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Advocates & Solicitors, Commissioner for Oaths & Notary Public

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**60220794**

Our Ref: CCL.hy.220307 VA

03 June 2022

**BY CERTIFICATE OF POSTING**

Comfort Transportation Pte Ltd

383 Sin Ming Drive

Singapore 575717

And

**BY CERTIFICATE OF POSTING**

Mohamed Jefri Bin Mustafa

Blk 769 Pasir Ris Street 71

#14-342 Singapore 510769

Dear Sir/Madam



**LLMS LOGISTICS PTE LTD c/o VFIX AUTO PTE LTD OF 7 PENJURU CLOSE LEVEL 1 SINGAPORE 608779**

**ACCIDENT ON 07.10.2021 INVOLVING SMX 7076E, SHB 4019R, SKV 265G & SGS 6881B**

1. We are instructed by the abovenamed to claim damages against you and/or your servant, agent and/or employee, one Mohamed Jefri Bin Mustafa in connection with a road traffic accident on 7 October 2021 at about 0815 hours along KPE towards City, involving our clients' vehicle registration number **SMX 7076E**, vehicle registration number **SGS 6881B** driven by one Tan Kin Yong, vehicle registration number **SKX 265G** driven by one Seah Seow Jye Benny and your vehicle registration number **SHB 4019R** driven by you and/or your servant, agent and/or employee, one Mohamed Jefri Bin Mustafa at the material time.
2. We are instructed that the accident was caused by you and/or your servant, agent and/or employee's negligent driving and/or management of your vehicle in that your vehicle had collided onto the rear portion of our clients' said motor vehicle, causing our client's motor vehicle to surge forward and collide into the rear portion of the front vehicle no. SGS 6881B. As a result of the accident, our clients' vehicle was damaged and our clients have been put to loss and expenses, particulars of which are as follows:-

|   |     |           |
|---|-----|-----------|
| (a) Cost of repairs + 7% GST                    | S\$ | 22,366.28 |
| (b) Loss of use for 21 days at \$100.00 per day | S\$ | 2,100.00  |
| (c) Surveyor Fees                               | S\$ | 1,277.00  |
| (d) GIA Search & Report Fees                    | S\$ | 87.00     |
| (e) LTA Search Fees                             | S\$ | 14.94     |
| (f) 71 pages of scanned colour photographs      | S\$ | 71.00     |

Contents of this letter may consist of private confidential and/or privilege information which are not to be distributed. Kindly inform us if you are not the intended recipient.

|   |            |                  |
|---|------------|------------------|
| (g) Cost for CD video evidence (3 copies) | S\$        | 30.00            |
| (h) Postage, scanning & other incidentals | S\$        | 70.00            |
| (i) Legal Costs                           | S\$        | 1,200.00         |
| <b>Total</b>                              | <b>S\$</b> | <b>27,216.22</b> |

3. A copy of each of the following supporting documents are enclosed for your attention:-
- GIA Report and traffic accident report of our clients' vehicle;
  - GIA Report of your vehicle no. SHB 4019R;
  - GIA Report of vehicle no. SKV 265G;
  - GIA Report of vehicle no. SGS 6881B;
  - LTA Search Result of your vehicle no. SHB 4019R;
  - Notification of Accident on the pre-repair inspection;
  - Certificate of Insurance of our clients' vehicle;
  - Repairer's Invoice;
  - Surveyor's Invoice and Report with 282 scanned photographs; and
  - 1 video recording of the accident.
4. Our clients' workshop had on **7 October 2021** notified your insurer, **AXA Insurance Pte Ltd**, of the said accident and a pre-repair inspection of our clients' vehicle was carried out by your insurer's surveyor on **8 October 2021**.
5. We propose using **Impact Analysis Consultant** as a single joint expert in the event should the matter proceed to Court. Kindly let us know if you are agreeable.
6. 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.
7. 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, failing which our clients will have no alternative but to commence proceedings against you without further notice to you or your insurer.
8. Please also note that if you have a counterclaim against our clients arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaims together with all relevant supporting documents **within 8 weeks** of your receipt of this letter.

Yours faithfully



.....  
Wong Yan Ying

Enc.

c.c. **BY EMAIL (motor.survey@axa.com.sg) & REGISTERED SERVICE**

AXA Insurance Pte Ltd  
Motor Claims Department  
9 North Buona Vista Drive  
#18-01/06  
Tower 1 The Metropolis  
Singapore 138588



c.c. Clients



## 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 .....              | 08/10/2021 13:45 (SGT)          |
| Date of Accident .....                | 07/10/2021 08:15 (SGT)          |
| Exact Location of Accident .....      | Singapore                       |
| Additional Location Information ..... | KPE TUNNELTOWARDS PASIR PANJANG |
| Country/State of Loss .....           | Singapore                       |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SMX7076E |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                        |
|--------------------------------|------------------------|
| Is company? .....              | Yes                    |
| Name Of Registered Owner ..... | LLMS LOGISTICS PTE LTD |
| Company Reg No .....           | 2XXXXX781K             |
| Email Address .....            | WSKOH@VFIXAUTO.COM.SG  |
| Mobile Phone No .....          | (Phone) +65-64552957   |
| Alternative Phone No .....     | +65-64552957           |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Toyota                    |
| Model .....  | Vios                      |
| Variant .....  | -                         |
| Exact purpose for which vehicle was being used at time of accident .....           | Private use               |
| Are you claiming under your own insurance policy for repair to your vehicle? ..... | No - Claiming third party |
| Vehicle Category .....   | Private 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 .....             | -                                      |
| Cover Note Number .....         | -                                      |

#### DRIVER

|                      |                |
|----------------------|----------------|
| Name of Driver ..... | KWEK HOWE HENG |
| NRIC No .....        | SXXXX335G      |

|  |                       |
|--|-----------------------|
| Date Of Birth .....  | 16/04/1979            |
| Occupation .....   | Indoor                |
| Date Of Driving Pass .....   | 16/04/1979            |
| Driving experience .....   | 42 YEARS AND 6 MONTHS |
| Gender .....   | Male                  |
| Mobile Number .....  | (Phone) +65-88225750  |
| Alt. Phone Number .....  | -                     |
| Email Address .....  | WSKOH@VFIXAUTO.COM.SG |
| Address .....  | BLK 619D PUNGGOL DR   |
| Address complement .....   | #13-741               |
| Postcode .....   | 824619                |
| Is the driver the policyholder? .....                              | No                    |
| If No, Relationship of the Driver with the Insured .....           | Employee              |
| 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 .....   | 4   |
| 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) .....   | 1   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### DETAILS OF POLICE ACTION

|   |    |
|---|----|
| Was the accident reported to the police? .....  | No |
| 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? ..... | 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 ..... | SHB4019R |
| 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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SGS6881B  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number ..... SKV265G  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
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) ..... -

**SKETCH PLAN**

**IMPORTANT NOTICE**

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

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature  
Date & Time:

*[Handwritten Signature]*

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



*[Handwritten Signature]*

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

















**SINGAPORE  
POLICE FORCE**



T/20211007/7025

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20211007/7025

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |   |                    |                            |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made:<br>07/10/2021 19:25 |            | Vide Report No.:             |   | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |   |                    |                            |
| Name of Informant:<br>KWEK HOWE HENG       |            |                              | Address:<br>619D PUNGGOL DRIVE #13-741 SINGAPORE 824619 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S7910335G   |            |                              | Contact No.:  |                    | Mobile: 88225750           |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:<br>howeheng@lms.com.sg                           |                    |                            |
| Sex:<br>Male                               | Age:<br>42 | Date of Birth:<br>16/04/1979 | Type of Informant:<br>Driver                            |                    |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English                                    |                    | Institution / School Name: |
| Occupation:<br>Logistics Executive         |            |                              | Driving Licence Information:<br>Class:                  |                    | Date of Expiry:            |

|   |                  |                                    |  |  |
|---|------------------|------------------------------------|--|--|
| <b>General Information of the Accident</b>                              |                  |                                    |  |  |
| Type of Accident:   | Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>07/10/2021 08:10 | Type of Location:<br>KPE towards Pasir Panjang |
| Location:<br><br>KALLANG PAYA LEBAR EXPRESSWAY                          |                  |                                    |  |  |
| Weather:<br>Clear   |                  | Road Surface:<br>Dry               |  | Road Speed Limit:<br>50 Km/h                   |
| Traffic Flow:<br>One Way  |                  | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Moderate                    |
| Type of Collision:<br>moving vehicle collide against stationary vehicle |                  |                                    |  | Anyone conveyed by ambulance:<br>No            |

| <b>Details of Vehicle Involved</b> |      |         |               |        |                  |       |
|------------------------------------|------|---------|---------------|--------|------------------|-------|
| Vehicle No.                        | Type | Make    | Model         | Color  | Conditio         | No of |
| SGS6881B                           | Car  | TOYOTA  | Toyota Picnic | Silver | Slightly Damaged | 2     |
| SHB4019R                           | Car  | HYUNDAI | Hyundai Ioniq | Blue   | Slightly Damaged | 1     |



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

| Details of Vehicle Involved |      |                |                    |        |                      |       |
|-----------------------------|------|----------------|--------------------|--------|----------------------|-------|
| Vehicle No.                 | Type | Make           | Model              | Color  | Conditio             | No of |
| SKV265G                     | Car  | VOLKSWAGO<br>N | Volkswagon<br>Golf | Brown  | Slightly<br>Damaged  | 2     |
| SMX7076E                    | Car  | TOYOTA         | Toyota Vios        | Silver | Seriously<br>Damaged | 3     |

| Details of Person Involved        |  |  |                                   |
|-----------------------------------|--|--|-----------------------------------|
| Any Pedestrian Involved: No       |  |  |                                   |
| No. of Pedestrians Injured: NIL   |  | Use of Pedestrian Crossing: NA             |                                   |
| <b>Passenger</b>                  |  |  |                                   |
| Name                              | KAREN TAN BEE HONG                     | ID No.                                     | S8430448D                         |
| Related Vehicle                   | SMX7076E (Car)                         | Contact No.                                | NIL                               |
| Hospital/Clinic                   | SENGKANG GENERAL HOSPITAL PTE.<br>LTD. | Class of<br>Driving<br>Licence &<br>Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | 07/10/2021                             | Date                                       | 07/10/2021                        |
| No. of Days granted Medical Leave | 05                                     | Degree of                                  | Slight                            |
| <b>Driver</b>                     |  |  |                                   |
| Name                              | KWEK HOWE HENG                         | ID No.                                     | S7910335G                         |
| Related Vehicle                   | SMX7076E (Car)                         | Contact No.                                | 88225750                          |
| Hospital/Clinic                   | SENGKANG GENERAL HOSPITAL PTE.<br>LTD. | Class of<br>Driving<br>Licence &<br>Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | 07/10/2021                             | Date                                       | 07/10/2021                        |
| No. of Days granted Medical Leave | 02                                     | Degree of                                  | Slight                            |

Brief Details.

My vehicle was moving along KPE towards Pasir Panjang.  
Front vehicle stopped and I braked in time. Rear vehicle collided onto my stationary vehicle and caused my vehicle to collide onto the front vehicle.  
I have video recorded from my front car camera.



**SINGAPORE  
POLICE FORCE**



T/20211007/7025

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20211007/7025

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
SYED ZAYID MUHAMMAD BIN SYED ABDUL  
WAHID ALHINDUAN  
Contact No.: 65476404

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
07/10/2021 19:25

Classification Of Case:

## 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.
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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 .....              | 08/10/2021 09:53 (SGT) |
| Date of Accident .....                | 07/10/2021 08:15 (SGT) |
| Exact Location of Accident .....      | KPE, Singapore         |
| Additional Location Information ..... | -                      |
| Country/State of Loss .....           | Singapore              |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SHB4019R |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                                |
|--------------------------------|--------------------------------|
| Is company? .....              | Yes                            |
| Name Of Registered Owner ..... | COMFORT TRANSPORTATION PTE LTD |

#### VEHICLE PARTICULARS

|                        |          |
|------------------------|----------|
| Manufacturer .....     | Hyundai  |
| Model .....            | Ae ioniq |
| Variant .....          | -        |
| Vehicle Category ..... | Taxi     |
| Transmission .....     | Auto     |
| CC .....               | 1580     |

#### INSURANCE COMPANY

|                                 |                       |
|---------------------------------|-----------------------|
| Name of Insurance Company ..... | AXA Insurance Pte Ltd |
| Type of Coverage .....          | ThirdPartyFireTheft   |
| Fleet Policy .....              | Yes                   |
| Policy Number .....             | VFX/P2419138          |
| Cover Note Number .....         | -                     |

#### DRIVER

|                                       |                                     |
|---------------------------------------|-------------------------------------|
| Name of Driver .....                  | MOHAMED JEFRI BIN MUSTAFA           |
| NRIC No .....                         | S17578971                           |
| Address .....                         | BLK 769 PASIR RIS STREET 71 #14-342 |
| Address complement .....              | -                                   |
| Postcode .....                        | 510769                              |
| Does Driver Own Other Vehicles? ..... | No                                  |

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Chain Collision  
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) ..... 2

CIRCUMSTANCES OF ACCIDENT

ON 07/10/2021 AT ABOUT 0815HRS I WAS DRIVING MY VEHICLE A SHB4019R ON THE MOST RIGHT LANE FROM TPE INTO KPE/CITY. JUST ENTERED TUNNEL, VEHICLE D SMX7076E WHICH WAS IN FRONT SUDDENLY BRAKE HENCE MY VEHICLE A REAR ENDED VEHICLE B. GOT DOWN MY VEHICLE A TO REALISE IT WAS A 4 CAR CHAIN COLLISION. 1ST VEHICLE B SKV265G. 2ND VEHICLE C SGS6881B. NO ONE WAS INJURED. NO PARTICULARS EXCHANGED

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 ..... FILE IS NOT SUITABLE  
Was there any audio recorded? ..... No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SKV265G  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... -  
Insurance Company Name ..... -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SGS6881B  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... -  
Insurance Company Name ..... -

DETAILS OF OTHER VEHICLE PROPERTY 3

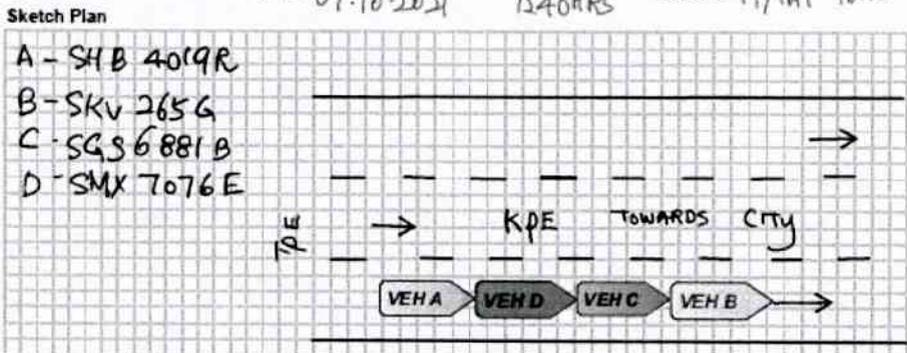
Vehicle Registration Number ..... SMX7076E  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... -  
Insurance Company Name ..... -

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

|  |   |  |
|--|---|--|
| Policyholder's Signature / Date & Time<br>_____<br>_____ | Driver's Signature (if driver is not the policyholder) / Date & Time<br><i>WJ</i><br>_____<br>07.10.2021 1240RS | Witnessed by Reporting Centre Personnel<br><i>LS</i><br>_____<br>KYMI YONG |
|--|---|--|

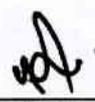
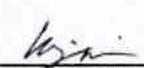


Describe Circumstances of the Accident

ON 07/10/2021 AT ABOUT 0815HRS I WAS DRIVING MY VEHICLE A SHB4019R ON THE MOST RIGHT LANE FROM TPE INTO KPE/CITY. JUST ENTERED TUNNEL, VEHICLE D SMX7076E WHICH WAS IN FRONT SUDDENLY BRAKE HENCE MY VEHICLE A REAR ENDED VEHICLE B. GOT DOWN MY VEHICLE A TO REALISE IT WAS A 4 CAR CHAIN COLLISION. 1ST VEHICLE B SKV265G. 2ND VEHICLE C SGS6881B. NO ONE WAS INJURED. NO PARTICULARS EXCHANGED

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   |
|  | 07-10-2021 1245 HRS   | Kym Yong  |

















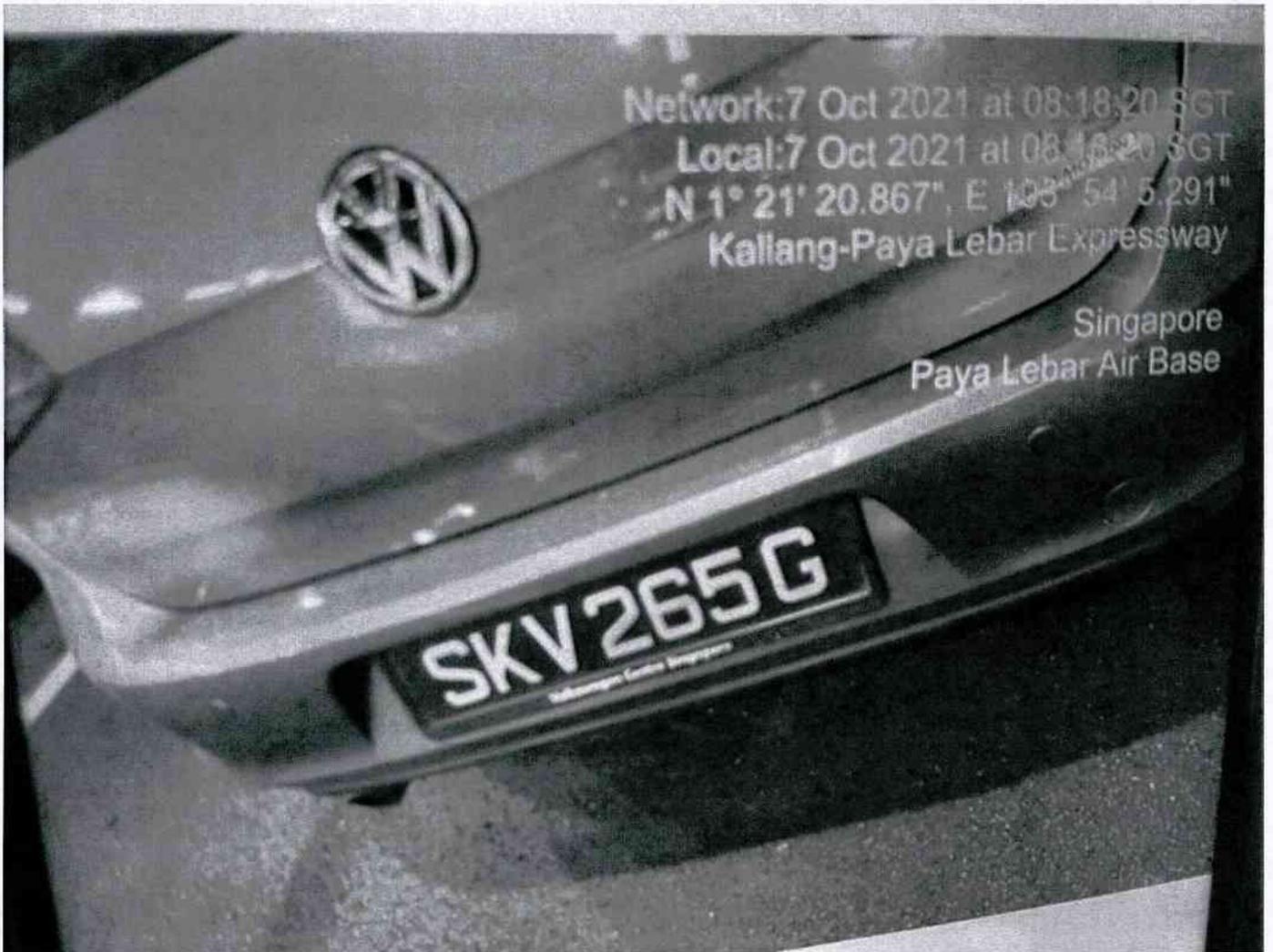


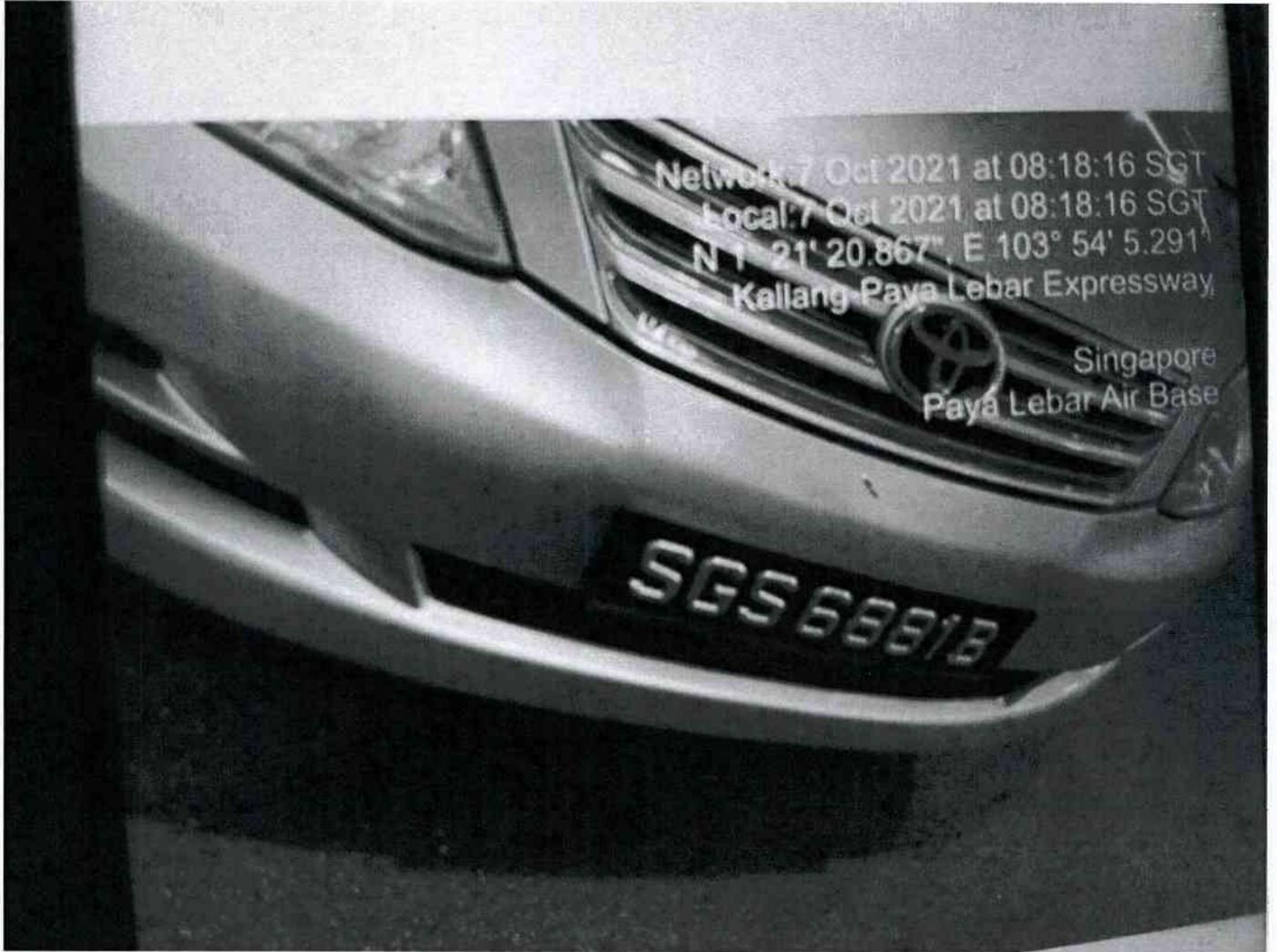






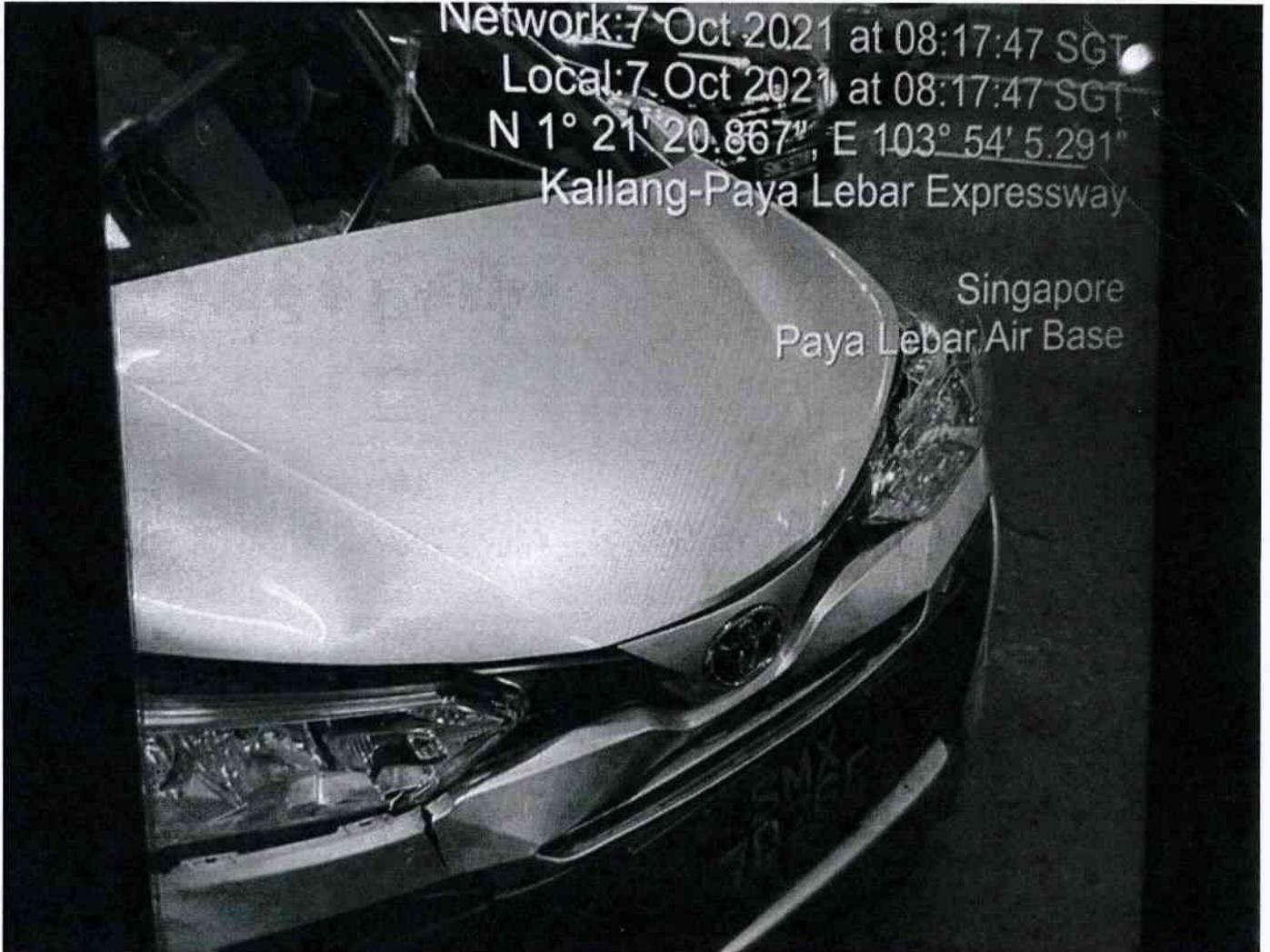


















**IMPORTANT NOTE:** Please submit the completed Addendum form to the ~~same~~ Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SJ0421A7000N Vehicle Registration No: SHE4019R  
 Name (as shown in ~~acc~~): Comfort Transportation Pte Ltd NRIC/FIN/Passport No: 1XXXXX821R  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 07/10/2021 Time of Accident: 0815HRS  
 Place of Accident: KPE, SINGAPORE  
 Insurance Company: AXA Insurance Singapore Pte Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- CHANGE SKETCH PLAN & TP DETAILS  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Policyholder / Driver's Signature  
 Date: \_\_\_\_\_

*Kavi*  
 Reporting Centre Personnel's Signature  
 Name: KAVI  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: 08.10.2021



# 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 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. 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 .....              | 08/10/2021 15:47 (SGT)  |
| Date of Accident .....                | 07/10/2021 08:15 (SGT)  |
| Exact Location of Accident .....      | MCE, Singapore          |
| Additional Location Information ..... | MCE TUNNEL TOWARDS CITY |
| Country/State of Loss .....           | Singapore               |

## DETAILS OF OWN VEHICLE

|                                   |         |
|-----------------------------------|---------|
| Vehicle Registration Number ..... | SKV265G |
|-----------------------------------|---------|

### INSURED/POLICYHOLDER

|                                |                     |
|--------------------------------|---------------------|
| Is company? .....              | No                  |
| Name Of Registered Owner ..... | SEAH SEOW JYE BENNY |

### VEHICLE PARTICULARS

|                        |             |
|------------------------|-------------|
| Manufacturer .....     | Volkswagen  |
| Model .....            | Golf        |
| Variant .....          | -           |
| Vehicle Category ..... | Private car |
| Transmission .....     | Auto        |
| CC .....               | 1395        |

### INSURANCE COMPANY

|                                 |   |
|---------------------------------|---|
| Name of Insurance Company ..... | Direct Asia Insurance (Singapore) Pte Ltd |
| Type of Coverage .....          | Comprehensive                             |
| Fleet Policy .....              | No  |
| Policy Number .....             | MT/00800196/01                            |
| Cover Note Number .....         | -   |

### DRIVER

|                                       |                                |
|---------------------------------------|--------------------------------|
| Name of Driver .....                  | SEAH SEOW JYE BENNY            |
| NRIC No .....                         | S8208455Z                      |
| Address .....                         | BLK 664A PUNGGOL DRIVE #10-212 |
| Address complement .....              | -                              |
| Postcode .....                        | 821664                         |
| Does Driver Own Other Vehicles? ..... | No                             |

### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Chain Collision  
Weather Conditions ..... Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? ..... No  
Was anybody injured in the Accident? ..... Yes  
Was any other vehicle or property damaged? ..... Yes  
Number of Passengers (Including Driver) ..... 2

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SGS6881B  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... TAN KIN YONG  
Insurance Company Name ..... -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SMX7076E  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... KWEK HOWE HENG  
Insurance Company Name ..... -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number ..... SHB4019R  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Taxi  
Name of Driver ..... -  
Insurance Company Name ..... -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ..... SEAH SEOW JYE BENNY  
Gender ..... -  
Phone No ..... -  
Injured person in which vehicle? ..... SKV265G

**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

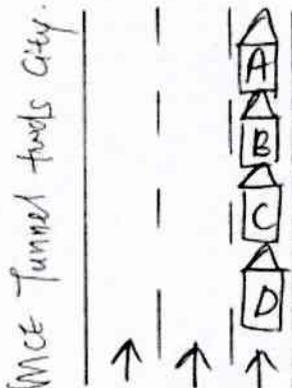
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

X   
 Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



A: SKV 26569.  
 B: SFS 6881B.  
 C: SMX 7076E.  
 D: SHB 4019K.

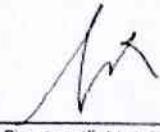
**Describe Circumstances of the Accident**

*Refer to the Attachment -*

**Declaration**

We declare the foregoing particulars are true in every respect.

X   
\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

On the 07/10/2021 at about 08.15 hrs along MCE Tunnel towards City.

The traffic was moderate. While I was travelling on the 1<sup>st</sup> lane, my front vehicle slows down thus I follow suit. The front vehicle came to a full stop and I also came to a full stop. Suddenly, I heard a loud bang from behind and the impact forced my vehicle (A) to move forward.

When I alight, I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages my rear portion of my vehicle. It was a chain collision of total 4 vehicle involved.



**Vehicle A : SKV 265G**

**Vehicle B : SGS 6881B**

**Vehicle C : SMX 7076E**

**Vehicle D : SHB 4019R**





















• AHEAD OF COURAGE

**Contact us at**

Hotline: (65) 6532 2888

E-mail: CustomerService@DirectAsia.com

## CERTIFICATE OF INSURANCE

**Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")**  
**Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)**  
**Road Transport Act, 1987 (Malaysia)**  
**Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)**

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

|  |                                  |
|--|----------------------------------|
| <b>Certificate No.</b>   | : MT/00800196/01                 |
| <b>Type of Coverage / Driver Plan</b>  | : Car Comprehensive (Value Plan) |
| <b>1) Vehicle Registration No.</b>   | : SKV265G                        |
| <b>Chassis No.</b>   | : WVVZZZAUJFW347256              |
| <b>2) Name of Policy Holder</b>  | : SEAH SEOW JYE BENNY            |
| <b>3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>  | : 26/08/2021 00:00               |
| <b>4) Date/Time of Expiry of Insurance</b>   | : 25/08/2022 23:59               |
| <b>5) Persons or Classes of Persons Entitled to Drive</b>  |                                  |
| (a) Any person who is named on the policy who is driving on the Policyholder's permission.   |                                  |
| The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.  |                                  |
| <b>6) Limitations as to use*</b>   |                                  |
| Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business. Private car-pooling arrangements where you commute with passengers and split the fuel expense is covered under the standard policy. Grab Hitch will only be covered if this is the declared usage stated on your Policy Schedule. Only two rides are permitted a day. Other forms of commercial car-pooling or any ride hailing services (e.g. Grab, Go-Jek etc.) are not allowed. |                                  |
| *Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.  |                                  |
| <b>Sum Insured</b>   | : Market Value                   |
| <b>Own Damage Excess</b>   | : S\$ 800.00                     |
| <b>Windscreen Excess</b>   | : S\$ 100.00                     |
| <b>Choice of Workshop</b>  | : DirectAsia approved workshops  |
| <b>Finance company / Hire Purchase</b>   | :                                |
| <b>Main driver</b>   | : SEAH SEOW JYE BENNY            |
| <b>Named driver</b>  | : None                           |
| <b>Important Note: This policy is on a named driver basis. The Policyholder has to be named as the Main Driver or Named Driver to be covered. Any unnamed drivers will not be covered.</b>   |                                  |

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Issued on: 15/07/2021

Direct Asia Insurance (Singapore) Pte. Ltd.

  
Underwriting Manager

Direct Asia Insurance (Singapore) Pte Ltd  
 20 Anson Road #08-01 Twenty Anson Singapore 079912  
 www.DirectAsia.com

Company Registration: 200822611G

# 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 .....              | 07/10/2021 15:18 (SGT) |
| Date of Accident .....                | 07/10/2021 08:15 (SGT) |
| Exact Location of Accident .....      | MCE, Singapore         |
| Additional Location Information ..... | TWDS CITY              |
| Country/State of Loss .....           | Singapore              |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SGS6881B |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |              |
|--------------------------------|--------------|
| Is company? .....              | No           |
| Name Of Registered Owner ..... | TAN KIN YONG |

### VEHICLE PARTICULARS

|                        |             |
|------------------------|-------------|
| Manufacturer .....     | Toyota      |
| Model .....            | Picnic      |
| Variant .....          | -           |
| Vehicle Category ..... | Private car |
| Transmission .....     | Auto        |
| CC .....               | 2000        |

### INSURANCE COMPANY

|                                 |  |
|---------------------------------|--|
| Name of Insurance Company ..... | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage .....          | Comprehensive                          |
| Fleet Policy .....              | No                                     |
| Policy Number .....             | 5108041840-02                          |
| Cover Note Number .....         | -                                      |

### DRIVER

|                                       |                              |
|---------------------------------------|------------------------------|
| Name of Driver .....                  | TAN KIN YONG                 |
| NRIC No .....                         | S7920448Z                    |
| Address .....                         | BLK 233C SUMANG LANE #16-301 |
| Address complement .....              | -                            |
| Postcode .....                        | 823233                       |
| Does Driver Own Other Vehicles? ..... | No                           |

### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Chain Collision  
Weather Conditions ..... Clear

OTHER INFORMATION

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

CIRCUMSTANCES OF ACCIDENT

ON THE 07/10/2021 AT ABOUT 0815HRS ALONG MCE TUNNEL TOWARDS CITY. THE TRAFFIC WAS MODERATE. WHILE I WAS TRAVELLING ON THE FIRST LANE, MY FRONT VEHICLE SLOWED DOWN THIS I FOLLOWED SUIT. THE FRONT VEHICLE CAME TO A FULL STOP AND I ALSO CAME TO A FULL STOP. SUDDENLY, I HEARD A LOUD BANG FROM BEHIND AND THE IMPACT FORCED MY VEHICLE A TO MOVE FORWARD. WHEN I ALIGHT, I REALISED IT WAS VEHICLE B WHO HIT THE REAR PORTION OF MY VEHICLE A, CAUSING DAMAGES TO THE REAR PORTION OF MY VEHICLE. IT WAS A CHAIN COLLISION OF TOTAL 4 VEHICLES INVOLVED. AFTER THE INCIDENT, I FELT DISCOMFORT ON MY NECK AND LOWER BACKBONE THUS I SEEK MEDICAL TREATMENT AT THE CLINIC AT BUSINESS CITY PTE LTD

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 ..... SMX7076E  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... KWEK HOWE HENG  
Insurance Company Name ..... -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SKV265G  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... SEAH SEOW JYE BENNY  
Insurance Company Name ..... -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number ..... SHB4019R  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Taxi  
Name of Driver ..... -  
Insurance Company Name ..... -

INJURED PERSONS DETAILS

INJURED 1

|  |              |
|--|--------------|
| Name of injured person .....           | TAN KIN YONG |
| Gender .....                           | Male         |
| Phone No .....                         | -            |
| Injured person in which vehicle? ..... | SGS6881B     |

**SKETCH PLAN**

**IMPORTANT NOTICE**

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- (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.

x   
 \_\_\_\_\_  
 Policyholder's Signature  
 Date & Time:

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

\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

ALPHA CAR



On the 07/10/2021 at about 08.15 hrs along MCE Tunnel towards City.

The traffic was moderate. While I was travelling on the 1<sup>st</sup> lane, my front vehicle slows down thus i follow suit. The front vehicle came to a full stopped and I also came to a full stop. Suddenly, I heard a loud bang from behind and the impact forced my vehicle (A) to move forward.

When I alight, I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages my rear portion of my vehicle. It was a chain collision of total 4 vehicle involved.

After the incident, I felt discomfort on my neck & lower backbone thus I seek medical treatment at The Clinic @ Business City Pte Ltd.

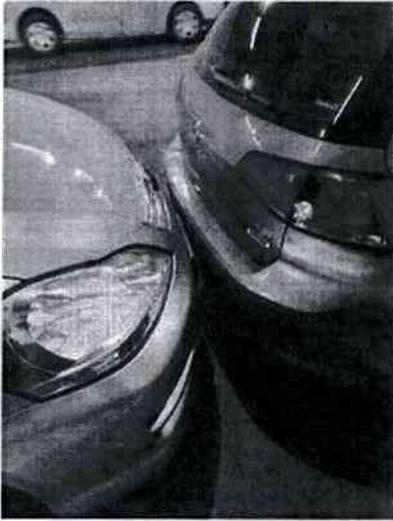


**Vehicle A : SGS 6881B**

**Vehicle B : SMX 7076E**

**Vehicle C : SKV 265G**

**Vehicle D : SHB 4019R**













TOYOTA MOTOR CORPORATION JAPAN

|           |                   |      |        |
|-----------|-------------------|------|--------|
| MODEL     | ACM20R-ARSEK      | 1998 | mL     |
| ENGINE    | 1AZ-FEE           |      |        |
| FRAME No. | JTEGH23B700023125 |      |        |
|           | COLOR             | TRIM | PLANT  |
|           | 1D4               | EC07 | C25    |
|           | U241E             | -01A |        |
|           |                   |      | OPTION |
|           |                   |      | 830    |







## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5108041840 02

Cover : drive CLASSIC

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : SGS68618          |
| Chassis Number  | : JTEGH23B700023125 |
| 2. Name of Policyholder   | : TAN KIN YONG      |
| 3. Effective Date of Insurance  | : 21 Mar 2021       |
| 4. Expiry Date of Insurance   | : 20 Mar 2022       |
| 5. Persons or Classes of Persons entitled to drive#   |                     |
| (a) The Policyholder.   |                     |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                     |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                     |
| 6. Limitations as to Use#   |                     |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.  |                     |
| <b>This Policy does not cover</b>   |                     |
| (a) Use for racing, pace-making, reliability trial or speed-testing.  |                     |
| (b) Use for the carriage of goods (other than samples) in connection with any trade or business.  |                     |
| (c) Use for any purpose in connection with the Motor Trade.   |                     |
| # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act [Chapter 189] and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.   |                     |

|                                      |   |
|--------------------------------------|---|
| EXCESS (SECTION 1)                   | : S\$2,000  |
| EXCESS (SECTION 2)                   | : S\$1,500  |
| WINDSCREEN EXCESS                    | : S\$100  |
| ADDITIONAL EXCESS                    | : N/A   |
| UNNAMED DRIVER EXCESS                | : PLEASE REFER OVERLEAF                           |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO  |
| INSURE WITH COE                      | : YES   |
| NCD PROTECTION                       | : YES (FREE)                                      |
| TRANSPORT ALLOWANCE                  | : NO  |
| EXCESS WAIVER                        | : NO  |
| PRIMARY DRIVER                       | : TAN KIN YONG                                    |
| NAMED DRIVER (1)                     | : N/A   |
| NAMED DRIVER (2)                     | : N/A   |
| HIRE PURCHASE COMPANY                | : HONG LEONG FINANCE LIMITED                      |
| SUM INSURED                          | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

(/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : KHC HOLDINGS PTE LTD (00000613934)  
 Date of Issue : 10 Mar 2021 16:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

## Enquire Vehicle Owner Details ( As At 07 Oct 2021 / 08:15:00 )

### Vehicle Owner Details

|                                |   |
|--------------------------------|---|
| Owner ID Type:                 | Owner ID:   |
| Company                        | 199303821R  |
| Owner Name:                    | Registered Address Type:  |
| COMFORT TRANSPORTATION PTE LTD | Private Residential (Condo Apt or House) /<br>Shopping / Office Complexes |
| Registered Block/House No.:    | Registered Street Name:   |
| 383                            | SIN MING DRIVE  |
| Registered Unit No.:           | Registered Building Name:   |
| -                              | GAS BUILDING  |
| Registered Postal Code:        |   |
| 575717                         |   |

### Vehicle Insurance Details

|                         |                                   |
|-------------------------|-----------------------------------|
| Vehicle No.:            | Make Description/Model:           |
| SHB4019R                | HYUNDAI / AE IONIQ HEV FL 1.6 DCT |
| Insurance Company Name: |                                   |
| AXA INSURANCE PTE LTD   |                                   |

**VFIX AUTO PRIVATE LIMITED**

26 CHIA PING RD  
SINGAPORE 619977  
UEN / GST REG NO.: 201830761R  
TEL: +65 6455 2957 FAX: +65 6862 8669



Date: 7/10/2021

To AXA Insurance Singapore Pte Ltd  
Motor Claims Department  
8 Shenton Way  
#24-01 Axa Tower  
Singapore 068811

By fax only

Dear Sir/Mdm,

**NOTIFICATION OF ACCIDENT**

Please be informed that an accident involving my/our vehicle no. SMX 7076 E and vehicle(s) no. SHB 4019 R. had taken place at / along KPE Tunnel Towards Pasir Panjang on date 7/10/2021 at time 0815 hrs.

Kindly let us know within 2 working days from the date of this notice if you wish to carry out or waive a pre-repair inspection.

If we do not hear from you within 2 working days, we shall proceed to repair the vehicle without further notice and our client shall claim for the additional loss of use arising from the giving of this notification to you.

Please call Ms Tan at 98388224 to arrange.

Yours sincerely,

**PRI**

|              |  |
|--------------|--|
| Date / Time  |  |
| Company Name |  |
| Surveyor     |  |
| Contact No.  |  |
| Signature    |  |

**DISMANTLED PARTS**

|             |  |
|-------------|--|
| Date / Time |  |
| Surveyor    |  |

**AFTER REPAIR**

|             |  |
|-------------|--|
| Date / Time |  |
| Surveyor    |  |

**Certificate of Insurance**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5121217066 **Cover :** drivo CLASSIC

- |   |                          |
|---|--------------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>SMX7076E</b>        |
| Chassis Number  | : MR2B23F3X01165000      |
| 2. Name of Policyholder   | : LLMS LOGISTICS PTE LTD |
| 3. Effective Date of Insurance  | : 08 Mar 2021            |
| 4. Expiry Date of Insurance   | : 07 Mar 2022            |
| 5. Persons or Classes of Persons entitled to drive#   |                          |
| (a) The Policyholder.   |                          |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                          |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                          |
| 6. Limitations as to Use#   |                          |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |                          |

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

|  |   |
|--|---|
| EXCESS (SECTION 1)                     | : S\$600  |
| EXCESS (SECTION 2)                     | : N/A   |
| WINDSCREEN EXCESS                      | : S\$100  |
| ADDITIONAL EXCESS                      | : N/A   |
| UNNAMED DRIVER EXCESS                  | : PLEASE REFER OVERLEAF                           |
| REPAIR AT OWNER'S PREFERRED WORKSHOP   | : NO  |
| INSURE WITH COE                        | : YES   |
| NCD PROTECTION                         | : NO  |
| ROADSIDE ASSISTANCE AND WELLNESS COVER | : NO  |
| TRANSPORT ALLOWANCE                    | : NO  |
| EXCESS WAIVER                          | : NO  |
| PRIMARY DRIVER                         | : HO KOK SWAN (HE GUOQUAN), IVAN                  |
| NAMED DRIVER (1)                       | : N/A   |
| NAMED DRIVER (2)                       | : N/A   |
| HIRE PURCHASE COMPANY                  | : UNITED OVERSEAS BANK LIMITED                    |
| SUM INSURED                            | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : PRIME MOTOR & LEASING PTE LTD (00000572224)

Date of Issue : 04 Mar 2021 14:48 hrs

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



Chief Executive



Vfix Auto Pte Ltd  
7 Penjuru Close  
Singapore 608779  
E-mail: wskoh@vfixauto.com.sg  
Tel: 64552957 Fax: 68628669  
UEN/GST Reg. No.: 201830761R

**AXA INSURANCE SINGAPORE PTE LTD**  
8 SHENTON WAY  
#27-01 AXA TOWER  
SINGAPORE 068811

**FINAL REPAIR BILL**

DATE : 29-03-21  
VEHICLE NO : SMX7076E  
MAKE/MODEL : TOYOTA VIOS  
ACC DATE : 07-10-21  
CLAIM NO : VFIX-TP20210859  
POLICY NO :

---

AMOUNT S\$

LUMP SUM REPAIR COST

|               |                  |
|---------------|------------------|
| Repair Amount | 20,903.07        |
| 7% GST        | 1,463.21         |
| Total         | <u>22,366.28</u> |

SINGAPORE DOLLARS : TWENTY TWO THOUSAND THREE  
HUNDRED SIXTY SIX AND TWENTY EIGHT ONLY

VFIX AUTO PTE LTD

*Ken Tan*

**Ken Tan**

Operation Director



Practicing Management Consultant (PMC) of SBACC  
Approved Training Organisation (ATO) of Workforce Singapore

No.25 Kaki Bukit Road 4  
#06-46 Synergy @KB  
Singapore 417800  
Hotline: 6385 1171

Our reference: 21-10-8210  
Date: 20/11/2021

**INVOICE NO. 8210**

**LLMS Logistics Pte Ltd**  
c/o Vfix Auto Pte Ltd  
7 Penjuru Close  
#01-00 Soon Hock Holding Logistics Building  
Singapore 608779

Registration No. **SMX7076E**

We enclose our fee note for your kind attention, which remains payable irrespective of the outcome of this case.

| S/No.               | Description of Services Provided  | Qty | Amount                    |
|---------------------|---|-----|---------------------------|
| 1                   | Being vehicle damage assessment report, inspection, photographs, transport and miscellaneous. | 1   | \$ 1,277.00               |
| <b>Total amount</b> |   |     | <b><u>\$ 1,277.00</u></b> |

Please kindly cross all cheques made payable to "Impact Analysis Consultant".

We thank you in anticipation for your prompt payment.

**L. L. Tan (Ms)**  
Principal Consultant

*Subsidiaries of Impact Analysis Consultant:*

- Impact Analysis Consulting Pte Ltd • Impact Analysis Academy Pte Ltd • IA Racking Solutions Pte Ltd
  - IA Accounting & Consultancy Pte Ltd • Infoknights International Services (Philippines) • IABN Pte Ltd
- www.iaconsultingsg.com

Our reference: 21-10-8210

Date: 20/11/2021

c/o Vfix Auto Pte Ltd  
7 Penjuru Close  
#01-00 Soon Hock Holding Logistics Building  
Singapore 608779

Dear Sirs

RE: Road Traffic Accident on 7/10/2021  
LLMS Logistics Pte Ltd

In accordance with your instructions received in this office on 8/10/2021, we made arrangements to examine the vehicle on 8/10/2021 at above-mentioned address. The following data was recorded:

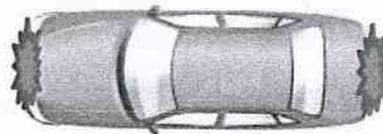
#### Vehicle details

|           |         |              |                   |
|-----------|---------|--------------|-------------------|
| Make      | Toyota  | Registration | SMX7076E          |
| Model     | Vios    | Chassis      | MR2B23F3X01165000 |
| Colour    | Silver  | Gearbox      | Auto              |
| Odometer  | 36922km | Paintwork    | Good              |
| Steering  | Good    | Brakes       | Good              |
| Condition | Good    |              |                   |

#### Tyre Depths

|             |           |            |
|-------------|-----------|------------|
| Front left  | 185/60R15 | 85% Dunlop |
| Front right | 185/60R15 | 85% Dunlop |
| Rear left   | 185/60R15 | 85% Dunlop |
| Rear right  | 185/60R15 | 85% Dunlop |

#### Impact Direction & Area of Damage:



|              |              |
|--------------|--------------|
| Status       | REPAIRABLE   |
| Magnitude    | Medium       |
| Legal status | Unroadworthy |

Following our examination of the accident damage, we have calculated repair times and method, which are detailed on page 2 & 3. We would recommend a sum of \$20,903.07 and 13 working days for repair, which is sufficiently lower than the pre accident value to render the vehicle an economically and physically reliable proposition.

#### Subsidiaries of Impact Analysis Consultant:

- Impact Analysis Consulting Pte Ltd • Impact Analysis Academy Pte Ltd • IA Racking Solutions Pte Ltd
  - IA Accounting & Consultancy Pte Ltd • Infoknights International Services (Philippines) • IABN Pte Ltd
- www.iaconsultingsg.com

Our reference 21-10-8210

Date 20/11/2021

Page 2

### Section A: Damaged Parts Assessment

| Part's Description                           | Qty | Condition As inspected | Repairer's Estimate | Our Adjustment |
|--|-----|------------------------|---------------------|----------------|
| <b>List Items:</b>                           |     |                        |                     |                |
| Boot lid                                     | 1   | buckled                | 765.80              | 765.80         |
| Boot lid lock                                | 1   | bent-in.jammed         | 411.70              | 411.70         |
| Boot lid logo                                | 1   | necessary              | 42.00               | 42.00          |
| Boot lid emblem "Vios"                       | 1   | necessary              | 35.00               | 35.00          |
| Boot lid emblem "E"                          | 1   | necessary              | 24.00               | 24.00          |
| Boot lid hinge @\$95.41                      | 2   | bent                   | 190.82              | 190.82         |
| Boot lid reflector @\$311.60                 | 2   | broken                 | 623.20              | 623.20         |
| Boot lid weatherstrip                        | 1   | ripped.nec             | 155.00              | 155.00         |
| Boot lid lock catch                          | 1   | damaged                | 52.40               | 52.40          |
| Boot lid inner trim                          | 1   | crumpled               | 198.00              | 198.00         |
| Rear bumper                                  | 1   | deformed               | 548.50              | 548.50         |
| Rear bumper side retainer @\$85.30           | 2   | cracked                | 170.60              | 85.30          |
| Rear bumper reinforcement                    | 1   | crushed                | 365.20              | 365.20         |
| Rear bumper reflector @\$79.80               | 2   | cracked                | 159.60              | 159.60         |
| Rear end panel                               | 1   | crushed                | 681.00              | 681.00         |
| Rear end panel top garnish                   | 1   | broken                 | 144.80              | 144.80         |
| Rear chassis extension @\$165.80             | 2   | bent                   | 331.60              | 331.60         |
| Tail lamp @\$395.20                          | 2   | cracked                | 790.40              | 790.40         |
| Tail lamp panel @\$121.40                    | 2   | bent                   | 242.80              | 242.80         |
| Rear spare tyre panel floor board            | 1   | damaged                | 295.00              | 295.00         |
| Rear spare tyre panel                        | 1   | crushed                | 752.30              | 752.30         |
| Rear spare tyre floor panel sponge @\$145.50 | 2   | reuse                  | 291.00              | 0.00           |
| Rear fender @\$792.80                        | 2   | lh bent rh repair      | 1585.60             | 792.80         |
| Rear fender inner panel lh                   | 1   | bent                   | 245.40              | 245.40         |
| Rear fender inner trim @\$296.50             | 2   | reuse                  | 593.00              | 0.00           |
| Rear fender lower shield lh                  | 1   | damaged                | 75.00               | 75.00          |
| Rear spare tyre bracket                      | 1   | damaged                | 55.70               | 55.70          |
| Rear exhaust pipe * see labour for cost      | 1   | rebuilt                | 568.90              | 0.00           |
| Rear door lh                                 | 1   | repair.respray         | 1295.00             | 0.00           |
| Rear windscreen glass moulding               | 1   | necessary              | 120.00              | 120.00         |
| Front bumper                                 | 1   | torn                   | 498.70              | 498.70         |
| Front bumper top grille                      | 1   | damaged                | 155.00              | 155.00         |
| Front bumper reinforcement                   | 1   | bent                   | 356.80              | 356.80         |
| Front radiator grille                        | 1   | cracked                | 244.00              | 244.00         |
| Front radiator grille logo                   | 1   | necessary              | 48.00               | 48.00          |
| Front bumper lower grille                    | 1   | deformed               | 279.10              | 279.10         |
| Front bumper fog lamp @\$210.00              | 2   | reuse                  | 420.00              | 0.00           |
| Front bumper fog lamp garnish @\$89.50       | 2   | rh damaged lh reuse    | 179.00              | 89.50          |
| Front bumper tow cover                       | 1   | dislodged              | 29.00               | 29.00          |
| Front chassis extension @\$235.00            | 2   | repair                 | 470.00              | 0.00           |
| Brace panel                                  | 1   | bent                   | 123.11              | 123.11         |
| Radiator side garnish top @\$88.90           | 2   | cracked                | 177.80              | 177.80         |

**Subsidiaries of Impact Analysis Consultant:**

- Impact Analysis Consulting Pte Ltd • Impact Analysis Academy Pte Ltd • IA Racking Solutions Pte Ltd
- IA Accounting & Consultancy Pte Ltd • Infoknights International Services (Philippines) • IABN Pte Ltd

Our reference 21-10-8210

Date 20/11/2021

|                                       |   |                   |                 |                 |
|---------------------------------------|---|-------------------|-----------------|-----------------|
| Radiator side garnish lower @\$134.50 | 2 | cracked           | 269.00          | 269.00          |
| Headlamp @\$672.20                    | 2 | broken.cracked    | 1344.40         | 1344.40         |
| Headlamp top panel @\$154.12          | 2 | bent              | 308.24          | 308.24          |
| Front support top panel               | 1 | bent              | 771.00          | 771.00          |
| Front support lower panel             | 1 | bent              | 554.00          | 554.00          |
| Front support top panel garnish       | 1 | deformed          | 123.00          | 123.00          |
| Bonnet                                | 1 | buckled           | 712.40          | 712.40          |
| Bonnet hinge @\$43.20                 | 2 | twisted.bent      | 86.40           | 86.40           |
| Bonnet lock                           | 1 | damaged           | 99.00           | 99.00           |
| Bonnet insulator                      | 1 | reuse             | 198.40          | 0.00            |
| Front fender @\$468.25                | 2 | rh bent lh repair | 936.50          | 468.25          |
| Front fender cowling @\$139.05        | 2 | reuse             | 278.10          | 0.00            |
| Front fender corner garnish rh        | 1 | cracked           | 65.70           | 65.70           |
| Front air con condenser               | 1 | bent              | 1105.00         | 1105.00         |
| Front radiator                        | 1 | bent.dented       | 1522.71         | 1522.71         |
| Front radiator fan motor              | 1 | reuse             | 334.80          | 0.00            |
| Front radiator fan blade              | 1 | reuse             | 171.80          | 0.00            |
| Front radiator fan cowling            | 1 | reuse             | 210.49          | 0.00            |
| Front wiper garnish                   | 1 | cracked           | 104.00          | 104.00          |
| Front door @\$1125.80                 | 2 | repair.respray    | 2251.60         | 0.00            |
| <b>Sub- Total costs</b>               |   |                   | <b>26236.37</b> | <b>17717.43</b> |
| Percentage discount : 25%             |   |                   | 6559.09         | 4429.36         |
| <b>Sub-Total costs for parts</b>      |   |                   | <b>19677.28</b> | <b>13288.07</b> |

### Special Nett Items:

|                                  |     |                    |                |               |
|----------------------------------|-----|--------------------|----------------|---------------|
| Rear bumper clips                | set | necessary          | 45.00          | 45.00         |
| Rear windscreen sealant          | 1   | necessary          | 60.00          | 60.00         |
| Reverse sensor                   | 1   | broken.malfunction | 280.00         | 280.00        |
| Reverse camera                   | 1   | refix              | 350.00         | 0.00          |
| Rear end panel sealant           | 1   | necessary          | 30.00          | 30.00         |
| Rear end panel top garnish clips | set | necessary          | 20.00          | 20.00         |
| Rear floor panel seal            | 1   | necessary          | 150.00         | 150.00        |
| Rear fender inner trim clips     | set | necessary          | 50.00          | 50.00         |
| Rear fender sealant lh           | 1   | necessary          | 40.00          | 40.00         |
| Front bumper clips               | set | necessary          | 45.00          | 45.00         |
| Front number plate               | 1   | damaged            | 50.00          | 50.00         |
| Front radiator coolant           | 1   | necessary          | 60.00          | 60.00         |
| <b>Sub-Total costs for parts</b> |     |                    | <b>1180.00</b> | <b>830.00</b> |

### Parts Repair

|                              |   |   |                 |                 |
|------------------------------|---|---|-----------------|-----------------|
| *                            | * | * | 0.00            | 0.00            |
| <b>Sub- Total costs</b>      |   |   | <b>0.00</b>     | <b>0.00</b>     |
| <b>Total costs for parts</b> |   |   | <b>20857.28</b> | <b>14118.07</b> |

### Subsidiaries of Impact Analysis Consultant:

• Impact Analysis Consulting Pte Ltd • Impact Analysis Academy Pte Ltd • IA Racking Solutions Pte Ltd  
• IA Accounting & Consultancy Pte Ltd • Infoknights International Services (Philippines) • IABN Pte Ltd  
www.iaconsultingsg.com

Our reference 21-10-8210

Date 20/11/2021

Page 3

### Section B: Labour Cost Calculation

|  | Hourly rate              | Manhr. Req. | Total              |
|--|--------------------------|-------------|--------------------|
| To dismantle, replace, cut, weld, knock out dents to straighten accident parts as-mentioned on the 'Parts Repair' column inclusive of replacement parts. | \$ 50.00                 | 61          | \$ 3,050.00        |
| Putty & Spray painting to adjacent panels. Job allowance. Paint / material.  | Sub-contract work.       |             | \$ 2,100.00        |
| Apply rust proofing on the adjacent panels.  | Sub-contract work.       |             | \$ 150.00          |
| Remove and rebuilt rear exhaust system   | \$ 50.00                 | 2.5         | \$ 125.00          |
| Transfer of existing boot lid to new boot lid and refit the same   | \$ 50.00                 | 1.8         | \$ 90.00           |
| Conduct water leak test for rear portion associated repair works   | \$ 50.00                 | 1.5         | \$ 75.00           |
| Remove and refix upholstery, cushion seat & rear inner trims to facilitate the replacement of rear floor panel.  | \$ 50.00                 | 3           | \$ 150.00          |
| Remove and refix rear windscreen glass. (2-man job)  | \$ 50.00                 | 3.5         | \$ 175.00          |
| Remove and replace rear bumper reverse sensor & conduct distance safety setting.   | \$ 50.00                 | 1.7         | \$ 85.00           |
| Remove and refix rear reverse camera & conduct distance safety setting   | \$ 50.00                 | 1.7         | \$ 85.00           |
| Remove / replace radiator & conduct pressure test  | \$ 50.00                 | 1.5         | \$ 75.00           |
| Specialist charges - Check/Dignostic and reprogramming   |                          |             | \$ 100.00          |
| Specialist charges - Conduct rear chassis alignment  | -                        | -           | \$ 250.00          |
| Remove and refix fuel tank, pipes to facilitate the repair works   | \$ 50.00                 | 1.5         | \$ 75.00           |
| Remove / replace aircon condenser and refill aircon gas  | \$ 50.00                 | 2.5         | \$ 125.00          |
| Wiring and bulb checking   | \$ 50.00                 | 1.5         | \$ 75.00           |
|  | <b>Total labour cost</b> |             | <b>\$ 6,785.00</b> |

Manhour rate and the number of manhours required for each repairing task are formulated based on individual workshop's operating cost and in-house@ IA Research Guidelines respectively.

**Subsidiaries of Impact Analysis Consultant:**

- Impact Analysis Consulting Pte Ltd ● Impact Analysis Academy Pte Ltd ● IA Racking Solutions Pte Ltd
  - IA Accounting & Consultancy Pte Ltd ● Infoknights International Services (Philippines) ● IABN Pte Ltd
- www.iaconsultingsg.com

Our reference 21-10-8210

Date 20/11/2021

### Section C: Summary Table of Total Repair Cost

| Description   |    | Cost               |           |
|---|----|--------------------|-----------|
| <b>Damaged Parts Assessment<br/>(See section A)</b> |    | <b>\$14,118.07</b> |           |
| Part - By - Part                                    |    | \$0.00             |           |
| Further discount                                    | 0% |                    |           |
| Recommended cost of parts                           |    | <b>\$14,118.07</b> | (1)       |
| <b>Labour Cost Calculation<br/>(See section B)</b>  |    | <b>\$6,785.00</b>  | (2)       |
| <b>Total Repair Cost<br/>(Round off to hundred)</b> |    | <b>\$20,903.07</b> | (1) + (2) |

We would recommend a sum of \$20,903.07 and 13 working days for repair.  
No further items will be approved without our expressed written agreement. Any significant additional items will be subject to a supplementary report.

*M*  
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