upon checking traffic on lane 1 is cleared, I drove forward and stationed my vehicle in the yellow box to check for the traffic on the opposite lanes. As I was stationary in the yellow box, a taxi came on my right (lane 1) and collided onto the right side of my car.

I have suffered an injury and was told to make this police report for record.

A copy of my accident report can be provided.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/12/2021 11:59
Officer In-Charge Of Case:	Classification Of Case:



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20211228/7021

Subjects Involved			
Victim			
Person Name	KHOO HONG HUAT		
ID Type	NRIC NO	ID No	S7045674E
Gender	Male	Age	51
Race	Chinese	Language	English
Occupation	Car workshop manager	Address	86 LORONG L TELOK KURAU SINGAPORE 425524
Mobile No	97227833	Is Informant A Victim?	Yes
Person Name	KHOO HONG HUAT (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

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

Date/Time:
28/12/2021 11:59

Classification Of Case:

**CARFEELS** *1-Stop Services*
PTE LTD

160 Sin Ming Drive #05-18 Sin Ming Autocity Singapore 575722

**TAX INVOICE**

DATE: 18.01.2022
MODEL: Mitsubishi Evo 10 (A)
VEHICLE NO.: 5431S

REF NO.: 2021120156
ACCIDENT DATE: 08.12.2021
TP VEHICLE NO.: SHA5750K

S/N	DESCRIPTION	TOTAL AMOUNT SGD
1	To Supply Parts.	
2	To dismantle & replace damage parts, panel beating where necessary.	
3	To putty, apply primer & spray-painting on the affected portion.	
4	To apply rust-proofing on repair, replace panel.	
5	To check wiring function.	
6	Labour charge.	
SINGAPORE DOLLARS: Six thousand five hundred eighty and cents fifty only		
SUBTOTAL:		\$ 6,150.00
GST 7%:		\$ 430.50
TOTAL LUMP SUM PAYABLE:		\$ 6,580.50

E. & O. E.





ABSOLUTE APPRAISAL SERVICES PTE LTD
LOSS ADJUSTERS & MOTOR APPRAISERS
160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722
Mobile: 9688-0413 Fax: 6266-7396
Email: absolute.app.svcs@gmail.com

Invoice

Customer: Carfeels Pte Ltd
C/o: 160 Sin Ming Drive #05-18
Sin Ming Autocity (S) 575722

Date: 03.01.2022

Invoice No: NS-2021-296

Description		Amount
Vehicle No:	5431S	
Make & Model:	Mitsubishi Evo 10 (A)	
Our reference:	AAS/2021/296	
Services rendered for appraiser / inspection report		
Survey Fee		
Photographs		
Transport Fees		
Re-inspection Fees		
SGD Dollar : Five hundred ninety four dollar only	Total:	SGD \$ 594.00

Notes:

All cheques payment should be crossed and made payment to "Absolute Appraisal Services Pte Ltd"

Please indicate our "Invoice No." on the reverse side of the cheque.

Please do not hesitate to contact us should you have any enquires.



Absolute Appraisal Services Pte Ltd



ABSOLUTE APPRAISAL SERVICES PTE LTD
LOSS ADJUSTERS & MOTOR APPRAISERS

160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722

Mobile: 9688-0413 Fax: 6266-7396

Email: absolute.app.svcs@gmail.com

Vehicle Inspection Report

To: Carfeels Pte Ltd
C/o: 160 Sin Ming Drive #05-18
Sin Ming Autocity (S) 575722

Date of report: 03.01.2022
Date of request: 15.12.2021
Date of inspection: 15.12.2021
Date of accident: 08.12.2021
Claim type: Third Party Claim

Report No: AAS/2021/296

Particulars of affected vehicle:

Registration no: 5431S
Make/Model: Mitsubishi Evo 10 (A)
Year of manufacture: 2018
Colour: Pearl White

Odometer: 116992 km
Engine Capacity: 1998 cc
Engine no: 4B11
Chassis no: CZA40005148

Condition of tires:

Front Left: 6mm
Make: Nexen
Rear Left: 6mm
Make: Nexen

Front Right: 6mm
Make: Nexen
Rear Right: 6mm
Make: Nexen

Type of road wheel: Alloy (The above represent the remaining life of the tire thread)

Pre-accident condition (Static tests only)

General Bodywork	: Good
Paintwork	: Good
Handbrake	: In order
Footbrake	: In order
Steering	: In order
Apparent engine modification	: Nil

The Assignment

The inspection was conducted at M/s. Carfeels Pte Ltd
160 Sin Ming Drive #05-18
Sin Ming Autocity (S) 575722

(Subsequent inspection was conducted)

Assessment

Repairer's estimate:	\$ 9,351.45
Revised estimate:	\$ 7,670.86
Recommended reserve:	\$ 6,150.00 (Lump sum)

Estimated normal duration of repairs : 5 Working days



ABSOLUTE APPRAISAL SERVICES PTE LTD
LOSS ADJUSTERS & MOTOR APPRAISERS
160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722
Mobile: 9688-0413 Fax: 6266-7396
Email: absolute.app.svcs@gmail.com

Vehicle No: 5431S

Report No: AAS/2021/296

W/O PREJUDICE

Point of impact

At the RHS front portion.

General description of damages

The front bumper, RH headlamp, RHF fender, RHF road wheel, RHF undercarriages, etc.

Other parts were also found damaged. (See schedule for details)

Recommendation

The estimate cost of repair submitted by M/s Carfeels Pte Ltd as per schedule attached have been revise and scrutinize. We list the breakdown of our findings and recommendation as per attached.

Our adjusted amount for the cost of repair is SGD \$7,670.86

Conclusion

The repairer has agreed to undertake the repair at a lumpsum of SGD \$6,150.00

Under normal circumstances, the repair of the damaged vehicle should be completed within a reasonable period of 5 working days.

We have **Not Authorised** and/or instruction to the repairer to proceed with the repairs. This inspection was conducted entirely on a '**Without Prejudice**' basis.

We are pleased to advise that the inspection was carried out accordingly and hereby submit our appraisal report which includes 74 photographs.

Your Faithfully
Absolute Appraisal Services Pte Ltd



Nicky Seah
Automobile Appraiser
MSAAA / MSMCTA



ABSOLUTE APPRAISAL SERVICES PTE LTD
LOSS ADJUSTERS & MOTOR APPRAISERS
 160 Sin Ming Drive #05-16 Sin Ming AutoCity (S) 575722
 Mobile: 9688-0413 Fax: 6266-7396
 Email: absolute.app.svcs@gmail.com

Vehicle No: 5431S

Report No: AAS/2021/296

Appraisement Schedule

S/N	Parts Description	Qty	Condition	Repairer's Est	Revised Est
1	Front bumper	1	Dented/Cracked	\$ 1,256.30	\$ 1,256.30
2	Front bumper retainer LH	1	Cracked	\$ 40.00	\$ 40.00
3	Headlamp RH	1	Loop Cracked	\$ 1,122.00	\$ 1,122.00
4	RHF fender	1	Dented/Repair	\$ 984.00	xR -
5	RHF fender inner shield	1	Torn	\$ 102.00	\$ 102.00
6	RHF fender lamp	1	Broken	\$ 57.40	\$ 57.40
7	RHF wheel hub	1	Distorted	\$ 375.70	\$ 375.70
8	RHF knuckle arm	1	Distorted	\$ 481.20	\$ 481.20
9	RHF shock absorber	1	Bent/Jammed	\$ 776.20	\$ 776.20
10	RHF lower arm	1	Bent	\$ 573.80	\$ 573.80
11	RHF driveshaft	1	Bent	\$ 1,209.90	xnn \$ 1,209.90
12	RH tie rod end	1	Refit	\$ 77.50	-
13	RHF stabilizer link	1	Refit	\$ 83.60	-
14	RHF ABS sensor	1	Malfunctioned	\$ 250.90	\$ 250.90
Total:				\$ 7,390.50	5035.50\$ 6,245.40
-10%				\$ 739.05	4531.95\$ 624.54
List total:				\$ 6,651.45	\$ 5,620.86

1	RHF sport rim	1	Dented	\$ 850.00	650 \$ 850.00
2	RHF tyre	1	Refit	\$ 250.00	-
3	Front bumper clips	1set	Necessary	\$ 50.00	\$ 30.00

Special nett total: \$ 1,150.00 680 \$ 880.00

Parts Total: \$ 7,801.45 \$ 6,500.86

S/N	Labour Description	Repairer's Est	Revised Est
1	Check lightings & wirings.	\$ 50.00	\$ 30.00
2	Remove & renew RHF undercarriages.	\$ 250.00	150 \$ 220.00
3	Renew RHF rim.	\$ 50.00	\$ 20.00
4	Conduct wheel alignment	\$ 100.00	\$ 60.00
5	Spray paint on affected & replacement parts.	\$ 600.00	\$ 400.00
6	To renew damaged parts, repair & straighten affected area.	\$ 500.00	400 \$ 440.00
Labour Total:		\$ 1,550.00	\$ 1,170.00

1060

Grand Total: \$ 9,351.45 \$ 7,670.86

The final adjusted lump sum amount is \$6,150.00

6271.95

Under normal circumstances, the repair should be completed within a reasonable period of 5 working days.

l/s\$5000

4 days

74 Photographs were taken at the time of inspection.

Disclaimer: This report is intended for the exclusive use of the address solely in relation to the loss occurrence in which the assessed vehicle involved. No liability or responsibility whatsoever shall be held by Absolute Appraisal Service Pte Ltd for any reliance on this report by any third party.





















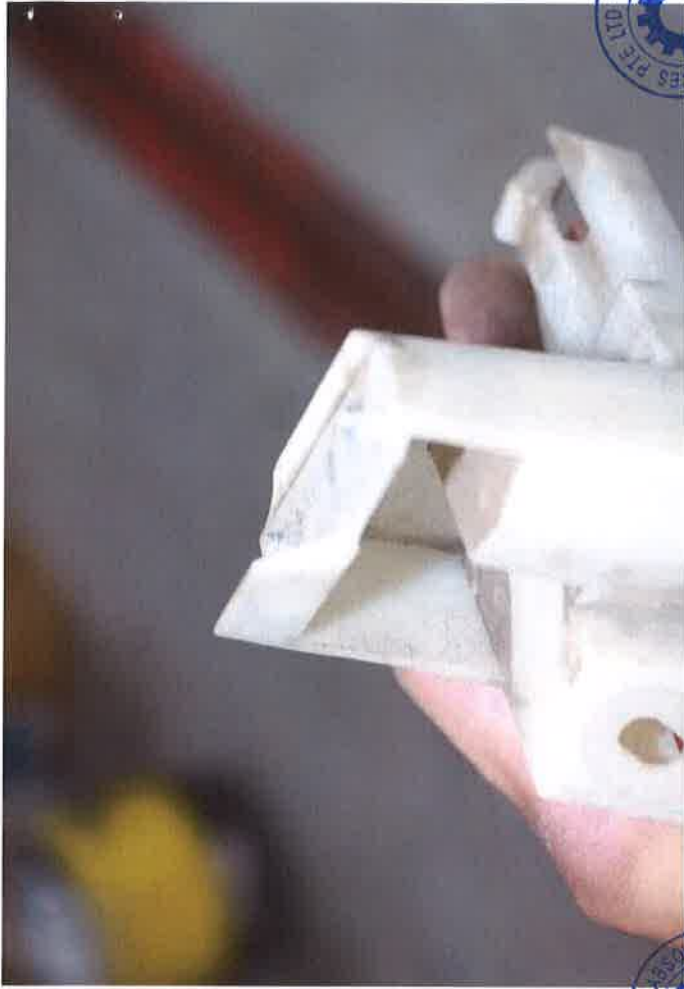




















Your Ref : SHA 5750K
Our Ref : **5431S/CF/jn/cl**
Date : 14 December 2021

Fax : 6538 3708
Tel : **3152 0986**
Email : jaga@kscgp.com

AXA INSURANCE PTE LTD

BY EMAIL ONLY

DATE OF ACCIDENT: 8 December 2021

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We are instructed by the owner of 5431S to notify you of a road traffic accident on 8 December 2021 along Ubi Road 3, involving our client's vehicle registration number 5431S and vehicle registration number **SHA 5750K**, which was insured by you at the material time. A copy of the Singapore accident statement is enclosed herein.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.

Yours faithfully,

f CL

Enc.

Your Ref : S1M03O1W_TP
Our Ref : **5431S/CF/jn/cl**
Date : 14 December 2021

Fax : **6538 3708**
Tel : **3152 0986**
Email : **jaga@kscgp.com**

AXA INSURANCE PTE LTD

BY EMAIL ONLY

DATE OF ACCIDENT: 8 DECEMBER 2021

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your email dated 14 December 2021.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/no.	Name of Surveyor	Company Name
1.	Nicky Seah	Absolute Appraisal Services

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : Carfeels Pte Ltd
160 Sin Ming Drive
#05-18 Sin Ming Autocity
Singapore 575722
Contact Person/Tel : Ms Melissa Chua (Tel: 6452 8817)

Yours faithfully,

CL

Your Ref : S1M03O1W_TP
Our Ref : 5431S/CF/jn/cl
Date : 14 December 2021

Acknowledgement

This is to confirm that I _____ *[Full Name of Surveyor]* of _____ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(c) Re-inspection of new replacement part (part by part) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(d) Post – Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Date of Request: 09/12/2021

Your Ref No: 5431S/CF/jn/cl

Dear Sir/Madam,

Date of Accident: 08/12/2021 00:00 (SGT)

Vehicle No: 5431S

Place of Accident: 3 Ubi Rd 1, 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\$)	QTY	AMOUNT (S\$)
SHA5750K	3 Ubi Rd 1, Singapore	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(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.

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 09/12/2021 18:02 (SGT)
Date of Accident 08/12/2021 16:20 (SGT)
Exact Location of Accident 3 Ubi Rd 1, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA5750K

INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

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

INSURANCE COMPANY

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

DRIVER

Name of Driver NG BENG SOON
NRIC No S1204449F
Address 612 BEDOK RESERVOIR ROAD #06-1160
Address complement -
Postcode 470612
Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head on collision
Weather Conditions	Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Was anybody injured in the Accident?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1

CIRCUMSTANCES OF ACCIDENT

ON 08/12/2021 AT ABOUT 1620HRS I WAS DRIVING MY VEHICLE A SHA5750K ON THE RIGHT LANE OF UBI ROAD 3 IN THE DIRECTION OF UBI ROAD 2. AT THE T JUNCTION OF UBI ROAD 4 VEHICLE B 5431S FAIL TO STOP AT STOP LINE. HENCE MY VEHICLE A FRONT COLLIDED ONTO VEHICLE B RIGHT FRONT SIDE. NO ONE WAS INJURED. TPV PASSENGER GAVE ME HER NAME CARD

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	5431S
Vehicle Manufacturer	Mitsubishi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MELISSA CHUA
Insurance Company Name	-

SKETCH PLAN**IMPORTANT NOTICE**

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

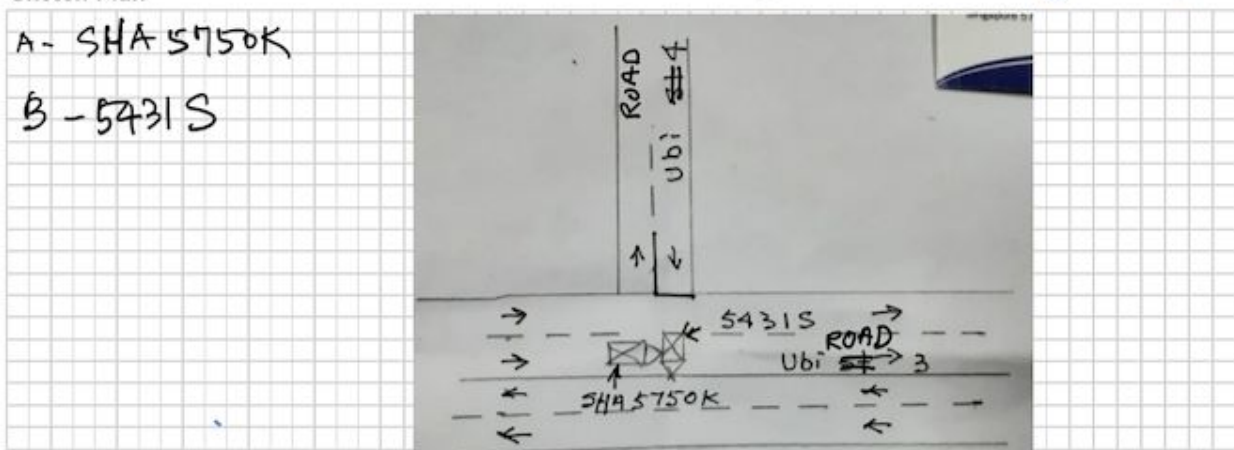
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

ON 08/12/2021 AT ABOUT 1620HRS I WAS DRIVING MY VEHICLE A SHA5750K ON THE RIGHT LANE OF UBI ROAD 3 IN THE DIRECTION OF UBI ROAD 2. AT THE T JUNCTION OF UBI ROAD 4 VEHICLE B 5431S FAIL TO STOP AT STOP LINE. HENCE MY VEHICLE A FRONT COLLIDED ONTO VEHICLE B RIGHT FRONT SIDE. NO ONE WAS INJURED. TPV PASSENGER GAVE ME HER NAME CARD.

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



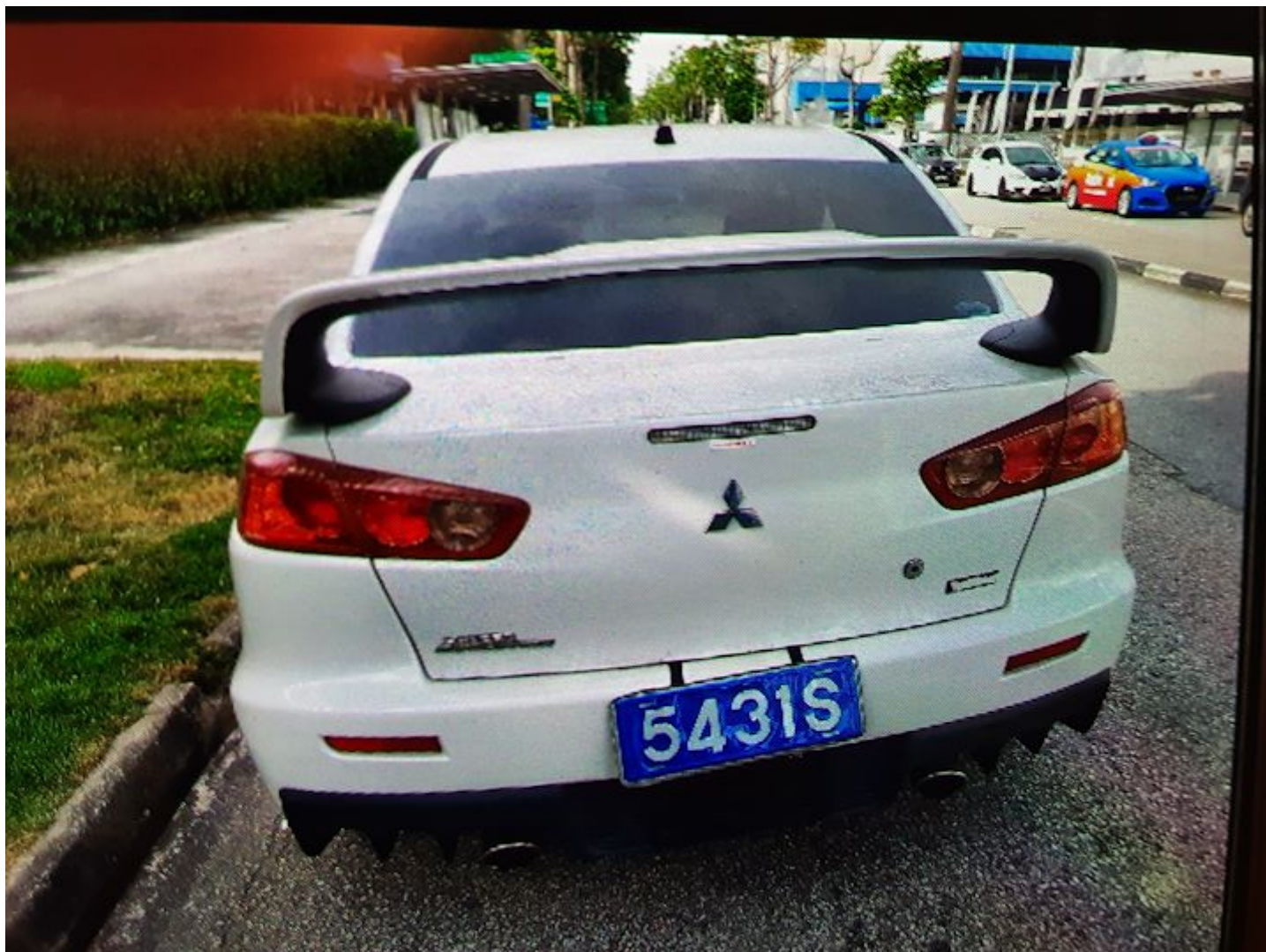
















Enquire Vehicle Owner Details

Enquire Vehicle Owner Details (As At 08 Dec 2021 / 16:39:00)

Vehicle Owner Details



Owner ID Type:

Company

Owner ID:

199303821R

Owner Name:

COMFORT TRANSPORTATION PTE LTD

Registered Address Type:

Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.:

383

Registered Street Name:

SIN MING DRIVE

Registered Unit No.:

-

Registered Building Name:

GAS BUILDING

Registered Postal Code:

575717

Vehicle Insurance Details



Vehicle No.:

SHA5750K

Make Description/Model:

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

Insurance Company Name:

AXA INSURANCE PTE LTD

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