Yours faithfully

CrossBorders LLC
Email: corene@crossbordersllc.com (secretary)

encs

cc: SJY4323S

SINGAPORE POLICE FORCE

T/20220402/2080

Report No. T/20220402/2080

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
02/04/2022 16:51		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

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

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

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Report No. T/20220402/2080

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

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

SN 50

SINGAPORE POLICE FORCE

SIGNATURE

SS0222420001 / S & H Motor Pte Ltd
ENTRY DATE & TIME: 02/04/2022 11:05 (SGT)
SUBMITTED BY: Wong Kee Nyuk
VERSION: 1 (02/04/2022 11:05 (SGT))

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 witholding 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

SKETCH PLAN

Describe Circumstances of the Accident

I was driving along Holland Rd towards the direction of North Bucan Vista when vehicle ahead came to a stop. I follow suit. Next second I felt a impact from the rear of my vehicle causing my car to surge forward & hit onto a Stopped motorcycle in front of me. I alighted to check. The front rider what claimed that he was okay & drove off. I did ask him his name & then exchange particulars with Veh (B) that hit into 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 wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation**.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

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

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

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

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

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

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

(collectively the "**Purposes**")

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

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

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

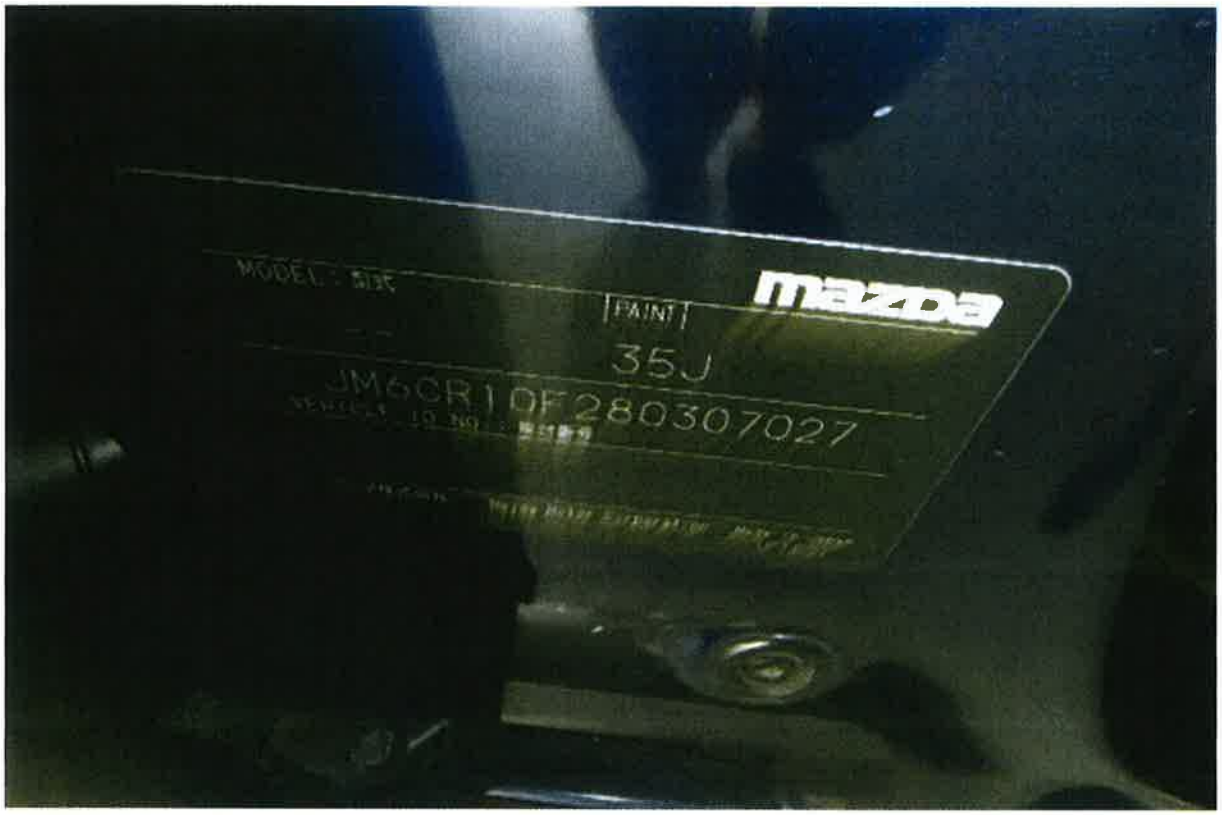
Sketch Plan


SJY 4323S


SJY 4323S

IMAGES #2

IMAGES #3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IMAGES #5

SA1P22440003 / Appraisals Associates Pte Ltd
ENTRY DATE & TIME: 04/04/2022 11:13 (SGT)
SUBMITTED BY: Siti Athikah Binte Ab Rahman
VERSION: 1 (04/04/2022 11:13 (SGT))

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 witholding 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.
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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	Collision - Head to Rear
Weather Conditions	Clear

OTHER INFORMATION

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

CIRCUMSTANCES OF ACCIDENT

ON 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

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(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 02/04/2022, 1000hrs

Witnessed by Reporting Centre Personnel MAMAT

Sketch Plan

VEH A
SLL9820K
VEH B
SJY4323S

SKETCH PLAN #2

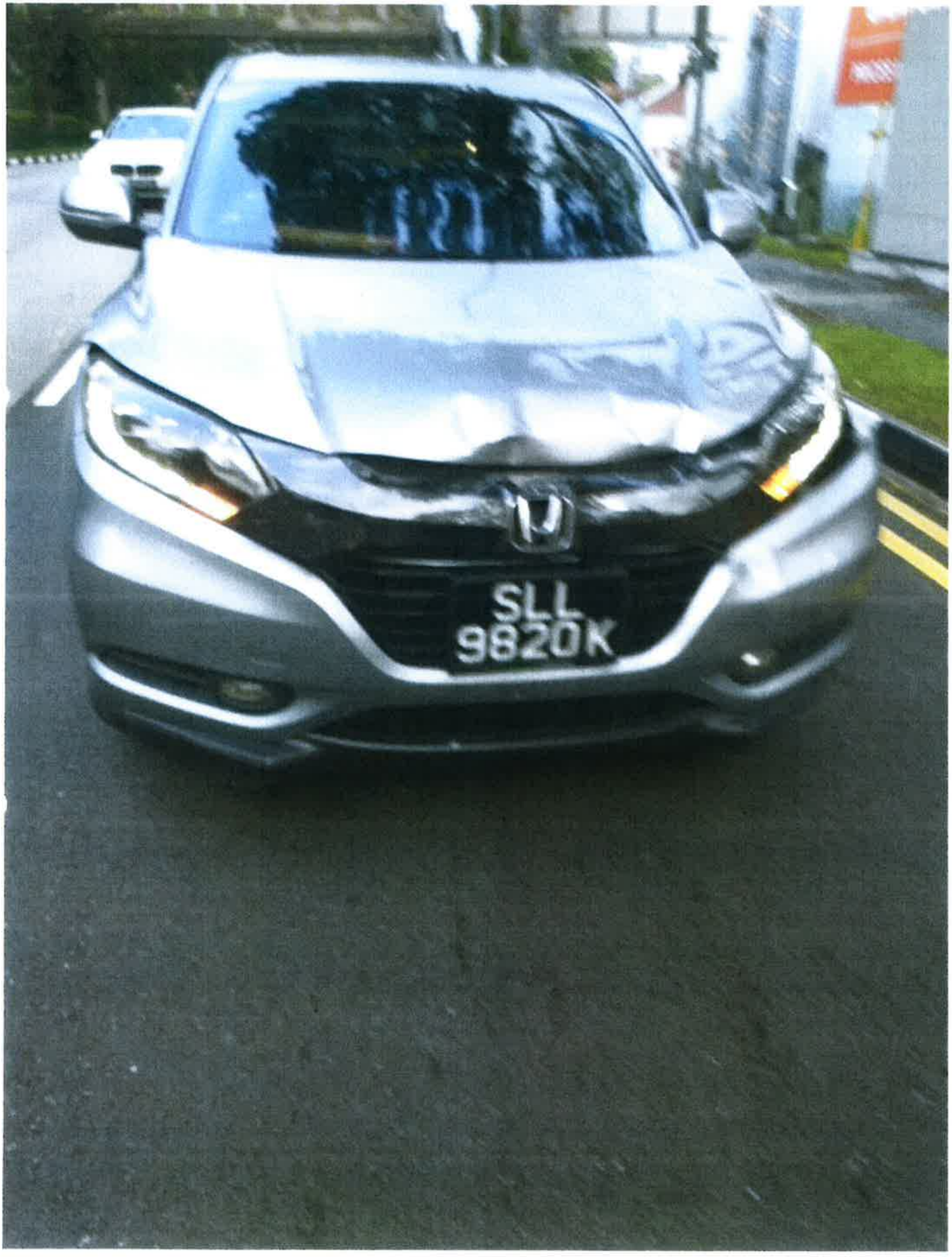
Describe Circumstances of the Accident

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

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
	02/04/2022, 1000hrs	MAMAT


SLL
9820K

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6


SJY4323S

PRIVATE HIRE

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

SJY 4323S

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	:

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	:

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.

Stamp & Signature of Hirer

Signature of Driver
(If different from Hirer)

Date _____ **Date** _____

Date Out	1/4/2022					Date In	12/4/2022				
Time Out		AM / PM				Time In	11	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

E M *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

Sub Total :	$	12,000.00
GST 7% :	$	840.00
Grand Total :	**$**	**12,840.00**

for E M *Solution Pte Ltd*

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

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

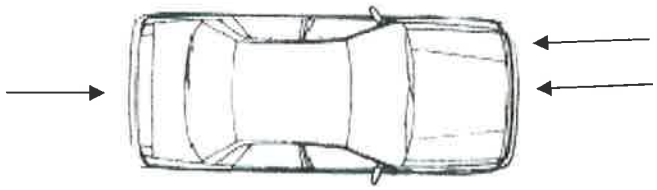
	Repairer S$	Adjuster S$
Parts	$ 12,713.32	$ 11,623.84
Labour	$ 3,910.00	$ 3,340.00
Calculated Cost (S$) :	$ 16,623.32	$ 14,963.84

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

POINT OF IMPACT

Damaged at the front and rear portion.	

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.

SINCERE APPRAISAL SERVICES PTE LTD

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
		Special Nett Items			
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**