



Daniel Poon & Co.

Advocates & Solicitors
Commissioners for Oaths

Daniel Poon Choon Kow
LL. B. (Hons), LL.M

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Email: law@dpco.com.sg
(UEN: 53130838C)

Our Ref: DP.sl.11848.22.MHL
Your Ref: -----
Please quote our reference number when replying

DATE:

27 JUL 2022

M/S AXA INSURANCE SINGAPORE PTE LTD
8 SHENTON WAY
#27-01
AXA TOWER
SINGAPORE 068811
ATTN: MOTOR CLAIMS DEPARTMENT

WITHOUT PREJUDICE

E-MAIL ONLY

(motor.doc@axa.com.sg)

MURUGESWARAN R MAYANDY
BLK 775 YISHUN RING ROAD
#02-3588
SINGAPORE 760775
DRIVER OF XD 3995D
OWNER - M/S PEC LTD

CERTIFICATE OF POSTING

Dear Sir,

**MHL LEASING PTE LTD, (OWNER OF SJF 2015U)
ACCIDENT ON 16 JUNE 2022 INVOLVING SJF 2015U AND XD 3995D
AT SLIP ROAD OF JURONG BIRD PARK TO PIE**

We are instructed by the above named to claim damages (only material damage on our client's vehicle and without prejudice to our client's injuries, if any.) against you/your driver in connection with the above road traffic accident.

We are instructed that the accident was caused by you/your driver's negligent driving and/or management of you/your driver's vehicle no. **XD 3995D**. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:

1.	Cost of repair	\$ 8,300.00
2.	Loss of use (10 Days @ \$100.00/day)	\$ 1,000.00
3.	Survey fee	\$ 778.00
4.	Cost at this stage	\$ 1,000.00
5.	GIA/ LTA/ROC/ police search fee &/reports	\$ 33.00
6.	Postages, transport and other incidentals	\$ 50.00
		<u>\$ 11,161.00</u>

... 2/-

Date:

27 JUL 2022

A copy each of the following supporting document has been sent to your insurer:

- 1) Our client's GIA report;
- 2) Our client's police report;
- 3) GIA search and report fees amounting to \$31.00;
- 4) GIA report of XD 3995D;
- 5) TP insurer search on vehicle XD 3995D amounting to \$2.00;
- 6) Repair bill.
- 7) Survey report + invoice;
- 8) One hundred and two (102) copies of scanned coloured photographs showing damage to our client's vehicle.
- 9) Eight (08) copies of coloured photographs taken at the scene of accident;
- 10) Accident video footage.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter to your insurer.

Please note that you should send 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 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,



c.c. Client (SJF 2015U)

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	17/06/2022 13:05 (SGT)
Date of Accident	16/06/2022 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD OF JURONG BIRD PARK TO PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF2015U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MHL LEASING PTE. LTD.
Company Reg No	202127780G
Email Address	mhlleasingpl@gmail.com
Mobile Phone No	(Phone) +65-96543012
Alternative Phone No	+65-96543012

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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 hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5124931429
Cover Note Number	drivo CLASSIC

DRIVER

Name of Driver	LIAU WEE CHYE
NRIC No	S0184290J

Date Of Birth	12/08/1953
Occupation	Indoor
Date Of Driving Pass	03/02/1975
Driving experience	47 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96214180
Alt. Phone Number	-
Email Address	mhleasingpl@gmail.com
Address	BLK 21 JOO SENG ROAD #04-176
Address complement	-
Postcode	360021
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Drizzling
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	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	Aljunied Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002809999
Alt. Police Station Phone No	(Fax) +65-62815960
Police Station Address	Blk 13 Joo Seng Road #01-69 Singapore 360013
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN /POLICE REPORT

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	XD3995D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	MURUHESWARAN MAYANDY
Passport No/FIN	F7493902M
Contact Number	(Phone) +65-91045191
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIAU WEE CHYE
Gender	Male
Phone No	(Phone) +65-96214180
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJF2015U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INCOME MOTOR SERVICE CENTRE

Report No: MT _____

D.O.A: 16/06/2022

Time: 13:30 hrs

Report Date & Start Time: 17/06/2022 12:28

Vehicle No SJF20151 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 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 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:

- (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (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.



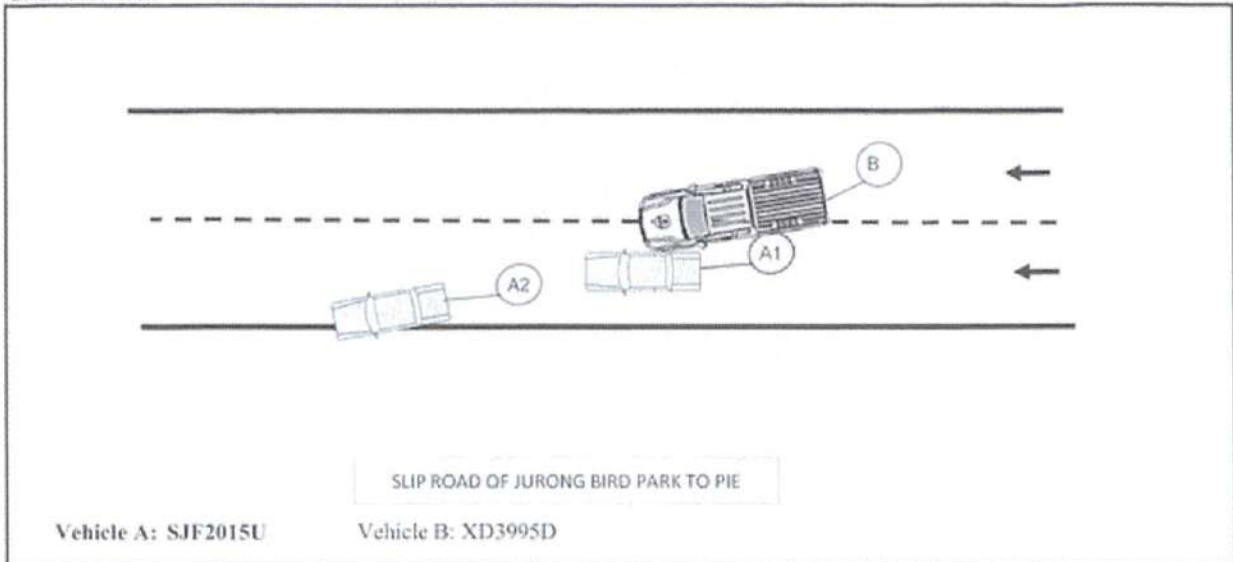
Policyholder's Signature / Date & Time

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

Ganesh (S993561)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No. T/20220616/2092

DRIVER TRAVEL ALONG

driver driving along Jurong Bird Road - slip road towards PIE

Suddenly the Prime Motor hit, driving into my lane pushing the car such that the tank burst that tyre

The R's Rear door damaged - driver's door cannot open At Time 130-pm

Declaration

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



17/06/22 / 12:28

Policyholder's Signature / Date & Time

[Signature]

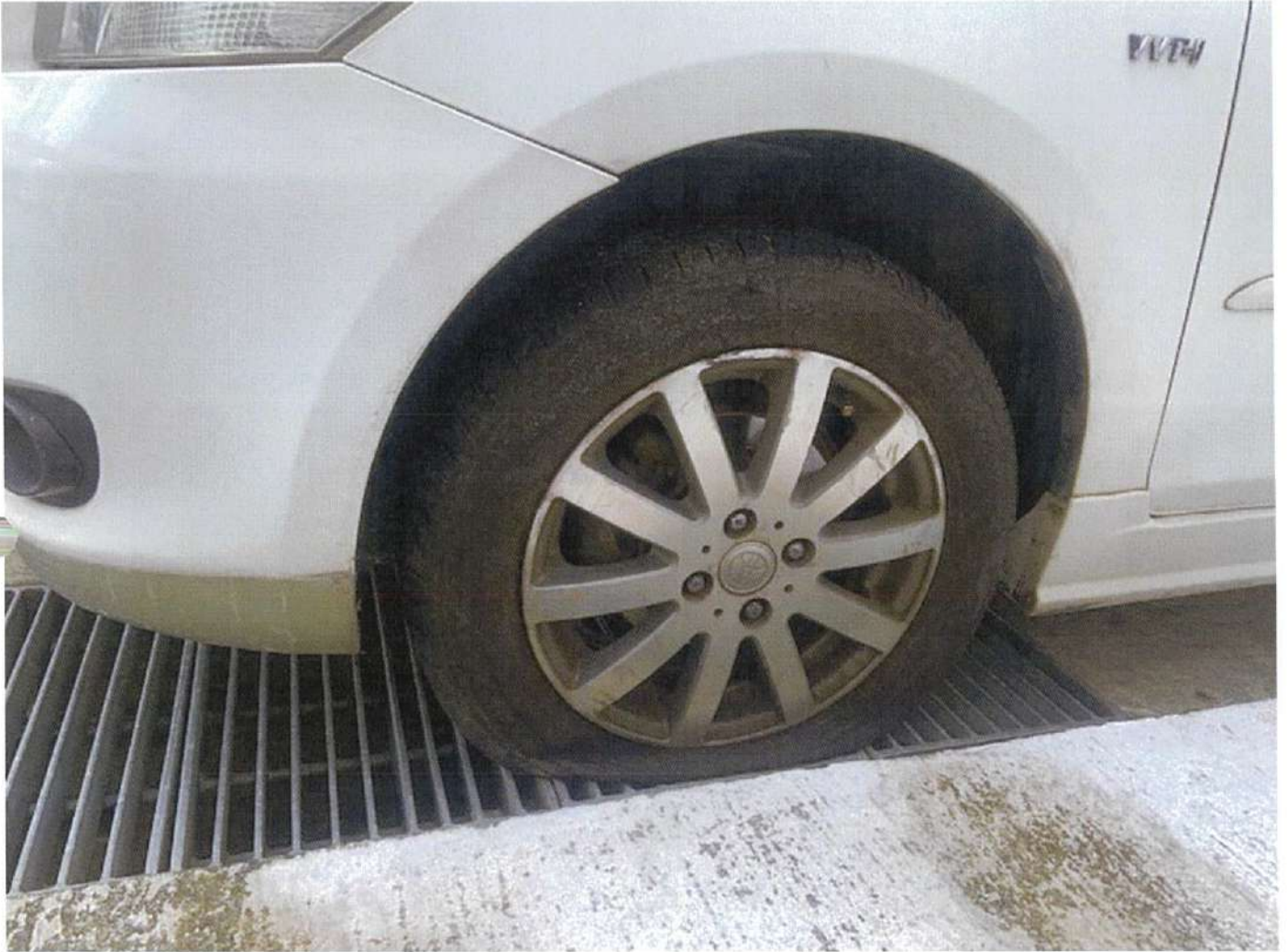
17/06/22 / 12:28

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

[Signature]

Ganesh (S993561)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel











**SINGAPORE
POLICE FORCE**



T:20220516/2092

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

Report No. T:20220516/2092

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/06/2022 21:58	Video Report No.:	Station Diary No.: 26
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Informant's Particulars

Name of Informant: LIAU WEE CHYE		Address: APT BLK 21 JOO SENG ROAD #04-176 SINGAPORE 360021	
ID Type / ID No.: NRIC NO / S0184290J		Contact No.: Home/Office: Mobile. 96214180	
Nationality: SINGAPORE CITIZEN		Email:	
Sex Male	Age: 68	Date of Birth: 12/08/1953	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Company director		Driving Licence Information: Class: 3,4,5 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive No	Date/Time of Accident: 16/06/2022 13:30	Type of Location: Straight Road
Location: PIONEER ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJF2015U	Car	TOYOTA	VIOS E AUTO	White	Slightly Damaged	0
XD3995D	Lorry	HINO	SH1EEKA	White	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: Nil	



**SINGAPORE
POLICE FORCE**



T/20220616/2092

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2609999

Page 1
Report No. T/20220616/2092

CONTINUATION OF REPORT

Driver			
Name	LIAU WEE CHYE	ID No.	S0184290J
Related Vehicle	SJF2015U (Car)	Contact No.	96214180
Hospital/Clinic	KIRIN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	16/06/2022	Date Discharge	16/06/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 16/06/2022 at about 1.30pm, I was traveling along Pioneer Road on the 2nd Lane in my vehicle bearing the registration number SJF2015U. Suddenly a lorry bearing the registration number XD3995D from the 1st Lane had hit onto the rear right side of my vehicle. We then pulled over to the side of the road to assess the damages. We then exchanged particulars to facilitate our respective insurance claims. I had also sought medical treatment for giddiness and was given 3 days of Medical Leave. I was then advised by my insurance company to lodge a report with regards to this matter. That is all.

**SINGAPORE
POLICE FORCE**

T:20220516/2092

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

4 of 3

Report No. T:20220516/2092

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:
E /
STAFF SGT KUMARAN S/O
SANDARARAJAN

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time
16/06/2022 21:58

Officer In Charge Of Case:
TP / AEIT /
INSP (1) BOON YEN KIAN
Contact No.: 65476172

Classification Of Case:

NP168



INSURER ENQUIRY

Find insurer

Vehicle reg. no.

XD3995D

Date of Accident

16/06/2022



Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance AXA Insurance Pte Ltd

Period of Insurance 01/09/2021 - 31/08/2022

Requested By DPCOSITI (DANIEL POON & CO)

Requested Date 17/06/2022 14:50

Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

DP. 11848.22. MHL



**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: 22/07/2022

Your Ref No: DP.11848.22.MHL

Dear Sir/Madam,

Date of Accident: 16/06/2022 00:00 (SGT)

Vehicle No: SJF2015U

Place of Accident: Jln. Ahmad Ibrahim, 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\$)
XD3995D	Jln. Ahmad Ibrahim, Singapore	(31.00)	1	(28.97)
GST Amount				(2.03)
Total Amount Due (GST Inclusive)				(31.00)

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.
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ACCIDENT STATEMENT

Date of Submission	16/06/2022 17:13 (SGT)
Reported by	-
Date of Accident	16/06/2022 14:00 (SGT)
Exact Location of Accident	Jln. Ahmad Ibrahim, Singapore
Additional Location Information	TO PIONEER CIRCUS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD3995D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PEC LTD

VEHICLE PARTICULARS

Manufacturer	Hino
Model	Sh1eeka
Variant	-
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	12913

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	P2324778

DRIVER

Name of Driver	MURUGESWARAN R MAYANDY
Passport No/FIN	F7493902M
Address	775 YISHUN RING ROAD #02-3588
Address complement	-
Postcode	-
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
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Weather Conditions

DRIZZLING

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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

CIRCUMSTANCES OF ACCIDENT**REFER TO SKETCH PLAN****ATTACHMENT(S)**

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJF2015U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIAU WEE CHYE
Insurance Company Name	-

SKETCH PLAN

IMPORTANT NOTICE

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7. 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:
 - (i) 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (b) 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

I AM AWARE THAT MY INSURER MAY HAVE A 15 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

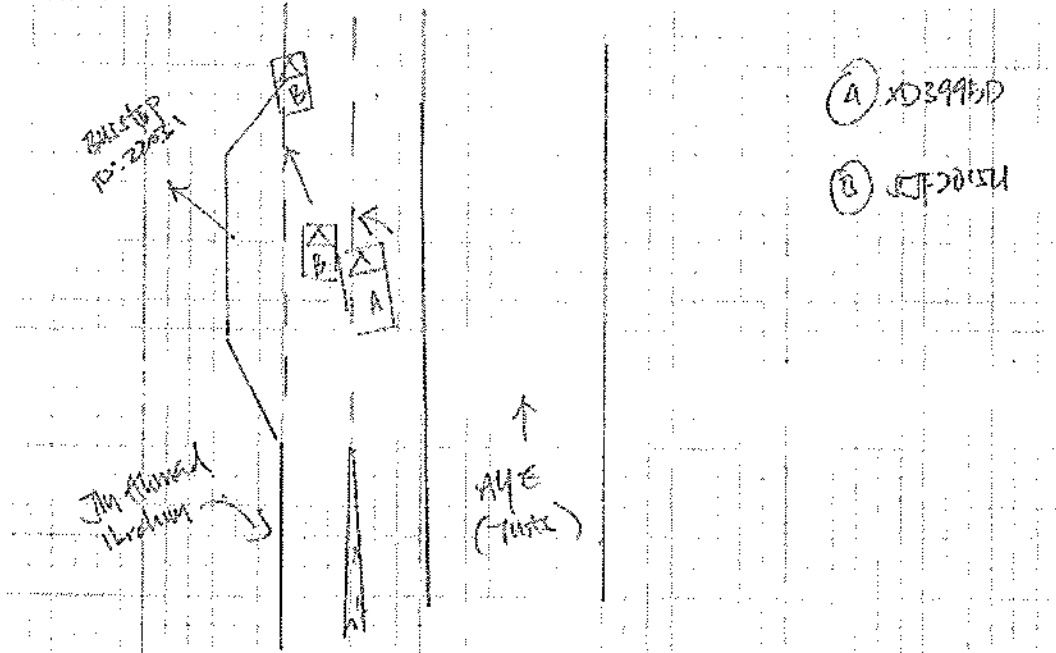


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NR-CFIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/06/2022 @ around 11:00hrs, I was travelling AYE (turn) & enter into the exit 15. After enter into Jin Ahmed Building & I wanted to enter into left lane however I did not notice that Vehicle B is in my left & caused me hit into his right portion.

I was employed under this company & was authorised to drive for work purpose during the accident happened.

[Signature]

[Stamp]

DECLARATION

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



Policyholder's Signature
Date & Time

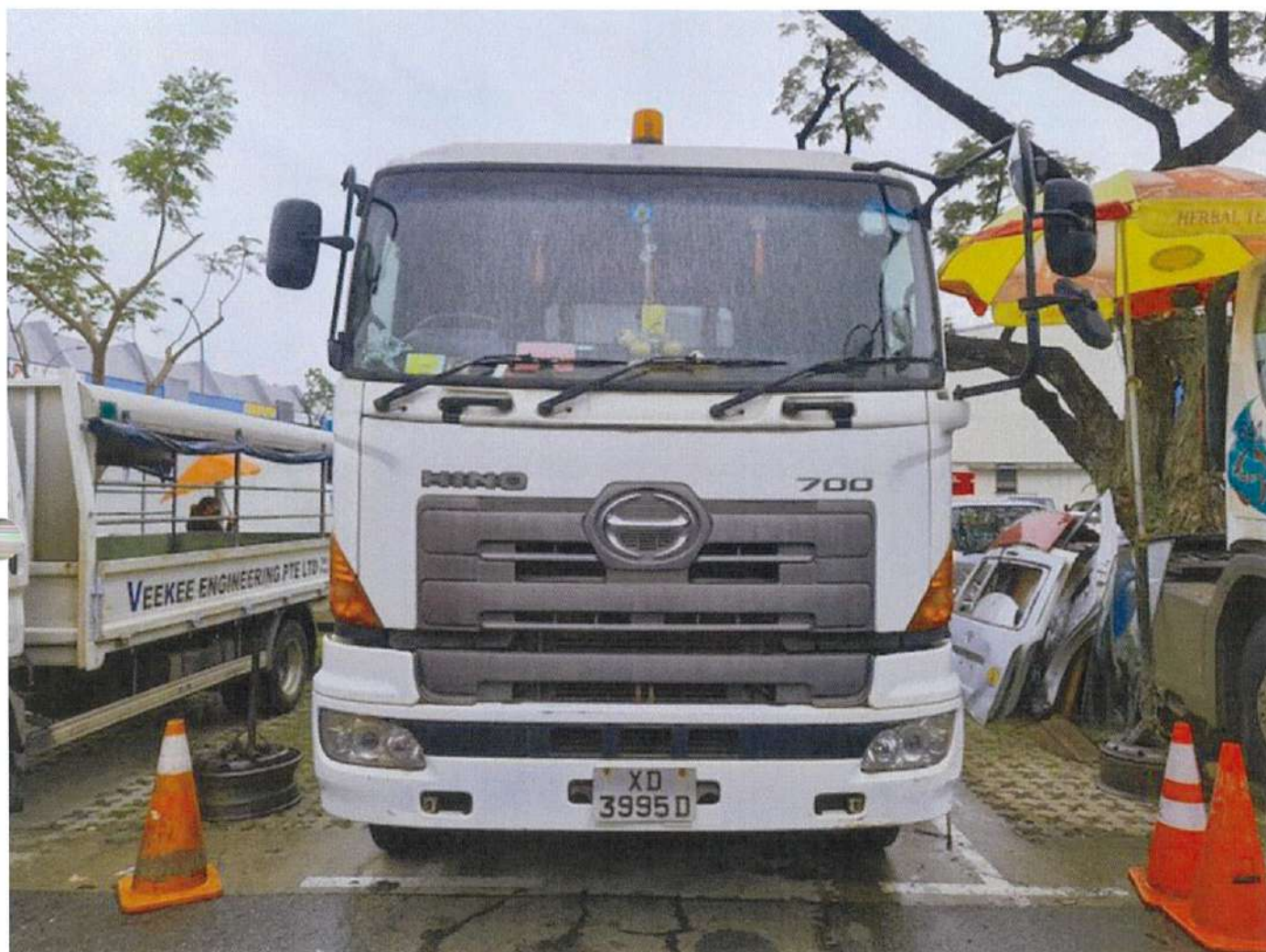
[Signature]

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

☐ Claim own policy
☐ Claim third party
☐ Claim COI & TP at other workshop
☒ For record purpose

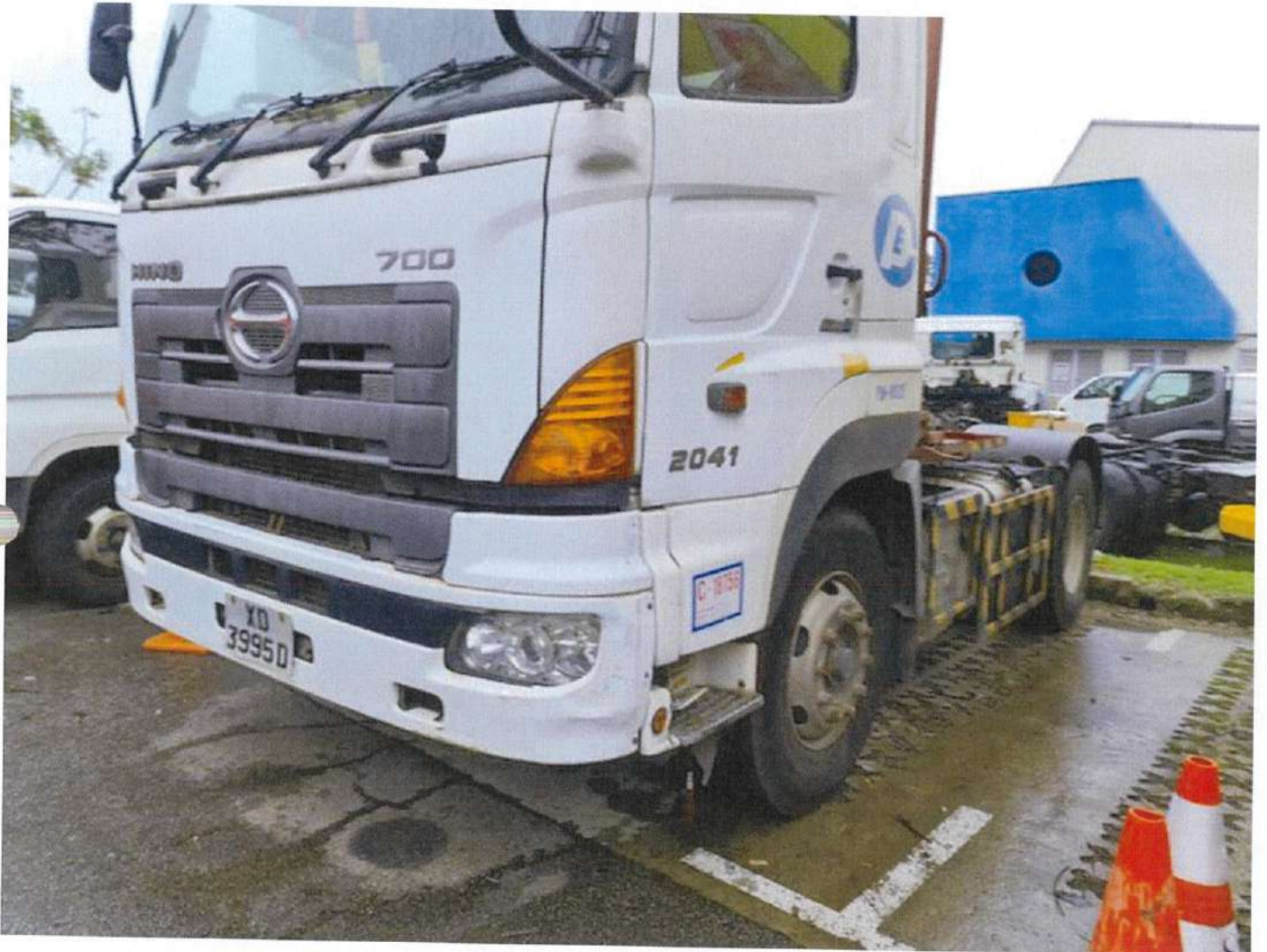
Policy No: **P2324971**
Insured: **AKA** Veh No: **XD3995D**

[Signature]
Receiving Centre Personnel's Signature
Name: _____
VARIATION No: _____























MHL AUTOMOBILE SERVICES

Blk 3006 Ubi Road 1, #01-360, Singapore 408700
Tel no: 6748 1864 HP no: 9653 3012

INVOICE

MHL Leasing Pte Ltd
c/o Blk 3006 Ubi Road 1
#01-360
Singapore 408700

Invoice No: 004/22/SH/TP
Date: 12 July 2022

Item	Particular	Amount (\$)
1	To supply labour and materials to repair below mentioned vehicle to its pre-accident condition.	\$8,300.00

Vehicle No: SJF2015U
Make/Model: Toyota Vios E Auto
Accident Date: 16 June 2022

S\$ Eight Thousand and Three Hundred only

TOTAL:

\$8,300.00

MHL AUTOMOBILE SERVICES



Authorized Signature

PRO-OPTION SERVICES

Mailing address: Blk 189B Rivervale Drive, #04-1004, Singapore 542189
Mobile: 9061 0543, Email: mirage1195@gmail.com

MHL Leasing Pte Ltd
c/o Blk 3006 Ubi Road 1
Singapore 408700
Singapore 408700

Invoice no:	POS0625/22
Date:	5 July 2022
Report no:	625M22.MHL
Vehicle :	SJF2015U

INVOICE

No	Item Description	Qty	Unit Price	Total Amount(\$)
01	Being charges for the inspection of the accident vehicle, transport and photographs.			778.00
SGD(\$): Seven Hundred and Seventy-eight only			Payable Amount:	778.00

"Cheque should be crossed and made payable to "Pro-Option Services"

PRO-OPTION SERVICES



.....
Authorised Signature

PRO-OPTION SERVICES

Mailing address: Blk 189B Rivervale Drive, #04-1004, Singapore 542189

Mobile: 9061 0543, Email: mirage1195@gmail.com

ACCIDENT VEHICLE INSPECTION REPORT

Report no : 625M22.MHL
Vehicle no : SJF2015U

1 REFERENCE

Date of inspection : 20 June 2022
Requested by : MHL Leasing Pte Ltd
c/o Blk 3006 Ubi Road 1
#01-360
Singapore 408700
Type of survey : Independent
Repairer : MHL Automobile Services
Blk 3006 Ubi Road 1, #01-360 Singapore 408700
Date of accident : 16 June 2022

2 VEHICLE DATA

Make/model : **TOYOTA VIOS E AUTO**
Chassis no : MR053HY9305051082
Engine no : 1NZX699186
Date of registration : 23 May 2008 COE Expiry Date: 22 May 2028
Engine capacity : 1497 cc
Odometer reading : 187688 km
Colour : White

3 STATIC CONDITION CHECK

Steering : Affected
Foot brakes : Serviceable
Hand brakes : Serviceable
Paintwork : Good
General Condition : Good

4 TIRE CONDITION CHECK

	<u>RH/MAKE</u>	<u>LH/MAKE</u>	<u>SIZE</u>
Front tread	: 6 mm/Arivo	6 mm/Arivo	185/60R15
Rear tread	: 6 mm/Arivo	6 mm/Arivo	185/60R15

5 BRIEF DESCRIPTION OF DAMAGE

Left front suspension and undercarriage parts damaged, rear bumper scratched, rear RH fender dented/bent/distorted, rear RH door crushed, front RH door bent, rear RH shock absorber bent, rear RH sport rim dented/scraped, RH door centre pillar bent, etc. Please see para. 8 of this report for more details.

6 REMARKS

This inspection is carried out on a "WITHOUT PREJUDICE" basis and I have not authorized any repairs.

7 RECOMMENDATION

Cost of repairs : **\$8,300.00** (lump sum)
Estimated no of days : **Eight (8)**

8 ASSESSMENT OF DAMAGE AND COSTSReport no: 625M22.MHLVehicle no: SJF2015U**A SPARE PARTS**

<u>Description</u>	<u>Qty</u>	<u>Assessed Condition</u>	<u>Repairer's Amount</u>	<u>Revised Amount</u>
LH front suspension lower arm	1	bent/bush broken	405.10	405.10
LH front knuckle arm	1	bent/distorted	435.00	435.00
LH front knuckle arm bearing	1	necessary	210.00	210.00
LH front shock absorber	1	bent	410.00	410.00
Rear bumper	1	to repair	419.60	419.60
Rear bumper side retainer LH & RH	1	necessary	194.60	194.60
RH rear fender	1	dented/bent/distorted	987.40	987.40
Rear windscreen moulding set	1	necessary	110.10	110.10
RH rear wheel bearing c/w hub assy	1	rattled/notchy	701.90	701.90
RH rear shock absorber	1	bent	161.30	161.30
RH rear door assy	1	crushed	981.60	981.60
RH rear door lock assy	1	bent/slackened/distorted	311.90	311.90
RH rear door hinge – upper/lower	2	bent/stiffened	197.40	197.40
RH rear door glass outer moulding	1	bent	107.80	107.80
RH rear door glass support channel	1	bent	170.20	170.20
RH rear door check	1	bent	150.60	150.60
RH rear door weatherstrip	1	torn/deformed	228.50	228.50
RH rear door power window motor	1	shorted	383.60	383.60
RH rear door glass regulator	1	bent	210.80	210.80
RH rear door inner splash plastic shield	1	necessary	60.80	60.80
RH rear door sash pillar black tape	1	necessary	56.20	56.20
RH rear door outer handle	1	scraped	96.40	96.40
RH rear door protector moulding	1	bent/deformed	121.60	121.60
RH door centre pillar	1	to repair	414.70	0.00
RH front door assy	1	to repair	1,011.80	0.00
RH front door protector moulding	1	end cut	131.80	131.80
Subtotal of the above			8,670.70	7,244.20
Discount			25% / 25%	
Subtotal 1:			2,167.68	1,811.05
(Special nett)			6,503.03	5,433.15
LH front sport rim	1	scraped	550.00	550.00
LH front tyre	1	sidewall cut	255.00	255.00
RH rear rim	1	dented/scraped	550.00	550.00
Rear bumper clip	10	necessary	55.00	55.00
Rear windscreen gum	1	necessary	80.00	80.00
Subtotal 2:			1,490.00	1,490.00
Total cost of parts:			7,993.03	6,923.15

B LABOUR

To check wiring.	60.00	45.00
To apply anti-rust undercoat.	150.00	90.00
To remove and refit rear windscreen glass.	150.00	120.00
To remove and refit rear fender inner trim cover and fittings, affected upholstery and carpet, rear passenger seat, etc to facilitate the repairs.	350.00	250.00
To conduct computerised wheel alignment before repair.	60.00	60.00
To conduct computerised wheel alignment after repair.	60.00	60.00

Report no: 625M22.MHL
Vehicle no: SJF2015U

Labour charges to remove and replace, to cut and weld, to panel beating affected and damaged parts.	1,500.00	1,250.00
Spray painting charges to paint the rear bumper, rear RH door, front RH door, RH door centre pillar, rear door outer handle, rear RH fender and necessary areas.	1,500.00	1,250.00
To remove and transfer front door glass.	80.00	60.00
To remove and transfer rear door glass.	80.00	60.00
Towing charges.	100.00	100.00
Total cost of labour:	4,090.00	3,345.00
Total cost of repair:	12,083.03	10,268.15



CONCLUSION

The revised or adjusted cost of repairs to restore the vehicle is

\$10,268.15

(a) The final cost of repair based on lump sum repairs would be

\$8,300.00

(b) Under normal repair condition, the estimated number of days required to complete the repairs would be

Eight (8)

(1st Reinspection conducted on 21 June 2022)

(Post Repair Inspection conducted on 28 June 2022)

The above recommendations in my view are fair and reasonable for the restoration of the vehicle to its pre-accident condition.

Yours faithfully

Liaw Leong San
Licensed Automotive Appraiser

Dated: 5 July 2022







