

Date: 16 January 2023

Your Reference: SHC8865H
Our Reference: ARCO.PD.0160

AXA INSURANCE SINGAPORE PTE LTD
8 Shenton Way
#27-01 AXA Tower
Singapore 068811
Attention: Motor Claims Department

WITHOUT PREJUDICE
BY HAND AND EMAIL
With enclosures

Dear Sirs,

ACCIDENT INVOLVING MOTOR VEHICLES SMG2681E & SHC8865H NEAR NATIONAL HEART CENTRE ON 21/09/2022

We act for the OWNER of vehicle **SMG2681E, ONG KONG SIANG**, who has instructed us to claim damages against you / your insurer in connection with the above captioned road traffic accident with your / your insured vehicle **SHC8865H**.

We are instructed that the accident was caused by your/your insured driver's negligence in driving and/or management of your vehicle. As a result of the accident, our client's motor vehicle was damaged, and our client has been put to loss and expense.

We quantify our client's claim as follows:-

1.	Cost of Repair	S\$	7,200.00
2.	Loss of Use/Rental	S\$	1,440.00
3.	Uninsured Losses	S\$	NA
4.	Petrol Charges	S\$	NA
5.	Recovery/Towing Fee	S\$	N.A
6.	LTA/GIA search fees	S\$	7.49
7.	Survey Report fees	S\$	559.00
8.	Incidentals	S\$	150.00
9.	Costs	S\$	1,000.00
	Total	S\$	10,356.49

We enclose herewith the supporting documents for your attention:

1. LTA Search Result/s and Fee/s;
2. GIA/Traffic Police Report lodged by our client;
3. Survey Report;
4. Final Repair Bill; and
5. Vehicle Rental Invoices;

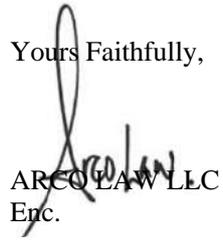
Please note that you should send to us an acknowledgment of receipt of this letter within the next fourteen (14) days of your receipt of this letter.

Should you or your insurers fail to acknowledge receipt of this letter within the next fourteen (14) days, we shall proceed to commence legal proceedings against you and your authorized driver without further notice to you or your insurer.

Also, if you have a counterclaim against our client arising from said accident, you are required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within eight (8) weeks of your receipt of this letter.

In the event you are interested in an amicable settlement, please email our claims team at claims@arcow.sg to negotiate settlement.

Yours Faithfully,



ARCOW LAW LLC
Enc.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual 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 22/09/2022 19:09 (SGT)
Reported by Both
Date of Accident 21/09/2022 08:16 (SGT)
Exact Location of Accident Singapore
Additional Location Information NEAR NATIONAL HEART CENTRE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG2681E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ONG KONG SIANG
NRIC No S7928599D
Email Address tallinang@yahoo.com
Mobile Phone No (Phone) +65-96873714
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Freed
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 Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number MA006596

DRIVER

Name of Driver ANG CHANG PIN
NRIC No S8136323D
Date Of Birth 24/10/1981
Occupation Indoor

Date Of Driving Pass	10/04/2001
Driving experience	21 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81287449
Alt. Phone Number	-
Email Address	tallinang@yahoo.com
Address	BLK 9 YISHUN CLOSE, 05-18
Address complement	-
Postcode	768008
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - 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?	No
Was any injured conveyed to hospital by ambulance?	-
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	DRIVER' S DAUGHTER
Gender	Female

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 STATEMENT ATTACH

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	VIDEO WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8865H
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
Name of Driver -
Contact Number (Phone) +65-92361160
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 2

PASSENGER 1

Name MALAY
Gender Female

PASSENGER 2

Name MALAY
Gender Female

SKETCH PLAN

VEH NO: SMG 2681E
 INSURER: ET/99
 DATE OF ACC: 21/09/22 8:16 a.m

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

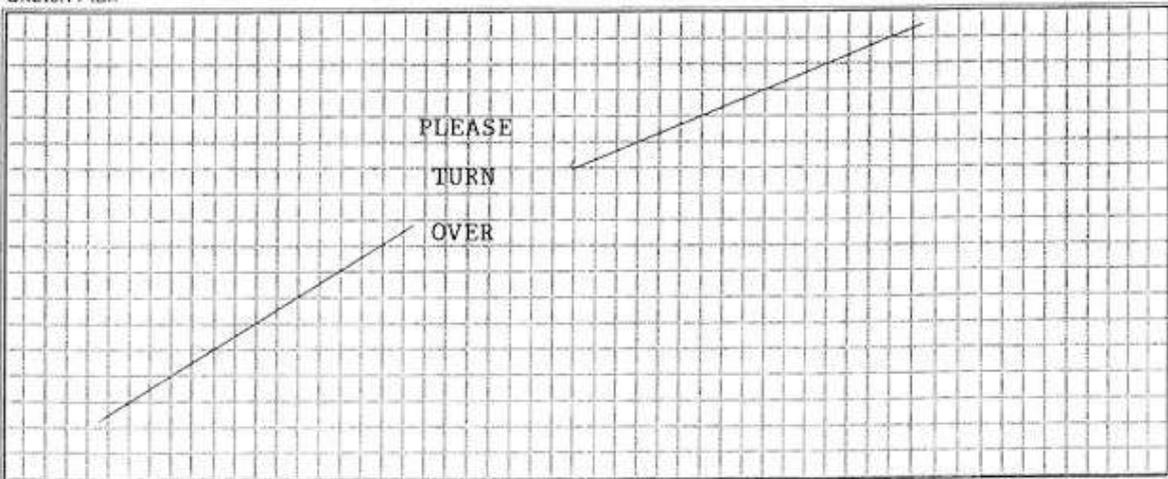
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

[Signature] 22/09/22
 Policyholder's Signature / Date & Time

[Signature] 22/9/22
 Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 22/9/22
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) W

Sketch Plan



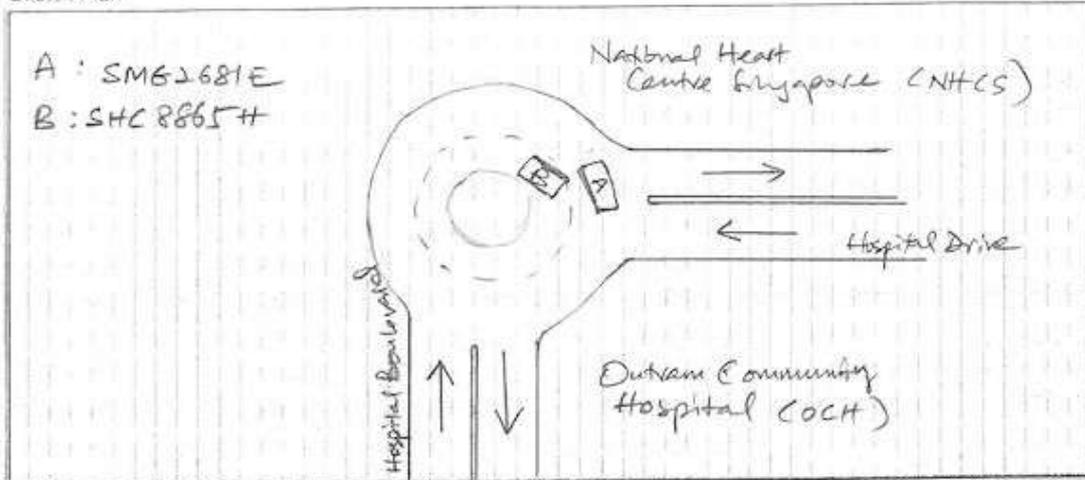
Describe Circumstance of the Accident

** NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party () Reporting Only

() Claim OD/TP at other workshop (_____)

Sketch Plan



- Entered the roundabout from Hospital Boulevard on the leftmost lane. Continued driving past Hospital Drive toward Hospital Boulevard to get to OCH, when suddenly B hit me (A) on the right back wheel area. B was heading towards NHCS, and he was cutting across from the right lane in the roundabout.

Declaration

(We declare the foregoing particulars are true in every respect)

 22/09/22
Policyholder's Signature / Date & Time

 22/9/22
Driver's Signature (if driver is not the policyholder) / Date & Time

 22/9/22
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card): 

eTiQA

Insurance

INTERVIEW FORM

Name (Driver) : Ang Chang Pin
 Policy No : MA006596
 Vehicle No : SMG 2861E
 Place of Accident : Near National Heart Centre
 Insured Driver's relationship with Insured : Wife
 Drink Driving of Insured and/or Insured Driver : —
 No of passenger(s) in Insured vehicle : 2 (including 1 baby girl)
 Injury to Insured and/or Insured driver, please indicate which hospital:
—

Third Party Vehicle No (if any) : SHC 8865H
 No of passenger(s) in Third Party Vehicle : 2
 Injury to Third Party driver and/or passenger(s), please indicate which hospital:
—

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
Side ~~Collision~~

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
—

Traffic Police report (enclosed) : Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

lv 22/9/22
 Driver (Name & Signature) / Date
 I, affirmed the above information is given to my best knowledge

Kwale 22/9/22
 Attended by (Name & Signature) / Date
 Workshop Name: Chong Hoe Motor (W)

Etiqua Insurance Pte Ltd
 One Raffles Quay
 #22-01 North Tower
 Singapore 048583
 T +65 63360477
 F +65 63392109
 www.etiqua.com.sg
 Company Reg. No. 20133905K











A-Tec Motorz Pte Ltd

UEN: 201724194D

39 Woodlands Close #02-43 MEGA @ Woodlands Singapore 737856

Tel: 6969 9802

Fax: 6966 3508

Email: atecmotorzpteltd@gmail.com

Invoice

Name: Ong Kong Siang

Date: 09/01/2023

Address: Blk 9 Yishun Close
#05-18
Singapore 768008

Performa Tax Invoice: W0065

Vehicle No: SMG2681E

Make/Model: Honda Freed Hybrid

Item	Description	Qty	Amount
1	Lump Sum Repair As Per Surveyor Report	1	\$ 7,200.00
Total:			\$ 7,200.00

IMPORTANT

All Cheques must be made payable to **A-Tec Motorz Pte Ltd**

This is a computer generated document. No signature is required.

Tax Invoice



Dream Carz Leasing Pte Ltd

8 Kaki Bukit Avenue 4, #04-20
Premier
Singapore - 415875
Mobile no: 97103383
Email: dreamcarzleasing@gmail.com

Tax Invoice No: 3398 13550	Dated: January 9, 2023
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Delivery Note:	Terms of Payment: Due upon receipt
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Supplier's Ref:	Other Reference:
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Buyer Order (PO) No: 3740	PO Dated:
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Customer Details:
Ang Chang Pin
Blk 9 Yishun Close #05-18 (S)768008,
Singapore -
Phone no: 81287449

S.No	Product	Description	Date Out	Date In	Qty	Price(SGD)	Amount (SGD)
1	SJU3881A	Toyota Wish IU Label No.: 1021377832	22/9/2022	30/9/2022	8	180.00	1,440.00

Sub Total (SGD) 1,440.00

Total (SGD) 1,440.00

Amount in words :
One Thousand Four Hundred Forty Singapore Dollar (SGD) Only

Declaration:
We declare that this Tax Invoice shows the actual price of the goods described and that all particulars are true and correct.

For Dream Carz Leasing Pte Ltd

Authorized Signatory
Billed by: Melvin Cheong
(dreamcarzleasing@gmail.com)

Notes :
OCBC 509787776001 UEN: 201433037R

Income Terms:
Terms

DREAM CARZ LEASING PTE LTD

8 Kaki Bukit Ave 4 #04-20 Premier Singapore 415875

Email: dreamcarzleasing@gmail.com

Tel: +65 6214 0474 Fax: +65 6384 5205



VHA No: 3740

ROC No: 201433037R

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR Name: (as in I/C) <u>Ang Chang Pin</u> NRIC/PASSPORT No: <u>S8136323D</u> Address (Res): <u>Blk 9 Yishun Close #05-18</u> <u>S(7680087)</u> Name & Address of Employer _____ Occupation: _____ Driving Exp: <u>20</u> Driving Licence No: <u>S8136323D</u> D/L Type: <u>Local</u> / International Issue Date: <u>30/12/2002</u> Date of Birth: <u>24/10/1991</u> Tel: (O) _____ (R) _____ HP/PG <u>81282449</u>	Vehicle No: <u>SU3881A</u> Replace Veh No: _____ Mileage Out: _____ Mileage Out: _____ Make & Model: <u>Toyota Wish</u> Auto / Manual Group: _____ Out : Date <u>22/9/22</u> Time: _____ HIRE / PERIOD EXPIRY Time: _____ NON-WAIVER EXCESS =\$ <u>2000/2000</u>																																				
ADDITIONAL DRIVER'S PARTICULARS Name: (as in I/C) _____ NRIC/PASSPORT No: _____ Address (Res) _____ Driving Licence No: _____ D/L Type : Local / International Issue Date: _____ Date of Birth: _____ Occupation: _____ Driving Exp: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">CHARGES</th> </tr> </thead> <tbody> <tr> <td>Daily</td> <td><u>8</u> @\$ <u>180</u></td> <td>per day</td> </tr> <tr> <td>Weekly</td> <td>@ \$</td> <td>per week</td> </tr> <tr> <td>Monthly</td> <td>@ \$</td> <td>per month</td> </tr> <tr> <td>Hours</td> <td>@ \$</td> <td>per hour</td> </tr> <tr> <td>Others</td> <td>@ \$</td> <td></td> </tr> <tr> <td>CDW</td> <td>@ \$</td> <td>per day/month</td> </tr> <tr> <td>PAI</td> <td>@ \$</td> <td>per day/month</td> </tr> <tr> <td>Delivery/ Collection Service</td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">SUB-TOTAL \$</td> <td><u>1440</u></td> </tr> </tbody> </table>	CHARGES			Daily	<u>8</u> @\$ <u>180</u>	per day	Weekly	@ \$	per week	Monthly	@ \$	per month	Hours	@ \$	per hour	Others	@ \$		CDW	@ \$	per day/month	PAI	@ \$	per day/month	Delivery/ Collection Service			SUB-TOTAL \$		<u>1440</u>						
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VEHICLE CHECK LIST INDICATE: D - DENTS A - ACCIDENTS S - SCRATCHES <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> RIGHT </div> <div style="text-align: center;"> FRONT </div> <div style="text-align: center;"> TOP </div> <div style="text-align: center;"> LEFT </div> </div>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="6">PETROL LEVEL</th> </tr> </thead> <tbody> <tr> <td>Out</td> <td>E</td> <td><u>1/4</u></td> <td>1/2</td> <td>3/4</td> <td>F</td> </tr> <tr> <td>In</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> </tr> <tr> <th colspan="6">EXTENSION</th> </tr> <tr> <td colspan="6">Misc.</td> </tr> <tr> <td colspan="5" style="text-align: right;">TOTAL CHARGES \$</td> <td></td> </tr> </tbody> </table>	PETROL LEVEL						Out	E	<u>1/4</u>	1/2	3/4	F	In	E	1/4	1/2	3/4	F	EXTENSION						Misc.						TOTAL CHARGES \$					
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I have read and agree to the terms and condition on both sides of the agreement. If I have presented a charge/ credit card for payment. I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have made on the charge/ credit card voucher. All information I have given Dream Carz Leasing Pte Ltd in connection with this agreement is true.

*** IMPORTANT**

- ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER, AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS. VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY, AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY DREAM CARZ LEASING PTE LTD.

RETURN OF VEHICLE, THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN* SINGAPORE OF HIRER / DRIVER *FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO Dream Carz Leasing Pte Ltd AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS
<u>30/9/2022</u>				

SIGNATURE OF HIRER/DRIVER

J&M CONSULTANCY PTE LTD

11 Changi South Lane #02-08
ONN WAH BUILDING Singapore 486154
Company Reg No: 202125502E
Tel: 6214-0474 Fax: 6384-5205

INVOICE

Ong Kong Siang

Invoice No. : JM/220116

C/o: A-Tec Motorz Pte Ltd
39 Woodlands Close
#02-43 Mega @ Woodlands, Singapore 737856

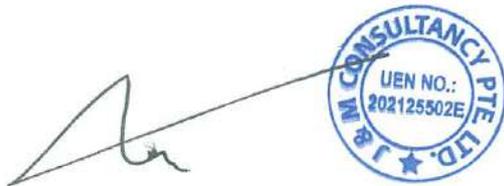
Our ref : ATECM/10/0001/JM

Date : 3 October 2022

DESCRIPTION	AMOUNT
OUR SERVICE FEE CHARGES:	
<ul style="list-style-type: none">• Survey Inspection For Vehicle No. <u>SMG 2681 E</u>• Digital Photographs Services (Inclusive of storage and submission of digital photographs)• Transportation	
GRAND TOTAL	S\$559.00

E & O.E

All cheque payment should be "Crossed" and make payable to " J&M CONSULTANCY PTE LTD "



J&M Consultancy Pte Ltd

J&M CONSULTANCY PTE LTD

11 Changi South Lane #02-08
ONN WAH BUILDING Singapore 486154
Company Reg No: 202125502E
Tel: 6214-0474 Fax: 6384-5205

VEHICLE INSPECTION REPORT

To: Ong Kong Siang Date : 3 September 2022
C/o: A-Tec Motorz Pte Ltd Our ref : ATECM/10/0001/JM
39 Woodlands Close
#02-43 Mega @ Woodlands, Singapore 737856

Accident Date : 21 September 2022 Type of Survey : Third party
Inspection Date : 21 September 2022
Repairer Name : A-Tec Motorz Pte Ltd
39 Woodlands Close
#02-43 Mega @ Woodlands, Singapore 737856

PARTICULARS OF VEHICLE

Registration No : SMG 2681 E Year / Capacity : 2018/ 1,496 cc
Make / Model : Honda/ Freed Hybrid Colour : Blue
Chassis No : GB71081159 Mileage : 107,943 km
Engine No : LEB5617685

CONDITION OF TYRES

	Make	Size	Thread Balance
Front Nearside	: Bridgestone	185/65 R15	80%
Front Offside	: Bridgestone	185/65 R15	80%
Rear Nearside	: Bridgestone	185/65 R15	80%
Rear Offside	: Bridgestone	185/65 R15	80%

GENERAL DESCRIPTION OF DAMAGE VEHICLE

The impact damages sustained on the vehicle at the time of inspection is on the right rear door, rear fender and rear bumper portion.

(Details refer to the photographs attached)

Enclosed number of photographs: 39 copies

REMARKS

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

RECOMMENDATIONS

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

Under normal circumstances, the repair period would be about **7(Seven)** working days.

Qty	Description	Condition	Repairer's Estimate	Revised Amount
-----	-------------	-----------	---------------------	----------------

SPARE PARTS - LIST ITEMS

1	Rear bumper assy	Repair	\$ 650.00	\$ -
1	Rear sliding door RH	Warped	\$ 1,350.00	\$ 1,350.00
1	Rear fender assy RH	Warped	\$ 1,200.00	\$ 1,200.00
1	Rear fender liner RH	Cracked	\$ 250.00	\$ 250.00
1	Rear wheel hub bearing RH	Bent	\$ 320.00	\$ 320.00
1	Rear wheel shock absorber RH	Bent	\$ 380.00	\$ 380.00
			Total \$	4,150.00 \$ 3,500.00
			Less 20% \$	830.00 \$ 700.00
			\$ 3,320.00	\$ 2,800.00

SPECIAL NETT ITEMS

1	Rear bumper clip (1 set)	Necessary	\$ 100.00	\$ 100.00
1	Rear wheel tyre RH	Torn	\$ 180.00	\$ 180.00
1	Rear wheel sports rim RH	Cut	\$ 550.00	\$ 550.00
1	Rear fender sealant	Necessary	\$ 100.00	\$ 100.00
			\$ 930.00	\$ 930.00
Total parts			\$ 4,250.00	\$ 3,730.00

Vehicle Registration No: SMG 2681 E

Our Ref No: ATECM/10/0001/JM

S/No	Description	Repairer's Estimate	Revised Amount
	Total cost of parts c/f	\$ 4,250.00	\$ 3,730.00
	<u>LABOUR</u>		
1	To cut, weld, straighten affected areas and replace damaged parts	\$ 2,200.00	\$ 2,000.00
2	To putty and spray painting the affected areas. Job Allowance.	\$ 2,200.00	\$ 2,000.00
3	To check rear lighting and wiring.	\$ 200.00	\$ 180.00
4	To remove and install rear garnish and trim to facilitate the repair.	\$ 300.00	\$ 280.00
5	To apply anti rust proofing to the affected areas.	\$ 300.00	\$ 280.00
6	To remove and install rear door assy.	\$ 200.00	\$ 160.00
7	To remove and install rear fender liner.	\$ 200.00	\$ 160.00
8	To conduct wheel alignment.	\$ 300.00	\$ 280.00
	Grand Total:	\$ 10,150.00	\$ 9,070.00

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a **Lump Sum Repair Contract of : \$ 7,200**

Vehicle Registration No: SMG 2681 E

Our Ref No: ATECM/10/0001/JM

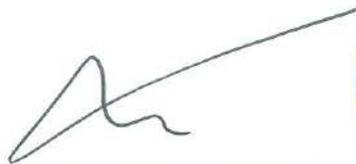
By accepting to carry out the repairs on a contract lump sum basis, the repairer has the discretion to replace the damaged parts with used, reconditioned or new parts, or to repair it to a roadworthy condition.

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

Disclaimer

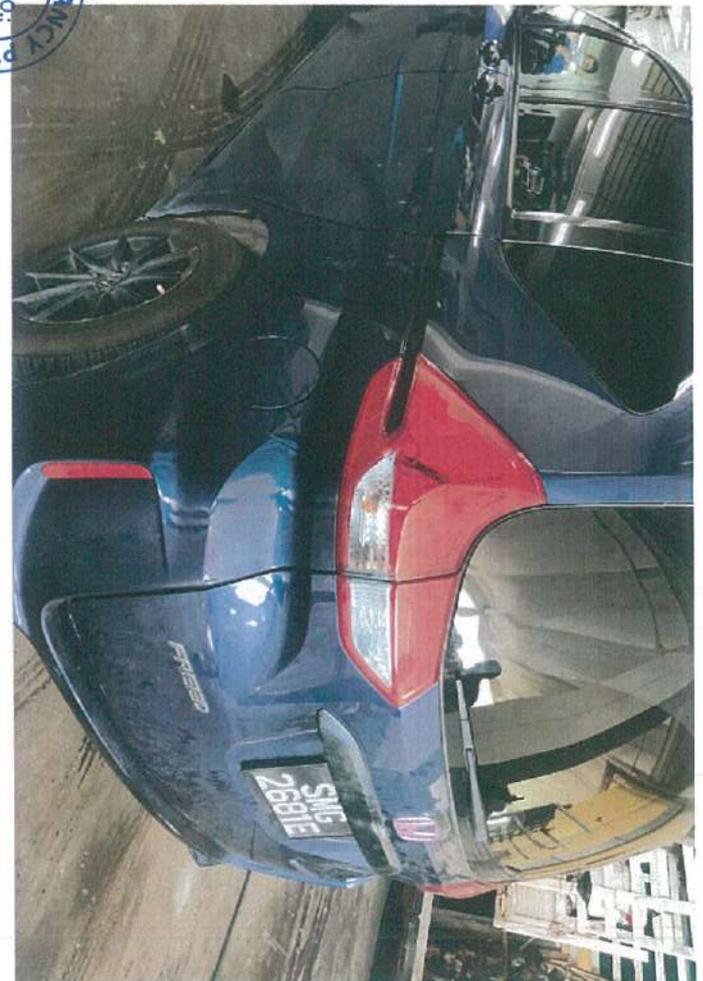
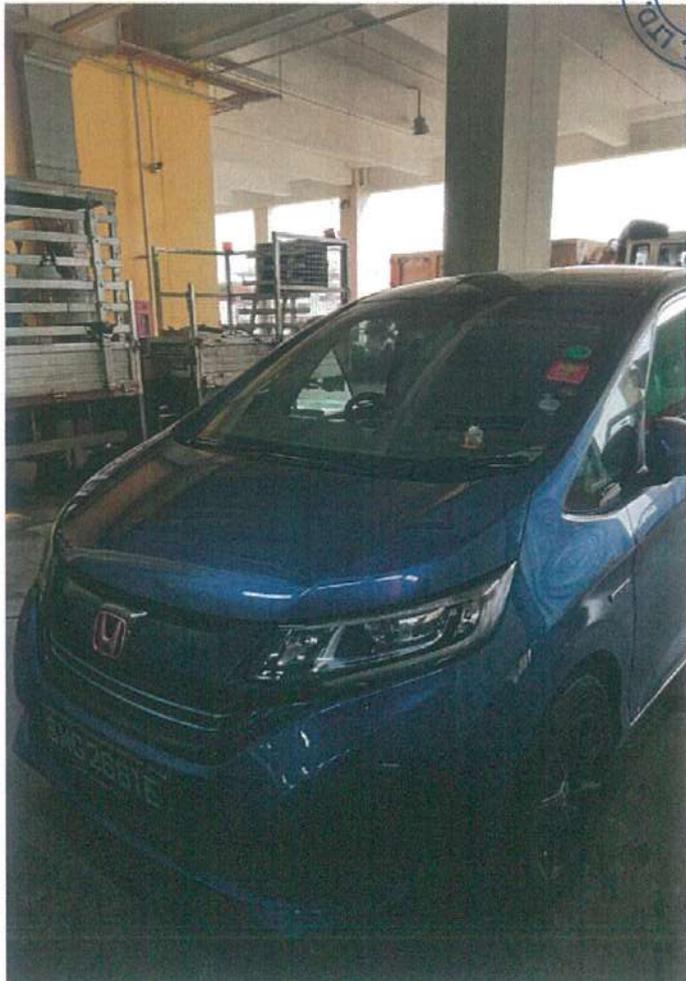
The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other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

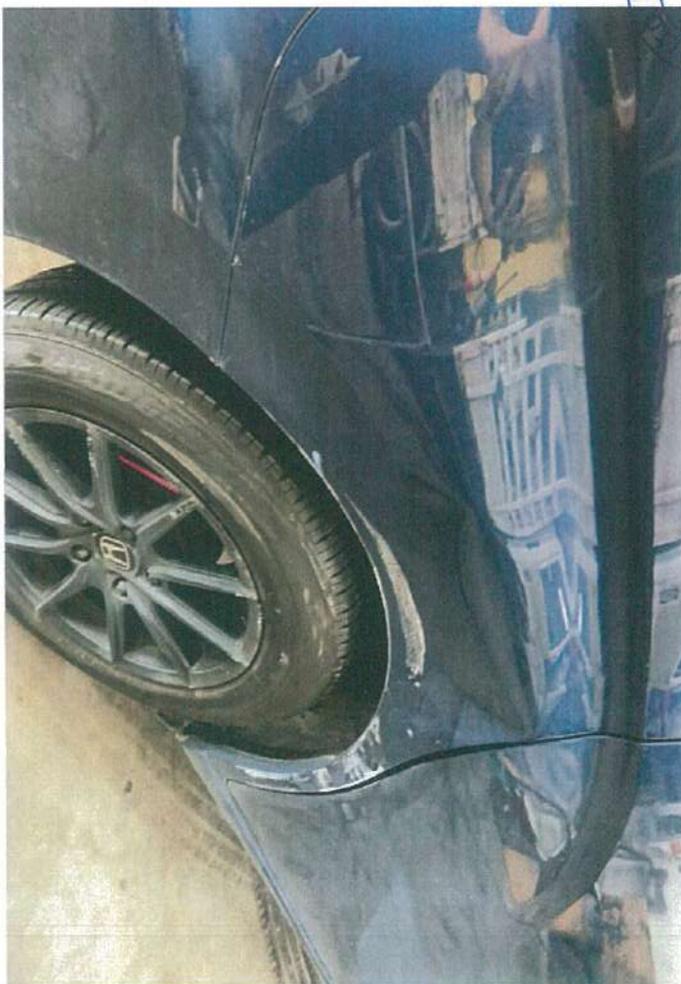
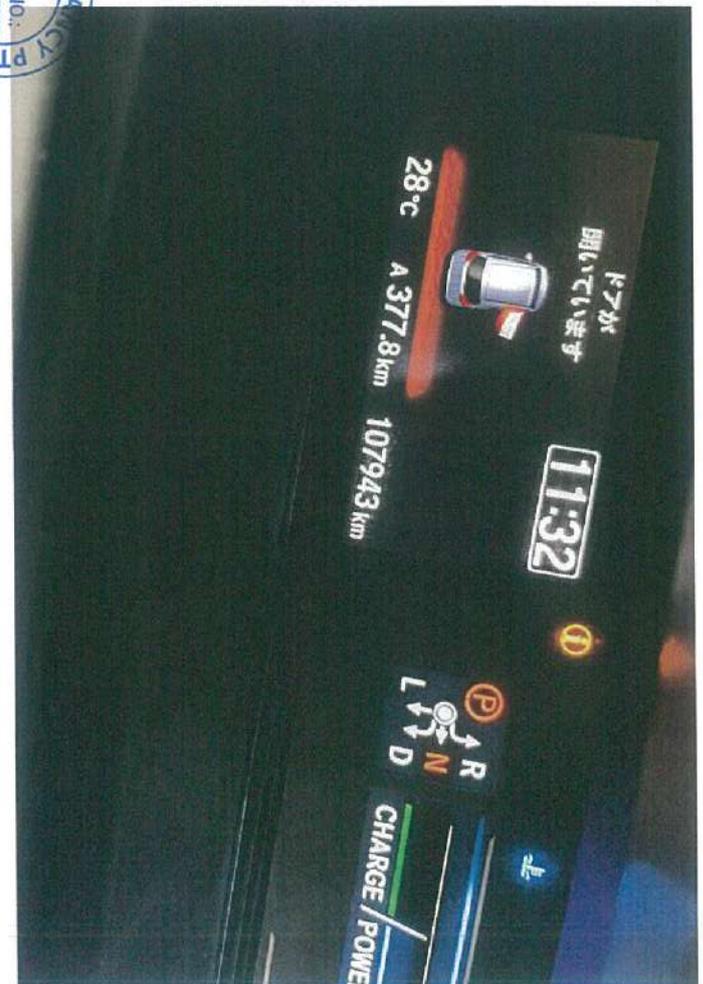
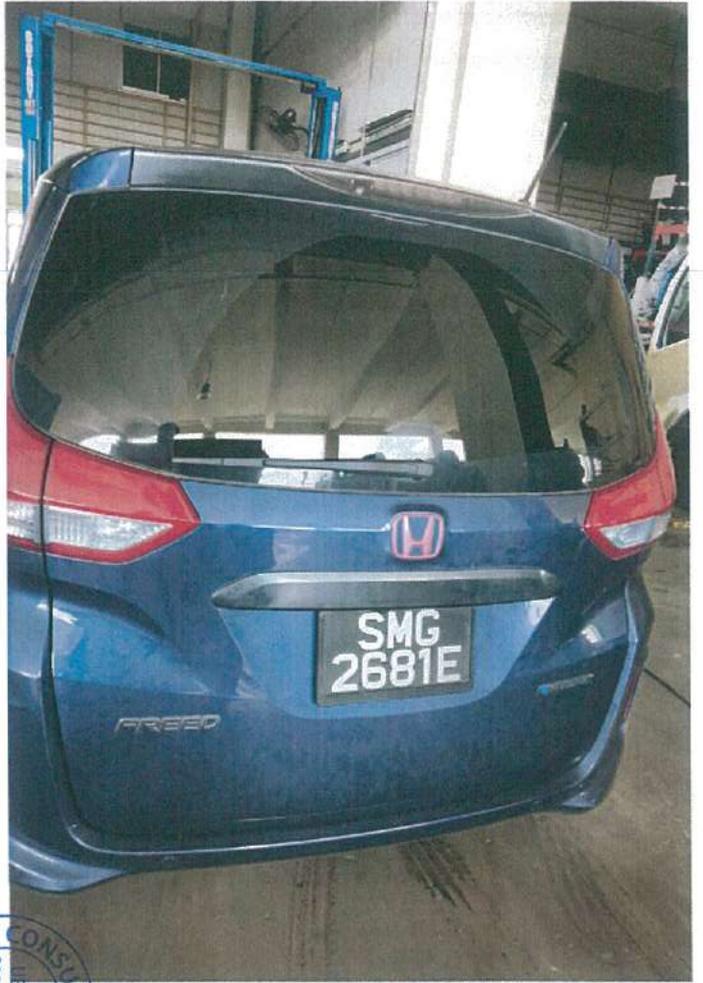
J&M Consultancy Pte Ltd



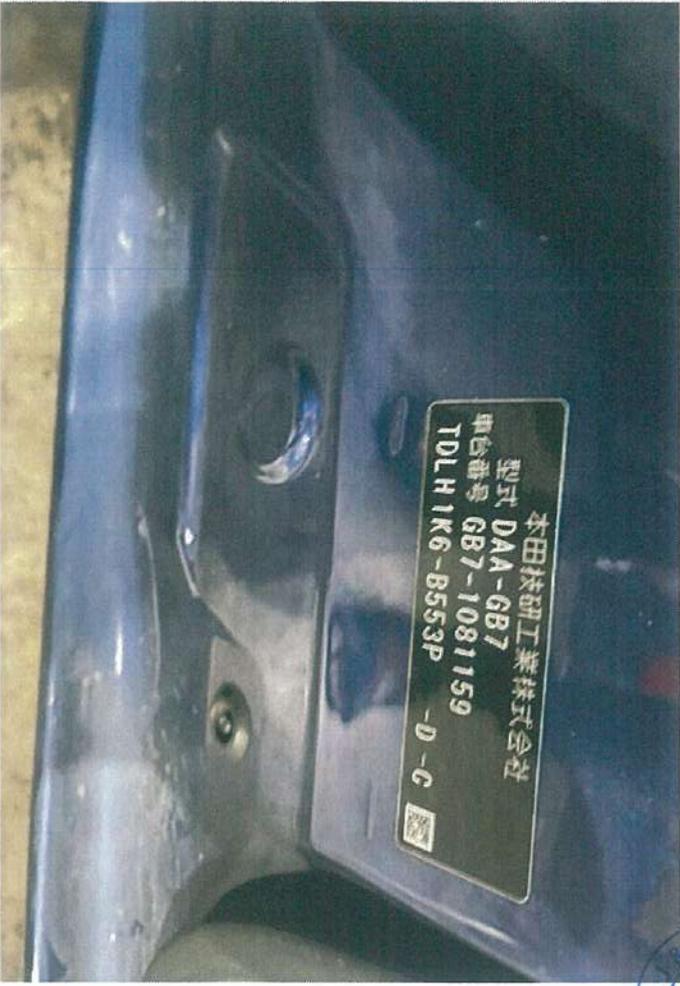
Joel Liew Jian Xiang
Automotive Appraiser

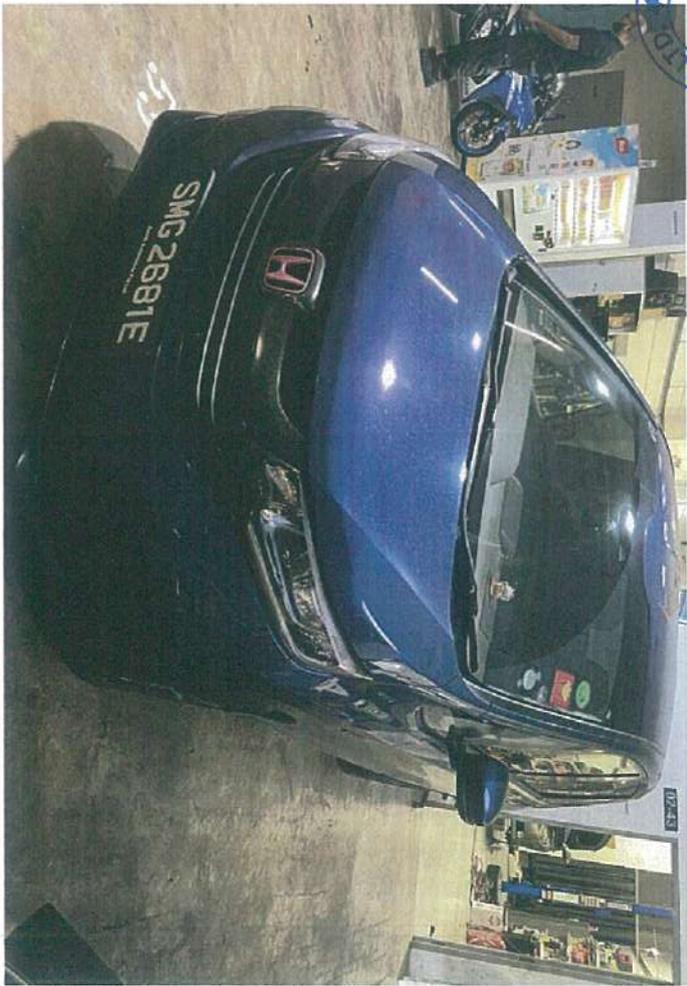
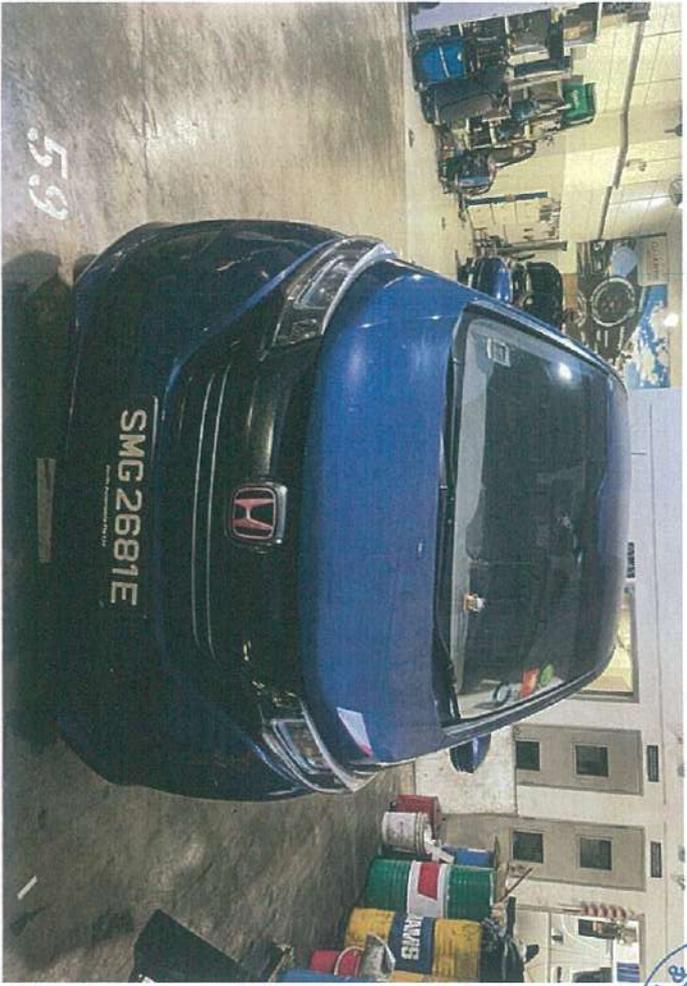
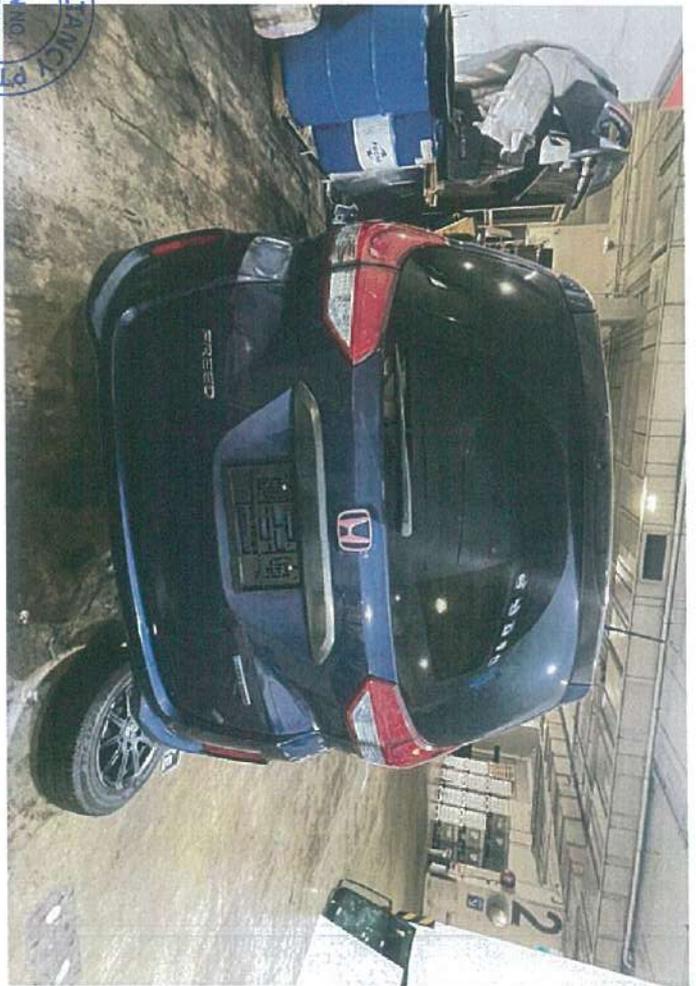




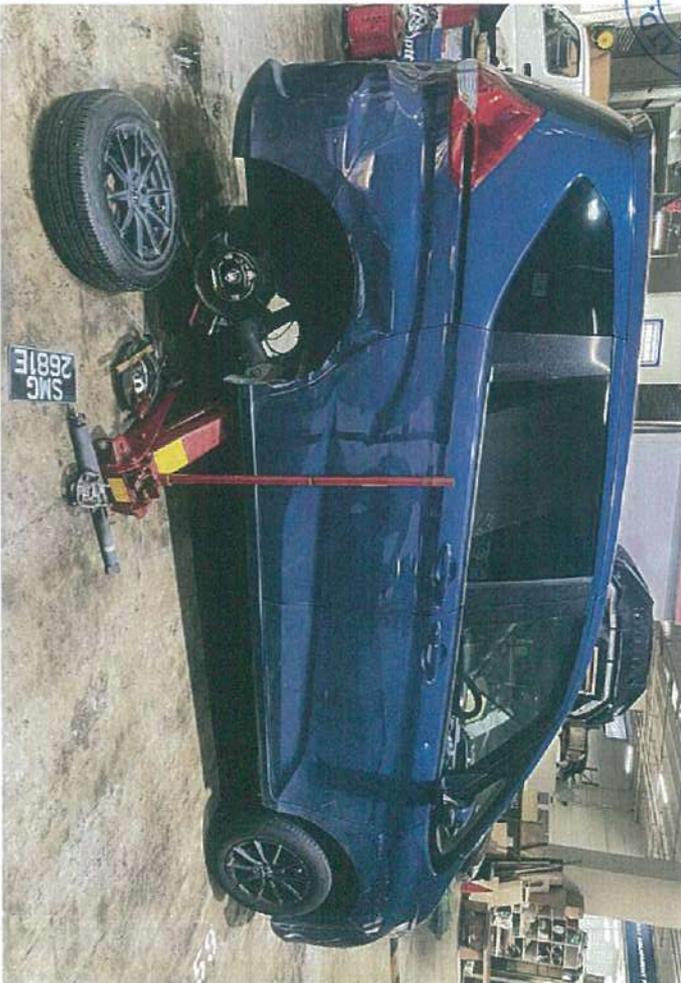
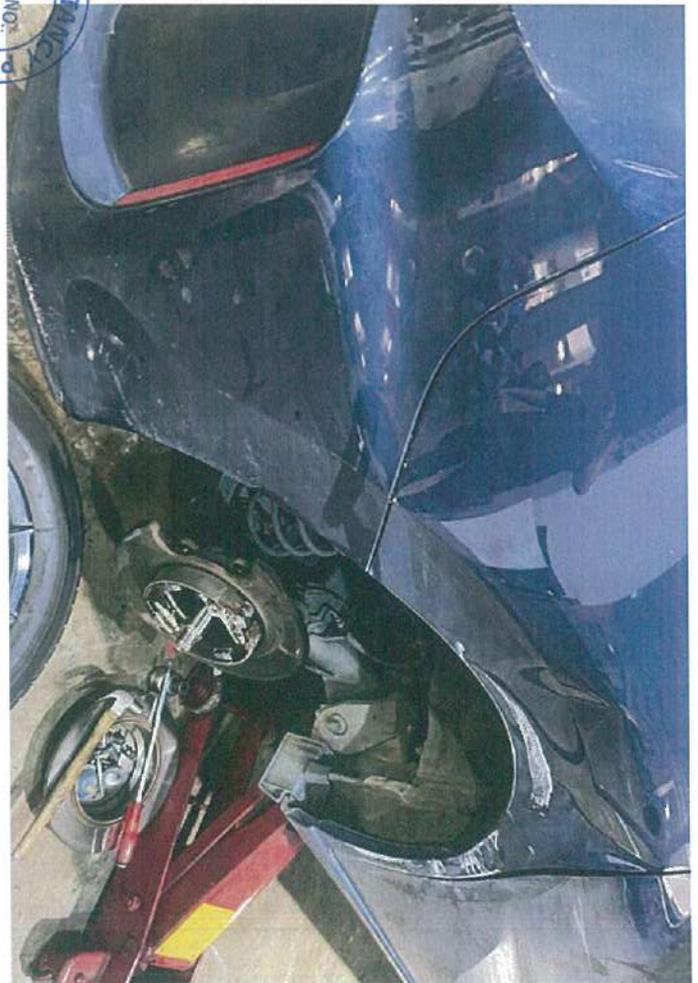
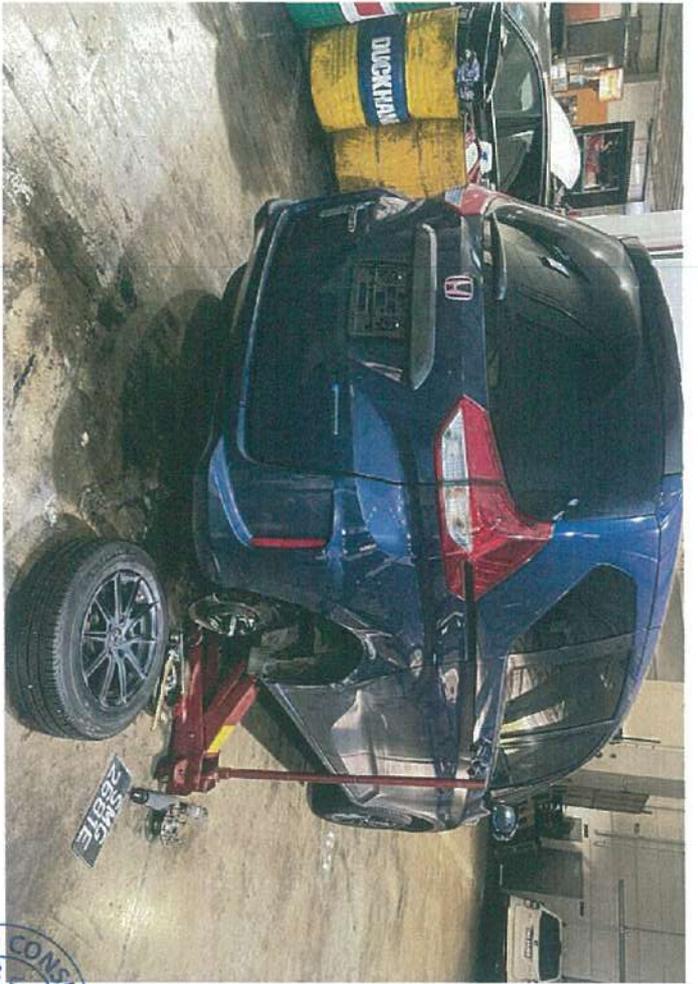


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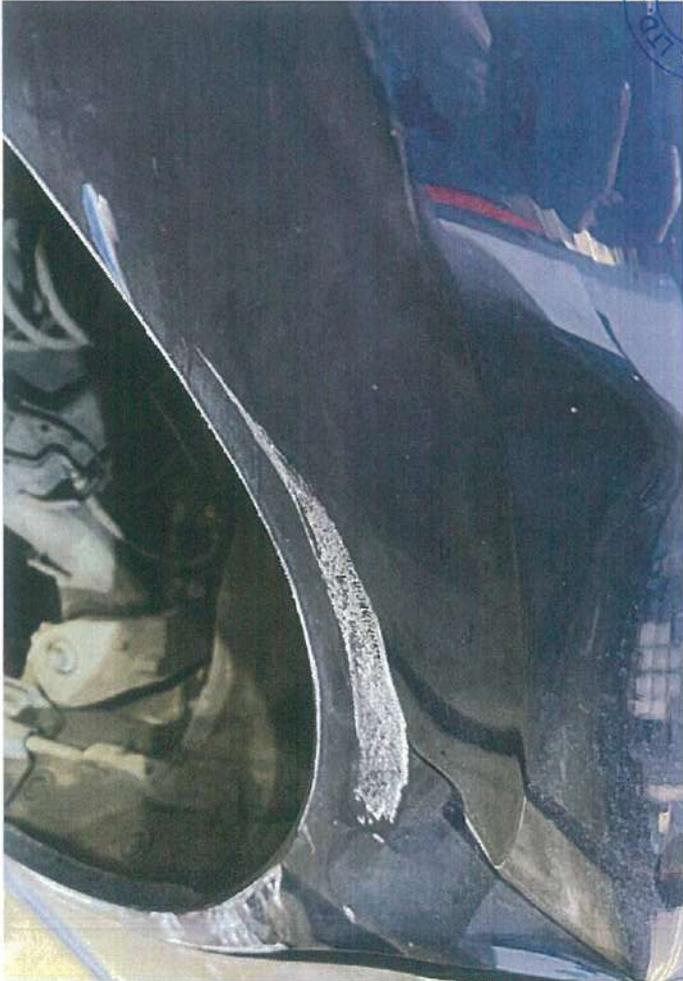
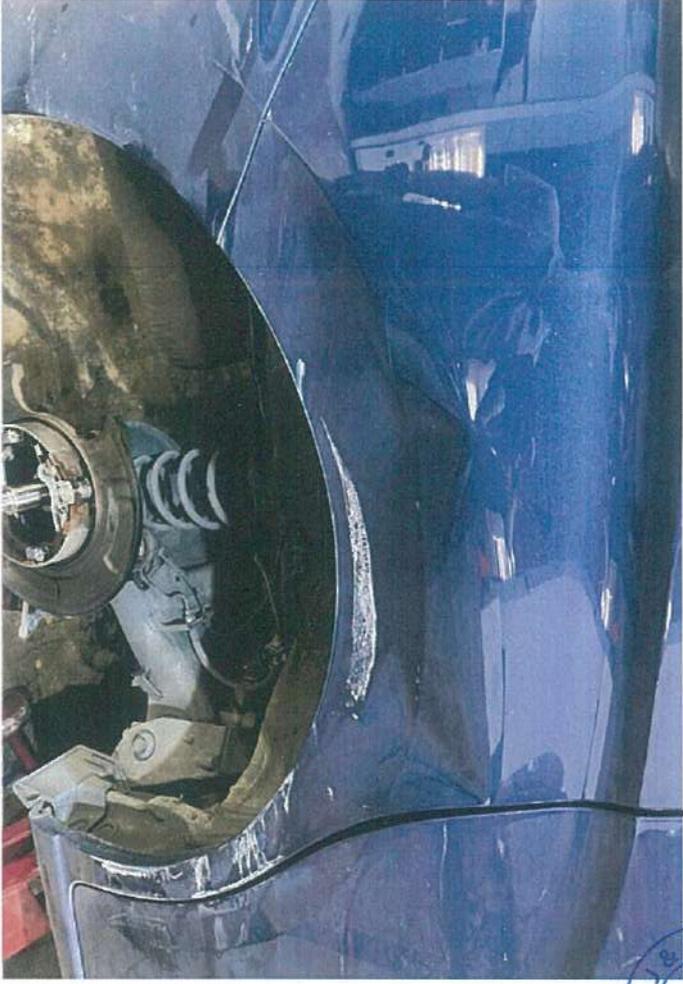
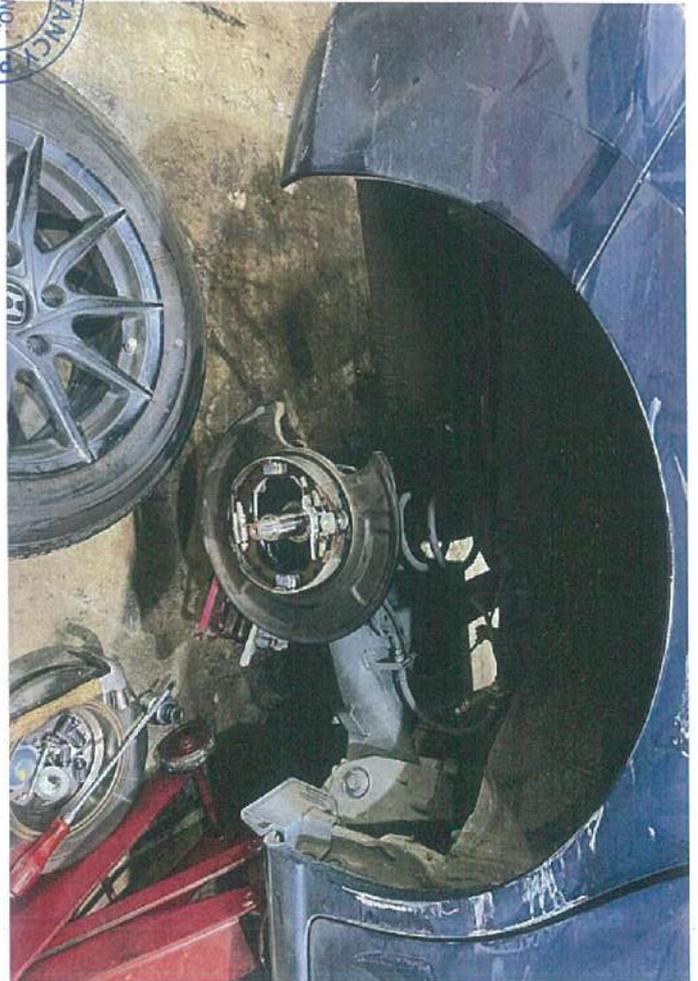
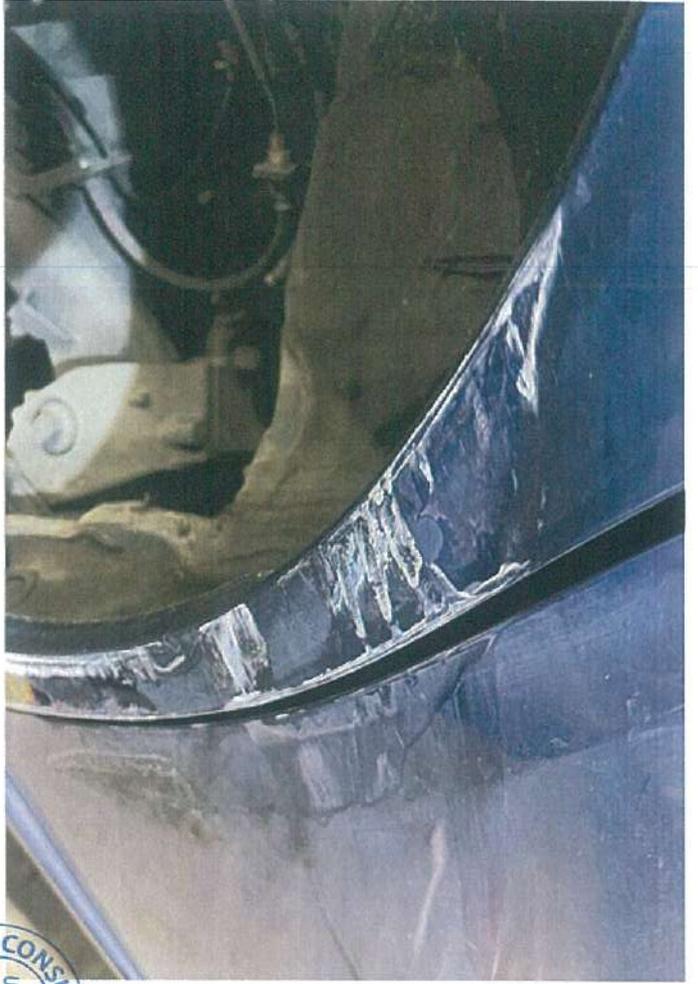




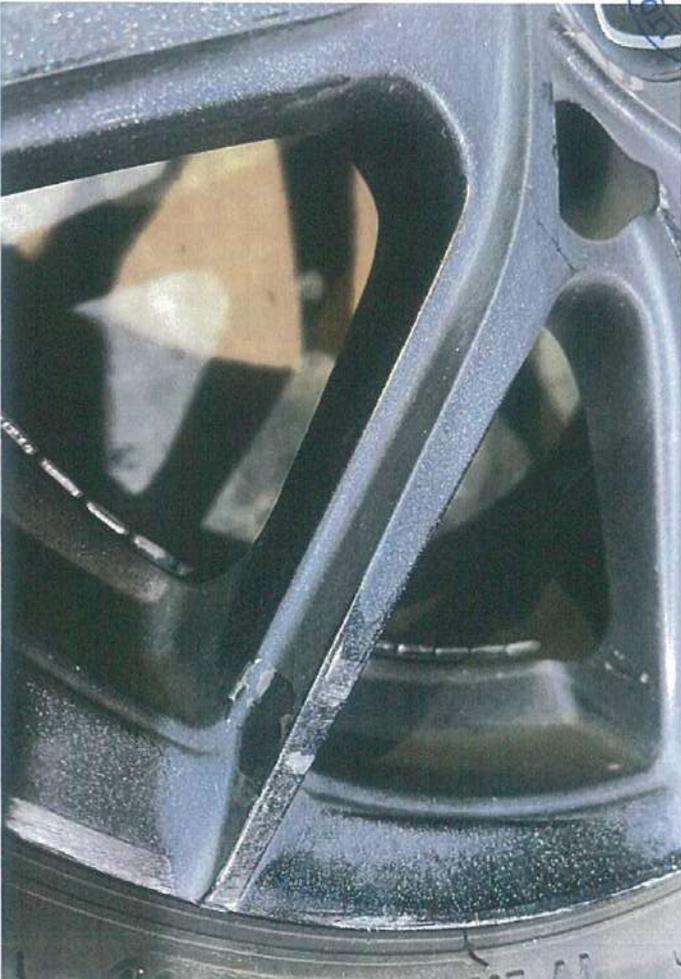
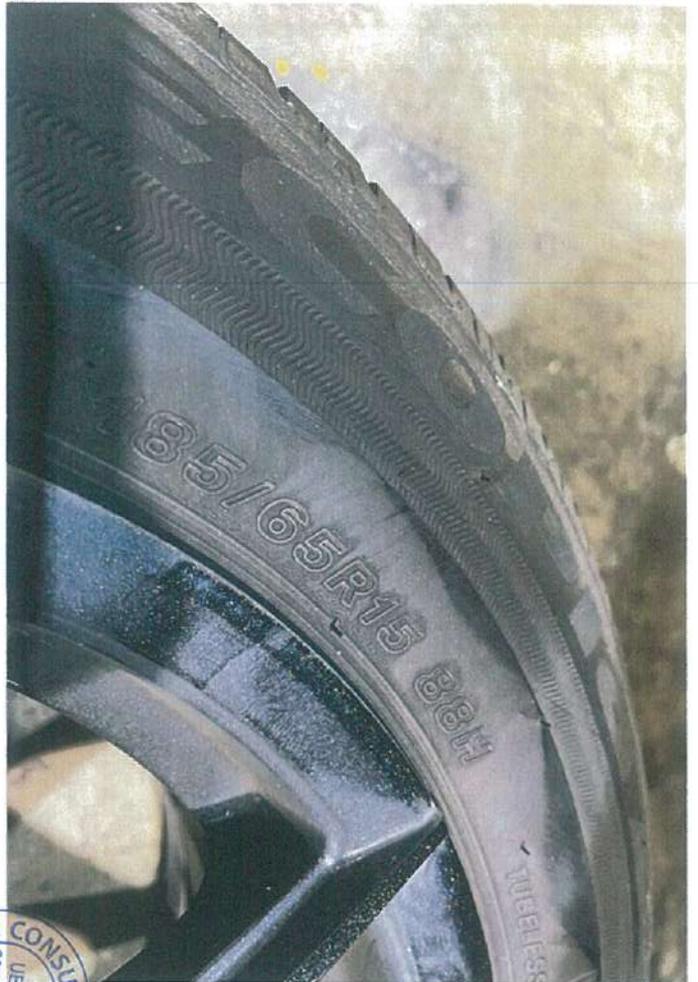
UEN NO. 202125502E
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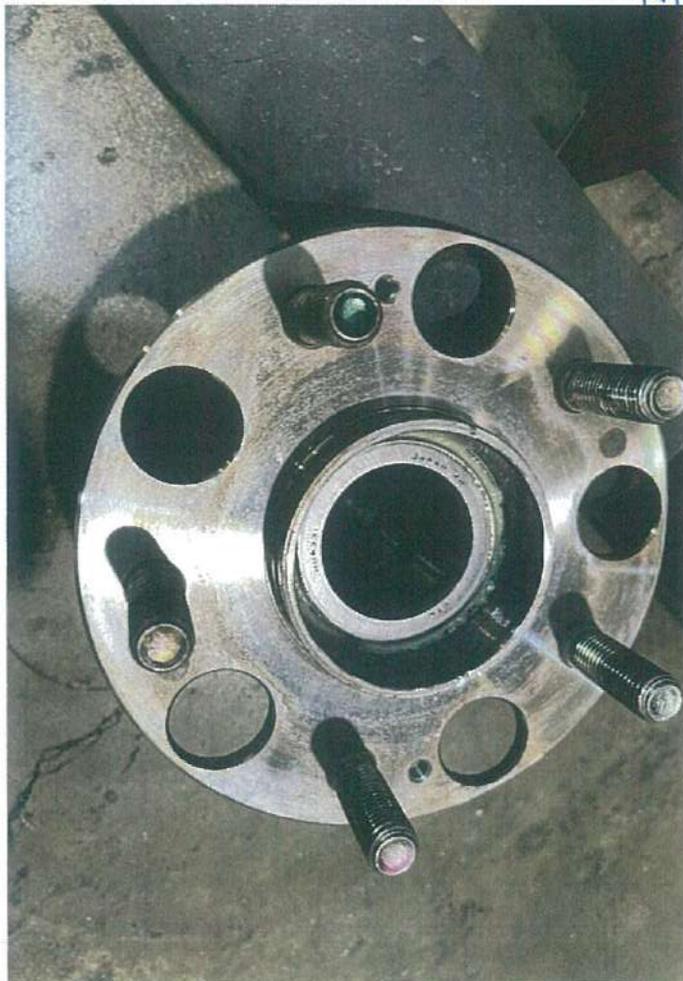
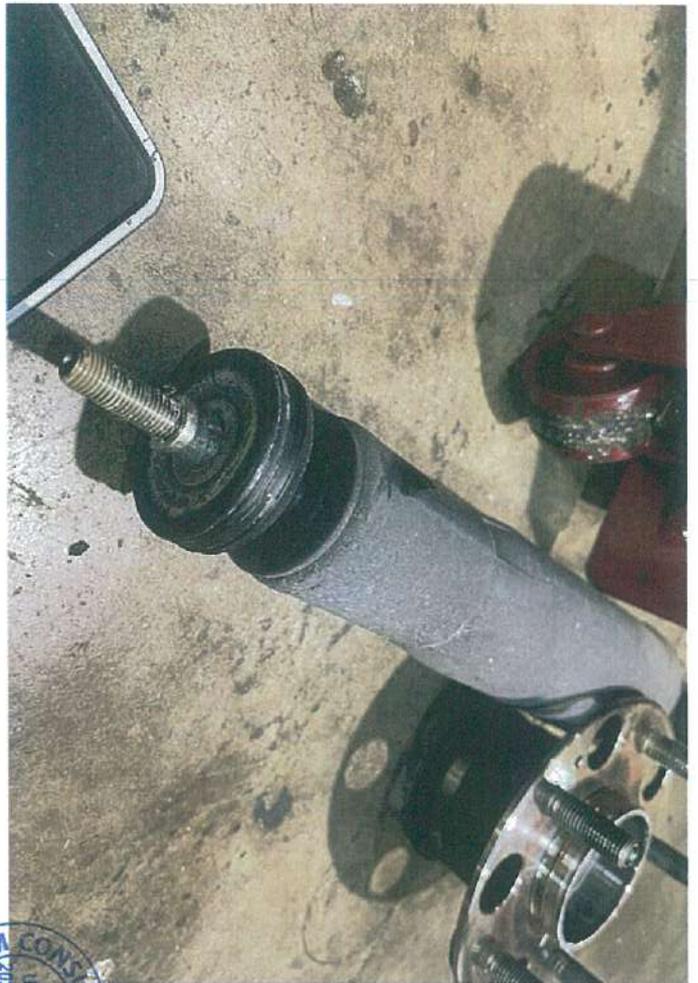


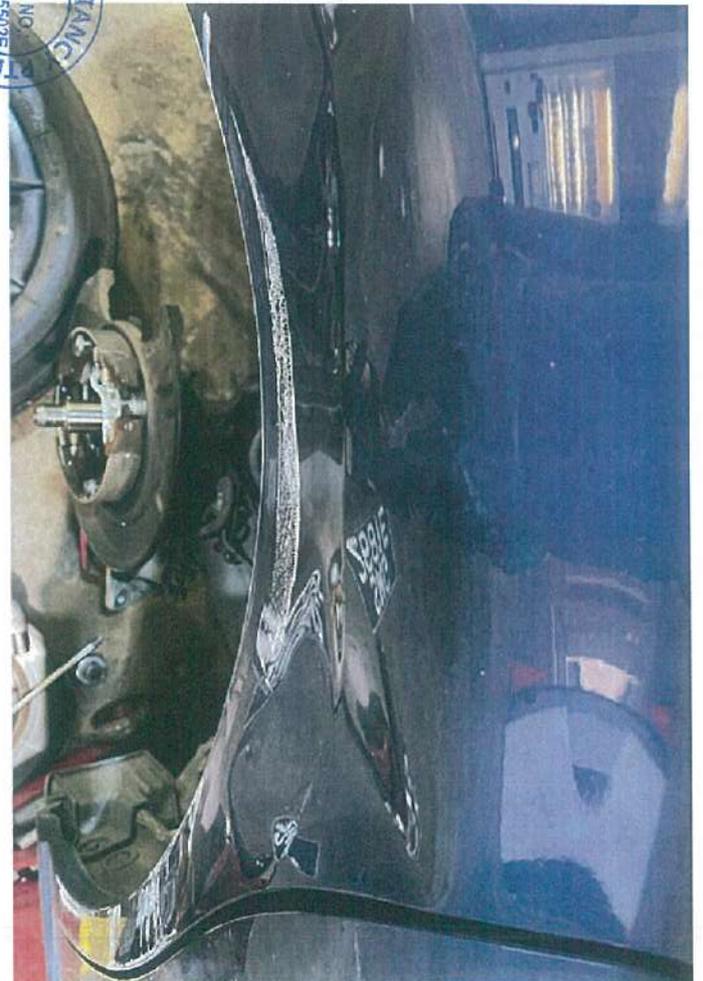
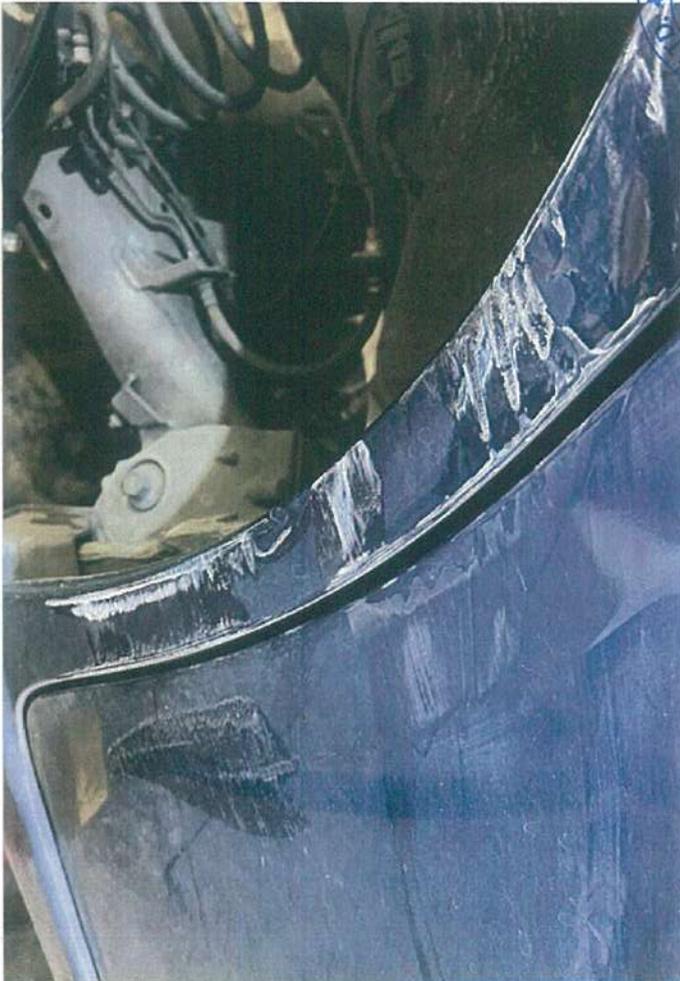
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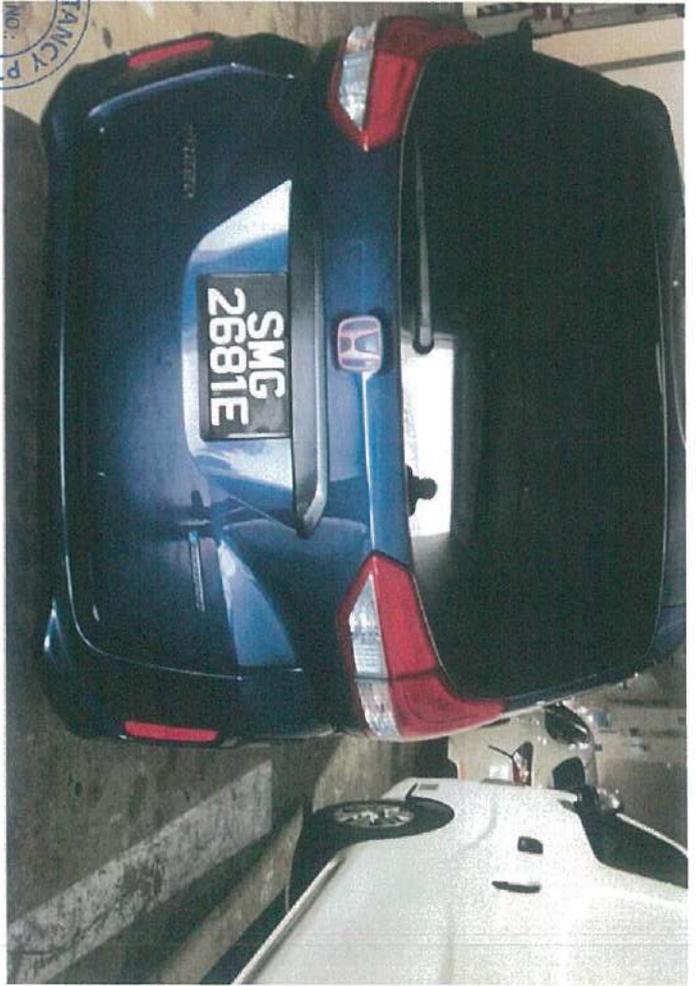
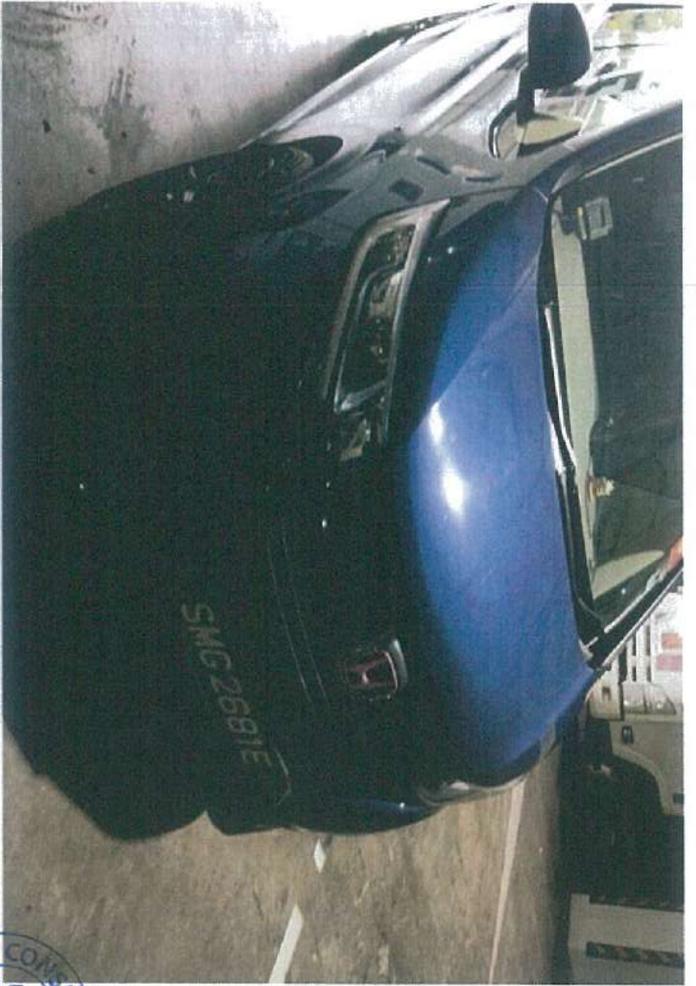


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