

**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 ..... 31/12/2021 15:01 (SGT)  
Date of Accident ..... 31/12/2021 06:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JALAN BOON LAY  
Country/State of Loss ..... Singapore

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number ..... GX2326M

**INSURED/POLICYHOLDER**

Is company? ..... Yes  
Name Of Registered Owner ..... GL ONE-STOP SERVICE PTE LTD  
Company Reg No .....   
Email Address .....   
Mobile Phone No .....   
Alternative Phone No .....

**VEHICLE PARTICULARS**

Manufacturer ..... Toyota  
Model ..... Hiace  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2997

**INSURANCE COMPANY**

Name of Insurance Company ..... Great Eastern General Insurance Limited  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 2021-V0111356-VCV-R001  
Cover Note Number ..... -

**DRIVER**

Name of Driver ..... LAU CHIN CHOON  
NRIC No ..... S1155516J



Date Of Birth .....  
Occupation .....  
Date Of Driving Pass .....  
Driving experience .....  
Gender .....  
Mobile Number .....  
Alt. Phone Number .....  
Email Address .....  
Address .....  
Address complement .....  
Postcode .....  
Is the driver the policyholder? .....  
If No, Relationship of the Driver with the Insured .....  
Does Driver Own Other Vehicles? .....  
Vehicle Registration Number of Other Vehicle Owned by Driver .....  
Insurance Company of Other Vehicle Owned by Driver .....

No  
Employee  
No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Collision - Head to Rear  
Weather Conditions ..... Clear  
Road Surface ..... Dry

#### OTHER INFORMATION

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

#### PASSENGER 1

Name .....  
Gender ..... COLLEAGUE  
Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... Yes  
Police Station Name ..... Jurong West Neighbourhood Police Centre  
Police Station Phone No ..... (Phone) +65-18002689999  
Alt. Police Station Phone No ..... (Fax) +65-62672438  
Police Station Address ..... 700 Corporation Road Singapore 649818  
Was notice of intended Prosecution given? ..... No  
If yes, against whom? .....

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... PC2410G  
Vehicle Manufacturer .....



Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
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) .....	10

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	-
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GX2326M
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes



## 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.

GL ONE STOP SERVICE PTE LTD

Policyholder's Signature / Date &amp; Time

Driver's Signature (If driver is not the policyholder) / Date &amp; Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A : GX 2326 M

B : PC 2410 G

Jalan Bui Lay



Bui Lay Way



### Describe Circumstances of the Accident

LICENSE PLATE: 6X 2326 M ACCIDENT DATE & TIME: 31/12/21 0645 hrs

CONTACT NUMBER: [REDACTED] E-MAIL ADDRESS: [REDACTED]

LOCATION: Jalan Bura, Cay

Refer to police report.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY, PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state:

☐ Claim Own Policy ☒ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only

### Declaration

We declare the foregoing particulars are true in every respect.

GL ONE STOP SERVICE PTE LTD

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel





# SINGAPORE POLICE FORCE



T/20211231/2044

1 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20211231/2044

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/12/2021 13:22	Vide Report No.: J/20211231/0049	Station Diary No.: 40
<b>Informant's Particulars</b>		
Name of Informant: LAU CHIN CHOON	Address: [REDACTED]	
ID Type / ID No.: NRIC NO [REDACTED]	Contact No.: Home/Office: [REDACTED]	Mobil [REDACTED]
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: [REDACTED]	Date of Birth: [REDACTED]
Type of Informant: Driver		
Race: Chinese	Language:	Institution / School Name:
Occupation: CLEANER DRIVER	Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/12/2021 06:45	Type of Location:
Location: JALAN BOON LAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume:		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX2326M	Van				Slightly Damaged	1
PC2410G	Bus/Coach/Mi nibus (School Children)				Slightly Damaged	10

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20211231/2044

2 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20211231/2044

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	LAU CHIN CHOON	ID No.	[REDACTED]
Related Vehicle	GX2326M (Van)	Contact No.	[REDACTED]
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	RAMAIAH	ID No.	G8068939Q
Related Vehicle	PC2410G (Bus/Coach/Minibus (School Children))	Contact No.	90701868
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 31/12/2021 at about 0645hrs, I was driving my company van(GX2326M) along Boon Lay Way. Upon seeing the light turn yellow, I slowed down my vehicle as I wanted to stop in time. Then a Black school bus([REDACTED]) estimated to carry around 10 passengers did not manage to stop in time and collided onto the rear of my vehicle. After the impact I came out to check and assess the damages and dialed the authorities, the ambulance and traffic police came, issued me a case card and proceeded to convey my work colleague (Hp [REDACTED]) to the hospital as she suffered injuries to the chest. We then proceeded to exchange particulars( Mr.Ramaiah, H [REDACTED]).

The traffic officer recommended me to make a report at any police station. I am not sure of the exact amount needed to repair my vehicle nor the school bus. I felt some mild pain in my neck and in my leg and will be seeing the doctor after the report. I wish to state that my company van had no onboard CCTV and did not capture the incident.



**SINGAPORE  
POLICE FORCE**

T/20211231/2044

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

3 of 3

Report No. T/20211231/2044

**CONTINUATION OF REPORT****Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report

J/  
Staff Sgt MOHAMMED  
AMIRULHAFIZ BIN RAMLAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
31/12/2021 13:22

Officer In Charge Of Case:

TP / GIT /  
Staff Sgt NUR ADELAH BINTI MOHAMMAD  
FUAT  
Contact No.: 65476066

Classification Of Case:

  
SIGNATURE



IMAGES #4





邱 亞 華

# KOO AH WHAR

5, Soon Lee Street Pioneer Point #06-03, Singapore 627607

Tel: 6261 3087 HP: 9786 2267

Business Reg. No. 2854750B

Our Ref : Third Party Claims

20 Dec 2022

M/s GL One-Stop Services Pte Ltd

c/o 5, Soon Lee Street  
#06-03, Pioneer Point  
Singapore 627607

## FINAL REPAIR COSTS

GX2326M (TOYOTA HIACE VAN)  
DOA:31/12/2021

Lump Sum Repair cost as Recommended

**\$8,000.00 Nett**





**PRO  
PLUS  
AUTOMOBILE  
ENGINEERS**

221, Balestier Road #10-01, Rocca Balestier, Singapore 3229928  
Tel: +65 6707 8932 Fax: +65 6352 6802  
Mobile: +65 9673 0595 / +65 9788 9809  
E-mail: ethan88@singnet.com.sg Email: ethtan88@gmail.com  
Company Registration No. 40156500M

*Consultants to Motor Industry, Automobile  
Engineers, Claims Investigators, Accident  
Reconstruction Specialists, Insurance Loss  
Assessors/ Adjusters, Valuers And  
Licensed Appraisers.*

## INVOICE

**GL One-Stop Services Pte Ltd**  
c/o 5 Soon Lee Street  
#06-03, Pioneer Point  
Singapore 627607

Invoice No: **800157**  
Our Ref : PP/ET/AA.2326.TP.01-22  
Date : 15 February 2022

**Vehicle Reg. No.** GX2326M  
**Model/Make** Toyota Hiace Diesel Van  
**Date of Accident** 31 December 2021

No	Description	Amount (S\$)
<input checked="" type="checkbox"/>	To Inspection/Appraisal Fees	
<input type="checkbox"/>	To Affirm Affidavit	
<input type="checkbox"/>	To Court Attendance On	
<input type="checkbox"/>	To Reinspection Fees	
<input checked="" type="checkbox"/>	To Photography	
<input checked="" type="checkbox"/>	To Transportation Charges & Follow-Up Reinspection	

SGD: SIX HUNDRED AND SEVENTY ONE ONLY

Total **\$671.00**

**PROPLUS AUTOMOBILE ENGINEERS**





**PRO  
PLUS  
AUTOMOBILE  
ENGINEERS**

221, Balestier Road #10-01, Rocca Balestier, Singapore 322992  
Tel: +65 6707 8932 Fax: +65 6352 6802  
Mobile: +65 9673 0595 / +65 9788 9809  
E-mail: ethan88@singnet.com.sg Email: ethtan88@gmail.com  
Company Registration No. 40156500M

*Consultants to Motor Industry, Automobile  
Engineers, Claims Investigators, Accident  
Reconstruction Specialists, Insurance Loss  
Assessors/ Adjusters, Valuers And  
Licensed Appraisers.*

Our Ref: PP/ET/AA.2326.TP.01-22  
15 February 2022

GL One-Stop Services Pte Ltd  
c/o 5 Soon Lee Street  
#06-03, Pioneer Point  
Singapore 627607

Dear Sir,

**Re: Third Party Claim  
Vehicle Registration No. GX2326M**

We refer to your instruction to appraise the above-mentioned vehicle on 03 January 2022

A physical inspection was carried out and our report is enclosed for your perusal. The estimate cost of repair submitted by M/s **Koo Ah Whar** for **\$12,376.19** as per our attached schedule has been examined thoroughly and we have adjusted and revised as accordingly against the actual damaged found on the said vehicle.

Our revised quotation for the repair is **\$10,050.39**. In our opinion, we consider it to be excessive. We, therefore, recommend a contract lump sum repair cost. This is more economical than to have the vehicle repaired on a parts by/for parts basis. Invariably, the repairer has the prerogative/option for the recommended replacement components to either be repaired or be replaced.

We have negotiated with the repairer and they have agreed with the repair for **\$8,000.00** **Nett** which, in our opinion is fair and reasonable. The repairer has agreed to undertake the repairs at our recommended adjusted amount and to their's owner's satisfaction. However, we have not given any instructions or authorisation to the repairer to proceed with the repairs.

The entire repair of the vehicle should be completed within a reasonable period of **12 (twelve)** days, excluding weekends and public holidays.

We are reverting the matter to you for a decision, and enclosed is our invoice for services rendered.

Kindly notify us immediately if there is any queries/discrepancy in this report, otherwise we treated it as correct. The survey was conducted on a "**Without Prejudice**" basis.

Very truly yours,

**PROPLUS AUTOMOBILE ENGINEERS**

**ANDREW AW PO HUAT**

*Licensed Appraiser & Automobile Engineer*

*Dip (Mechanical Engineering)/Dip (Shipping & Marine Offshore)*

*CGI (Certificate in General Insurance)*



## **VEHICLE INSPECTION REPORT**

Our Ref : PP/ET/AA.2326.TP.01-22

Date : 15 February 2022

**GL One-Stop Services Pte Ltd**

**c/o 5 Soon Lee Street**

**#06-03, Pioneer Point**

**Singapore 627607**

Date of Accident : 31 December 2021

Date of Inspection : 03 January 2022

Follow-up Date : 12 January 2022

Re-Inspection Date : 11 February 2022

Name of Workshop : Koo Ah Whar

Place of Inspection : c/o 5 Soon Lee Street  
#06-03, Pioneer Point  
Singapore 627607

### **PARTICULARS OF VEHICLE**

Registration Number : GX2326M  
Make/Model : Toyota Hiace Diesel Van  
Registration Date : 10 March 2004  
Chassis Number : LH1621010808  
Engine Number : 5L5416815  
Odo-meter Reading : 589873  
Class/Type : Panel Van (Goods)  
Colour : Light Green

### **STATIC CHECK**

General Condition : Good  
Paintwork : Good  
Foot/Hand brake : Serviceable  
Steering : Serviceable  
Undercarriage : Serviceable

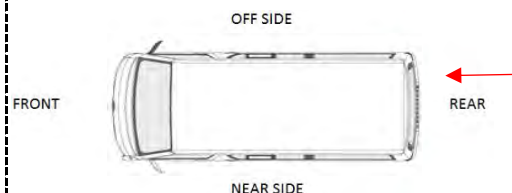
### **TYRE CONDITION**

Front o/s & n/s	5	mm/size	195 R15	Made	Bridgestone
Rear o/s & n/s	5	mm/size	195 R15	Made	Bridgestone
Type of wheels	:	Standard (Metal)			
Photographs taken	:	21 Copies			



## IMPACT OF VEHICLE

Damages sustained were consistent with the subject vehicle being involved in a collision with another vehicle and the impact was delivered onto the rear end & o/s portion.



## SYNOPSIS OF DAMAGED RESULTANT FROM THE ACCIDENT



Damages sustained were consistent with the subject vehicle - rear bumper, top beam, rear end panel, tailgate lid, rear centre garnish, windscreen glass, rear o/s taillamp, rear tailgate lock, rubber, dampers, hinges, rear o/s side body panel, inner panel, taillamp panel, floor board panel, wooden board, sliding rail, side garnish, tailgate centre garnish, rear number plate, back mirror. (Bent/Dented/Cut/Cracked/Torn/Buckled)

## REVISED ESTIMATE

The estimate submitted by the repairer as per schedule attached has been revised and scrutinised as accordingly against the actual damages found on the siad vehicle. In our opinion, we consider the adjustment below is fair and reasonable.

	Repairer's Estimate	Our Revised Estimate
Spare Parts :	\$8,176.19	\$7,410.39
Labour Charges :	\$2,500.00	\$1,600.00
Paint Works :	\$1,500.00	\$900.00
Other :	\$200.00	\$140.00
Total :	<b>\$12,376.19</b>	<b>\$10,050.39</b>

**TOTAL REPAIR COST RECOMMENDED**

**\$8,000.00**

**(LUMP SUM REPAIR)**

Note: The repairer has agreed to carry out the repair on a LUMP SUM basis. This means that they have the discretion to replace any damaged parts with either used or re-conditioned parts rather than new parts. They may also at their discretion to repair or re-instate any damaged parts to their pre-accident condition during the course of repairs.



**SCHEDULE****PROPLUS AUTOMOBILE ENGINEERS**

Sheet 1

Reg No : GX2326M

Our Ref : PP/ET/AA.2326.TP.01-22

No	Qty	Description	Comments /Condition	Repairer's Estimate	Revised Amount
		<u>LIST ITEMS</u>		S\$	S\$
1	1	Rear tailgate lid	Badly crashed in	1,850.63	1,850.63
2	1	Rear tailgate windscreen glass	Shattered	891.40	891.40
3	1	Rear tailgate 'Toyota' emblem	Necessary	31.20	31.20
4	1	Rear tailgate 'Hiace' sticker	Necessary	70.70	70.70
5	1	Rear tailgate back mirror	Broken	285.50	285.50
6	1	Rear tailgate wiper motor	Not Necessary	412.40	0.00
7	1	Rear tailgate windscreen rubber	Necessary	278.40	278.40
8	2	Rear tailgate hinges	Bent	65.10	65.10
9	2	Rear tailgate dampers	o/s Bent/dented	644.00	322.00
10	1	Rear tailgate centre garnish	Bent	195.80	195.80
11	1	Rear tailgate stopper	Necessary	18.40	18.40
12	1	Rear o/s tailgate side guide	Necessary	21.40	21.40
13	1	Rear tailgate inner lock	Bent	223.30	223.30
14	1	Rear tailgate lock striker	Bent	31.40	31.40
15	1	Rear tailgate rubber weatherstrip	Bent	328.40	328.40
16	1	Rear o/s taillamp	Cracked	256.50	256.50
17	1	Rear o/s taillamp panel	Buckled	321.80	321.80
18	1	Rear end panel	Buckled	621.90	621.90
19	1	Rear bumper	Bent	411.95	411.95
20	1	Rear bumper top beam	Twist	332.10	332.10
21	1	Rear o/s bumper side retainer	Necessary	23.90	23.90
22	1	Rear o/s body panel	Buckled	1,732.50	1,732.50
23	1	Rear o/s body inner panel	Buckled	419.80	419.80
24	1	Rear o/s side body panel board	Bent/Torn	218.60	218.60
25	1	Rear o/s side body sliding rail	Bent	278.30	278.30
26	1	Rear o/s side body sliding rail end	Bent	51.20	51.20
27	1	Rear o/s side body side garnish	Cracked	125.00	125.00
				-----	-----
				10,141.58	9,407.18
			Less 25%	2,535.40	2,351.80
				-----	-----
				7,606.19	7,055.39
		<u>NETT ITEMS</u>			
1	1	Rear floor panel wooden board	Cracked/Torn	400.00	250.00
2	1	Rear bumper clips/fasteners	Necessary	50.00	20.00
3	1	Rear o/s side panel inner board clips	Necessary	50.00	30.00
4	1	Rear number plate	Bent	40.00	35.00
5	2	Rear tailgate '70km/h' & '8 pax' sticker	Necessary	30.00	20.00
<b>Sub-Total (S\$)</b>				<b>8,176.19</b>	<b>7,410.39</b>



**SCHEDULE****PROPLUS AUTOMOBILE ENGINEERS**

Sheet 2

Reg No : GX2326M

Our Ref : PP/ET/AA.2326.TP.01-22

No	Description	Repairer's Estimate	Revised Amount
		S\$	S\$
	<u>LABOUR &amp; OTHER CHARGES</u> c/f	8,176.19	7,410.39
1	To disconnect, check electrical wiring, harness wires, sockets, replace damaged lamps, connectors, front sensors, reconnect and test for proper functioning.	50.00	20.00
2	To remove/refit, replace windscreen glass, mouldings, clips, to remove and clean-up hardened seals, to position clips and seal, re-apply sealant, to conduct leaks test/to facilitate repairs.	150.00	120.00
3	To remove and replace the above damaged parts, straighten, knock out, re-align and reshape including cut and weld body panels repairs, re-position and re-adjust to the original position using power tools, jigs and other gas or electrical equipments.	2,500.00	1,600.00
4	To putty and spray paint the replace and repaired parts, prepare spray such as masking tape the unaffected areas with papers, cleaning and sanding of surfaces, final polishing and waxing are also necessary.	1,500.00	900.00
	-END-		
Total (S\$)		12,376.19	10,050.39

**PROPLUS AUTOMOBILE ENGINEERS****ANDREW AW PO HUAT**

Licensed Appraiser &amp; Automobile Engineer

Dip (Mechanical Engineering)/Dip (Shipping &amp; Marine Offshore)

CGI (Certificate in General Insurance)









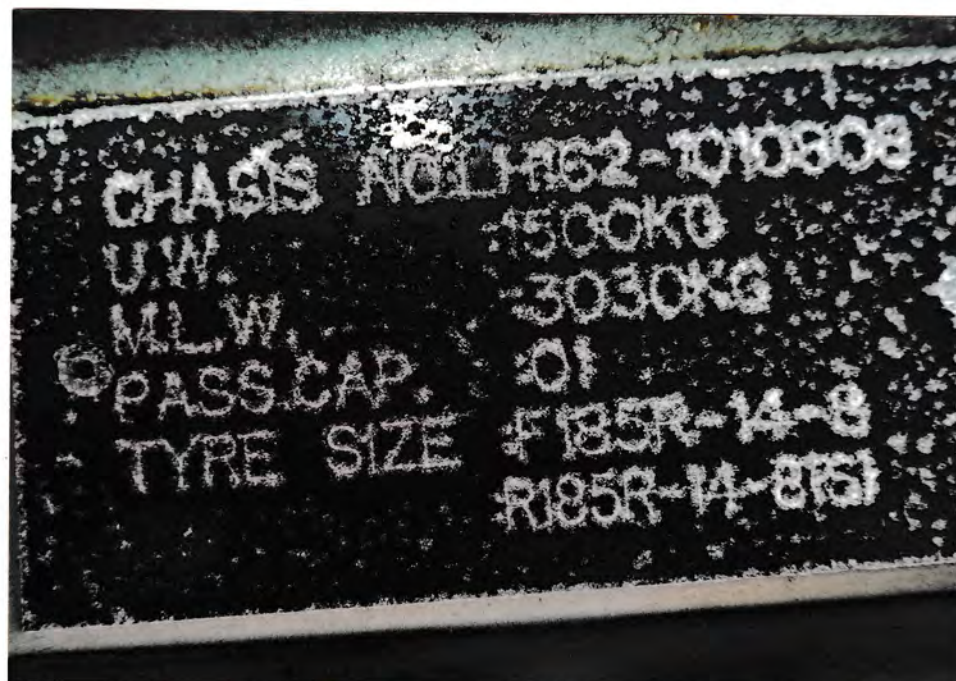






















Your Ref PC 2410G  
Our Ref : **JP/SL/GX 2326M/KAW**  
Date : 3 January 2022

Fax : **6538 3708**  
Tel : **3152 0985**  
Email : **jiapei@kscgp.com**

AXA Insurance Pte Ltd

BY EMAIL ONLY

**DATE OF ACCIDENT: 31 DECEMBER 2021**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We are instructed by the owner of GX 2326M to notify you of a road traffic accident on 31 December 2021 at 6.45 p.m along Jalan Boon Lay, involving our client's vehicle registration number GX 2326M and vehicle registration number **PC 2410G**, which was insured by you at the material time. A copy of the Singapore Accident Statement is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

*NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.*

Yours faithfully,

*sl*

Enc.



Your Ref : <S2M03PY3>\_[TP REF:GX2326M ]

Our Ref : **JP/SL/GX 2326M/KAW**

Date : 05 January 2022

Fax : **6538 3708**

Tel : **3152 0985**

Email : **jiapei@kscgp.com**

AXA Insurance Pte Ltd

BY EMAIL ONLY

**DATE OF ACCIDENT: 31 DECEMBER 2021**  
**TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We refer to your email of even date.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/No.	Name of Surveyor	Company Name
1	Errol Tan	Pro Plus Automobile Engineers
2	Dave Chang	Sincere Appraisal Services
3	Lee Kok Weng	Lee Automobile Services

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : Koo Ah Whar  
5 Soon Lee Street  
#06-03 Pioneer Point  
Singapore 627607

Contact Person/Tel : Mr Khoo / Tel: 9754 8055

Yours faithfully,

*SL*



Your Ref : <S2M03PY3>\_[TP REF:GX2326M ]

Our Ref : **JP/SL/GX 2326M/KAW**

Date : 05 January 2022

### Acknowledgement

This is to confirm that I \_\_\_\_\_ *[Full Name of Surveyor]* of \_\_\_\_\_ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(c) Re-inspection of new replacement part (part by part) on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(d) Post – Repair Survey/Inspection on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:



INSURER ENQUIRY

Find  
insurer

Vehicle reg. no.

PC2410G

Date of Accident

31/12/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance ..... **AXA Insurance Pte Ltd**  
Period of Insurance ..... **13/08/2021 - 12/08/2022**  
Requested By ..... **KSCGP02 (KSCGP JURIS LLP)**  
Requested Date ..... **03/01/2022 12:24**

Payment details

Request Amount: **S\$1.87**  
GST Amount: **S\$0.13**  
Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre  
GST Registration No: **M400017735**



Enquire Vehicle's Insurance Particulars ( As At 31 Dec 2021 / 06:45:00 )

Vehicle No.:

**PC2410G**

Make Description/Model:

**KING LONG / XMQ6117K**

Insurance Company Name:

**AXA INSURANCE PTE LTD**

Business Transaction Reference No.:

**20221222234944092708**

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