

# MATTHEW CHIONG PARTNERSHIP

## ADVOCATES & SOLICITORS

8 Eu Tong Sen Street, #11-96/97, The Central Office 1, Singapore 059818

T +65 6224 0405 | F +65 6224 0306 | W [www.mcplaw.com.sg](http://www.mcplaw.com.sg)

Your Ref: *To be advised*  
Our Ref: JW/ns/20231550-011[SLJ4171T]

6 February 2023

Writer's name: Jade Wu  
Writer's email: [jadewu@mcplaw.com.sg](mailto:jadewu@mcplaw.com.sg)  
Writer's Secretary DID: +65 6812 0630 (Nicole)

**STRIDES TAXI PTE LTD**  
60 Woodlands Industrial Park E4  
Singapore 757705

**By Certificate of Posting**

**THIAN BOON CHIEOW**  
c/o 60 Woodlands Industrial Park E4  
#11-3028  
Singapore 757705

**By Certificate of Posting**

**Attention: Motor Claims Department**  
**MS FIRST CAPITAL INSURANCE LIMITED**  
36 Robinson Road  
#16-01 City House  
Singapore 068877

**By Email:**  
[motorclaims@msfirstcapital.com.sg](mailto:motorclaims@msfirstcapital.com.sg)

Dear Sirs,

**Name of Claimant:** **YU ZHAO YUAN PTE LTD**  
c/o Shifter Auto Garage Pte. Ltd.  
3016 Bedok North Avenue 4  
#07-04 Eastech  
Singapore 489947

**Accident Involving SLJ4177T (Our Client's Vehicle) And SHD6049E Along PIE Changi before Toa Payoh Lorong 2 On 1 December 2022 At 7:05pm**

1. We are instructed by the abovenamed to claim damages against you in connection with a road traffic accident on 1 December 2022 along PIE Changi before Toa Payoh Lorong 2 involving our client's vehicle registration number SLJ4177T and vehicle registration number SHD6049E owned by you and driven by you and/or your authorised driver at the material time.
2. We are instructed that the accident was caused by you and/or your authorised driver's negligent driving and/or management of your vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:

	<b>Particulars</b>	<b>S\$</b>
a.	Costs of Repair	7,000.00
b.	Rental Fee (13 days @ \$120 per day)	1,560.00
c.	Survey report fee	664.00
d.	3P GIA Search Fees	31.00
e.	LTA search fee	7.49
f.	Costs (inclusive GST)	864.00
		<b>10,126.49</b>

3. A copy of each of the following supporting documents is enclosed:
  - a) Our client's Singapore Accident Statement;
  - b) Singapore Accident Statement of SHD6049EK;
  - c) Repairer's invoice;
  - d) Rental Agreement and Invoice;
  - e) Survey Report and Invoice;
  - f) Accident Statement Invoice; and
  - g) LTA search invoice.
4. Pursuant to Appendix B of the State Courts Practice Directions 2021, you must reply to us substantively with eight (8) weeks from the date of your receipt of this letter with the following information:
  - a. Whether your insurer is defending the claim or whether you are defending the claim personally. Reasons for the insurer's decision not to act must be provided;
  - b. Your position on the claim on both liability and quantum (eg, whether the claim is admitted or denied) or make an offer of settlement. If the claim is not admitted in full, the you must give reasons and provide a list of documents together with copies of all relevant supporting documents;
  - c. You **are to confirm/state the identity of the person driving your vehicle at the time of the accident and provide the driver's identification number and address** if this is not already stated in the Singapore Accident Statement. If it is your position that the party you have named was the hirer of your vehicle, please provide us with the document(s) i.e. correspondence, lease/rental agreement etc.

Please **TAKE NOTICE** that there is a presumption in law that you were the driver of the vehicle and/or the said driver was driving as your employee, servant and/or agent at the material time of the accident and if we do not hear from you on the identity of the driver, we shall commence legal proceedings against you as the Defendant for being liable for the damages, loss and expense suffered by our client in the above accident;
  - d. You must provide copies of the Singapore Accident Statements and police reports and they must be full and complete and must reflect the names, identification numbers and addresses of all persons involved in the accident together with type-written transcripts of their factual accounts of the accident;
  - e. You must provide any pre-repair and/or post-repair survey/inspection report(s);
  - f. You must specify the particular scenario in the Motor Accident Claims Online, Motor Accident Guide and/or other similar guide that is applicable to his account of the accident, enclose with your reply a copy of the relevant page of the scenario and, except where the claim is denied, make an offer on liability; and
  - g. If your insurer is the party replying to us, the reply must also state the name(s), telephone number(s) and fax number(s) of the insurance officer(s) handling the matter and the insurer's file reference number(s), to facilitate correspondence.
5. 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.
6. Please note that you or your insurer should send to us an acknowledgement of receipt within fourteen (14) days of your receipt of this letter and/or respond to us substantively within eight (8) weeks of your receipt of this letter, failing which our client will have no

alternative but to commence proceedings against you without further notice to you or your insurer.

7. Please also note that if you have a counterclaim against our client arising out of the accident, you are also 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.
8. Our client's rights are expressly reserved.

Yours faithfully,

*Matthew Chiong Partnership*

**MATTHEW CHIONG PARTNERSHIP**

encs

## 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 ..... 07/12/2022 12:25 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 01/12/2022 19:05 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE CHANGI B4 TOA PAYOH LOR 2  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLJ4171T

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... YU ZHAO YUAN PTE LTD  
Company Reg No ..... 201004146Z  
Email Address ..... info.svautoworks@gmail.com  
Mobile Phone No ..... (Phone) +65-83123786  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Allion  
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 ..... 1496

#### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMPCSNW00248702200

#### DRIVER

Name of Driver ..... HE CHUNTIE  
Passport No/FIN ..... G6450786P  
Date Of Birth ..... 11/03/1957  
Occupation ..... Indoor

Date Of Driving Pass .....	16/12/2010
Driving experience .....	12 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-83123786
Alt. Phone Number .....	-
Email Address .....	info.svautoworks@gmail.com
Address .....	25 GEYLANG LOR 25
Address complement .....	#05-02
Postcode .....	388302 Most popular places at
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER
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 .....	AFT RAIN
Road Surface .....	Wet

#### 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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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

PLS REFER TO THE ATTACHED STATEMENT

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHD6049E
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) ..... -

**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 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")

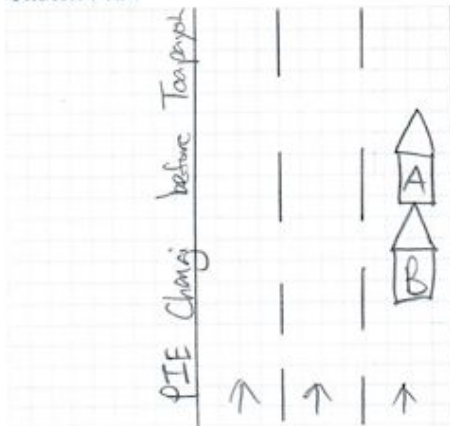
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

A - SLJ 4171T  
B - SHD 4069E



## Describe Circumstances of the Accident

On the stated date and time, I was travelling along the stated road when the vehicle in front of me brake, I followed suit. Suddenly I felt a huge impact from the rear of my vehicle. When I alighted my vehicle, I saw VRN SHD 6049E had collided onto my vehicle.

## Declaration

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





































# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 .....	02/12/2022 14:39 (SGT)
Reported by .....	Driver
Date of Accident .....	01/12/2022 18:50 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	PIE /EXIT TO TOA PAYOH LOR 1
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHD6049E
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	Strides Taxi Pte Ltd

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Prius
Variant .....	-
Vehicle Category .....	Taxi
Transmission .....	Auto
CC .....	1800

### INSURANCE COMPANY

Name of Insurance Company .....	MS First Capital Insurance Ltd
Policy Number / Cover Note Number .....	D-22099115MFSH

### DRIVER

Name of Driver .....	THIAN BOON CHIEOW
NRIC No .....	SXXXXX765I
Address .....	11
Address complement .....	-
Postcode .....	-
Does Driver Own Other Vehicles? .....	No

### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
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Weather Conditions ..... Raining

#### 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  
Translator's name ..... -  
Translator's ID ..... -  
Translator's phone number ..... -  
Translator's email ..... -  
Original language used in the statement ..... -

#### CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG PIE EXIT TO TOA PAYOH LOR 1 WITH ONE PASSENGER (MALE CHINESE) ON BOARD. SUDDENLY A VEHICLE SLJ4171T WHICH WAS IN FRONT OF MY TAXI CAME TO A HALT. I APPLIED MY BRAKE TO STOP BUT MY TAXI SKIDDED DUE TO THE WET FLOOR HIT ONTO THE REAR OF THE VEHICLE.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SLJ4171T  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... HE CHUN TI  
Insurance Company Name ..... -

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



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

# 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 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.

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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.

Policyholder's Signature / Date & Time

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

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

## Sketch Plan

v1Jun2022

1



















SHIFTER AUTO GARAGE PTE. LTD.

Co. Reg. No: 202230804K

3016 Bedok North Avenue 4

#07-04 Eastech

Singapore 489947

Email: shifterauto.sag@gmail.com

## TAX INVOICE

MS First Capital Insurance Ltd

6507 3848

Invoice No. : SAG2023 43 02  
Invoice Date : February 01, 2023  
Vehicle No. : SLJ4171T  
Make & Model : Toyota Allion  
Chassis No. : NZT2603032962  
Mileage : -  
Terms : Due within 90 days

NO.	DESCRIPTION	QUANTITY	PER UNIT (SGD)	AMOUNT (SGD)
1	To Carry Out Repair & Respray on Accident Corresponding to Supply on Spare Parts & Labour Charges	1	7,000.00	7,000.00

<b>GRAND TOTAL:</b>	<b>\$7,000.00</b>
Amount Paid	\$0.00
Balance Due	\$7,000.00



Signature/Company Stamp

*I agree to the price as listed above and affirm that the goods are received in good condition.*

# CARS FOR RENT (2016) PTE LTD

**Mailing Address:**

10 Kaki Bukit Ave 4 #09-60 Premier@Kaki Bukit, Singapore 415874

Tel Nos.: +65 6970 9119 / 6789 5155

Co. Reg'n No.: 201609732N

GST Reg'n No.: 201609732N

Tax Invoice #: E2212170

Date: 20-12-22

**Bill To:**

Shifter Auto Garage Pte Ltd

For the account of:

Yu Zhao Yuan Pte Ltd

UEN: 201004146Z

260 Geylang Road

389316

**Ship To:**

Shifter Auto Garage Pte Ltd

For the account of:

Yu Zhao Yuan Pte Ltd

UEN: 201004146Z

260 Geylang Road

389316

Description	Amount	Job No.
Vehicle Rental for Period 03.12.2022 to 16.12.2022 (Billing for days 13 X \$120.00/per day) (Vehicle No.: SLJ4171T)	\$1,560.00	SDG4840G SR



Your Order #: 21249

		Terms: Net 30th after		GST:	\$102.06
COMMENT	CODE	RATE	GST	SALE AMOUNT	Total Inv Amt: \$1,560.00
	SR	7%	\$102.06	\$1,457.94	Amount Applied: \$0.00
Balance Due:					\$1,560.00





# CARS FOR RENT (2016) PTE LTD

10 Kaki Bukit Ave 4 #09-60 Premier @ Kaki Bukit Singapore 415874

Tel: 6970 9119 Fax: 6970 9961

Website: www.carsforrent2016.com

No: 21249

SV SAG

ROC/GST No: 201609732N

## VEHICLE RENTAL AGREEMENT



### HIRER'S PARTICULAR

Name: (as in I/C) He Chuntie

Email:

NRIC/PASSPORT No: G 6450786P

Date of Birth: 11/3/1957

Address (Res):

Driving Licence No: G6450786P D/L Type: Local / International

Issue Date: 16 Dec 2010

Tel: (O) HP

Company Name: Yu Zhao Yuan Pte Ltd

Company UEN: 201004146Z

Company Address: 260 Geylang Road S (389316)

### ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C)

NRIC/PASSPORT No:

Date of Birth:

Address (Res):

Driving Licence No: D/L Type: Local / International

Issue Date:

Tel: (O) HP

### VEHICLE CHECK LIST

INDICATE:  
A - ACCIDENTS  
S - SCRATCHES  
D - DENTS



RIGHT



BACK



FRONT



TOP



LEFT

Vehicle No: SDG 4840G

Replace Veh No: SLJ 4171T

Mileage out:

Make & Model: TOYOTA ALTISS

Auto / Manual

OUT : Date 3/12/2022

Time: 12:00pm

HIRE PERIOD

OWN DAMAGE CLAIM Excess S\$

2000

THIRD PARTY CLAIM Excess S\$

1500

### CHARGES

Daily 13 @ \$ 120.00 per day

1560 00

Weekly @ \$ per week

Monthly @ \$ per month

Others @ \$

Delivery Service

GST

SUB-TOTAL \$

### PETROL LEVEL

Out	E	1/4	1/2	3/4	F
In	E	1/4	1/2	3/4	F

EXTENSION

Misc.

GST

TOTAL CHARGES

1560 00

Rented out by:

Hirer's Signature

Addition Driver's Signature

I have read and agree to the terms and condition on both sides of this agreement. If I have presented a charge/ credit card for payment, I agree that all amount 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 been made on the charge/credit card voucher. All information I have given CARS FOR RENT (2016) PTE LTD in connection with this agreement is true.

### \* IMPORTANT

1. ONLY PERSON ABOVE 22 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
2. ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER. AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
3. THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN ABOVE.
4. IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY AND BE RESPONSIBLE FOR THE INSURANCE EXCESS. IF THERE IS BODILY INJURIES, POLICE REPORT MUST BE MADE.
5. VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF CARS FOR RENT (2016) PTE LTD

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVE" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO CARS FOR RENT (2016) 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
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16/12/22 6pm



HIRER'S SIGNATURE

# ALLIED AUTO APPRAISAL

22 Upper Serangoon Crescent #16-53 Singapore 534025

Company Registration No. 53127785B

**Our Ref: Allied/TP/22-12004**

Repairer	:	Shifter Auto Garage Pte Ltd	Date Report	:	11-Jan-23
Address of Inspection	:		Date of Accident	:	1-Dec-22
3016 Bedok North #07-04 Eastech	:		Date of Survey	:	11-Dec-22
Singapore 489947	:			:	

## VEHICLE PARTICULARS & CONDITION

Make & Model	:	Toyota Allion 1.5 A	Date of Registration	:	14-Oct-08
Engine No	:	1NZD196874	Engine c.c.	:	1496 cc
Chassis No	:	NZT2603032962	COE Expiry Date	:	13-Oct-23

## CONDITION OF VEHICLE

General Condition	:	Good	Modification	:	No
Steering	:	Serviceable	Air-Conditioner	:	Yes
Handbrake	:	Serviceable	Footbrake	:	Serviceable
Wing Mirror	:	Yes	Paint Work	:	Good

## CONDITION OF TYRES (The below values represent the remaining tyre treads depth)

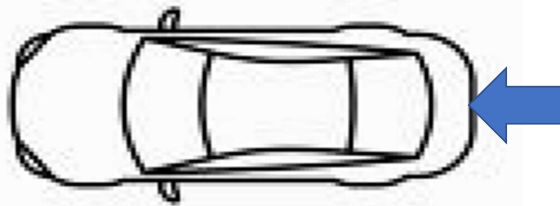
Front Tyre Size	:	195/65R15	Rear Tyre Size	:	195/65R15
Front Left Side	:	6mm Falken	Rear Left Side	:	6mm Windforce
Front Right Side	:	6mm Goodyear	Rear Right Side	:	6mm Yokohama

## GENERAL DESCRIPTION OF DAMAGE

The inspected vehicle sustained damage at the **REAR** portion.

During visual inspection, our surveyor noted that the trunk lid, rear end panel, taillamps, rear bumper and among other parts were affected.

All stated damage is subject to consistency of the accident reports.



## Repairer Estimate

Parts	:	6,288.45
Nett Item	:	1,080.00
Labour	:	2,590.00
Total	:	<b>9,958.45</b>

## Our Recommendation

Parts :	5,860.05
Nett Item :	785.00
Labour :	2,140.00
GST (7.00%) :	-
Total :	<b>8,785.05</b>
Less 20% :	<b>1,757.01</b>
	<b>7,028.04</b>
Lump Sum (Estimated) :	<b>7,000.00</b>

The repairer agree to repair the vehicle on a **Lump Sum Basis** with our recommendation of **SGD 7,000.00 (SGD Seven Thousand only)** and we are in the opinion the repairer would need about a **8.0** working day period to repair the vehicle.

Allied Auto Appraisal

Surveyed by

Ng Heng Chai  
Licensed Appraiser

# ALLIED AUTO APPRAISAL

## RECOMMENDED PARTS

No.	Descriptions	Condition	Qty	Repairer	Adjusted
1	TRUNK LID	Badly Dented	1	1,180.00	970.00
2	TRUNK LID TOYOTA BADGE	Necessary	1	112.90	112.90
3	TRUNK LID OUTER CHROME MOULDING	Dented/Cracked	1	295.90	295.90
4	TRUNK LID LICENSE PLATE LAMP (RH)	Broken	1	85.10	85.10
5	TRUNK LID LICENSE PLATE LAMP (LH)	Broken	1	85.10	85.10
6	TRUNK LID ALLION EMBLEM	Necessary	1	97.90	97.90
7	TRUNK LID A15 EMBLEM	Necessary	1	101.90	101.90
8	TRUNK LID LOCK ASSEMBLY	Dented/Cracked	1	271.00	225.90
9	TRUNK COMPARTMENT SIDE TRIM LINING (RH)	Crumpled/Deformed	1	475.90	425.90
10	TRUNK COMPARTMENT SIDE TRIM LINING (LH)	Deformed/Torn	1	475.90	425.90
11	REAR END PANEL	Badly Dented	1	712.90	675.90
12	REAR END PANEL INNER GARNISH	Dented/Deformed	1	255.90	225.90
13	TRUNK LID WEATHERSTRIP	Torn	1	275.00	275.00
14	REAR COMBINATION LAMP (RH)	Broken	1	715.00	685.00
15	REAR COMBINATION LAMP (LH)	Broken	1	715.00	685.00
16	REAR SMART KEYLESS ANTENNA	Cracked/Broken	1	221.90	221.90
17	REAR BUMPER FACE	Dented/Cracked	1	815.00	780.00
18	REAR BUMPER REFLECTOR (RH)	Broken/Dislodged	1	102.90	102.90
19	REAR BUMPER REFLECTOR (LH)	Cracked/Broken	1	102.90	102.90
20	REAR BUMPER ARM (RH)	Badly Dented	1	197.50	197.50
21	REAR BUMPER SIDE RETAINER (RH)	Cracked	1	89.50	89.50
22	REAR BUMPER SIDE RETAINER (LH)	Cracked	1	89.50	89.50
23	EXHAUST SILENCER ASSEMBLY	Repair	1	910.00	855.90
Sub Total (\$\$) :				8,384.60	7,813.40
Discount (25%) :				2,096.15	1,953.35
Total Parts (\$\$) :				<b>6,288.45</b>	<b>5,860.05</b>

## RECOMMENDED SPECIAL NETT ITEMS

No.	Descriptions	Condition	Repairer	Adjusted
1	TRUNK LID INNER SEALER	Necessary	100.00	60.00
2	TRUNK LID INTERIOR TRIM LINING CLIPS	Necessary	100.00	80.00
3	TRUNK COMPARTMENT SIDE TRIM LINING CLIPS	Necessary	100.00	80.00
4	REAR END PANEL JOINT SEALANT	Necessary	150.00	100.00
5	REAR END PANEL INNER GARNISH CLIPS	Necessary	80.00	60.00
6	REAR BUMPER CLIPS	Necessary	100.00	80.00
7	REAR BUMPER PARKING SENSORS	Dented/Malfunction	450.00	325.00
			<b>1,080.00</b>	<b>785.00</b>

## RECOMMENDED LABOUR

No.	Descriptions	Repairer	Adjusted
1	TO CUT/WELD REAR END PANEL TO RENEW AND REPLACE REAR ACCIDENT DAMAGED PARTS.	1,100.00	900.00
2	TO TRANSFER TAILGATE LOCKING MECHANISM AND OTHER COMPONENTS TO NEW TAILGATE.	120.00	120.00
3	TO TRANSFER TAILGATE PARKING AID CAMERA TO NEW TAILGATE PANEL.	80.00	80.00
4	TO REMOVE/INSTALL TRUNK COMPARTMENT TRIM AND GARNISHES TO FACILITATE THE REPAIR.	200.00	150.00
5	TO CHECK REAR LIGHTINGS AND ELECTRICAL WIRING SYSTEM.	30.00	30.00
6	TO INSTALL REAR BUMPER PARKING SENSORS TO NEW BUMPER FACE.	80.00	80.00
7	TO REMOVE/INSTALL EXHAUST SILENCER ASSEMBLY TO REPAIR.	120.00	120.00
8	RUST PROOFING ON THE REAR ACCIDENT AFFECTED PORTIONS.	60.00	60.00
9	TO PUTTY AND RESPRAY PAINTING ON THE TRUNK LID, REAR END PANEL AND REAR BUMPER FACE.	800.00	600.00

# ALLIED AUTO APPRAISAL

## RECOMMENDED LABOUR

No.	Repairer	Adjusted
	<b>2,590.00</b>	<b>2,140.00</b>

## COST OF CLAIMS

	Repairer	Adjusted
1 TOTAL PARTS	6,288.45	5,860.05
2 TOTAL NETT ITEMS	1,080.00	785.00
3 LABOUR & SPRAY	2,590.00	2,140.00
Gross Total (S\$) :	9,958.45	8,785.05
GST 7.00% (S\$) :	-	-
Total Amount (S\$) :	<b>9,958.45</b>	<b>8,785.05</b>



**ALLIED AUTO APPRAISAL**



# ALLIED AUTO APPRAISAL



# ALLIED AUTO APPRAISAL





# ALLIED AUTO APPRAISAL





# ***ALLIED AUTO APPRAISAL***



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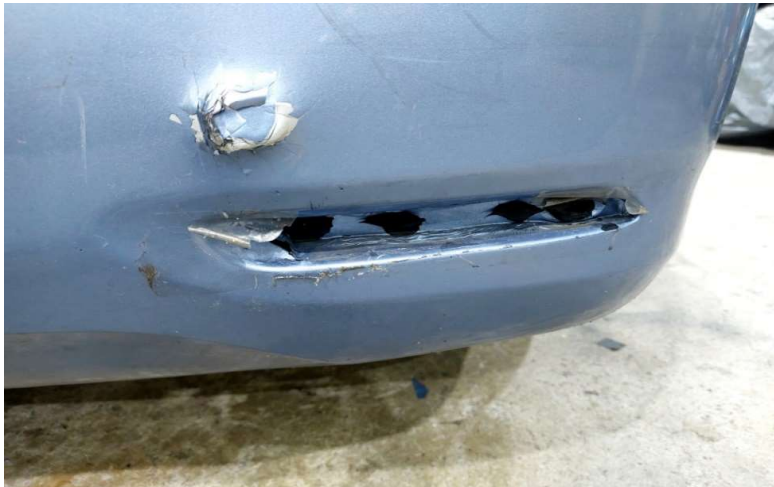


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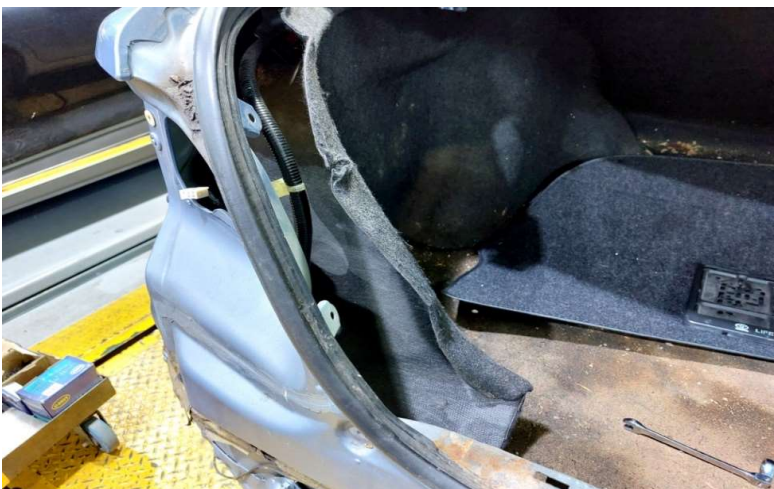
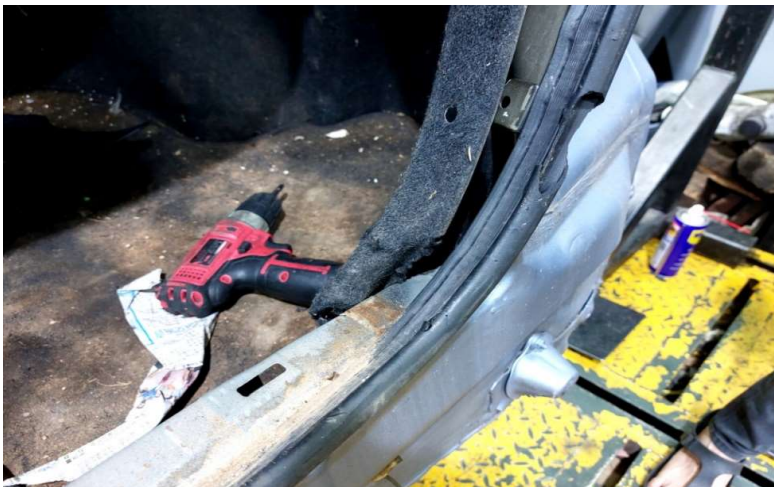
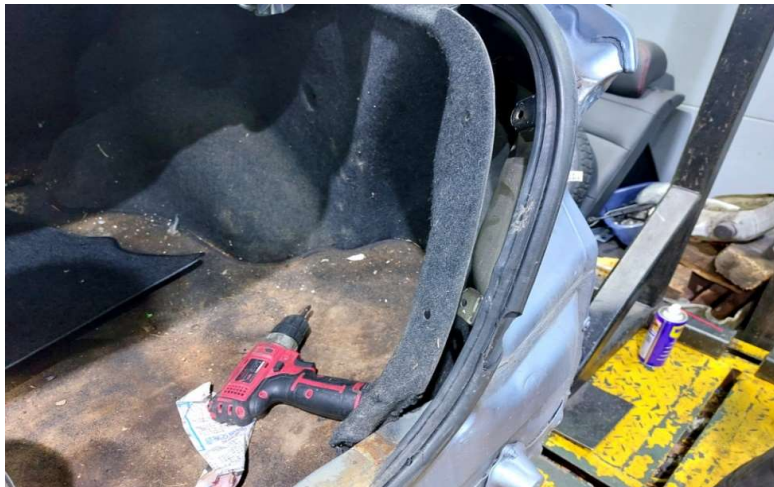


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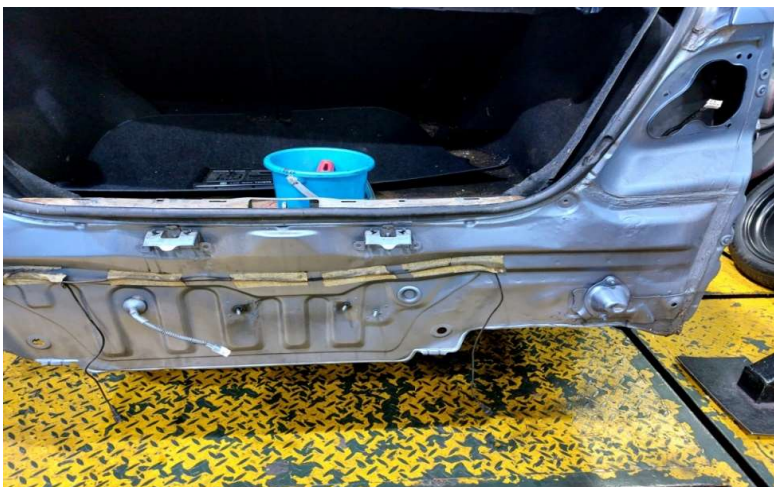




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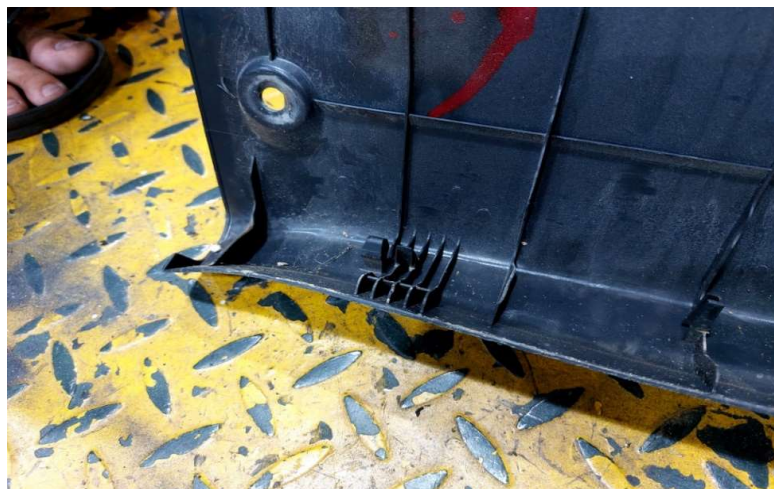


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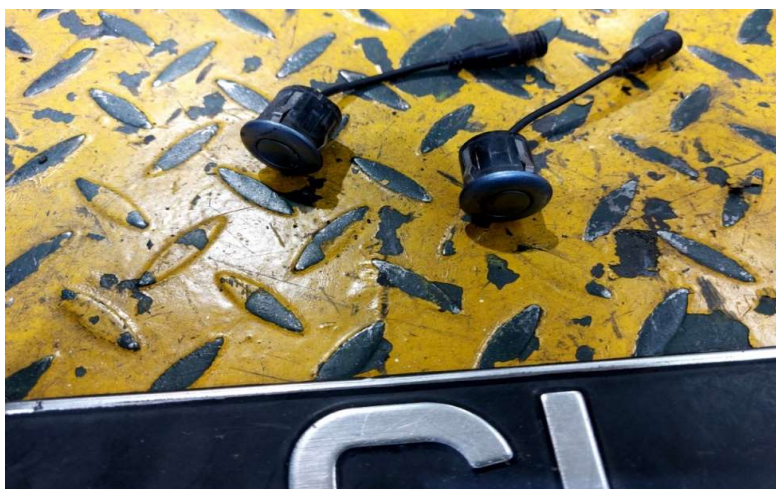




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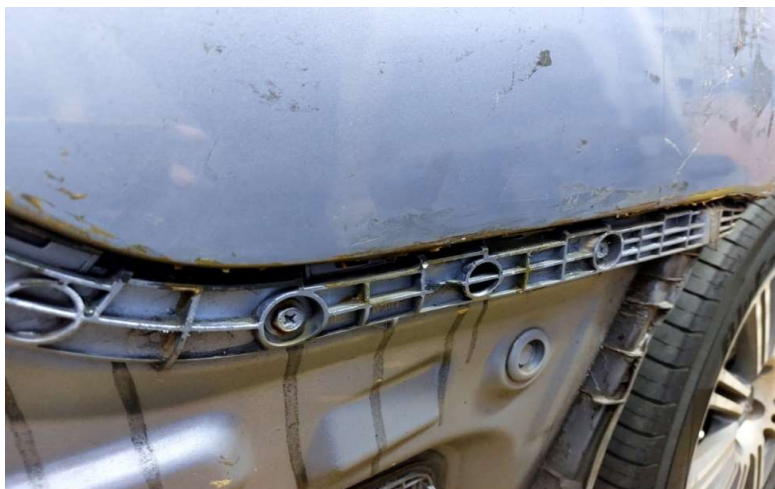
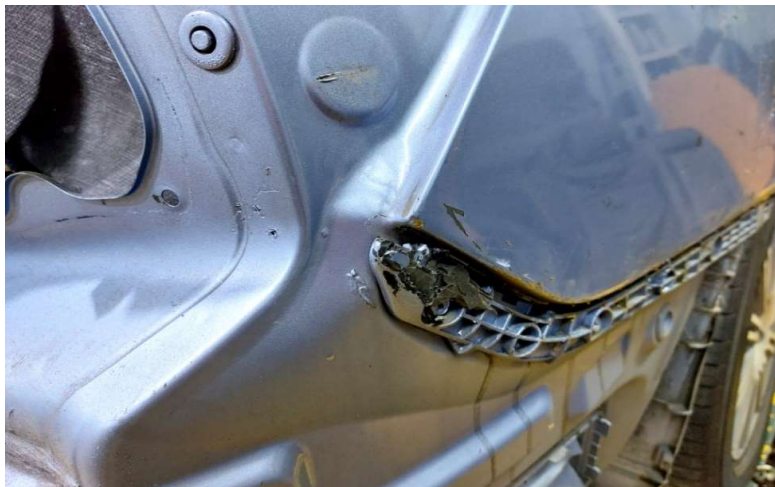


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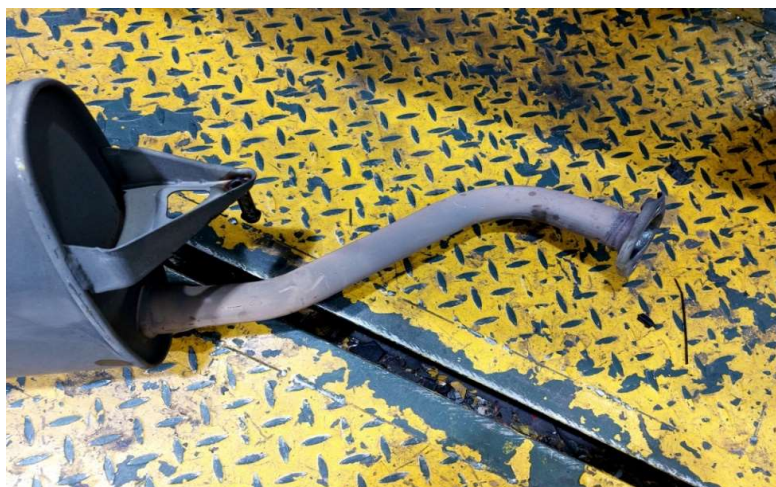


# ***ALLIED AUTO APPRAISAL***





# ***ALLIED AUTO APPRAISAL***





## Allied Auto Appraisal

22 Upper Serangoon Crescent #16-53 Singapore 534028

[alliedauto@ymail.com](mailto:alliedauto@ymail.com)

Reg 53127783B

## Invoice

**SHIFTER AUTO GARAGE PTE LTD**  
**3016 BEDOK NORTH #07-04 EASTECH**  
**SINGAPORE 489947**

Invoice No. ALLIED/SV/099

Date : 11-Jan-23

Case Ref : SV IND B2 12004

Sr	Description	Amount
1	Survey Inspection of SLJ 4171 T	418.00
2	Transportation x 3	180.00
3	Photographs (Digital Printouts)	66.00
	Grand Total	SGD 664.00

Please cross a cheque of an amount **SGD 664.00 (SGD SIX HUNDRED AND SIXTY-FOUR ONLY)** payable to **ALLIED AUTO APPRAISAL**.

We shall be grateful if you could forward our payment within 30 days from the date of this invoice.

Thank you.

NG HENG CHAI - DIRECTOR

This is a computer generate invoice no signature is required



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE**

**RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard, Suntec City Tower Two #42-01B

Singapore 038989

E-mail: [gears-support@shift-technology.com](mailto:gears-support@shift-technology.com)

GST Registration: M400017735

## TAX INVOICE

Date of Request: 07/12/2022

Your Ref No: SAG

Dear Sir/Madam,

Date of Accident: 01/12/2022 00:00 (SGT)

Vehicle No: SLJ4171T

Place of Accident: PIE, 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\$)
SHD6049E	PIE, Singapore	(31.00 )	1	(28.97 )
GST Amount				(2.03 )
Total Amount Due (GST Inclusive)				(31.00 )

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.

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 03 Dec 2022 / 13:30:30

Receipt Date/Time : 03 Dec 2022 / 13:30:30

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-221203-001343

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHD6049E				
As at 01 Dec 2022/19:05:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SHD6049E			
	Enquiry Fee	7.00	0.49	7.49
	20221203132805252476			
	<b>Sub-Total</b>	7.00	0.49	7.49
	<b>Total Before Rounding</b>	7.00	0.49	7.49
	<b>Rounding Difference</b>			0.04
	<b>Total Amount Payable</b>			7.45
Paid By				
	559221XXXXXX7796	eNETS Credit Card		7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.