CATHERINE LIM LLC

ADVOCATES & SOLICITORS

NOTARY PUBLIC -公证官

玲 COMMISSIONER FOR OATHS- 宣誓官

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師 CATHERINE C.L.LIM

馆 DIRECTOR

LL.B (HONS) SINGAPORE-法律系-律師 M.B.A. (BUSINESS LAW)-商业系-硕士

20 Havelock Road #03-01 Central Square Singapore 059765 UEN No. 201310922K

Tel: (65) 6438 5500 Fax: (65) 6438 0111 www.catherinelimllc.com Email: info@catherinelimllc.com CATHERINE LIM LLC is

corporation with limited liability

3019995493--=

Our Ref: CL/210924/T/WY.sg

12 November 2021

M/s AXA Insurance Singapore Pte Ltd 8 Shenton Way #27-01 AXA Tower Singapore 068811 Attn: Motor Claims Dept

60215263

AXA INSURANCE PTE LTE MAILROOM

a law

WITHOUT PREJUDICE (TO THE PERSONAL INJURY CLAIM) **BY HAND**

Dear Sir

ACCIDENT INVOLVING SKD 3666H / SHC 2987D ON 11.09.2021 ALONG GEYLANG ROAD

We act for CHIA CHENG EE, the owner of motor vehicle No. SKD 3666D, which was involved in the above accident.

Our client has suffered loss and damage as a result of your Insured's negligence in the driving of motor vehicle No. SHC 2987D.

We quantify our client's claim as follows:-

1.	Cost of repairs	\$6,300.00	
2.	Loss of use (6 days x \$150)	\$ 900.00 AXA INSURANCE PTE L	TD;
3.	Survey fee	\$ 533.00	7
4.	LTA/GIA search	\$ 37.00	1111
5.	Incidentals, transport & photocopying etc	s 53.50 0 16 NOV 2021	
6.	Cost contribution	\$ 749.00	$ U_j $
		\$8,572.50 CSU	
		The state of the s	

We enclose herewith photocopies of our client's accident report, LTA/GIA search, survey fee, survey report and colour photographs of our client's damaged vehicle for your immediate attention.

Please let us know within the next 14 days from the receipt of this letter, whether you are prepared to admit liability and revert with a settlement proposal, failing which our clients shall have no alternative but to commence legal proceedings against your insured.

Yours faithfully

Encs

cc: clients

(Please note that if your motor vehicle was not driven by you, there is a presumption in law that the said driver was driving as your agent/ servant unless you let us know the particulars of your driver if your motor vehicle was not driven by you.)



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 12/09/2021 11:41 (SGT) Date of Accident 11/09/2021 21:50 (SGT) **Exact Location of Accident** Singapore Additional Location Information Along Geylang Rod Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKD3666H

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHIA CHENG EE NRIC No S1746760C **Email Address** leojuly@singnet.com.sg Mobile Phone No (Phone) +65-91377883 Alternative Phone No +65-91377883

VEHICLE PARTICULARS

Manufacturer Mazda Model 3 Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy No Policy Number 5112415732-01 Cover Note Number

DRIVER

Name of Driver CHIA CHENG EE NRIC No S1746760C

Date Of Birth 31/07/1966 Occupation Indoor **Date Of Driving Pass** 27/03/1992 Driving experience 29 YEARS AND 6 MONTHS Gender Female Mobile Number (Phone) +65-91377883 Alt. Phone Number +65-91377883 **Email Address** leojuly@singnet.com.sg Address 803 ANG MO KIO AVENUE 2 Address complement S567813 Postcode 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 Collision - Change/cross lane
Weather Conditions Clear
Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

No
Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Yes
Number of Passengers (Including Driver)

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?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Refer to sketch plan

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident
Was there any audio recorded?

Yes Yes

File size exceeding limit

No

DETAILS OF OTHER VEHICLE PROPERTY 1

 Vehicle Registration Number
 SHC2987D

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Taxi

 Name of Driver
 ROSZINI BIN BUANG

 NRIC No
 S0044151A

 Contact Number
 (Phone) +65-90020142

	Address		
	Address complement		
	Postcode		
	Insurance Company Name		
•	Nature Of Damage		
	Details of property damaged in accident		
	No. Of Passenger (Including Driver)		

SKETCH PLAN Image As per Original IMPORTANT NOTICE --CSU--1. Please report correctly the details of the accident to speed up the claims property This Form must be completed by the Policyholder and/or the Authorised Dower. Information provided most of as truthful and accurate as possible. Any willia misrepresentation or with soliding of material facts may allow insurance companies to repudiate policy liability. A. The visce are acceptance of this Form by insurance comparers is not an admit upon of policy liability on the part of the insurance 5 Any take reporting may be referred to the Police for investigation 6. The report will be forwarded by the insurers of the GIA Riccids Management Centre established by the General lossitation by Association of Engagere (GIA) for archiving and that codies of this report will for a fee be made available each ad all cation by 7. By the lodgment of this report to the insurer, you hereby consent to the draftling 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) Funderstand, acknowledge, agree and concent that My inside, my workshop and the General insurance Association of Sings according to the personal information and out in this [form] and any other personal information and out in this [form] and any other personal information are out in this [form] and any other personal information provided by the or posterior by my insider (collectively the "Personal Information" and mistore and transfer such Personal Information to all insurer(a) which are insured vehicle(a) involves in this accordant all insurer(a) which are insured vehicle(b) involves in this accordant that be collectively referred to as the "Insurers". The Insurers' towers have firms, the Manetary Authority of Degapore and any relevant abvernment agency/a, thority but his the coice), for the purpose (5) (ii) processing, banding and/or dealing with my claims including the settlement of the claims and any necessary ronstigations relating to the claims, (ii) investigating the account and/or my clama. (iii) eaching out and/or dealing with my instructions or responding to any enquiries be the: (IV) administering my chains (including the mailing of correspondence, statements, invoked, resorts or notices in me, which route involve disclosure of certain personal data about me to being about delivery of the same at we 1 as on the external cover of sevelopes/mail packages); and/or (v) complying with applicable law in administering, processing, handing and/or dealing with my claims arollectively the all insurer(s) who have insured vehicle(i) involved in this accident and the insurers' survers' ow firms, may/at a permutted so collect, use, a close and/or process my Fersonal information for one is represent the above Furposes and my Personal Information may/can be disclosed by any of the insurers and ser GIA to their third party Service providers or agents uncluding their lawyers/law firms), which may be sited outside of Segapore, 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 fire of detection. verestigation and management in present and all future stairm the information so collected under (d) above may be shared / disclosed b) to at insurers and/or any other third parties that assist in evaluating investigating controlling or managing fraud. regulators, law enforcement and government agencies as reasonably mounted for this polyones stated, or by for complying with requirements under any regulations, laws or court or dery ICEN Squirter Driver a Signature Date & Fine | 41.10%/ 2021 (if driver is not the policyholder) 5 2013 83 MISH

Image As per Original

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Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 11 Sep 2021 / 21:50:00)

Vehicle Insurance Details Vehicle No.: SHC2987D Make Description/Model: TOYOTA / PRIUS 5DR HATCHBACK (AUTO) Insurance Company Name: AXA INSURANCE PTE LTD Business Transaction Reference No.: 20210913121329274718 Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Save as PDF

OK >

Print



TAX INVOICE

Chia Cheng Ee C/O Wah Yu Automotive Body Work 176 Sin Ming Drive Sin Ming AutoCare #05-09 Singapore 575721

INVOICE NO

: APA21002256

DATE

: 23/09/2021

VEHICLE NO

: SKD3666H

JOB REFERENCE NO

: 21/002359

ACCIDENT DATE

: 11/09/2021

SURVEY DATE

: 13/09/2021

DESCRIPTION

AMOUNT

Survey Fees Inclusive Of

\$480.00

Transportation

Photographs (\$1) Per Copies: 53

\$53.00

TOTAL AMOUNT

\$533.00

Notes:

All cheque payment should be "Crossed" and made payable to "Auto Performance Appraisal"

Auto Performance Appraisal



VEHICLE SURVEY REPORTS

Chia Cheng Ee C/O Wah Yu Automotive Body Work 176 Sin Ming Drive Sin Ming AutoCare #05-09 Singapore 575721

Reference 1

Job Reference No

: 21/002359

Claim No

Claim Type

: Third Party

Accident Date

: 11/09/2021

Survey Date

: 13/09/2021

Survey Report Date

: 23/09/2021

Particulars Of Vehicle 2

Vehicle Registration No

: SKD3666H

Make & Model

: Mazda 3 4-Door Sedan 1.5L

Vehicle Registration Date

: 24/09/2014

Chassis No

: JM6BM42A8F0144666

Engine No

: Blocked

Colour

: Red

3 Condition Of Vehicle And Tyres

Mileage (KM)	<u>Brakes</u>	Steering	Modification
81785	Serviceable	Serviceable	None
Tryes	Make	Size	Balance (MM)
Front RHS	Yokohama	205/60R16	5
Front LHS	Yokohama	205/60R16	5
Rear RHS	Yokohama	205/60R16	6
Rear LHS	Yokohama	205/60R16	6

Description Of Damages 4

The vehicle sustained damages at front left hand portion.

(For information of damages please refer to Parts/Labour/Photographs attached)

Instruction 5

This survey was conducted entirely on a "WITHOUT PREJUDICE" basis, and we have not authorised any repair.

Vehicle Assessment Reports

Ref No:

21/002359

Damage And Repair Cost Adjustment

<u>S/No</u>	<u>Qty</u>	Parts Description	Comments/condition	Workshop Estimate (\$)	Our Assessment (\$)
			List Items		
1	1	Front bumper	Deformed/broken	1,083.00	1,083.00
2	1	Front bumper LH signal lamp cover	LH cut/RH reuse	90.00	45.00
3	1	Front bumper LH signal lamp	Broken/smashed	164.00	164.00
4	1	Front bumper LH fog lamp cover	Broken/cut	48.80	48.80
5	1	Front bumper LH fog lamp	Grazed/cut	111.50	111.50
6	1	Front bumper LH fog lamp bracket	Broken/bent	18.20	18.20
7	2	Front bumper lower grille side cover	LH broken/RH reuse	58.80	29.40
8	2	Front bumper side retainer	LH broken/RH reuse	64.80	32.40
9	1	Front bumper inner reinforcement outer cover	Serviceable/reuse	165.00	-
10	1	Front bumper inner reinforcement	Dented/bent	593.00	593.00
11	1 set	Front bumper clips	Broken/necessary	40.00	40.00
12	1	LH Headlamp (HID)	Broken/smashed	2,357.30	2,357.30
13	1	LH headlamp washer nozzle	Bent/broken	254.60	254.60
14	1	LH headlamp washer nozzle cover	Broken	89.60	89.60
15	1	Front grille	Deformed/broken	126.00	126.00
16	1	Front grille centre "MAZDA" logo	Necessary	36.00	36.00
17	1	Front grille LH chrome moulding	Bent/dented	185.60	185.60
18	1	Front grille LH inner bracket	Broken	106.00	106.00
19	1	Front grille top cover	Deformed/broken	264.80	264.80
20	1	Front bonnet	Dented/bent	1,120.00	1,120.00
21	1	Front bonnet under rubber seal	Deformed/cut	86.00	86.00
22	1	Front support panel	Broken	426.30	426.30
23	1	Front LH fender	Badly dented/bent	350.60	350.60
			Y=	7,839.90	7,568.10
		Less discount 20%		1,567.98	1,513.62
			Total :	6,271.92	6,054.48
			Special Nett Items	00.00	
24	1	Front number plate	Serviceable/reuse	60.00	-
25	1L	Radiator coolant	Necessary	30.00	30.00
			Total : _	90.00	30.00
			Total Spare Parts :	6,361.92	6,084.48

Vehicle Assessment Reports

Ref No:

21/002359

Damage And Repair Cost Adjustment

Items	Job Description	Workshop Estimate (\$)	Adjusted Costs (\$)
1	To remove, cut out damage portion, jack out, straighten, panel beating, welding, align and renew replaced parts.	1,000.00	700.00
2	To putty and respray painting on affected areas.	1,200.00	900.00
3	To remove, refix aircon condenser, pipes, drier vacuum and recharge gas.	140.00	120.00
4	To check wirings and lightings.	50.00	30.00
5	To supplied and applied anti rust treatments.	100.00	60.00
	Total Labour :	2,490.00	1,810.00
	Total Spare Parts :	6,361.92	6,084.48
	Total Labour :	2,490.00	1,810.00
	Total Repair Costs :	8,851.92	7,894.48

Assessor's Recommendation

Repairer Estimate :

8,851.92

Our Adjustment :

7,894.48

Remarks

The repairer has agreed to undertake the repair on a lump sum basis of \$6,300.00, with a repair period of 6 working days.

Surveyed By:

Lek Boon Hwee

Automobile Appraiser



























