



JOHN LAW CHAMBERS LLC

Advocates & Solicitors
Commissioner For Oaths and Notary Public
UEN/GST REG. NO. 201938836C

13 MAY 2022

Your Ref: TO BE ADVISED

Our Ref: JLC.2022.3508.PD(A)

We Do Not Accept Service of Court
Documents by Fax or Email.

WITHOUT PREJUDICE SAVE AS TO COSTS

AXA INSURANCE
8 SHENTON WAY,
#24-01 AXA TOWER,
SINGAPORE 068811.

BY PDX (8176)

HENG HIANG TECK
111 TAMPINES ROAD
#02-02 SINGAPORE 535133

BY POST

Attn: Motor Claims Department

Dear Sir/Madam,

CLAIMANT: WANG YAFEN

ACCIDENT INVOLVING MOTOR VEHICLES NO. SKC2778E AND SHA2073B ALONG NO 55 SIGLAP PLAIN ON 04.04.2022 AT ABOUT 1133 HOURS.

1. We act for **WANG YAFEN**, the owner of vehicle No. **SKC2778E** involved in the abovementioned road accident, in his/her claim for damages of the consequential property losses and expenses incurred as a result of the said accident.
2. We are instructed that the accident was caused solely or contributed by your / your authorized driver's / your insured's authorized driver's negligent driving, use and/or management of motor vehicle No. **SHA2073B**.
3. Copies of the following supporting documents are enclosed herewith for your perusal: -

a.	Singapore Accident Statement / Police Report
b.	GIA / LTA Receipt
c.	Survey Report and Invoice
d.	Rental Agreement and Invoice

4. As a result of the accident, our client has been put to loss and expenses, particulars of which are as follows.

i.	Cost of Repair	S\$ 12,000.00
ii.	Pre-Inspection Days – 2 Days	S\$ 240.00
iii.	Rental / Loss of Use / Weekend	S\$ 840.00
iv.	Survey Report Fee	S\$ 576.00
v.	LTA and GIA Search Fees	S\$ 36.49



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vi.	Incidentals	S\$ 150.00
vii.	Cost Contribution Inclusive of GST (at this stage)	S\$ 1,070.00
viii.	Total	S\$ 14,912.49

5. **To the Defendants**, 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 insurers.
6. The demand herein is in respect of our client's claim for damages pertaining to his motor vehicle and any settlement following or subsequent to this demand shall not prejudice our clients claims in respects of damages and consequential loss in relation to his personal injuries.
7. Please note that you or your insurers should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter.
8. Please note that if you have a counterclaim against our client arising out of the accident, you/your insured are required to send us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 6 weeks of your receipt of this letter.
9. **To the Insurers**, pursuant to the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), we hereby give your Insurers/you, **AXA INSURANCE**, notice that we have our client's instructions to commence court proceedings against you/your insured driver without further notice should you fail to acknowledge receipt of this letter within 14 days and/or fail to reply substantively to the same within 8 weeks and/or to preserve our client's claim from being time-barred.
10. You may acknowledge receipt of this letter by email to: admin@johnlawchambers.com
11. Please revert.

Yours faithfully

JOHN LAW CHAMBERS LLC

cc: Clients

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 04 Apr 2022 / 11:33:00)

Vehicle Insurance Details

Vehicle No.:

SHA2073B

Make Description/Model:

HYUNDAI / AE IONIQ HEV 1.6 DCT

Insurance Company Name:

AXA INSURANCE PTE LTD

Business Transaction Reference No.:

20220405181059112013

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

Save as PDF

OK →

Print



Thank you

John Vincent has successfully logged out.

Your last login date and time was 05 Apr 2022, 18:09:41.

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

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

Session Transaction History

S/No.	Asset Type	Asset ID	Asset Owner ID	Transaction Type
1	Vehicle	SHA2073B	-	18.19 Enquire Veh Owner Info (Others) by Law Firm



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: 08/04/2022

Your Ref No: JLC.2022.3508.PD

Dear Sir/Madam,

Date of Accident: 04/04/2022 00:00 (SGT)

Vehicle No: SKC2778E

Place of Accident: Siglap Plain, Singapore

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SHA2073B	Siglap Plain, 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.

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	05/04/2022 16:04 (SGT)
Date of Accident	04/04/2022 11:33 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NO 55 SIGLAP PLAIN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC2778E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WANG YAFEN
NRIC No	S2683602F
Email Address	TCMFORLIFE@GMAIL.COM
Mobile Phone No	(Phone) +65-97779739
Alternative Phone No	+65-97779739

VEHICLE PARTICULARS

Manufacturer	BMW
Model	Z4
Variant	SDRIVE 35I 3.0L A/T ABS D/AB TC HID
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	2979

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00725771/01
Cover Note Number	-

DRIVER

Name of Driver	WANG YAFEN
NRIC No	S2683602F

Date Of Birth	27/08/1964
Occupation	Indoor
Date Of Driving Pass	20/02/2004
Driving experience	18 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97779739
Alt. Phone Number	+65-97779739
Email Address	TCMFORLIFE@GMAIL.COM
Address	42A SIGLAP DRIVE
Address complement	-
Postcode	456167
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Parked Vehicle
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?	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

PLEASE REFER TO THE STATEMENT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA2073B
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	HENG HIANG TECK
NRIC No	S0170603I
Contact Number	(Phone) +65-84987705
Address	111 TAMPINES ROAD #02-02

Address complement	-
Postcode	535133
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	MR GUAN TIANRUI
Phone	(Phone) +65-98582226
Email	-

WITNESS 2

Name	MR WENG DELIN
Phone	(Phone) +65-85043255
Email	-


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


At around of 11:33 AM today, I gain access to my vehicle (parking at 55 Siglap plain). Approximate 2 mins before I could close my vehicle door and prepare to drive off. Suddenly vehicle SHA 2073B crash onto my car's door at above street limit speed (please check this vehicle video!) And I strongly suspect vehicle SHA 2073B's driver has poor eyesight (he is 72 years old). Please check his eyesight.

I also have Two eyewitnesses to this accident. They were working on the No 50 Siglap plain when this accident happened (pls see below for their contact details)

DECLARATION

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


Traffic Clerk's Signature
Date & Time: 16:10
(4:10 PM)


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


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


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 third parties at the very least, on the back of the external cover of envelope/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/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 claims; regulators, law enforcement and government agencies as reasonably required for the purposes stated in;
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time

4/4/2022
4:25 pm


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


Reporting Centre (Insurers) & GIA
Name
NRIC/IN No.

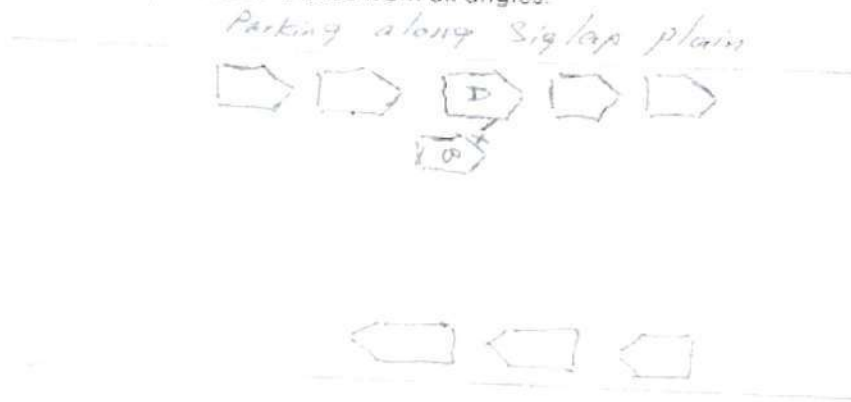
Accident Toolkit

Sketch plan

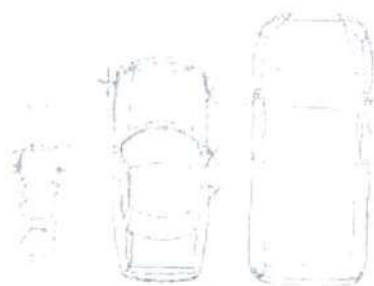
Sketch of accident scene:

Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

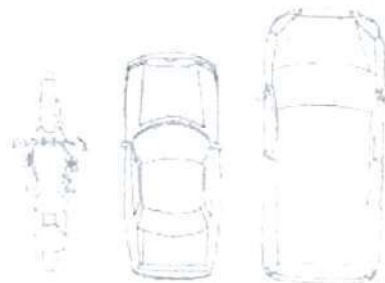
If safe, please take photos or videos from all angles.



Please indicate on vehicle A (your vehicle) and, vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow.



Vehicle A
SKC 2778E



Vehicle B

direct
asia
Insurance

[Signature]
09/04/2022
16:10

Call us direct

Customer Care
6665 5555

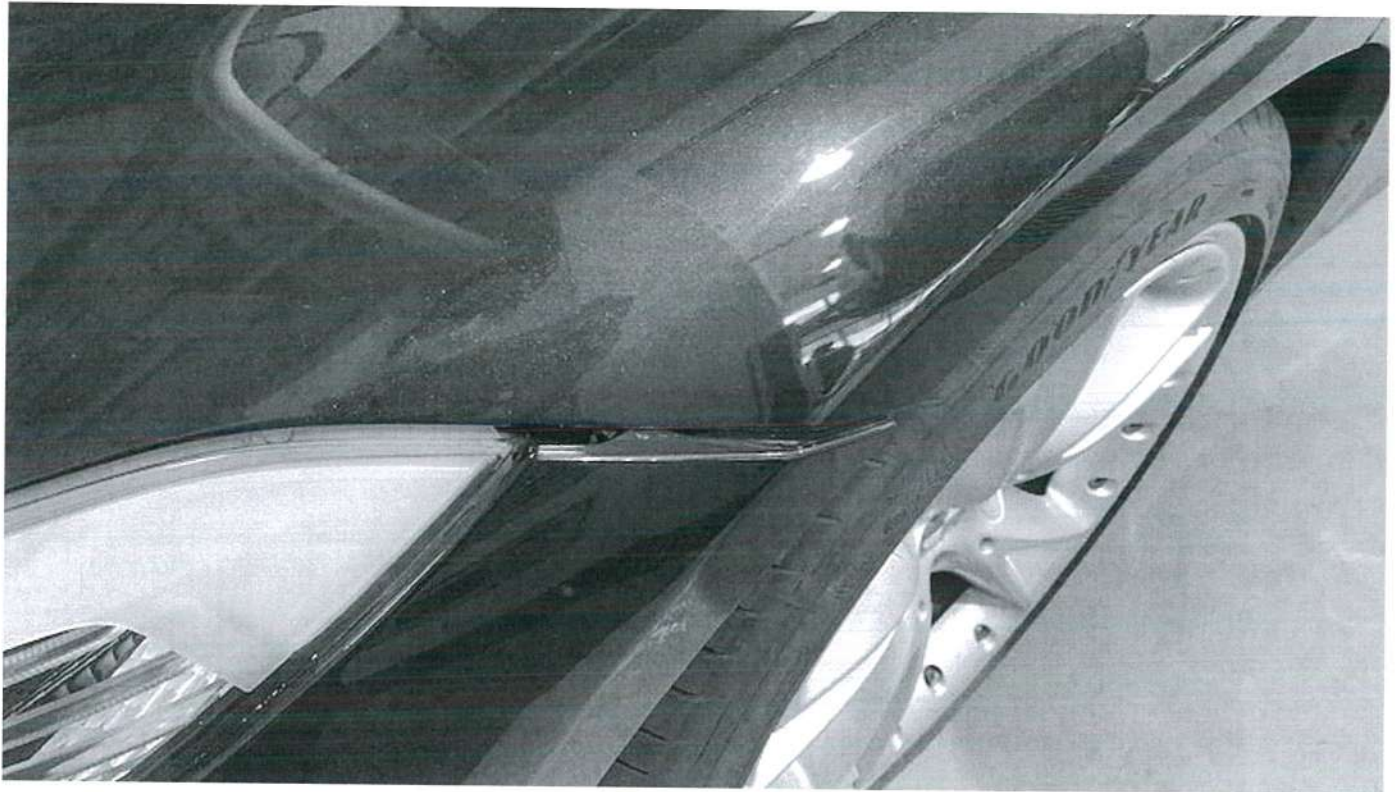
Claims Support 24/7 helpline
6532 1818

Hot line 24/7 (from overseas)









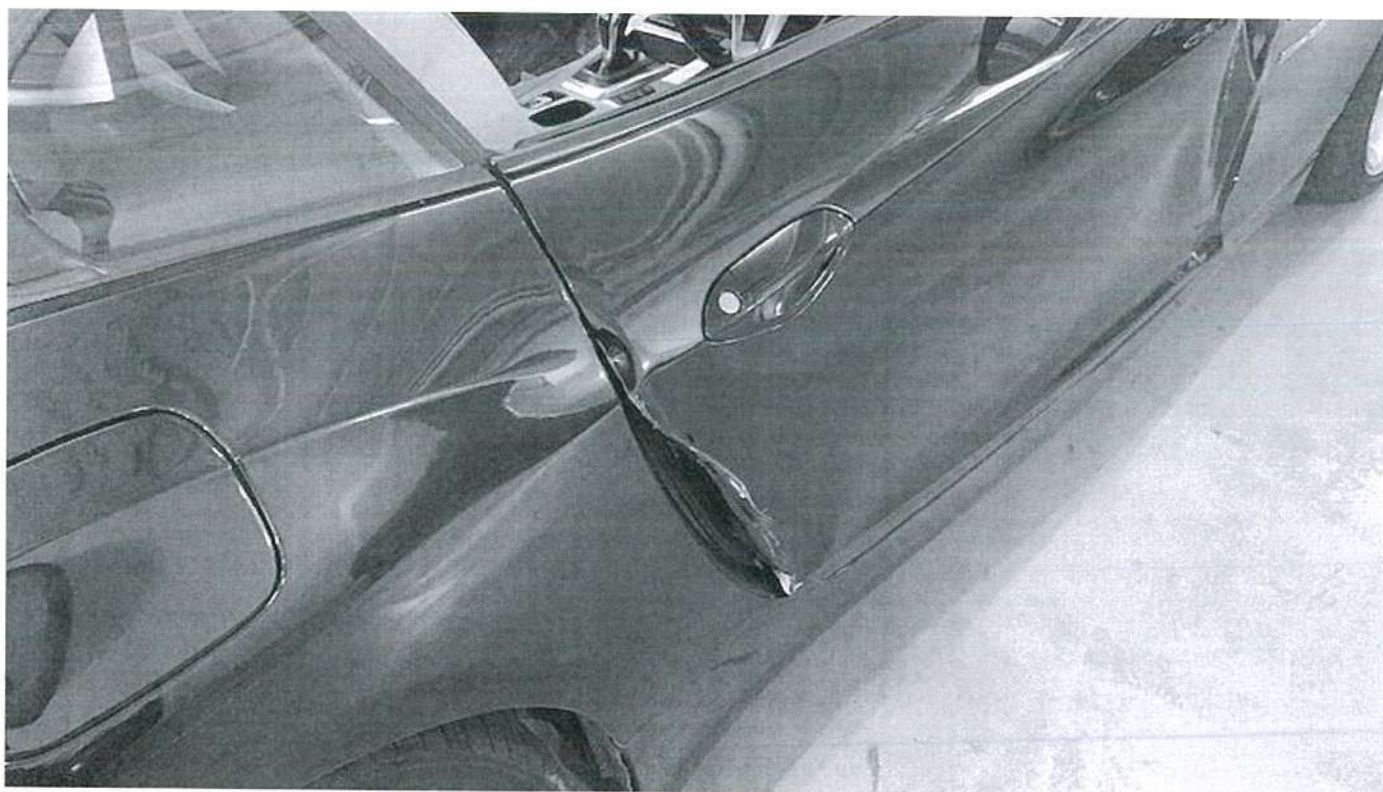




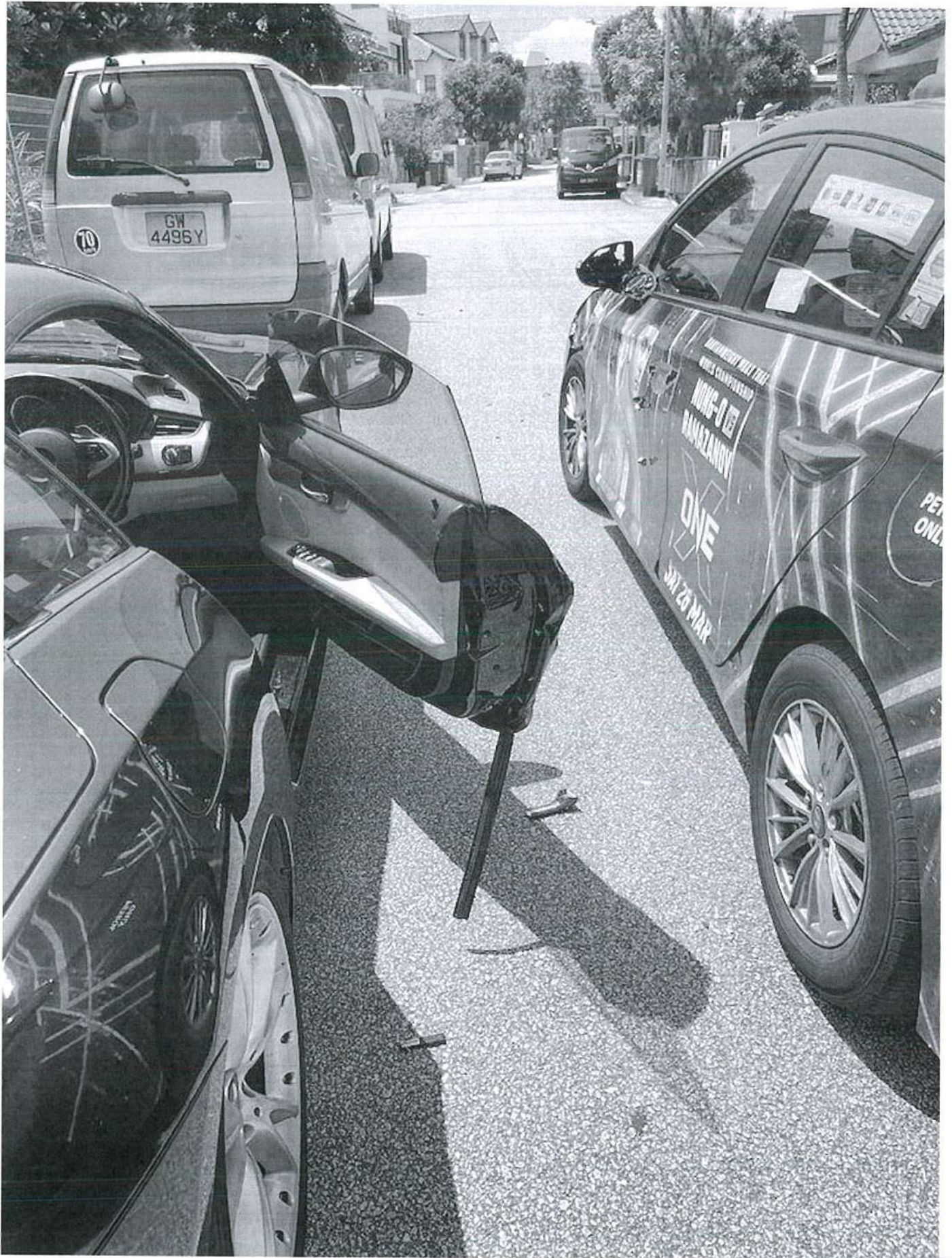




















**direct
asia**

100% Singaporean Owned

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.

Certificate No.	: MT/00725771/01
Type of Coverage / Driver Plan	: Low Mileage Car Comprehensive (Value Plan)
1) Vehicle Registration No.	: SKC2778E
Chassis No.	: WBALM72060E410115
2) Name of Policy Holder	: Wang Yafen
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 29/12/2020 00:00
4) Date/Time of Expiry of Insurance	: 28/12/2021 23:59
5) Persons or Classes of Persons Entitled to Drive	
(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.	
6) Limitations as to use*	
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.	
Sum Insured	: Market Value
Own Damage Excess	: S\$ 1,500.00 (before any applicable GST)
Windscreen Excess	: S\$ 100.00 (before any applicable GST)
Low Mileage Excess	: S\$ 5,000.00 (before any applicable GST)
(If you exceed permitted allowance of 8,000KM per year)	
Choice of workshop	: DirectAsia approved workshops
Finance company / Hire Purchase	:
Main driver	: Wang Yafen
Ref	Named Driver
Named driver (1)	Li, Kuangli
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.	

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

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CARSMITH PRIVATE LIMITED
BARTLEY BIZ CENTRE
13 KAKI BUKIT ROAD 4 #01-20
Singapore 417807
+65 90910000
info@carsmith.biz

ADDRESS
SKC2778E

DATE 29/04/2022

DATE	SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
	LUMP SUM REPAIR AS RECOMMENDED & AGREED WITH SURVEYOR		1	12,000.00	12,000.00
TOTAL				S\$12,000.00	

Accepted By

Accepted Date

Company Registration No. 201910097E
Bank Account Details: DBS Bank : 07-2009261-9
All payments are transacted in Singapore dollars only.
All payments are non-refundable or exchangeable.
Thanks for your patronage.

WG APPRAISAL SERVICES

Blk 224B, Compassvale Walk, #07-647, Singapore 542224

Email: Winsongkk@hotmail.com Contact: 9747 0063

Company Register No. 53326249J

Our Ref: WG/TP/2022-105
Invoice No: TP/CS/2022-105 Date 29 April 2022
Vehicle No: SKC2778E
Attn: WANG YAFEN
Company: CARSMITH PRIVATE LIMITED
Address: BARTLEY BIZ CENTRE, 13 KAKI BUKIT ROAD, #01-20. SINGAPORE 4178

Invoice

Surveyor Fee:	S\$555
Re-inspection Fee:	S\$80
Transport:	S\$60
Photographs:	S\$51/- (@ \$1 per photo, total 51 photos)
Total:	S\$576

Surveyor: Winson Goh
Signature: 
Date: 29 April 2022



WG APPRAISAL SERVICES

Blk 224B, Compassvale Walk, #07-647, Singapore 542224

Email: winsongkk@hotmail.com Contact: 9747 0063

Company Register No. 53326249J

ACCIDENT DAMAGED VEHICLE INSPECTION REPORT

M/S : WANG YAFEN
C/O CARSMITH PRIVATED LIMITED
BARTLEY BIZ CENTRE , 13 KAKI BUKIT ROAD, #01-20
SINGAPORE 417807

Date : 29 April 2022
Our Ref : WG/TP/2020-105

REFERENCE PARTICULARS

Date of Accident : 04 April 2022
Date of Inspection : 11 April 2022

Type of Inspection : Third Party Claim
Date of Re-Inspn : 12 April 2022

VEHICLE PARTICULARS

Registration No : SKC2778E
Make : B.M.W.
Model : HID
Year : 2009

Engine No : 07347244N54B30A
Chassis No : WBALM72060E410115
Odometer : 86914km
Colour : Black

CONDITION OF VEHICLE (STATIC CHECKS AT TIME OF INSPECTION ONLY)

Engine condition : Good
Foot Brake : Serviceable
Hand Brake : Serviceable

General Body Work : Good
Steering : Serviceable
Lightings : Serviceable

TYRE CONDITION (Remaining estimated life of tyre in mm)

	Make	Size	Thread Balance
Front Near side	Goodyear	255/45R17	5 mm
Front Off Side	Goodyear	255/45R17	5 mm
Rear Near Side	Goodyear	255/45R17	5 mm
Rear off Side	Goodyear	255/45R17	5 mm

GENERAL DESCRIPTION OF DAMAGES

The vehicle sustained damage at the right portions.
For details, refer to assessment for repairs and photographs attached.

ASSESSMENT SUMMARY

Our assessment of the repair costs to pre-accident condition was **S\$12,000.00** nett at lump sum basis.(Subject to GST if applicable)

Under normal circumstances, estimated period required for repairs : Seven (07) working days.

Enclosed Fifty-One (51) photographs depicting damage to the vehicle.

Inspection conducted at : CARSMITH PRIVATED LIMITED
BARTLEY BIZ CENTRE , 13 KAKI BUKIT ROAD, #01-20, SINGAPORE 417807

In accordance to your instruction, we have **not authorise** repairs and inspection was conducted strictly on a "**WITHOUT PREJUDICE BASIS**".

VEHICLE NO : SKC2778E
MODEL : Z4 SDRIVE 35I 3.0L A/T ABS D/AB TC HID

Our Ref : WG/TP/2022-105

ASSESSMENT OF REPAIRS AND SPARE PARTS COSTS

DESCRIPTION OF PARTS AND NATURE OF REPAIRS

		QTY	ASSESSED		ORIGINAL	REVISED
A)	SPARE PARTS	PC/SET	CONDITION		QUOTATION	QUOTATION
01	FRONT DOOR PANEL RH	1	DENTED	\$	2,933.00	\$ 2,933.00
02	FRONT DOOR OUTER HANDLE RH	1	NOT NECESSA	\$	356.00	\$ -
03	FRONT DOOR HINGE UPPER RH	1	BENT	\$	155.00	\$ 155.00
04	FRONT DOOR HINGE LOWER RH	1	BENT	\$	155.00	\$ 155.00
05	FRONT DOOR CHECKER LOWER	1	BENT	\$	189.00	\$ 189.00
06	FRONT DOOR LOCK RH	1	MALFUNCTION	\$	741.00	\$ 741.00
07	FRONT DOOR LOCK INNER BRACKET RH	1	JAMMED	\$	309.00	\$ 309.00
08	FRONT DOOR REGULATOR AND MOTOR ASSY	1	MALFUNCTION	\$	990.00	\$ 990.00
09	FRONT DOOR WEAHERSTRIP RH	1	NOT NECESSA	\$	293.00	\$ -
10	FRONT DOOR INNER TRIM RH	1	CRACKED	\$	870.00	\$ 870.00
11	FRONT FENDER RH	1	DENTED	\$	1,440.00	\$ 1,440.00
12	FRONT FENDER EMBLEM LOGO RH	1	NECESSARY	\$	159.00	\$ 159.00
13	FRONT FENDER EMBLEM - S DRIVE 35I	1	NECESSARY	\$	109.00	\$ 109.00
14	FRONT BONNET	1	BUCKLED	\$	3,110.00	\$ 3,110.00
15	FRONT BUMPER	1	REPAIR	\$	2,100.00	\$ -
16	WING MIRROR RH	1	MALFUNCTION	\$	1,081.00	\$ 1,081.00
17	SILL GARNISH RH	1	CRACKED	\$	1,339.00	\$ 1,339.00
				\$	16,329.00	\$ 13,580.00
				Less 10%	\$ 1,632.90	\$ 1,358.00
				\$	14,696.10	\$ 12,222.00

B) S/NETT ITEM

18	FRONT BUMPER CLIP	1 SET	NECESSARY	\$	40.00	\$ 30.00
19	FRONT DOOR INNER TRIM CLIP	1 SET	NECESSARY	\$	40.00	\$ 30.00
20	SILL GARNISH CLIP	1 SET	NECESSARY	\$	30.00	\$ 20.00
				\$	110.00	\$ 80.00

Parts Total : \$ **14,806.10** \$ **12,302.00**

C) LABOUR CHARGES & MISC

21	CHECK WIRING AND LIGHTNING SYSTEM			\$	100.00	\$ 90.00
22	TRANSFER PARTS, ATTACHMENT FROM FRONT OLD DOOR TO NEW			\$	200.00	\$ 180.00
23	PANEL BEATING AND RENEW DAMAGE PARTS ON AFFECTED AREAS			\$	900.00	\$ 800.00
24	SPRAY PAINTING ON AFFECTED AEREAS			\$	1,500.00	\$ 1,400.00
25	APPLY ANTI RUST ON AFFECTED AREAS			\$	120.00	\$ 100.00
				\$	2,820.00	\$ 2,570.00

Labour Total : \$ **2,820.00** \$ **2,570.00**

Total Parts and Laboure : \$ **17,626.10** \$ **14,872.00**

FINAL LUMP SUM ADJUSTMENT

\$ **12,000.00**

POINT OF IMPACT

The impact was confined to the right portion of the vehicle.
The damages appeared to be consistent as per the accident report statement.
Please refer the attached schedule and photographs for details.

ADJUSTMENT/RECOMMENDATIONS

We have thoroughly inspected each and every item on the repairer's estimates against the actual damaged found on the vehicle. We have listed the breakdown of our findings and recommendations as per assessment above.

CONCLUSION

The repairer has agreed to undertake repair the vehicle at a lump sum basis of **S\$12,000.00 nett** corresponding to replacement of parts, spray painting and labour charges. We now revert for your decision on the above claim.

Yours faithfully
WG APPRAISAL SERVICES



Winson Goh
Automotive Appraiser



