

S L LAW CHAMBERS

ADVOCATES & SOLICITORS, Notary Public & Commissioner For Oaths

Reg No. 53388805X

133 New Bridge Road #13 - 01 Chinatown Point, Singapore 059413

Tel: 6909 9356, Fax: 6909 6246, E-mail: prs@sllaw.com.sg

Our ref : PD.192495.LH

Your ref : SHA783Z Date : 28 MAR 2022

WITHOUT PREJUDICE

BY EMAIL

AXA INSURANCE PTE LTD

8 Shenton Way #27-01 AXA Tower Singapore 068811

Attention: Motor Claims Department

Dear Sir,

CLAIMANT: ZHEN CHUNMU - OWNER OF SKN2185H

PROPERTY DAMAGE CLAIM ARISING FROM ROAD TRAFFIC ACCIDENT INVOLVING MOTOR VEHICLES NO. SKN2185H AND SHA783Z ALONG CTE AYE BEFORE ANG MO KIO AVE 5 EXIT ON 16 JANUARY 2022 AT ABOUT 1830 HOURS

We refer to the above matter.

We are instructed by ZHEN CHUNMU to claim damages against your insured in connection with a road traffic accident on 16 JANUARY 2022 ALONG CTE AYE BEFORE ANG MO KIO AVE 5 EXIT involving SHA783Z driven by you / your insured's driver at the material time.

We are instructed that the accident was caused by your / your insured driver's negligence. As a result of the accident, our client suffered damages, loss and expenses of which particulars are set out in the report(s) annexed hereto this letter:

a)	Cost of Repair (Incl. of GST)	: S\$ 12,529.70
b)	Loss of Rental (\$180.00/day x 10 days)	: S\$ 1,800.00
c)	Survey Report Fee	: S\$ 684.00
d)	LTA / GIA search fee	: S\$ 43.94
e)	Coloured Photographs (\$1.00 x 24 pages)	: S\$ 24.00
f)	Incidentals	: S\$ 150.00
g)	Costs	: <u>S\$ 1,605.00</u>
17.0	Total	: S\$ 16,836.64

A copy each of the following supporting documents is enclosed:

- (1) Our client's GIA/TP report;
- (2) LTA Search;
- (3) Vehicle Rental Invoice / Receipt:
- (4) Final Repair Bill; and
- (5) Survey Report with Photographs

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.



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Reg No. 53388805X

133 New Bridge Road #13 - 01 Chinatown Point, Singapore 059413

Tel: 6909 9356, Fax: 6909 6246, E-mail: prs@sllaw.com.sg

Please note that you or your insurer should send to us an acknowledgement of receipt to us within 14 days of your receipt of this letter. Should you/your insurer fail to acknowledge receipt of this letter within 14 days, our client may commence Court proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim against our client arising out of the accident, you are 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.

Yours faithfully

S L LAW CHAMBERS

Encl

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

A. 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	17/01/2022 15:00 (SGT)
Date of Accident	16/01/2022 18:30 (SGT)
Exact Location of Accident	Singapore
ditional Location Information	CTE AYE before Ang Mo Kio Ave 5 Exit
Jountry/State of Loss	Singapore

ditional Location Information ountry/State of Loss	CTE AYE before Ang Mo Kio Ave 5 Exit Singapore	
DETAILS O	F OWN VEHICLE	
Vehicle Registration Number	SKN2185H	
INSURED/POLICYHOLDER		
Is company? Name Of Registered Owner Passport No/FIN Email Address Mobile Phone No Alternative Phone No	No ZHENG CHUNMU G0791511Q WENGHAI99@GMAIL.COM (Phone) +65-93862606 +65-93862606	
VEHICLE PARTICULARS		
anufacturer Model 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	BMW X3 - Private use No - Claiming third party Private car Auto 2000	
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	NTUC Income Insurance Co-operative Ltd Comprehensive No 5096901722-04	

Name of Driver ZHENG CHUNMU Passport No/FIN G0791511Q



		s é s
Date Of Birth	25/08/1967	. x v:
Occupation	Indoor	
Date Of Driving Pass	23/09/2010	
Driving experience	11 YEARS AND 4 MONTHS	
Gender	Male	
Mobile Number	(Phone) +65-93862606	
Alt. Phone Number	+65-93862606	
Email Address	WENGHAI99@GMAIL.COM	
Address	51 EDEN GROVE	
Address complement	-	
Postcode	539093 V	
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	- T T T T T T T T T T T T T T T T T T T	
me mare comme amorane amo a com a com-	e.	
Insurance Company of Other Vehicle Owned by Driver	-	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident	Chain Collision	
Weather Conditions	Clear	
Road Surface	Dry	
OTHER INFORMATION		
Was southern the control of the control of the control of		
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?	Yes	
Was any other vehicle or property damaged?	Yes	
Number of Passengers (Including Driver)	2	
Has the driver been approached by unknown person(s)	NIa	
soliciting/offering accident claims assistance?	No	
PASSENGER 1		
Name	Passenger	
Gender	Female	
DETAILS OF POLICE ACTION		
Was the accident reported to the police?	Yes	
Police Station Name	Serangoon Neighbourhood Police Centre	
Police Station Address		
Was notice of intended Prosecution given?	50 Serangoon Avenue 2 #01-02 No	
If yes, against whom?	-	
a year against month as year manning and a manning manning	-	
CIRCUMSTANCES OF ACCIDENT		
ON COMO TARGET OF ACCIDENT		
REFER TO SKETCH PLAN / POLICE REPORT		
ATTACHMENT(S)		
Are accident photos available for attachment?	Vac	
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera? Was there any audio recorded?	No	
vvas triere arry addio recorded?	No	
DETAILS OF OTHER	R VEHICLE PROPERTY 1	
Vehicle Registration Number	SHA783Z	
Vehicle Manufacturer	-	
Vehicle Model	-	
Vehicle Variant	-	

Vehicle Colour	(E
Vehicle Category	Taxi
Name of Driver	NG KAR SNEG
NRIC No	S1214595J
Contact Number	(Phone) +65-96588281
Address	
Address complement	ë
Postcode	<u>a</u>
Insurance Company Name	-
Nature Of Damage	÷
Details of property damaged in accident	<u>.</u>
No. Of Passenger (Including Driver)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLG7295R
Vehicle Manufacturer	-
Vehicle Model	5
Vehicle Variant	-
Vehicle Colour	=:
Vehicle Category	Private car
Name of Driver	
Contact Number	-
dress	
Address complement	-:
Postcode	-
Insurance Company Name	H:
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

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

INCOME.	MOTOR	SERVICE	CENT	RE

Report Date & Start Time: 17/01/2022 14:43

Report No. MT

D.O.A. 16/01/2022 Tone: 18:30 hrs

Vehicle No SKN2185H Reporting Type:

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
- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- By the lodgment 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:

- 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)
 - (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
- (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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

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

- the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud. regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders

17/01/22 / 14:43

Policyholder's Signature / Date & Time

17/01/22 : 14:43

Alan Tang (S098825) Customer Care Executive Motor Service Centre

Witnessed by Reporting Centre Perannel

Accident report SN07221H000V

SKETCH PLAN CTE AYE before Ang Mo Kio Ave 5 Exit Vehicle C: SLG7295R Vehicle A: SKN2185H Vehicle B: SHA783Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Declaration

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

17/01/22 / 14:43

17/01/22 / 14:43 Driver's Signature (If driver is not the policyholder) / Date & Time

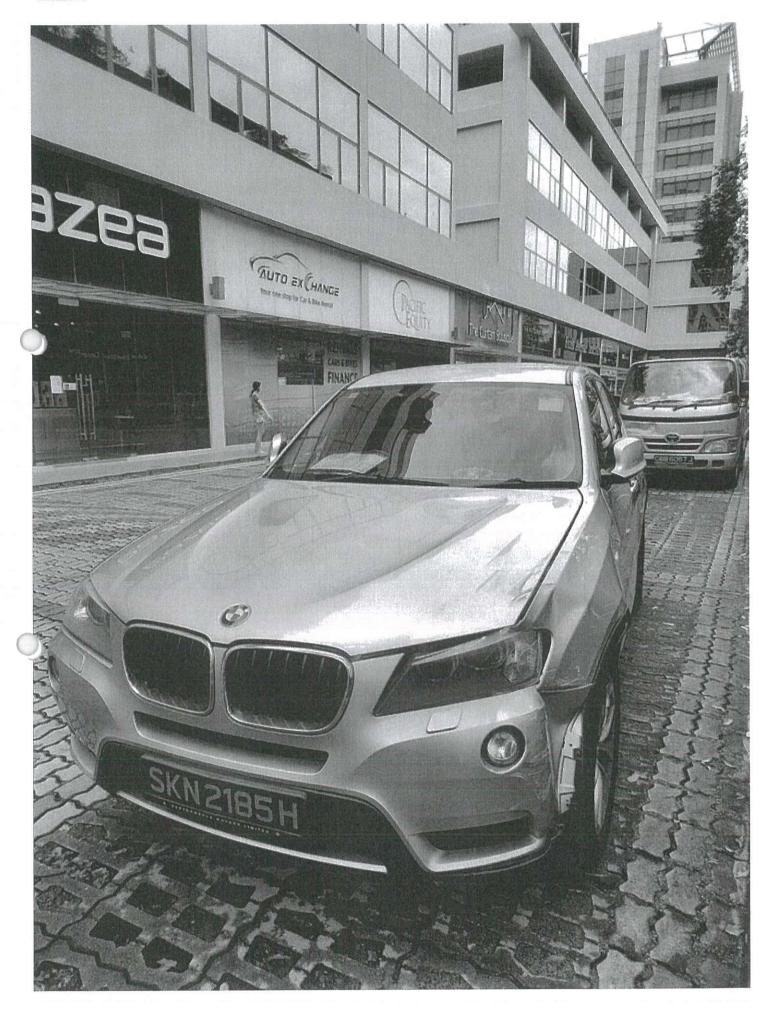
Alan Tang (S098825) Customer Care Executive Motor Service Centre

Witnessed by Reporting Centre Personnel

Accident report SN07221H000V

Policyholder's Signature / Date & Time



















3220116/2062

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129 1 of 3 Report No. T/20220116/2062

Tel No: 1800-4880999

REPORT OF A TRAFFIC ACCIDENT

 Date/Time Report Made:
 Vide Report No.:
 Station Diary No.:

 16/01/2022 21:03
 F/20220116/0200
 43

12.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			172022017070200	140
Informa	nt's Partic	ulars		
Name of Informant: ZHENG CHUNMU			Address: 51 EDEN GROVE SINGAP	ORE 539093
ID Type / ID No.: FIN NO / G0791511Q		1Q	Contact No.: Home/Office:	Mobile: 93862606
National CHINES	,		Email:	
Sex Male	Age: 54	Date of Birth: 25/08/1967	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupat MANAG	ion: ING DIREC	TOR	Driving Licence Information Class: 2B,3	Date of Expiry:

Type of Accident:	Injury Conveyed By Ambuland	Drink Drive: No	Date/Time of Accident: 16/01/2022 18:30	Type of Location Straight Road
CENTRAL EX		pad Surface:		Road Speed Limit
Clear	Di	У		
Traffic Flow:		affic Control of Controlled		Traffic Volume: Light
Type of Collis	ion: ing Vehicles - Side Swipe - S		Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SHA783Z	Car					1
SKN2185H	Car	BMW	X3 XDRIVE20I ABS 4WD HID DSC	Silver		1
SLG7295R	Car					0





Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #

Report No. T/20220116/2062

50 Serangoon Avenue 2 #01-02 SINGAPORE
556129 CONTINUATION OF REPORT

Tel No: 1800-4880999

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SKN2185H	NTUC Income Insurance Co-Operative Limited	5096901722-04	26/12/2021	25/12/2022		

Brief Details.

On 16/1/22 at about 1832hrs, I was driving my car SKN2185H along CTE towards AYE and at that point of time I was at the 1st lane from the right. During that point of time my lane was clear and I saw one yellow taxi SHA783Z, wanting to switch lane to my lane without signaling. I quickly slowed down for him to switch to my lane. The head of the taxi was already in the 1st lane, however, one black car SLG7295R suddenly hit onto the taxi from the back, and as a result the taxi driver's door hit onto the front left portion of my car. After the hit, the taxi continued to drive to the 1st lane

All of us stopped the vehicle and came out of the car. I asked the taxi driver why he shifted his car and he explained that he could not brake on time. The black car driver came out and was seen in pain and ambulance was called. Traffic Police and ambulance came thereafter and the black car driver was conveyed by the ambulance. We also took photos of the accident and exchange particulars and the traffic police advised us to make an accident report

I am also making this report for insurance claim.





Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE

Report No. T/20220116/2062

3 of 3

556129 Tel No: 1800-4880999 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 F/ Other YUANA BINTE KASSIM M 51 3 100 3 M You	Signature Of Informant:	
Signature Of Interpreter Not applicable	Date/Time: 16/01/2022 21:03	*****
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD SYARIFUDDIN MUHAMMAD AJMAIN Contact No : 65476367	Classification Of Case.	





1 of 3

Report No. T/20220116/2062

Station Diary No.:

Police Station Of Origin: Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

CHINESE

Tel No: 1800-4880999

Date/Time Report Made:

REPORT OF A TRAFFIC ACCIDENT

16/01/2022 21:03	F/20220116/0200	43
Informant's Particulars		
Name of Informant:	Address:	
ZHENG CHUNMU	51 EDEN GROVE SIN	GAPORE 539093
ID Type / ID No.:	Contact No.:	
FIN NO / G0791511Q	Home/Office:	Mobile: 93862606
Nationality:	Email:	

Vide Report No.:

Sex: Age: Date of Birth: Type of Informant:
Male 54 25/08/1967 Driver

Race: Language: Institution / School Name:

Chinese
Occupation: Driving Licence Information:

MANAGING DIRECTOR Class: 2B,3 Date of Expiry:

General Informati	on of the Accident					
Type of Accident:	Injury Conveyed By Ambulan	ice	Drink Drive: No	Date/Time of Accident: 16/01/2022 18:30)	Type of Location: Straight Road
Location:						
CENTRAL EXPR	ESSWAY	*				
Weather:	R	Road S	Surface:		Road	d Speed Limit:
Clear	D	Dry				
Traffic Flow:			Control: ontrolled		Traff Light	ic Volume: t
Type of Collision:					Anyo	one conveyed by
Between Moving	Vehicles - Side Swipe - S	Same	Direction		amb No	ulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHA783Z	Car					1
SKN2185H	Car	BMW	X3 XDRIVE20I ABS 4WD HID DSC	Silver		1
SLG7295R	Car					0





3 of 3

Report No. T/20220116/2062

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129

Tel No: 1800-4880999

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 F / Other YUANA BINTE KASSIM - M SH 3 Teo J M You	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/01/2022 21:03
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD SYARIFUDDIN MUHAMMAD AJMAIN Contact No.: 65476367	Classification Of Case:

> Back to OneMotoring

Land Transport

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

18 Jan 2022 / 13:38:58

Receipt Date/Time: 18 Jan 2022 / 13:38:58

Tax Invoice/Receipt

Receipt No.: ITNET-00000-220118-001882

Previous Receipt No.:

S/N	Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
As at Insura 1	t of Insurance Enquiry - SHA783Z 16 Jan 2022/18:30:00 ance Co: AXA INSURANCE PTE LTD Insurance Enquiry - SHA783Z Enquiry Fee		7.00	0.49	7.49
	20220118133751921960			4074	- 1
		Sub-Total	7.00	0.49	7.49
	*	Total Before Rounding	7.00	0.49	7.49
		Rounding Difference			0.04
		Total Amount Payable			7.45
		Paid By			
		426588XXXXXX3454	eNETS (Credit Card	7.45
		Total			7.45
		Cash Change			0.00
		Tendered Amount			7.45
		Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

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

INVOICE

LCH CAR SERVICES (PTE LTD)

Singapore

Mobile: 86853446

BILL TO Gold Autoworks

claims@goldautoworks.com.sg

Invoice Number: 298

Invoice Date: January 27, 2022

Payment Due: January 27, 2022

Amount Due (SGD): \$1,800.00

'tems	Quantity	Price	Amount
Car Rental Car Model: BMW 523i Car Plate: SLM5635A Rental Period: 18/01 - 27/01 (inclusive)	10	\$180.00	\$1,800.00
		Total:	\$1,800.00
		Amount Due (SGD):	\$1,800.00

Notes / Terms

LCH CAR RENTAL (PTE LTD)

Reg No: 201601642C

Address: Blk 524 Hougang Ave 6 #06-139 S530524

Hirer: ZHENG CHUNMU



48 Toh Guan Rd East, Enterprise Hub

#01-119, Singapore 608586

Email: claims@goldautoworks.com.sg

Company Registration: 201716329M GST Registration No: 201716329M

Fax: 6264 5948

Tax Invoice:

GA-21-SKN2185H

Customer Name : MR ZHENG CHUNMU

Accident Date

16/Jan/22

Vehicle No

: SKN2185H

Contact No

98719488

Make

: BMW

Mileage

173931KM

Model

Attended By

WINSTON CHUA

: X3 Xdrive20I

27/1/2022

nassi.	c ni	Im	hor

: WBAWX320900B28693

Delivery Date

S/N	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1	SKN2185H LUMP SUM REPAIR	1		\$11,710

SINGAPORE DOLLARS

1) GOODS SOLD ARE NOT RETURNABLE.

2) ALL CHEQUE TO BE CROSSED AND DRAWN IN FAVOUR OF GOLD AUTO WORKS PTE LTD

GRAND TOTAL

11,710.00

GST **NETT TOTAL** \$ \$

\$

819.70 12,529.70

FOR & ON BEHALFON

GOLD AUTOWORKS

AUTHORISED SIGNATURE AND COMPANY STAMP

LESS DISCOUNT

TOTAL PAYMENT

BALANCE

12,529.70



PROMINENT APPRAISER SERVICES PTE LTD Qualified Loss Adjusters And Motor Appraisers Correspondence Mail Address: My Mail Box 886259 Singapore 919191. Mobile: 9295 2204 Fax: 6722 8508 Email: pasvos@hotmail.com Business Reg. 201404434D

INVOICE

To. Mr Zheng Chunmu C/o. 48 Toh Guan Road East #01-119 Enterprise Hub Singapore 608586

Invoice No.

: HA/2202-08

Date

: 08/02/2022

	Descriptions		Amount (SGD)
Services rendere	ed for appraiser / inspection report :-		
Survey Fee			
Photographs			
Transport Fees			
Re-inspection Fe	es		
		Total:	SGD: \$ 684.00
SGD Dollar :	Six Hundred Eighty Four Dollars Only.		
Our Reference	: PAS/TP/0250122		
Vehicle No.	: SKN2185H		
Make & Model	: BMW X3 Xdrive20I		
Your Claim No.	: Third Party Claim		

All cheque payment should be Crossed and made payable to "PROMINENT APPRAISER SERVICES PTE LTD". Please indicate our "INVOICE NO." on the reverse side of the cheque. Should you have any enquiries, please do not hesitate to contact us.



For PROMINENT APPRAISER SERVICES PTE LTD

PROMINENT APPRAISER SERVICES PTE LTD Qualified Loss Adjusters And Motor Appraisers

Correspondence Mail Address: My Mail Box 886259 Singapore 919191. Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg. 201404434D

VEHICLE INSPECTION REPORT

Report No.: PAS/TP/0250122 : 08/02/2022 Date of Report

To: Mr Zheng Chunmu Date of Assignment : 19/01/2022 C/o. 48 Toh Guan Road East Report requested by : Mr Zheng Chunmu #01-119 Enterprise Hub : 16/01/2022 Date of Accident

Singapore 608586 Date of Inspection : 19/01/2022

Claim No. : Third Party Claim Policy No.

PARTICULARS OF DAMAGED VEHICLE

Vehicle Registration No. : SKN2185H Engine Capacity (cc): 1997cc Make & Model : BMW X3 Xdrive20I Mileage (km) : 173931km

Date of Registration : 23/05/2014 Chassis / Frame No. : WBAWX320900B28693

Colour : Met. Beige Engine No. : A6620646N20B20A

TYRE CONDITION

Front LH : 6 mm Front RH : 6 mm Make : Pirelli Make : Pirelli

Rear LH : 6 mm Rear RH : 6 mm Make : Pirelli Make : Pirelli

Road wheels Type: Alloy

(The above represents the approximate remaining life of tyre treads)

PRE-ACCIDENT CONDITION OF DAMAGED VEHICLE (Static tests only)

General Bodywork : Good : Good Paintwork

Serviceable Handbrake Footbrake Serviceable : Serviceable Steering

Apparent Engine Modification : Nil

PLACE OF REPAIRER OFFICE/WORKSHOP

M/s. Gold Autoworks Pte Ltd Location

48, Toh Guan Road East, #01-119, Enterprise Hub, Singapore 608586

ASSESSMENT

Less Excess

17,666.16 Repairer's Estimate : \$ Revised Amount \$ 14,634.20

\$: \$ 11,710.00 Recommended Reserve (Lump Sum)

Estimated Normal Period of Repairs : 7 Working Days

Disclaimer: The information contained in this report is intended for exclusive use of the addresses (including any attachments) solely in relation to the loss occurrence in which the assessed vehicle involved. It is confidential and may protected by legal privileged. No liability or responsibility whatsoever shall be held by PROMINENT APPRAISER SERVICES PTE LTD for any reliance on this report by any third party. If you are not the intended recipient, please contact us immediately to arrange for its return and you should not disseminate, distribute, copy any information contained herein or use of this communication is strictly prohibited.

Qualified Loss Adjusters And Motor Appraisers
Correspondence Mail Address: My Mail Box 886259 Singapore 919191
Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg. 201404434D

Vehicle No: SKN2185H

Report No.: PAS/TP/0250122

GENERAL REMARKS

WITHOUT PREJUDICE

THE ASSIGNMENT

The survey was conducted at M/s. Gold Autoworks Pte Ltd, 48, Toh Guan Road East, #01-119, Enterprise Hub, Singapore 608586.

(Subsequent inspections have been conducted)

POINT OF IMPACT

At the LHF portion. (The LHF roadwheel was also affected)

DAMAGES

The bonnet, front bumper, LH headlamp, LHF fog lamp, LHF fender, LHF apron panel assy, front carrier air duct, LHF headlamp support, LHF alloy rim, LHF knuckle arm, LHF shock absorber, LHF strut bar, LHF wishbone, etc.

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

ADJUSTMENT / RECOMMENDATION

We have inspected thoroughly each and every item on the repairer's estimate against the actual damaged found on the vehicle. We list the breakdown of our findings and our recommendation as per schedule attached.

Our adjusted amount for the cost of repairs is SGD \$14,634.20.

CONCLUSION

The repairer has agreed to undertake the repairs at a lump sum of SGD \$11,710.00.

This inspection was conducted entirely on a 'Without Prejudice' basis. We have not given an authorization and/or instruction to the repairer to proceed with the repairs.

We hereby reverting the matter to you for your discretion on repairs.

Assuring you of our best services always.

Yours Truly,

Prominent Appraiser Services Pte Ltd

Andrew How

Automobile Appraiser

MSAAA

Licensed Appraiser



PROMINENT APPRAISER SERVICES PTE LTD
Qualified Loss Adjusters And Motor Appraisers
Correspondence Mail Address: My Mail Box 886259 Singapore 919191.
Mobile: 9295 2204 Fax: 6722 8508 Email: pasvos@hotmail.com

Business Reg. 201404434D

Vehicle No: SKN2185H

Report No.: PAS/TP/0250122

APPRAISEMENT SCHEDULE

S/No.	Qty	Parts Descriptions	Condition		pairer's timate (S\$)		Our ment (S\$)
1	1 pc	Bonnet	Dented/Distorted	\$	1,844.20	\$	1,844.20
2	1 pc	Bonnet emblem (Logo)	Necessary	\$	75.10	\$	75.10
3	1 pc	Headlamp (Bi-xenon) LH	Cracked/Broken	\$	2,606.50	\$	2,606.50
4	1 pc	Frt bumper	Dented	\$	1,314.20	\$	1,314.20
5	1 pc	Frt bumper fog lamp LH	Loop Broken	\$	281.60	\$	281.60
6	2 pcs	Frt bumper PDC sensor LH	Damaged \$ 255.80	\$	511.60	1pc \$	255.80
7	1 pc	Frt bumper lower trim	Cracked/Deformed	\$	274.30	\$	274.30
8	1 pc	Frt bumper bracket LH	Dented/Cracked	\$	95.90	\$	95.90
9	1 pc	Frt bumper grille LH	Cracked	\$	88.70	\$	88.70
10	1 pc	Frt bumper absorber	Dented/Broken	\$	62.60	\$	62.60
11	1 pc	Frt bumper reinforcement	Dented/Bent	\$	517.30	\$	517.30
12	1 pc	Frt bumper reinforce bracket LH	Dented/Bent	\$	146.70	\$	146.70
13	1 pc	Frt carrier air duct	Dented/broken	\$	333.60	\$	333.60
14	1 pc	Frt headlamp support LH	Dented/Cracked	\$	194.60	\$	194.60
15		Frt apron panel assy LH	Dented/Repair	\$	1,631.90	\$	=1
16	- 2	Frt fender LH	Dented/Distorted	\$	847.60	\$	847.60
17		Frt fender signal lamp LH	Refit	\$	42.90	\$	=
18		Frt fender arch protector LH	Dented/Cracked	\$	198.30	\$	198.30
19		Frt fender bracket LH	Dented/Bent	\$	57.80	\$	57.80
20		Frt fender cowling LH	Torn/Deformed	\$	143.50	\$	143.50
21		Frt alloy rim (V Spoke 307) LH	Dented/Defaced	\$	1,018.30	\$	1,018.30
22		Frt wheel hub LH	Warped/Damaged	\$	543.20	\$	543.20
23		Frt knuckle arm LH	Bent/Distorted	\$	573.80	\$	573.80
24		Frt ABS sensor LH	Damaged	\$	229.80	\$	229.80
25		Frt shock absorber LH	Bent/Jammed	\$	680.30	\$	680.30
26		Frt strut bar LH	Bent	\$	269.10	\$	269.10
27		Frt wishbone LH	Bent	\$	283.20	\$	283.20
28		Frt stabilizer bar	Refit	\$	405.40	\$	-
29		Frt stabilizer link LH	Refit	\$	102.90	\$	_
30		Frt apron panel assy LH	Dented/Repair	Ψ			no. 5 & 6)
				\$	15,374.90	\$	12,936.00
			Less Discount: 5%	\$	768.75	5% \$	646.80
			List Parts Sub-Total:	\$	14,606.16	\$	12,289.20
1	1 nc	Frt tyre LH (Depreciate 10%)	Cut S/N	\$	350.00	\$	315.00
2		Brake fluid	Necessary S/N	\$	20.00	\$	20.00
4	1 000	Drake maid	Special Nett Sub-Total:	\$	370.00	-\$	335.00
			 ■ Conservation of a violate accident sub-Accidents 	=9	200 20 200 20		
			Parts Total :	\$	14,976.16	\$	12,624.20

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Vehi	cle No : SKN2185H		Report No). : PAS/T	P/0250122
S/No	. Labour Descriptions	Repairer's Estimate (S\$)		Our Assessment (S\$)	
1	To remove and reinstall electrical wiring system for necessary repairs. To check electrical system and calibrate/focus headlamp.	\$	60.00	\$	50.00
2	To remove, check and replace LHF undercarriage parts. (Include flush and bleed brakes system)	\$	250.00	\$	220.00
3	To conduct wheel alignment.	\$	60.00	\$	60.00
4	To remove, replace and/or transfer front PDC sensors to new bumper. (Include reset/reprogram control unit)	\$	120.00	\$	120.00
5	To straighten, repair, realign on affected area and replace damaged parts.	\$	1,000.00	\$	660.00
6	To spray painting, blending on affected and adjacent area.	\$	1,200.00	\$	900.00
	Labour Total:	\$	2,690.00	\$	2,010.00

For Lump Sum Repairs

The final adjusted Lump Sum contract amount is \$ 11,710.00

Under normal circumstances, the repairs should be completed within a reasonable period

- of 7 Working Days. (Exclude waiting days of PRI, Sunday, Pubic Holiday and awaiting of shipment for spare parts)
- 94 Photographs were taken at the time of inspection.

N.B: By accepting to carry out the repairs on a contract Lump Sum basis, the repairer shall has the prerogative and discretion to replace the damaged parts with new, used, OEM or reconditioned parts and/or to repair the vehicle on a roadworthy condition to the entire satisfaction of owner.









