

CROSSBORDERS LLC

Advocates & Solicitors | Commissioner for Oaths | Notary Public

Our Ref : AJ.tk.8011.2022.EMS (PD+PI)
Your Ref: SLL9820K

We are in receipt of your letter, which is receiving our attention. We shall revert shortly, kindly note that we are preserving our rights to conduct a medical re-examination on your client where necessary.

Our Ref:
Name
Date

India International Insurance Pte Ltd

MAIN OFFICE
133 NEW BRIDGE ROAD
#23-03/04/05
CHINATOWN POINT
SINGAPORE 059413

TEL: 6438 1323
FAX: 6438 2313

TO: **MOHAMED SHAH BIN MOHAMED SAID**
Blk104C Canberra Street
#07-523
Singapore 753104

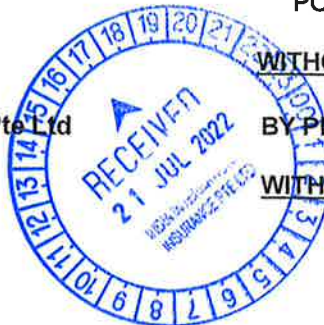
BY CERTIFICATE OF
POSTING

cc: **India International Insurance Pte Ltd**
(Motor Claims Dept)
64 Cecil Street #05-02
IOB Building
Singapore 049711

WITHOUT PREJUDICE

BY PDX

WITHOUT PREJUDICE



FROM CROSSBORDERS LLC
PDX Box No. 8038

Dear Sirs

RE : CLAIMANT: TIN WAI LEONG
ACCIDENT INVOLVING VEHICLES NO. SJY4323S & SLL9820K ALONG HOLLAND ROAD TOWARDS NORTH BUONA VISTA ROAD ON 01.04.2022

We are instructed by the abovenamed to claim damages against you in connection with an accident on 01 April 2022 at about 18:40 hours along Holland Road towards North Buona Vista Road involving our client's vehicle no. SJY4323S and motor vehicle registration no. SLL9820K driven by you at the material time.

We are instructed that the accident was caused by the negligence of you in the driving, management and control of vehicle registration number SLL9820K.

As a result of the accident, our client's motor vehicle no. SJY4323S was damaged and our client suffered personal injuries. He injuries are set out in the medical report annexed to this letter. His has been put to loss and expense, particulars of which are as follows:-

A. Special Damages

| | | | |
|----|---|----|----------------|
| a) | Transport Expenses (Taxi fare to hospital and clinics) | \$ | 50.00 |
| b) | Medical Expenses (at this stage) | \$ | 81.64 |
| c) | Loss of Income (5 days MC) | | To be assessed |
| d) | Cost of Repairs (Inclusive GST) | \$ | 12,840.00 |
| e) | Loss of Rental (11 days x \$130.00 per day) | \$ | 1,430.00 |
| | Loss of Use (1 day x \$120.00 per day) | \$ | 120.00 |
| f) | (inclusive of 1 Sunday and 2 days Pre-Repair Inspection Notice) | | |

B. General Damages \$ **3,500.00**

C. Disbursements

| | | | |
|----|---|----|-----------------|
| a) | Medical Report Fee | \$ | 174.40 |
| b) | GIA Report | \$ | 58.00 |
| c) | LTA Search | \$ | 7.49 |
| d) | Surveyor Fee | \$ | 840.00 |
| D. | Legal Cost (including GST) (at this stage) | \$ | 3,210.00 |

CONFIDENTIALITY CAUTION

THIS DOCUMENT IS FOR THE ADDRESSEE(S) ONLY AND MAY CONTAIN CONFIDENTIAL INFORMATION AND/OR MAY BE SUBJECT TO LEGAL PRIVILEGE. IF YOU HAVE RECEIVED THIS IN ERROR, PLEASE CONTACT US IMMEDIATELY.

CROSSBORDERS LLC

A LIMITED LIABILITY CORPORATION. REGISTRATION NUMBER 201305284K
GST REGISTRATION NUMBER 201305284K

CrossBORDERS LLC

Advocates & Solicitors | Commissioner for Oaths | Notary Public

20 JUL 2022

MAIN OFFICE
133 NEW BRIDGE ROAD
#23-03/04/05
CHINATOWN POINT
SINGAPORE 059413

Our Ref : AJ.tk.8011.2022.EMS (PD+PI)
Your Ref: SLL9820K

TEL: 6438 1323
FAX: 6438 2313

TO: **GRAB RENTALS PTE LTD**
6 Battery Road
#38-04
Singapore 049909

BY CERTIFICATE OF
POSTING

WITHOUT PREJUDICE

cc: **India International Insurance Pte Ltd**
(Motor Claims Dept)
64 Cecil Street #05-02
IOB Building
Singapore 049711

BY PDX

WITHOUT PREJUDICE

Dear Sirs

RE : CLAIMANT: TIN WAI LEONG

ACCIDENT INVOLVING VEHICLES NO. SJY4323S & SLL9820K ALONG HOLLAND
ROAD TOWARDS NORTH BUONA VISTA ROAD ON 01.04.2022

We are instructed by the abovenamed to claim damages against you in connection with an accident on 01 April 2022, at about 18:40 hours along Holland Road towards North Buona Vista Road, involving our client's vehicle no. SJY4323S, and motor vehicle registration no. SLL9820K, driven by you at the material time.

We are instructed that the accident was caused by the negligence of you in the driving, management and control of vehicle registration number SLL9820K.

As a result of the accident, our client's motor vehicle no. SJY4323S was damaged and our client suffered personal injuries. His injuries are set out in the medical report annexed to this letter. His has been put to loss and expense, particulars of which are as follows:-

A. Special Damages

| | | | |
|----|---|----|----------------|
| a) | Transport Expenses (Taxi fare to hospital and clinics) | \$ | 50.00 |
| b) | Medical Expenses (at this stage) | \$ | 81.64 |
| c) | Loss of Income (5 days MC) | | To be assessed |
| d) | Cost of Repairs (Inclusive GST) | \$ | 12,840.00 |
| e) | Loss of Rental (11 days x \$130.00 per day) | \$ | 1,430.00 |
| f) | Loss of Use (1 day x \$120.00 per day) | \$ | 120.00 |
| | (inclusive of 1 Sunday and 2 days Pre-Repair Inspection Notice) | | |

B. General Damages \$ 3,500.00

C. Disbursements

| | | | |
|----|--------------------|----|--------|
| a) | Medical Report Fee | \$ | 174.40 |
| b) | GIA Report | \$ | 58.00 |
| c) | LTA Search | \$ | 7.49 |
| d) | Surveyor Fee | \$ | 840.00 |

D. Legal Cost (including GST) (at this stage) \$ 3,210.00

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CrossBORDERS LLC

A LIMITED LIABILITY CORPORATION, REGISTRATION NUMBER 201305284K
GST REGISTRATION NUMBER 201305284K

A copy each of the following supporting documents is enclosed:-

- a) ✓ GIA Report and Traffic Police Report lodged by our client (SJY4323S) with sketch plan together with photographs of vehicle no. SJY4323S;
- b) ✓ GIA Report lodged by you (SLL9820K) with sketch plan together with photographs of your motor vehicle no. SLL9820K;
- c) ✓ Result of LTA search on your vehicle registration no. SLL9820K;
- d) ✓ Vehicle Rental Agreement and Invoice from E Rental;
- e) ✓ Repair Proforma Invoice from E M Solution Pte Ltd;
- f) ✓ Vehicle Assessment Report & Invoice from Sincere Appraisal Services Pte Ltd;
- g) ✓ Seventy-Six (90) colour photographs depicting the damage to our client's motor vehicle no. SJY4323S;
- h) ✓ Vehicle Owner Particulars of our client's vehicle no. SJY4323S;
- a) ✓ Medical Report dated 19 Jun 2020 by Dr Leon Neoh from Mount Alvernia Hospital together with Tax Invoice for the sum of \$174.40 being Medical Report Fees;
- b) ✓ Medical Fees for \$81.64 from Mount Alvernia Hospital;
- c) ✓ Medical Certificate from Mount Alvernia Hospital; and
- d) ✓ LTA Receipt & GIA Invoices.

We have on 04 April 2022 notified your insurers India International Insurance Pte Ltd of the accident and pre-repair inspection of our client's vehicle was carried out by your insurer.

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

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter **within 14 days** of your receipt of this letter. If you or your insurer wish to have our client examined by your own medical expert, this should be stated in your acknowledgement of receipt. Please also advise **within 14 days** of the acknowledgement of receipt, where and when the examination of our client is to take place so that we may arrange for him to attend.

Should you fail to acknowledge receipt of this letter **within 14 days**, our client can 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 required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents **within 6 weeks** of your receipt of this letter.

Yours faithfully

A handwritten signature in cursive script that reads "CrossBorders LLC".

CrossBorders LLC

Email: corene@crossbordersllc.com (secretary)

encs

cc: SJY4323S



SINGAPORE POLICE FORCE



T/20220402/2080

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

1 of 3

Report No. T/20220402/2080

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|--|---|----------------------------|--|
| Date/Time Report Made: 02/04/2022 16:51 | | Vide Report No.: | | Station Diary No.: 23 | |
| Informant's Particulars | | | | | |
| Name of Informant: TIN WAI LEONG | | | Address: APT BLK 22 DOVER CRESCENT #06-356 SINGAPORE 130022 | | |
| ID Type / ID No.: NRIC NO / S7225447C | | | Contact No.: Home/Office: Mobile: 90228109 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: tinwaileong@hotmail.com | | |
| Sex: Male | Age: 49 | Date of Birth: 25/07/1972 | Type of Informant: Vehicle Owner | | |
| Race: Chinese | | Language: English | | Institution / School Name: | |
| Occupation: PROPERTY AGENT | | Driving Licence Information: Class: 3 Date of Expiry: | | | |

| | | | | |
|--|------------------|---|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 01/04/2022 18:40 | Type of Location: T-Junction |
| Location: HOLLAND ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Pedestrian Crossing | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|-------|-------|--------|-------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SJY4323S | Car | MAZDA | | Blue | Seriously Damaged | 1 |
| SLL9820K | Car | HONDA | | Silver | | 0 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person Involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20220402/2080

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

2 of 3

Report No. T/20220402/2080

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------------|--|-----------------------------------|
| Vehicle Owner | | | |
| Name | TIN WAI LEONG | ID No. | S7225447C |
| Related Vehicle | SJY4323S (Car) | Contact No. | 90228109 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 02/04/2022 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |
| Driver | | | |
| Name | Mohamed Shah Bin Mohamed Said | ID No. | S1558049F |
| Related Vehicle | SLL9820K (Car) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 01/04/2022, at about 6.40pm, I was driving my car SJY4323S along Holland Rd towards Ulu Pandan as I was heading home with my friend James 98350667, who is also my neighbor, as well. As I was approaching the junction of Holland Rd and North Buona Vista Rd, I moved to the left lane and subsequently came to a stop when I saw vehicles in front of me had stopped before the pedestrian crossing.

Shortly after I stopped my car, I suddenly felt a loud impact from the rear. Due to the great impact, my car moved forward and hit onto a Singpost motorcycle. I subsequently alighted from my car and realized that the rear bumper was badly damaged. I then spoke to the driver of the car SLL9820K, who knocked onto me and we subsequently exchanged particulars. I then went over to the Singpost rider and checked on him. The rider said that he was ok and there was no damage on his motorcycle. He then left the place before I can ask for his particulars or take down his vehicle number. I subsequently took photos of both cars and subsequently left the place as well.

After the accident, I checked on my friend and he said that he was fine. After a while, I felt some stiffness and pain on my back. Thus, I went over to Mount Alvernia Hospital on 02/04/2022 for a check and I was given a 5 days MC. I was then advised to lodge a police report. I wish to state that I have an in-car camera in my car, but I discovered that it was spoilt only after the incident. Thus, there were no footages captured.



**SINGAPORE
POLICE FORCE**



T/20220402/2080

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

3 of 3

Report No. T/20220402/2080

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:
D /
SR STAFF SGT TAN WEI JIAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
02/04/2022 16:51

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

NP168



SINGAPORE
POLICE FORCE

SN 50

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 | 02/04/2022 11:05 (SGT) |
| Date of Accident | 01/04/2022 18:40 (SGT) |
| Exact Location of Accident | Holland Rd, Singapore |
| Additional Location Information | Holland Road towards North Buona Vista Road |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SJY4323S |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-------------------------|
| Is company? | No |
| Name Of Registered Owner | Tin Wai Leong |
| NRIC No | S7225447C |
| Email Address | tinwaileong@hotmail.com |
| Mobile Phone No | (Phone) +65-90228109 |
| Alternative Phone No | (Home) +65-90228109 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mazda |
| Model | 5 |
| 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 | 1999 |

INSURANCE COMPANY

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 5111178294-02 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | Tin Wai Leong |
| NRIC No | S7225447C |

| | |
|--|-------------------------------|
| Date Of Birth | 25/07/1972 |
| Occupation | Outdoor |
| Date Of Driving Pass | 25/05/1998 |
| Driving experience | 23 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90228109 |
| Alt. Phone Number | (Home) +65-90228109 |
| Email Address | tinwaileong@hotmail.com |
| Address | Blk 22 Dover Crescent #06-356 |
| Address complement | - |
| Postcode | 130022 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------|-----------------|
| Type of Accident | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|---------|
| Name | unknown |
| Gender | Male |

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

refer attached 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 | SLL9820K |
| Vehicle Manufacturer | Honda |
| Vehicle Model | Vezel |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |

| | |
|---|--------------|
| Name of Driver | Mohamed Shah |
| NRIC No | S1558049F |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|------------|
| Vehicle Registration Number | UNKNOWN |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| 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) | 1 |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|----------------------|
| Name of injured person | Tin Wai Leong |
| Gender | Male |
| Phone No | (Phone) +65-90228109 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SJY4323S |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |


Describe Circumstances of the Accident

I was driving along Holland Rd. towards the direction of North Buona Vista.
 When vehicles ahead came to a stop, I followed suit.
 Next second, I felt a strong impact from the rear of my vehicle, causing my car to surge forward & hit onto a Singapore motorcycle in front of me. I alighted to check. The front motorcyclist claimed that he was okay & drove off. I did not take his name. I then exchange particulars with Veh (S) that hit onto my car.
 I felt pain on my back this morning & will be consulting the doctor later.

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

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that :

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

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")

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

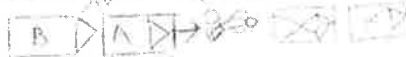
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

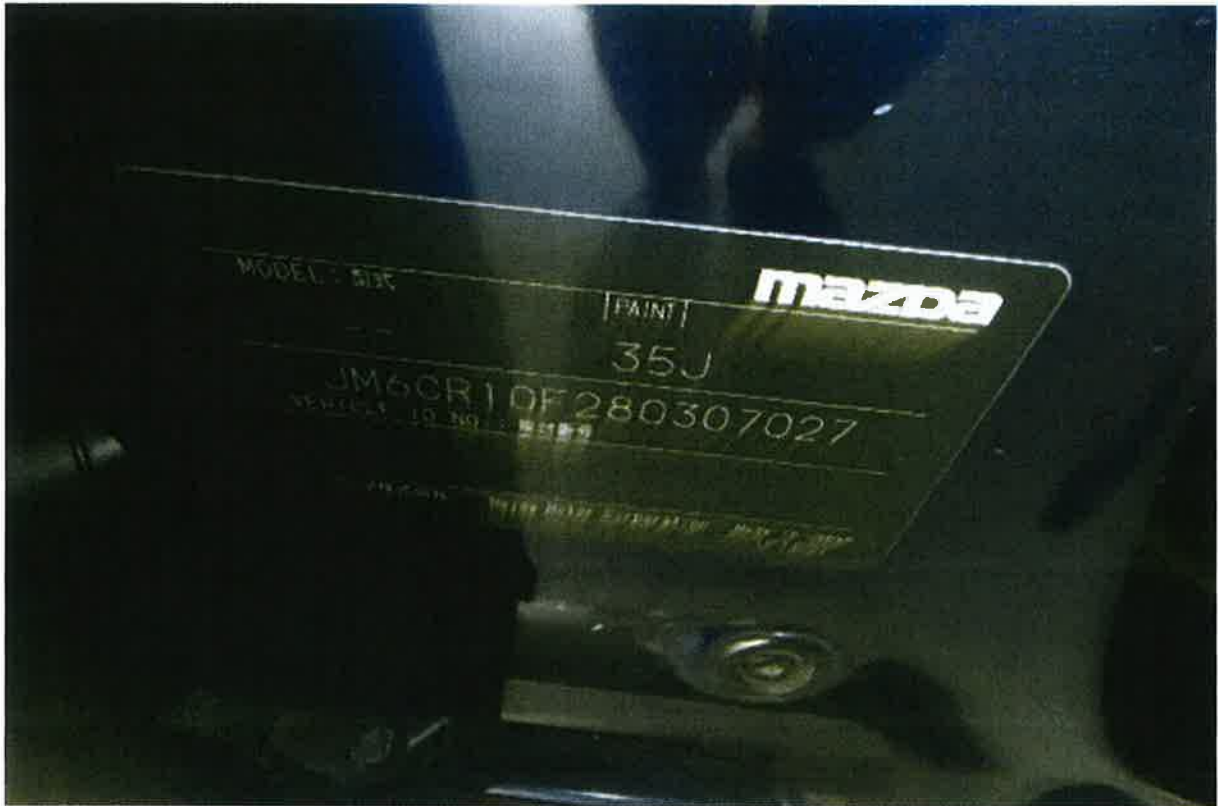


A) 554 43235
B) 366 792010
C) 432010











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 | 04/04/2022 11:13 (SGT) |
| Date of Accident | 01/04/2022 18:45 (SGT) |
| Exact Location of Accident | Holland Rd, Singapore |
| Additional Location Information | Towards North Buona Vista |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLL9820K |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | Yes |
| Name Of Registered Owner | GRAB RENTALS PTE LTD |

VEHICLE PARTICULARS

| | |
|------------------|--------------|
| Manufacturer | Honda |
| Model | Vezel |
| Variant | - |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 1496 |

INSURANCE COMPANY

| | |
|---------------------------|---------------------------------------|
| Name of Insurance Company | India International Insurance Pte Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | Yes |
| Policy Number | D21MFL0000447_01 |
| Cover Note Number | - |

DRIVER

| | |
|---------------------------------|----------------------------------|
| Name of Driver | MOHAMED SHAH BIN MOHAMED SAID |
| NRIC No | S1558049F |
| Address | BLK 104C CANBERRA STREET #07-523 |
| Address complement | - |
| Postcode | 753104 |
| Does Driver Own Other Vehicles? | No |

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions

Collision - Head to Rear
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 01/04/2022 AT OR ABOUT 1845HRS, I WAS TRAVELLING ALONG THE HOLLAND ROAD TOWARDS NORTH BUONA VISTA RD IN MY VEHICLE BEARING SLL9820K. AS I TRAVELLING SUDDENLY ANOTHER VEHICLE INFRONT OF ME BEARING SJY4323S HAD COME TO A COMPLETE STOP. I HAD APPLIED EMERGENCY BRAKE, HOWEVER, DUE TO THE CLOSE PROXIMITY I HAD REAR ENDED THE VEHICLE INFRONT OF ME. I WISH TO STATE THAT NOBODY WAS INJURED DURING THE ACCIDENT AND WE DID EXCHANGED OUR CONTACT DETAILS WITH EACH OTHER.

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 | SJY4323S |
| Vehicle Manufacturer | Mazda |
| Vehicle Model | 5 |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | TIN WAI LEONG |
| 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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may be 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 be 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 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 based 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

VEH A
SLL9820K
VEH B
SJY4323S

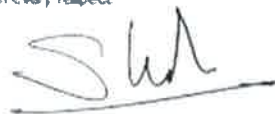


Describe Circumstances of the Accident

ON 01/04/2022 AT OR ABOUT 1845HRS, I WAS TRAVELLING ALONG THE HOLLAND ROAD TOWARDS NORTH BUONA VISTA RD IN MY VEHICLE BEARING SLL9820K. AS I TRAVELLING SUDDENLY ANOTHER VEHICLE INFRONT OF ME BEARING SJY4323S HAD COME TO A COMPLETE STOP. I HAD APPLIED EMERGENCY BRAKE, HOWEVER, DUE TO THE CLOSE PROXIMITY I HAD REAR ENDED THE VEHICLE INFRONT OF ME. I WISH TO STATE THAT NOBODY WAS INJURED DURING THE ACCIDENT AND WE DID EXCHANGED OUR CONTACT DETAILS WITH EACH OTHER.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 02/04/2022, 1000hrs



Witnessed by Reporting Centre Personnel MAMAT

















Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 01 Apr 2022 / 18:40:00)

Vehicle Insurance Details

Vehicle No.:

SLL9820K

Make Description/Model:

HONDA / VEZEL HYBRID 1.5X AUTO

Insurance Company Name:

INDIA INT'L INS PTE LTD

Business Transaction Reference No.:

20220404092221568989

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

Save as PDF

OK →

Print

E RENTAL

160, Sin Ming Drive, #03-19, Sin Ming Autocity
Singapore 575722

Tel: 64560226 Fax : 64584500

Registration No: 53129868W

Mr Tin Wai Leong

Date: 12.04.2022

Inv No: ER 5761-4

Ref No: SJY 4323S

| No | Description | Qty | Unit Price | Day | Amount |
|-------|---|-----|------------|-----|-------------|
| 1 | Rental of Toyota Wish 1.8 from 01.04.22 to 12.04.22 Veh Plate : SLU 2130S | | \$ 130.00 | 11 | \$ 1,430.00 |
| Total | | | | | \$ 1,430.00 |


for E Rental



E Rental
Optimum Driving Experience

160 Sin Ming Drive #03-18/19
Sin Ming Autocity
Singapore 575722
Tel: 6456 0226 Fax: 6458 4500
Email: emautosolution@singnet.com
Co. Reg. No.: 53129868W

RENTAL AGREEMENT

No: **5761**

| Vehicle No. | Make / Model |
|-------------|-----------------|
| SLU 2130 S | Toyota Wish 1.8 |

Date: 1/4/2022

| HIRER'S PARTICULARS | |
|---------------------|--|
| Name | TIN WAI LEONG |
| Address | Blk 22 Dover Crescent # 06-356 (130022) |
| Telephone (Home) | |
| (Office) | |
| H/Phone | 90228109 |
| NRIC or Passport No | |
| Nationality | |
| Date of Birth | Age |
| Driving Licence No | Expires |
| Type | Local / Int'l Issued |
| Driving Experience | |

| CHARGES | | | |
|---------|--------------------------------------|------|-----|
| | | \$ | cts |
| 11 | Day(s) @ S\$ 130.00 | 1430 | 00 |
| | Week(s) @ S\$ | | |
| | Month(s) @ S\$ | | |
| | Insurance | | |
| | Additional Rental Payable | | |
| | Surcharge of Fuel | | |
| | Total | 1430 | 00 |
| | Less Deposit (Cash / Cheque No.) | | |
| | Balance Payable / Refundable | | |
| | Refund Received (Cash / Cheque No.) | | |

Note: 1) Hirer is liable for all parking fines and traffic violations.

2) Excess - In the event of any accident, the Hirer is liable to pay first (S\$ _____) plus loss of earnings before the damaged vehicle is being repaired.

3) Young (), Inexperienced () or Aged driver (), additional excess of (S\$ _____) will apply.

4) Windscreen excess \$100 before GST will apply if hit by stone, otherwise full price will apply.

I/We declare that the above particulars are true and correct in every respect and I/We have read and understood the terms and conditions of the Hire Agreement printed overleaf.

| DRIVER'S PARTICULARS (If different from Hirer) | |
|---|----------------------|
| Name | |
| Address | |
| Telephone (Home) | |
| (Office) | |
| H/Phone | |
| NRIC or Passport No | |
| Nationality | |
| Date of Birth | Age |
| Driving Licence No | Expires |
| Type | Local / Int'l Issued |
| Driving Experience | |

Stamp & Signature of Hirer

Signature of Driver
(If different from Hirer)

Date

Date

| | | | |
|----------------------------------|-----------------|----------------------|-------------------|
| Date Out | <u>1/4/2022</u> | Date In | <u>12/4/2022</u> |
| Time Out | AM / PM | Time In | <u>11</u> AM / PM |
| Mileage at Delivery / Pick-up | | Mileage on Returning | |
| Fuel Level at Delivery / Pick-up | E 1/4 1/2 3/4 F | Fuel on Returning | E 1/4 1/2 3/4 F |
| Surcharge of Fuel will be at S\$ | per 1/4 tank | | |

Remarks: **Kindly note the following:**

Driving to Malaysia is strictly not allowed.

24 HOURS HELPLINE: 97863830

EM Solution Pte Ltd

160 Sin Ming Drive #03-18/19, Sin Ming Autocity
Singapore 575722
Tel: 64560226 Fax: 64584500
GST Reg. No: 201016308K

Proforma Invoice : T22-0052

M/s. **Tin Wai Leong**

Blk 22 Dover Crescent #06-356
Singapore 130022

Date : 23rd May 2022

Veh No : **SJY 4323S**

Make/Model : **Mazda 5**

Chassis No : JM6CR10F280307027

Date of Acc : 01.04.22

TP Veh No : SLL 9820K

| S/No | Qty | Description | Unit Price | Amount |
|------|-----|---|------------|--------------|
| | | To provide materials, labour & respray painting. | | |
| | | LUMP SUM REPAIRS | | \$ 12,000.00 |



for EM Solution Pte Ltd

Sub Total : \$ 12,000.00

GST 7% : \$ 840.00

Grand Total : \$ 12,840.00



SINCERE APPRAISAL SERVICES PTE LTD Co.Reg no: 201800639R

420 North Bridge Road, #02-05 North Bridge Centre, Singapore 188727

Tel : 6636 4628 E-mail : office@sincereappraisal.com.sg

INVOICE

CrossBorders LLC
133 New Bridge Road
#23-03/04/05 Chinatown Point
Singapore 059413

Invoice No: 130422-72
Our ref: 72/TP/2022
Date: 13/4/2022

Claim Type: Third Party
Vehicle Reg No: SJY4323S
Vehicle Make/Model: Mazda 5

Date of Loss: 1/4/2022
Claimant: Tin Wai Leong

| Description | Amount (S\$) |
|---|--------------|
| 1. Professional Fee (including Transport, 90 Photographs and Miscellaneous charges) | 840 |
| Total | 840 |

Singapore Dollar: Eight hundred and forty dollars only.

Cheques should be crossed A/C PAYEE and made payable to Sincere Appraisal Services Pte Ltd



Sincere Appraisal Services Pte Ltd



SINCERE
APPRAISAL SERVICES PTE LTD

VEHICLE DAMAGE INSPECTION REPORT

Our Ref: 72/TP/2022

Date: 13/4/2022

REFERENCE

Date of loss: 1/4/2022

Claimant: Tin Wai Leong

DESCRIPTION & IDENTIFICATION OF VEHICLE

| | | | |
|-----------------|-------------|--------------|-------------------|
| Reg No: | SJY4323S | Make & | Mazda |
| Reg date: | 15/9/2008 | Model | Mazda 5 |
| Colour: | Blue | Engine No: | LF10579446 |
| Type: | Motor Car | Chassis No: | JM6CR10F280307027 |
| Type of Claims: | Third Party | Odometer No: | 304466km |
| | | Engine Cap: | 1999cc |

CONDITION OF VEHICLE AT THE TIME OF SURVEY (STATIC ONLY)

| | | | | | |
|--------------------|------|------------|------|----------------------|-----|
| General Condition: | Good | Steering: | Good | Engine Modification: | Nil |
| Paint work: | Good | Handbrake: | Good | Pre-accident | |
| | | Footbrake: | Good | Damage: | Nil |

CONDITION OF TYRES

| | | | |
|------------------|------------------------|-------------------|------------------------|
| Front Left Size: | Hankook 215/45ZR17 70% | Front Right Size: | Hankook 215/45ZR17 70% |
| Rear Left Size: | Hankook 215/45ZR17 70% | Rear Right Size: | Hankook 215/45ZR17 70% |

The above percentages represent the remaining life of the tyre threads

COST OF REPAIRS

| | Repairer S\$ | Adjuster S\$ |
|-------------------------|--------------|--------------|
| Parts | \$ 12,713.32 | \$ 11,623.84 |
| Labour | \$ 3,910.00 | \$ 3,340.00 |
| Calculated Cost (S\$) : | \$ 16,623.32 | \$ 14,963.84 |

Recommended Lump Sum Repair Cost (S\$) : \$ 12,000.00

Date of Assignment: 2/4/2022

Date Inspected: 2/4/2022

Est. repair Period: 09 days

Inspected At: EM Solution Pte Ltd

160 Sin Ming Dr

#03-18/19 Sin Ming Autocity

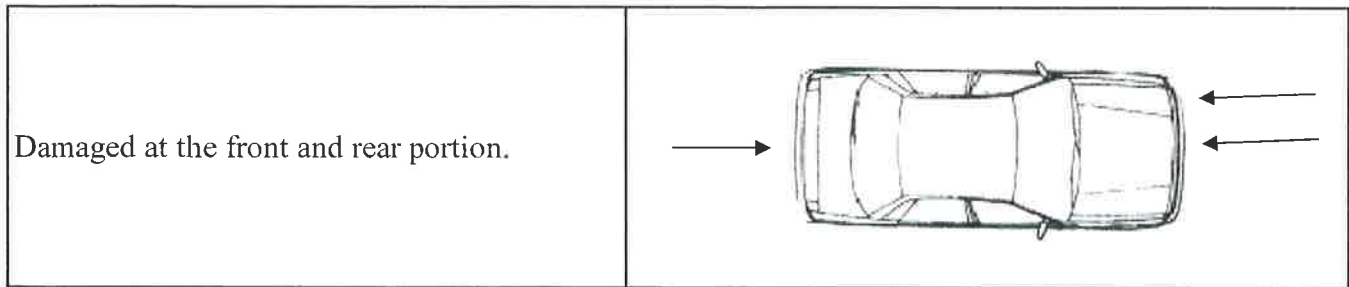
Singapore 575722

SINCERE APPRAISAL SERVICES PTE LTD Co.Reg no: 201800639R

420 North Bridge Road, #02-05 North Bridge Centre, Singapore 188727

Tel : 6636 4628 E-mail : office@sincereappraisal.com.sg

POINT OF IMPACT



BRIEF CIRCUMSTANCES OF ACCIDENT

The Insured's vehicle collided onto the Third Party's vehicle along Holland Road towards North Buona Vista Road.

GENERAL DESCRIPTION OF DAMAGES

Our visual inspection of the vehicle revealed that the damages noted are at the front and rear portion.

SPECIAL REMARKS

We have inspected the actual damages found on the vehicle and recommend the replacement of parts and repairs accordingly. The estimated repair cost is \$16,623.32. The repairer has agreed to undertake the repairs at our adjusted lump sum amount of \$12,000.00.

We have not authorised the repair. Under normal circumstances, estimated **09** working days are required to repair the vehicle.

We are pleased to advise that the inspection work was carried out accordingly, and hereby submit our Inspection Report and photographs.



Dave Chang
Automotive Appraiser
AUTO. ENG, CAE, CGI
MIRTE, MSAAA, MTM

Automotive Appraiser: Dave Chang

Please note that this report is solely based on our findings at the time and place of inspection. This inspection has been carried out to our best knowledge and ability. Any other liability is hereby excluded.

ANNEX A

REPAIR DETAILS

Recommended Parts

| No | Qty | Description | Condition | Repairer's Amount | Adjuster's Amount |
|---------------------------|-------|-----------------------------------|------------------|--------------------|--------------------|
| 1 | 1 | Front bonnet assy | dented | \$ 980.70 | \$ 980.70 |
| 2 | 1 | Front left headlamp assy | cracked | \$ 1,138.20 | \$ 1,138.20 |
| 3 | 1 | Front left headlamp lower bracket | bent/necessary | \$ 128.50 | \$ 128.50 |
| 4 | 1 | Front bumper assy | warped/bent | \$ 1,233.20 | \$ 1,233.20 |
| 5 | 1 | Front bumper left side retainer | bent/necessary | \$ 33.50 | \$ 33.50 |
| 6 | 1 | Front left fog lamp | bent/malfunction | \$ 295.30 | \$ 295.30 |
| 7 | 1 | Front left fog lamp ring | bent/necessary | \$ 45.30 | \$ 45.30 |
| 8 | 1 | Front left fog lamp garnish | bent/necessary | \$ 78.40 | \$ 78.40 |
| | | | | \$ 3,933.10 | \$ 3,933.10 |
| Less 20% | | | | \$ 786.62 | \$ 786.62 |
| | | | | \$ 3,146.48 | \$ 3,146.48 |
| <u>Special Nett Items</u> | | | | | |
| 1 | 1 | Front license plate | necessary | \$ 50.00 | \$ 45.00 |
| 2 | 1 set | Front bumper clips | necessary | \$ 45.00 | \$ 40.00 |
| | | | | \$ 95.00 | \$ 85.00 |
| Total parts | | | | \$ 3,241.48 | \$ 3,231.48 |

ANNEX A

REPAIR DETAILS

Recommended Parts

| No | Qty | Description | Condition | Repairer's Amount | Adjuster's Amount |
|----------|-----|------------------------------------|------------------|---------------------|--------------------|
| 1 | 1 | Rear tailgate assy | deformed | \$ 2,570.40 | \$ 2,570.40 |
| 2 | 1 | Rear tailgate Mazda logo | necessary | \$ 51.40 | \$ 51.40 |
| 3 | 1 | Rear tailgate "Mazda" emblem | necessary | \$ 36.90 | \$ 36.90 |
| 4 | 1 | Rear tailgate "5" emblem | necessary | \$ 28.30 | \$ 28.30 |
| 5 | 1 | Rear tailgate mechanism lock | malfunction | \$ 262.70 | \$ 262.70 |
| 6 | 1 | Rear tailgate inner trim | bent/cut | \$ 436.20 | \$ 436.20 |
| 7 | 1 | Rear tailgate wiper motor | malfunction | \$ 485.60 | \$ 485.60 |
| 8 | 1 | Rear windscreen glass moulding | necessary/warped | \$ 76.20 | \$ 76.20 |
| 9 | 1 | Rear bumper assy | deformed | \$ 1,284.30 | \$ 1,284.30 |
| 10 | 1 | Rear bumper left side retainer | necessary | \$ 84.40 | \$ 84.40 |
| 11 | 1 | Rear bumper right side retainer | necessary | \$ 84.40 | \$ 84.40 |
| 12 | 1 | Rear bumper reinforcement | dented/bent | \$ 236.80 | \$ 236.80 |
| 13 | 1 | Rear bumper left reflector | reuse | \$ 39.70 | \$ - |
| 14 | 1 | Rear bumper right reflector | reuse | \$ 39.70 | \$ - |
| 15 | 1 | Rear bumper left spoiler | bent/warped | \$ 406.00 | \$ 406.00 |
| 16 | 1 | Rear bumper right spoiler | bent/warped | \$ 406.00 | \$ 406.00 |
| 17 | 2 | Rear bumper bracket | bent/necessary | \$ 167.80 | \$ 167.80 |
| 18 | 1 | Rear tailgate weatherstrip | warped/necessary | \$ 136.40 | \$ 136.40 |
| 19 | 1 | Rear end panel | deformed | \$ 462.60 | \$ 462.60 |
| 20 | 1 | Rear end panel top garnish | warped/cut | \$ 89.60 | \$ 89.60 |
| 21 | 1 | Rear lock hook cover | necessary | \$ 18.20 | \$ 18.20 |
| 22 | 1 | Rear spare tire panel | repair | \$ 988.70 | \$ - |
| 23 | 1 | Rear spare tire panel cover | warped/necessary | \$ 389.30 | \$ 389.30 |
| 24 | 1 | Rear spare wheel panel tool box | bent/warped | \$ 298.10 | \$ 298.10 |
| 25 | 1 | Rear fender right inner upholstery | warped/necessary | \$ 1,075.40 | \$ 1,075.40 |
| 26 | 1 | Rear fender right liner | warped/necessary | \$ 222.20 | \$ 222.20 |
| | | | | \$ 10,377.30 | \$ 9,309.20 |
| Less 20% | | | | \$ 2,075.46 | \$ 1,861.84 |
| | | | | \$ 8,301.84 | \$ 7,447.36 |

Special Nett Items

| | | | | | |
|----|-------|--|-------------|--------------------|------------------|
| 1 | 1 set | Reverse camera | malfunction | \$ 300.00 | \$ 250.00 |
| 2 | 1 set | Rear bumper reverse sensor | malfunction | \$ 250.00 | \$ 200.00 |
| 3 | 1 set | Rear bumper clips | necessary | \$ 45.00 | \$ 40.00 |
| 4 | 1 set | Rear fender right liner clips | necessary | \$ 45.00 | \$ 40.00 |
| 5 | 1 set | Rear tailgate inner trim clips | necessary | \$ 35.00 | \$ 25.00 |
| 6 | 1 set | Rear end panel top garnish clips | necessary | \$ 35.00 | \$ 25.00 |
| 7 | 1 set | Rear license plate | necessary | \$ 50.00 | \$ 45.00 |
| 8 | 1 | Rear windscreen glass sealant | necessary | \$ 100.00 | \$ 80.00 |
| 9 | 1 | Rear end panel sealant | necessary | \$ 140.00 | \$ 120.00 |
| 10 | 1 | Rear bumper left spoiler sealant | necessary | \$ 60.00 | \$ 40.00 |
| 11 | 1 | Rear bumper right spoiler sealant | necessary | \$ 60.00 | \$ 40.00 |
| 12 | 1 set | Rear fender right inner upholstery clips | necessary | \$ 50.00 | \$ 40.00 |
| | | | | \$ 1,170.00 | \$ 945.00 |

Total parts**\$ 9,471.84 \$ 8,392.36**

ANNEX B

REPAIR DETAILS

Recommended Labour

| No | Description | Repairer's Amount | Adjuster's Amount |
|-----------------------|---|--------------------|--------------------|
| 1 | To remove and rearrange electrical wiring and check lighting. | \$ 100.00 | \$ 80.00 |
| 2 | To remove and repair upholstery, cushion seat and trim garnishes to facilitate repairs. | \$ 100.00 | \$ 80.00 |
| 3 | To remove and reinstall rear windscreen glass. | \$ 150.00 | \$ 120.00 |
| 4 | To remove and transfer tailgate components. | \$ 100.00 | \$ 60.00 |
| 5 | To remove, repair and replace damaged bodyparts and where consistent to the accident. | \$ 1,600.00 | \$ 1,400.00 |
| 6 | Putty and respray painting on affected portion. | \$ 1,600.00 | \$ 1,400.00 |
| 7 | To remove and renew rear bumper reverse sensor. | \$ 80.00 | \$ 60.00 |
| 8 | To remove and renew reverse camera. | \$ 80.00 | \$ 60.00 |
| 9 | Rust proofing on affected portion. | \$ 100.00 | \$ 80.00 |
| Total labour : | | \$ 3,910.00 | \$ 3,340.00 |

ANNEX C

REPAIR DETAILS

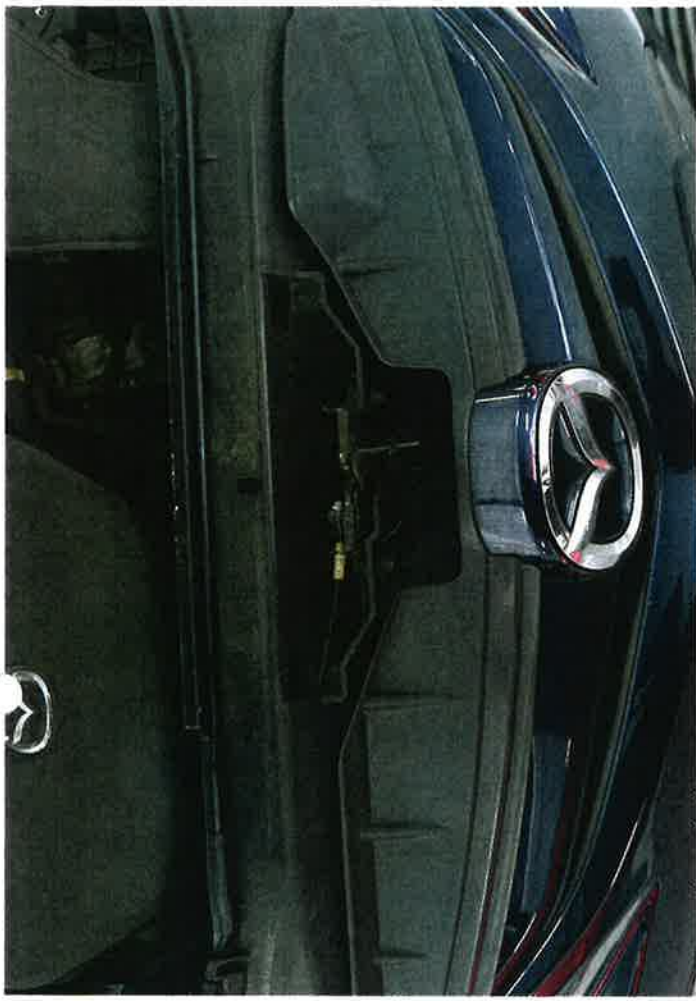
Adjusted Repair Cost

| | Repairer's Amount | Adjuster's Amount |
|----------------------------|---------------------|---------------------|
| Total parts : | \$ 12,713.32 | \$ 11,623.84 |
| Total labour : | \$ 3,910.00 | \$ 3,340.00 |
| Total repair cost : | \$ 16,623.32 | \$ 14,963.84 |

Adjusted Repair Cost (Lump Sum Repair)

\$ 12,000.00



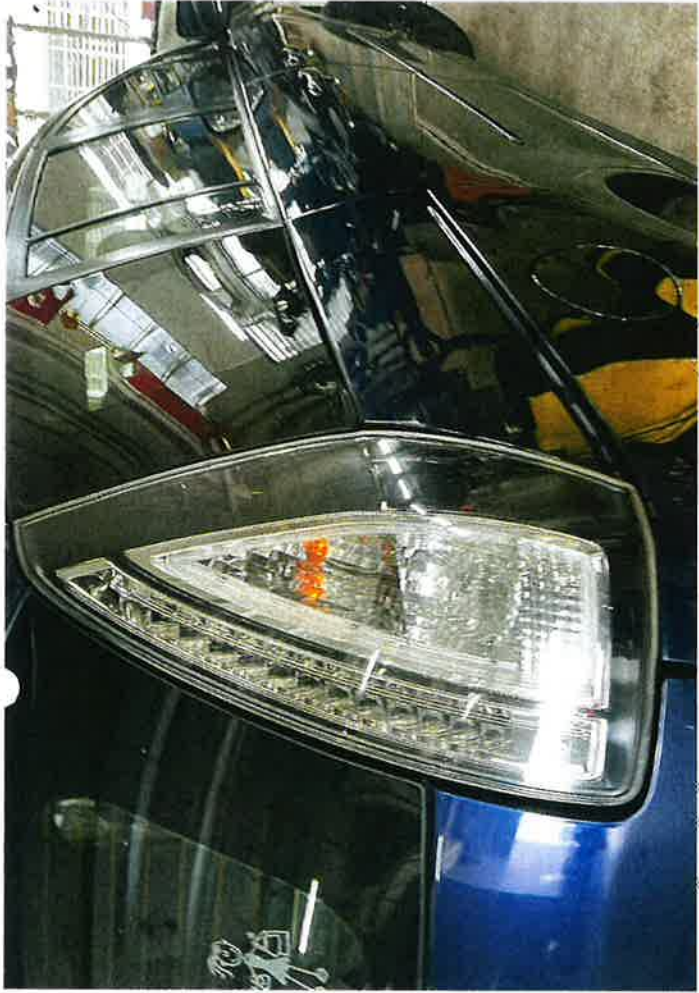


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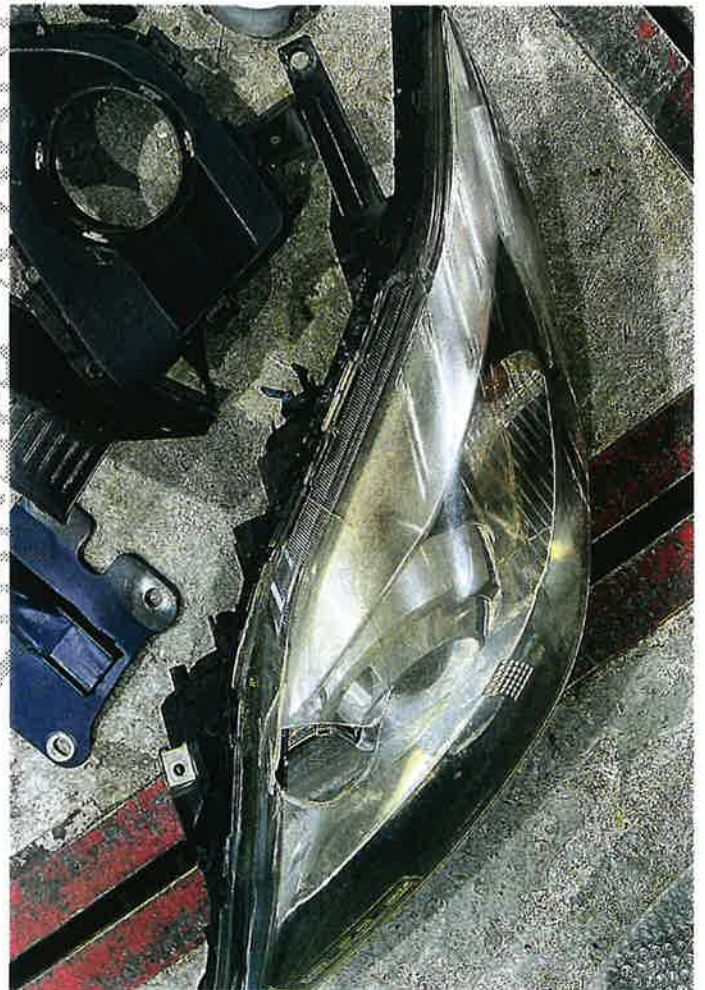




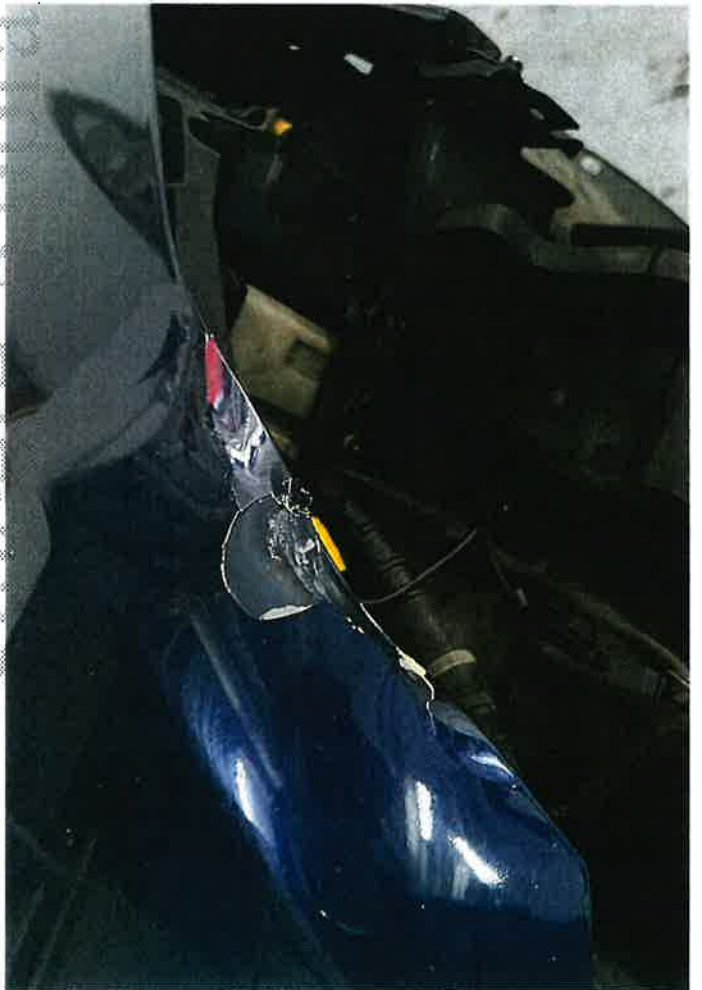














Core Appraisal Services





