

**We do not accept service of Court documents by fax.**

Our ref: AP/2021/004408

Your ref: SHD7237Y

Date: 20 May 2022

Secretary in charge: Caroline

Secretary's email: caroline@apl.com.sg

**LIM KUANG LIANG@LEM KUANG LIANG**

Block 181 Bedok North Road

#05-20

Singapore 460181

**By POST  
(Without attachments)****C/O COMFORT TRANSPORTATION PTE LTD**

383 SIN MING DRIVE

GAS BUILDING

SINGAPORE 575717

**By POST  
(Without attachments)****AXA Insurance Singapore Pte Ltd****Insurer of SHD7237Y**

8 Shenton Way

#24-01 AXA Tower

Singapore 068811

**By EMAIL  
(With attachments)**

Dear Sirs,

**WITHOUT PREJUDICE**

**CLAIM ARISING FROM A ROAD TRAFFIC ACCIDENT ON 09 DECEMBER 2021 AT ABOUT 2250 HRS INVOLVING MOTOR VEHICLES NO(S). PD898R AND SHD7237Y ALONG RANGOON ROAD**

We act for **FRANS EXPRESS TRANSPORT**, owner of **PD898R**.

We are instructed by our client to claim damages against you/your insured in connection to the above-mentioned road traffic accident between our client and your/your insured's vehicle **SHD7237Y**.

We are instructed that the above-mentioned road traffic accident was caused by your/your insured's negligence / the negligence of your authorised driver in the driving, management and/or control of your/your insured's vehicle.

As a result of the abovementioned road traffic accident, our clients' vehicle was damaged and our clients has been put to loss and expense, particular of which are as follows:

**COSTS OF REPAIR (WITH GST) \$ 15,408.00**

**LOSS OF USE/RENTAL \$ 3,960.00**

- Pre-repair \$ 360.00  
(03 days including intervening weekend @ \$120.00 per day)
- Loss of use/rental during repair works \$3,600.00  
(30 days including intervening weekend @ \$120.00 per day)

**Our Legal Costs with GST (At this stage) \$ 1,605.00**

**Disbursements (To-date) \$ 966.99**

1.	Survey Report Fees	\$ 770.00
2.	GIA / LTA searches fee	\$ 36.49
3.	Other Incidentals with GST	\$ 160.50

**Total \$ 21,939.99**

We enclose herewith the following supporting documents for your attention:

- a. Our client's Singapore Accident Statement;
- b. Copy of repair bill from our client's workshop;
- c. Copy of our client's surveyor report;
- d. Copy of the survey report tax invoice;
- e. Copies of receipts for GIA / LTA searches;

In compliance with the pre-action protocol under the State Courts' Practice Direction 37, we had notified your insurer of the above-mentioned road traffic accident and to the best of our knowledge, your insurer had arranged for the pre-repair inspection of our client's vehicle.

*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 to us within fourteen (14) days of your receipt of this letter, failing which, our client will have no alternative but to commence proceedings against you without further notice to you or your insurer*

*Please also note that if you a counterclaim against our client arising out of the above-mentioned accident, you are required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within eight (8) weeks of your receipt of this letter*

*Should you fail to acknowledge receipt of this letter within fourteen (14) days, our client may commence Court proceedings against you without further notice to you or your insurer. For the avoidance of any doubt, **this letter serves as notice under Section 9(3) of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189)** of our client's intention to commence proceedings against you and/or your authorised driver.*

Yours faithfully,



**A P LAW PRACTICE LLC**  
enc

# 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 ..... 13/12/2021 14:39 (SGT)  
Date of Accident ..... 09/12/2021 22:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... RANGOON ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PD898R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... FRANS EXPRESS TRANSPORT  
Company Reg No ..... 53100748X  
Email Address ..... FRANSLIMO@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-91002028  
Alternative Phone No ..... +65-91002028

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... V-CLASS  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 2200

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5114972561-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAY PENG BOON  
NRIC No ..... S7031937C

Date Of Birth .....	18/09/1970
Occupation .....	Outdoor
Date Of Driving Pass .....	18/11/1997
Driving experience .....	24 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-91002028
Alt. Phone Number .....	-
Email Address .....	FRANSLIMO@GMAIL.COM
Address .....	BLK 57B JALAN LOYANG BESAR
Address complement .....	-
Postcode .....	509377
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER OF PH
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 .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

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

#### PASSENGER 1

Name .....	CHRISTOPHER
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Pasir Ris Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005852999
Alt. Police Station Phone No .....	(Fax) +65-65855261
Police Station Address .....	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT FOR STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	ADV OI TO SEND VIDEO TO MOTORVIDEO@INCOME.COM.SG
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHD7237Y
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 .....	TAY PENG BOON
Gender .....	Male
Phone No .....	(Phone) +65-91002028
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	51
Injuries Sustained .....	MEDICAL LEAVE 10/12/2021 TO 12/12/2021
Injured person in which vehicle? .....	PD898R
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

#### WITNESS DETAILS

##### WITNESS 1

Name .....	CHRISTOPHER
Phone .....	(Phone) +65-90621960
Email .....	-



A: PD898R

B: SHD 72374

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT FOR STATEMENT.

## DECLARATION

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



Policyholder's Signature

Date & Time: 13/12/2021  
14:54:48

Driver's Signature \_\_\_\_\_

(If driver is not the policyholder)

Date & Time: 13/12/2021  
1415125

Reporting Centre Personnel's Signature

Name: SUMAN Sukumar

NRIC/FIN No. S990965



SKETCH PLANIMPORTANT NOTICE

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

**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature

Date & Time: 13/12/2021  
1415H25

Driver's Signature

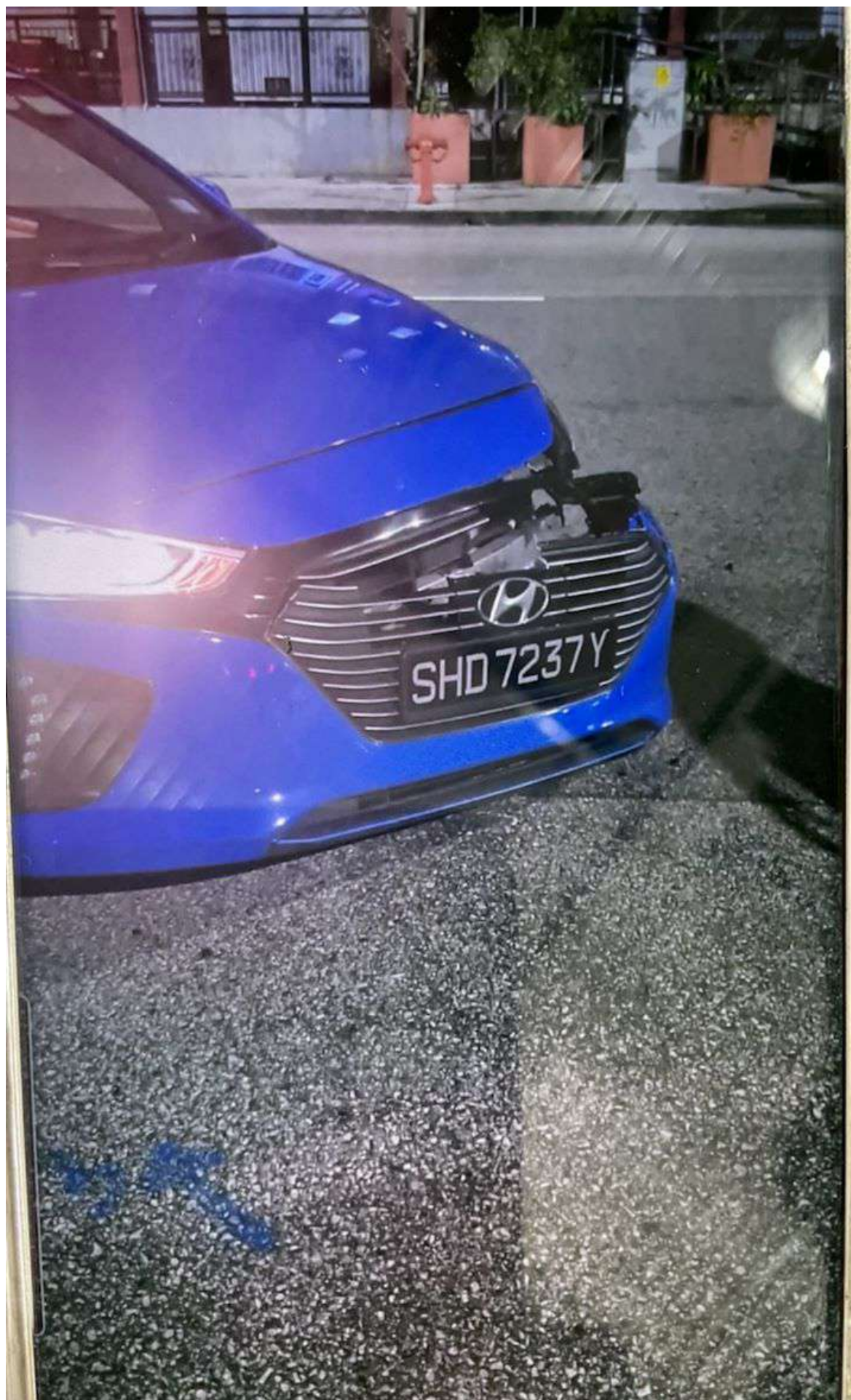
(If driver is not the policyholder)

Date & Time: 13/12/2021  
1415H25

Reporting Centre Personnel's Signature

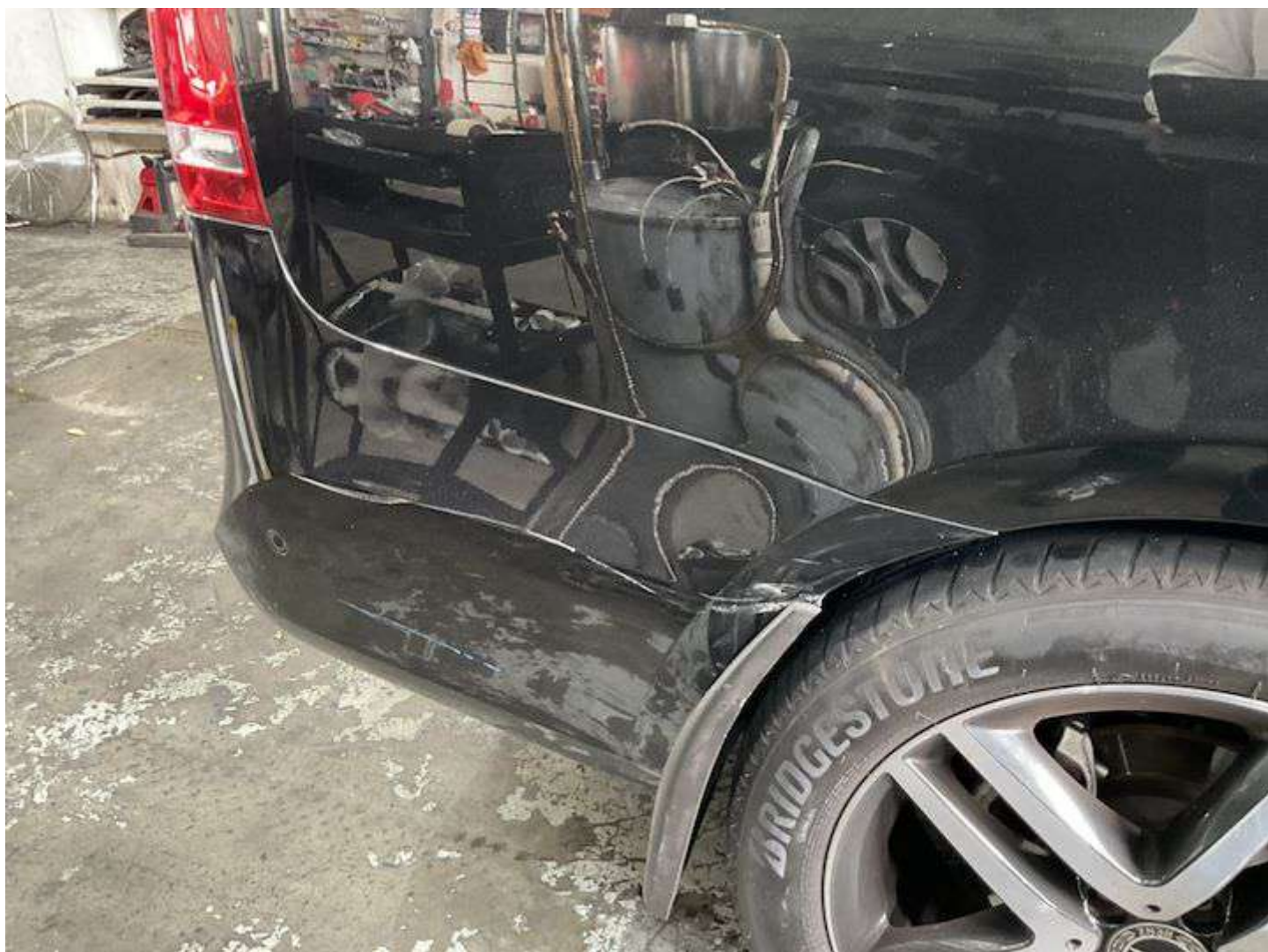
Name: SUMAN SUKUMAR  
NRIC/FIN No.: S990968



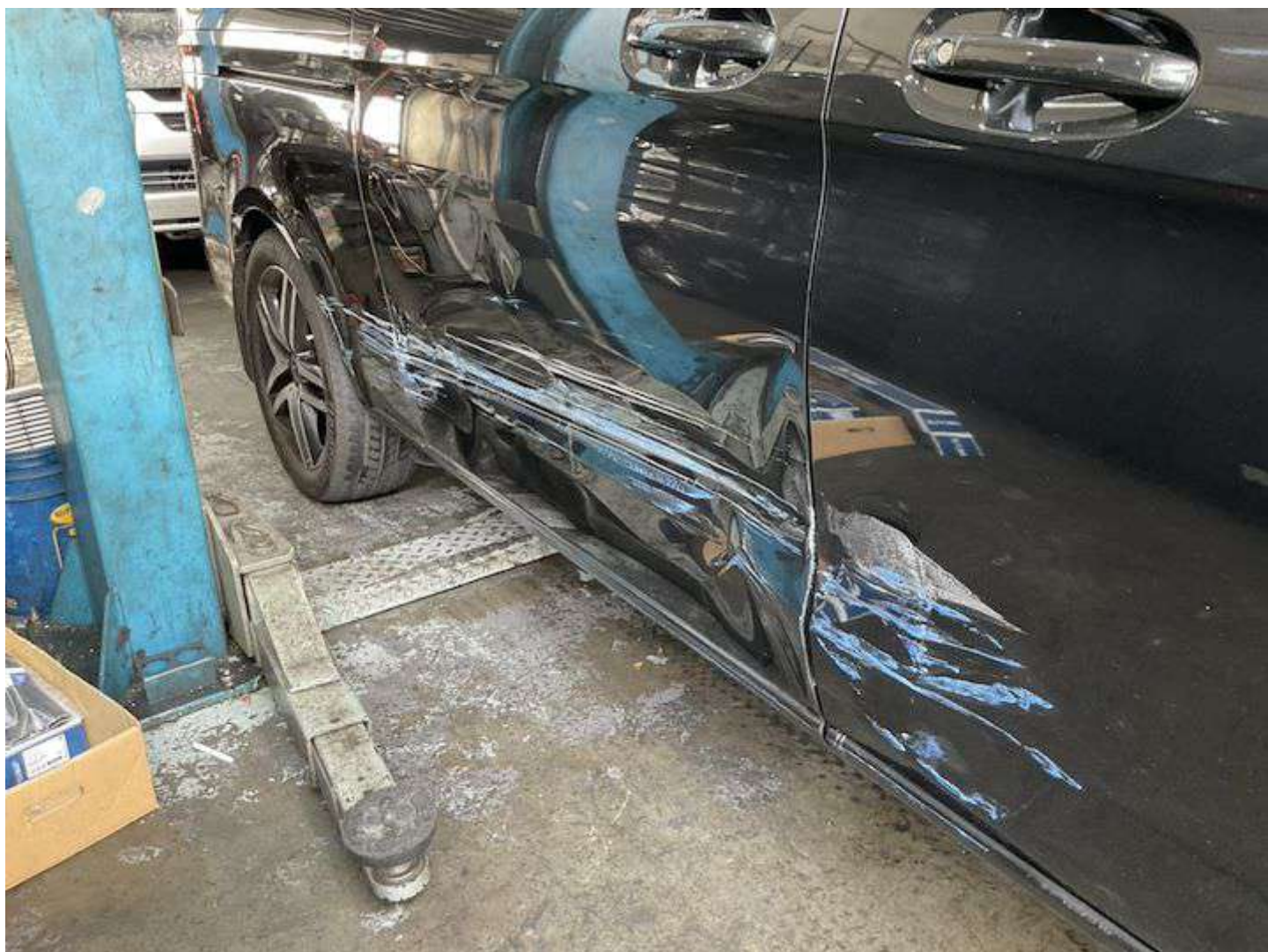






























**SINGAPORE  
POLICE FORCE**



T/20211210/2057

2 of 3

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457

Tel No: 1800-5852999

Report No. T/20211210/2057

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	TAY PENG BOON	ID No.	S7031937C
Related Vehicle	PD898R (Bus/Coach/Minibus)	Contact No.	91002028
Hospital/Clinic	S K TAY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/12/2021	Date Discharge	10/12/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 09/12/2021 at about 10.50pm, I was driving my company vehicle bearing the registration number PD898R to perform a Grab ride, along Rangoon Road wanting to turn right into Kent Road. It was a two-way road where each road goes in an opposite direction. After I have made my intention by signaling to turn right, I proceeded to turn right. However, I suddenly felt a collision from my right. I then realized that a taxi driver bearing the registration number SHD7237Y had collided into my vehicle. I was in a state of shock as the driver had driven in an opposite direction. After the collision, I came out of my vehicle and the driver of the taxi alleged me for hitting his taxi. During the accident, there was one passenger onboard my vehicle and he told me that he was fine. I did not observe any visible injuries on the taxi driver too. I did not notice if there was any passenger in the taxi. I did not exchange particulars with the taxi driver and only managed to know that he is called Mr Lim. He told me to claim from insurance and I left while he stayed to wait for his towing crew. No traffic police or ambulance was at scene.

I wish to inform that after returning home that night, I felt some discomfort and visited a doctor on 10/12/2021. I was given a 3 days MC from 10/12/2021 to 12/12/2021. I wish to inform that I have an in-car camera installed in the front and at the rear of my vehicle, and both were recording at the point in time. In addition, my passenger namely Mr Christopher (HP: 90621960) informed that he is willing to be my witness for this accident. I wish to inform that the damages on my vehicle are mainly on the right side of the vehicle.





# SINGAPORE POLICE FORCE



T/20211210/2057

1 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20211210/2057

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2021 15:03	Vide Report No.:	Station Diary No.: 47
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### Informant's Particulars

Name of Informant: TAY PENG BOON	Address: BLK 57B JALAN LOYANG BESAR SINGAPORE 509377		
ID Type / ID No.: NRIC NO / S7031937C	Contact No.:	Mobile: 91002028	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email: franslimo@gmail.com	
Sex: Male	Age: 51	Date of Birth: 18/09/1970	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: SELF-EMPLOYED	Driving Licence Information: Class:		Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Special Vehicle	Drink Drive: No	Date/Time of Accident: 09/12/2021 22:50	Type of Location: Straight Road
Location:  RANGOON ROAD				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PD898R	Bus/Coach/Minibus				Slightly Damaged	1
SHD7237Y	Car				Slightly Damaged	0

### Details of Person Involved

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

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999



T/20211210/2057

3 of 3

Report No. T/20211210/2057

**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  
G /  
Sgt 3 REGINA LUI YU TING

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
10/12/2021 15:03

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDUAN  
Contact No.: 65476404

Classification Of Case:





RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

## TAX INVOICE

Date of Request: 13/12/2021

**Your Ref No: 004408**

Dear Sir/Madam,

Date of Accident: 09/12/2021 00:00 (SGT)

Vehicle No: PD898R

Place of Accident: Rangoon Rd, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$)	QTY	AMOUNT (\$)
<b>SHD7237Y</b>	Rangoon Rd, Singapore	(29.00 )	1	(27.10 )
GST Amount				(1.90 )
Total Amount Due (GST Inclusive)				(29.00 )

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.





# Thank you

Hoon Ang Ping has successfully logged out.

Your last login date and time was 13 Dec 2021, 15:33:52.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

## Session Transaction History

S/No. <small>⌵</small>	Asset Type <small>⌵</small>	Asset ID <small>⌵</small>	Asset Owner ID <small>⌵</small>	Transaction Type <small>⌵</small>	Transaction Amount(S\$) <small>⌵</small>
1	Vehicle	SHD7237Y	-	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49

# BEST AUTO K PTE LTD

Co. GST Reg. No.: 201211041G

2 KAKI BUKIT AVENUE 2 #01-11 KAKI BUKIT AUTOHUB, SINGAPORE 417921

Tel : 6604 9883

Fax : 6604 9823

Email : [bestautokpl@gmail.com](mailto:bestautokpl@gmail.com)

## FINAL BILL

Accident Date : 09 December 2021

18 April 2022

Vehicle Reg No. : PD 898 R  
Model : Mercedes Benz V220  
Owner : Frans Express Transport

### DESCRIPTION

### AMOUNT (S\$)

Lump sum repair cost as per  
surveyor report recommendation :  
Plus 7% GST

\$	14,400.00
\$	1,008.00
\$	<u>15,408.00</u>

Singapore Dollars: Fifteen Thousand Four Hundred And Eight Only

# **CL APPRAISER PTE LTD**

24 Penshurst Place, Singapore 556440  
Email: [clappraiser@yahoo.com](mailto:clappraiser@yahoo.com) Hp: 9068 8689 Fax: 6452 9783  
Reg No: 201000228E

## INVOICE

Frans Express Transport  
C/o: Best Auto K Pte Ltd  
2 Kaki Bukit Avenue 2  
#01-11 Kaki Bukit Autohub, Singapore 417921

Invoice No. : CL/220191

Ref No. : BAK/12/2102/TP

Date : 18 April 2022

DESCRIPTION	AMOUNT
<b>OUR SERVICE FEE CHARGES:</b>	
<ul style="list-style-type: none"><li>SURVEY INSPECTION FOR VEHICLE NO. <u>PD 898 R</u></li><li>RESURVEY INSPECTION</li><li>DIGITAL PHOTOGRAPHS SERVICES (INCLUSIVE OF STORAGE AND SUBMISSION OF DIGITAL PHOTOGRAPHS)</li><li>TRANSPORTATION</li></ul>	
<b>GRAND TOTAL</b>	<b>S\$ 770.00</b>

E & O. E

All cheque payment should be "Crossed" and made payable to " **CL APPRAISER PTE LTD** "

We shall be grateful if you could forward our payment at your early convenience.



**CL Appraiser Pte Ltd**



24 Peshurst Place, Singapore 556440

Email: [clappraiser@yahoo.com](mailto:clappraiser@yahoo.com) Hp: 9068 8689 Fax: 6452 9783

Reg No: 201000228E

## VEHICLE INSPECTION REPORT

To: Frans Express Transport  
C/o: Best Auto K Pte Ltd  
2 Kaki Bukit Avenue 2  
#01-11 Kaki Bukit Autohub, Singapore 417921

Date : 18 April 2022  
Our ref : BAK/12/2102/TP

Accident Date : 09 December 2021  
Inspection Date : 14 December 2021  
Repairer Name : Best Auto K Pte Ltd  
2 Kaki Bukit Avenue 2  
#01-11 Kaki Bukit Autohub, Singapore 417921

Type of Survey : Third Party

### PARTICULARS OF VEHICLE

Registration No : PD 898 R  
Make / Model : Mercedes Benz V220  
Chassis No : WDF44781523665628  
Engine No : 65195035189611

Year / Capacity : 2019 / 2143 cc  
Colour : Black  
Mileage : 79333

### CONDITION OF TYRES

	Make	Size	Thread Balance	Rim
Front Nearside	: Bridgestone	245/50 R19	5 mm	Sport
Front Offside	: Bridgestone	245/50 R19	5 mm	Sport
Rear Nearside	: Bridgestone	245/50 R19	5 mm	Sport
Rear Offside	: Bridgestone	245/50 R19	5 mm	Sport

### GENERAL DESCRIPTION OF DAMAGE VEHICLE

The impact damages sustained on the vehicle at the time of inspection is on the o/s portion.  
(Details refer to the photographs attached)

Enclosed number of photographs: 105 copies

### REMARKS

This inspection was conducted entirely on a "**WITHOUT PREJUDICE**" basis and we have not given authorization and instruction to the repairer to proceed with the repair.

### RECOMMENDATIONS

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a **Lump Sum of \$14,400.00** on a contractual basis.

Under normal circumstances, the repair period would be about 30 (Thirty) working days.



Vehicle Registration No.: PD 898 R

Our Ref No.:

BAK/12/2102/TP

Qty	Description	Conditions	Repairer's Estimate	Revised Amount
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## SPARE PARTS - LIST ITEMS

1	Front o/s door	Damage	\$ 1,663.60	\$ 1,663.60 <sup>1549.12</sup>
1	Front o/s door lock	Damage	\$ 321.30	\$ 321.30 <sup>XNN</sup>
1	Front o/s door regulator	Damage	\$ 630.00	\$ 630.00 <sup>550</sup>
1	Front o/s door regulator motor	Damage	\$ 590.00	\$ 590.00 <sup>170.15</sup>
1	Front o/s door rubber	Necessary	\$ 380.00	\$ 380.00
1	Front o/s door glass outer moulding	Necessary	\$ 166.70	\$ 166.70
1	O/s sliding door	Damage	\$ 3,133.30	\$ 3,133.30 <sup>2917.70</sup>
1	O/s sliding door lower roller	Damage	\$ 192.00	\$ 192.00
1	O/s sliding door center roller	Damage	\$ 190.00	\$ 190.00
1	O/s sliding door actuator lock	Damage	\$ 509.00	\$ 509.00 <sup>XNN</sup>
1	O/s sliding door rubber	Necessary	\$ 293.00	\$ 293.00
1	O/s sliding door glass outer moulding	Necessary	\$ 172.80	\$ 172.80
1	Rocker panel	Repair	\$ 890.00	XR
1	Rear bumper	Damage	\$ 1,876.60	\$ 1,876.60 <sup>1638.46</sup>
1	Rear bumper o/s side holder	Damage	\$ 85.00	\$ 85.00
1	Rear o/s mudflap	Damage	\$ 185.00	\$ 185.00
1	Rear o/s alloy wheel rim	Damage	\$ 1,580.00	\$ 1,580.00 <sup>1200</sup>
1	Rear o/s side panel	Damage	\$ 2,880.00	\$ 2,880.00 <sup>XR</sup>
1	Rear o/s side panel moulding	Necessary	\$ 145.00	\$ 145.00
			<b>\$ 15,883.30</b>	<b>\$ 14,993.30</b> <sup>9834.93</sup>
			<i>Less 10%</i>	<i>\$ 1,588.33</i> <sup>8851.44</sup>
<b>Total Cost - List Items</b>			<b>\$ 14,294.97</b>	<b>\$ 13,493.97</b>

## SPECIAL NETT ITEMS

1	Rear bumper clip (1 set)	Necessary	\$ 60.00	\$ 60.00 <sup>40</sup>
1	Rear o/s tyre (Depreciation)	Damage	\$ 500.00	\$ 250.00
1	Side panel glass sealant	Necessary	\$ 120.00	\$ 80.00 <sup>XNN</sup>
<b>Total Cost - Special Nett items</b>			<b>\$ 680.00</b>	<b>\$ 390.00</b> <sup>290</sup>

**Total cost of parts**

**\$ 14,974.97    \$ 13,883.97**

Vehicle Registration No.: PD 898 R

Our Ref No.:

BAK/12/2102/TP

S/No	Description	Repairer's Estimate	Revised Amount
	<b>Total cost of parts c/f</b>	<b>\$ 14,974.97</b>	<b>\$ 13,883.97</b>

### LABOUR

1	To remove, refit, replaced damaged lamps and check up rear electrical wiring	\$ 80.00	\$ 50.00
2	To remove and refit inner garnishes, inner trim to assist repair.	\$ 150.00	\$ 120.00 <sup>80</sup>
3	To conduct wheel alignment.	\$ 150.00	\$ 120.00 <sup>80</sup>
4	To remove and refit rear quarter glass to assist repair.	\$ 120.00	\$ 80.00 <sup>XNN</sup>
5	To remove and refit doors complete fittings and replace damaged parts, transfer all fittings to new door.	\$ 400.00	\$ 300.00 <sup>150</sup>
6	To apply undercoating on repaired and replaced panel.	\$ 200.00	\$ 150.00 <sup>100</sup>
7	To provide labour charges, workmanship to dismantle above damaged parts, repair including cut and weld ; re-align body structure and damaged consistent to the accident.	\$ 2,000.00	\$ 1,750.00 <sup>1500</sup>
8	To respray painting include polishing and waxing on the changed body parts, repaired portions where consistent to the accident.	\$ 1,800.00	\$ 1,540.00 <sup>1350</sup>

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### **GRAND TOTAL**

<b>\$ 19,874.97</b>	<b>\$ 17,993.97</b>
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12451.44  
L/\$9950  
10 DAYS

Vehicle Registration No.: PD 898 R

Our Ref No.: BAK/12/2102/TP

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a **Lump Sum Repair Contract of : \$ 14,400.00**

By accepting to carry out the repairs on a contract lump sum basis, the repairer has the discretion to replace the damaged parts with used, reconditioned or new parts, or to repair it to a roadworthy condition.

Note: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage / item in this survey, kindly notified the company within seven (7) from the date hereof. Otherwise, the revised amount shall be deemed to be valid.

**Disclaimer**

*The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicle and/or other accident in other legal proceedings.*

**CL APPRAISER PTE LTD**



Cheong K. H  
Automotive Appraiser







