

VISION LAW LLC

Advocates & Solicitors - Notary Public - Commissioner for Oaths
Agents for Trade Marks

(Incorporated with limited liability)

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Conveyancing & Family Law Practices

TEL : (65) 63580703
FAX : (65) 63580448 (Conveyancing)

WHEN REPLYING PLEASE QUOTE OUR REFERENCE

Our Ref : DA1-ylv-Ins-L142-118457-22-fg
Your Ref : SHC 7393 J

Date : 1 December 2022

AXA INSURANCE SINGAPORE PTE LTD

9 North Buona Vista Drive
#18-01/06 The Metropolis Tower 1
Singapore 138588

Attention: Motor Claims Department

CHONG NGIAP KWEE

Blk 441 Fajar Road
#07-452
Singapore 670441

WITHOUT PREJUDICE BY EMAIL ONLY

motor.doc@axa.com.sg
cst@axa.com.sg

CERTIFICATE OF POSTING (For your information only)

Dear Sirs,

CLAIMANT : GOH KENG CHAI

ACCIDENT INVOLVING SFT 3619 U & SHC 7393 J ON 30-SEP-2022 AT SLIP ROAD OF JALAN JURONG KECHIL INTO BUKIT BATOK EAST AVE 6 AT ABOUT 1910 HOURS

We act for Goh Keng Chai, who was the owner and driver of vehicle no. SFT 3619 U.

We are instructed that you were the insurer and/or the driver of motor vehicle **SHC 7393 J** which was involved in a road traffic accident with our client's vehicle on 30-Sep-2022 ALONG SLIP ROAD OF JALAN JURONG KECHIL INTO BUKIT BATOK EAST AVE 6 AT ABOUT 1910 HOURS. By reason of your insured's act or omission, our client has sustained injuries and incurred loss and damage.

Subject to our client's confirmation and subject to revision, we now quantify our client's claim as follows:-

1.	General Damages:	
1.1	Lower Back Strain	S\$ 3,000.00
1.2	Right Shoulder Strain	S\$ 3,000.00
1.3	Loss of Earning Capacity	To be reserved
1.4	Future Medical Expenses	To be reserved
2.	Special Damages:	
2.1	Loss of Income	To be reserved
2.2	Medical Expenses	S\$ 50.00 (to be continued)
2.3	Transport Expenses	S\$ 50.00 (to be continued)
2.4	Cost of Repair	S\$ 9,095.00
2.5	Rental fee	S\$ 2,696.40
3.	Costs Contribution (With GST):	S\$ 4,494.00
4.	Disbursements:	
4.1	Medical Report fee	S\$ 428.00
4.2	LTA/GIA/Police report/search fees	S\$ 41.00
4.3	Survey Report fee	S\$ 773.00
4.4	Public Trustee Fees (optional)	S\$ 225.00
4.5	Other incidentals (With GST)	<u>S\$ 107.00</u>
	Total:	<u>S\$23,959.40</u>

.../2 to be continued next page

CONFIDENTIALITY

THE INFORMATION CONTAINED IN THESE DOCUMENTS MAY BE PRIVILEGED AND CONFIDENTIAL AND IS INTENDED FOR THE EXCLUSIVE USE OF THE ADDRESSEE DESIGNATED ABOVE. If you are not the addressee, any disclosure, reproduction, distribution or other dissemination or use of this communication is strictly prohibited. If you have received this transmission in error please contact us immediately by telephone so that we can arrange for its return.

Our Ref : DA1-ylv-Ins-L142-118457-22-fg
Your Ref : SHC 7393 J

Date : 1 December 2022

AXA INSURANCE SINGAPORE PTE LTD
Attention: Motor Claims Department

CHONG NGIAP KWEE
Singapore

We enclose herein all the supporting documents for your attention:-

- a) Police Reports / GIA Reports of SFT 3619 U & SHC 7393 J;
- b) LTANet Search;
- c) Medical bill(s)/ Medical Certificate(s);
- d) Medical report dated 04.11.2022 from M/s First Care Family Clinic & Surgery Pte Ltd together with receipt/invoice;
- e) Certificate of Insurance;
- f) The Schedule;
- g) Registration Card;
- h) Rental Invoice;
- i) Final repair bill;
- j) Surveyor's report & Invoice; and
- k) **98 scanned color photographs** depicting the damages to motor vehicle SFT 3619 U.

In compliance with the pre-action protocol under paragraph 25C of the Subordinate Courts' Practice Directions, we propose using one of the following medical experts as a single joint expert:

Dr. Low Chin Yong - **First Care Family Clinic & Surgery Pte Ltd**

In further examination is required of his Personal Injury, our client would be sent back to the same doctor and/or hospital.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter. Please also inform us, within 14 days of your acknowledgment of receipt of this letter, whether you have any objections to our proposed medical doctor as the Single Joint Expert or whether you wish to propose other medical experts.

We wish to put you on notice, paragraph 4.3 of the PIMA Protocol, in respect of claims where the estimated quantum falls within the jurisdiction of a Magistrates Court, within **fourteen (14) days** of sending the acknowledgement letter to us, you are required to send a letter to us stating whether you agree or has any objections to the appointment of the medical expert proposed by us for the relevant specialty. If you fail to reply or fail to object to any of our proposed medical expert within the stipulated timeline, you are deemed to have agreed to the appointment of our medical expert as the Single Joint Expert.

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.

Should you fail to acknowledge receipt of this letter within 14 days, our client can commence court proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim against our client arising out of the accident, you are required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 6 weeks of your receipt of this letter.

Please also treat letter as **NOTICE** pursuant to Section 9(3)(a) of the Motor Vehicles (Third Party Risks and Compensation) Act that our client will commence legal proceedings against your insured.

Yours faithfully

Encl.

cc. SFT 3619 U – By email: fiona@layauto.com only

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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	03/10/2022 12:53 (SGT)
Reported by	Both
Date of Accident	30/09/2022 19:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD OF JALAN JURONG KECHIL INTO BUKIT BATOK EAST AVE 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFT3619U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GOH KENG CHAI
NRIC No	S1561939B
Email Address	KESGOH@GMAIL.COM
Mobile Phone No	(Phone) +65-98302360
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	Income Insurance Limited
Policy Number / Cover Note Number	5125995570

DRIVER

Name of Driver	GOH KENG CHAI
NRIC No	S1561939B
Date Of Birth	09/05/1962

Occupation	Indoor
Date Of Driving Pass	23/05/1983
Driving experience	39 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98302360
Alt. Phone Number	-
Email Address	KESGOH@GMAIL.COM
Address	27 JALAN SELANTING
Address complement	-
Postcode	598389
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	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?	No
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	LIM SWAY NGOH
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7393J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	CHONG NGIAP KWEE
NRIC No	S0034076F
Contact Number	(Phone) +65-98291681
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GOH KENG CHAI
Gender	Male
Phone No	(Phone) +65-98302360
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	60
Injuries Sustained	BACK PAIN AND RIGHT HAND NUMBNESS
Injured person in which vehicle?	SFT3619U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LIM SWAY NGOH
Gender	Female
Phone No	(Phone) +65-98767803
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	60
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SFT3619U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN


IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the 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 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:

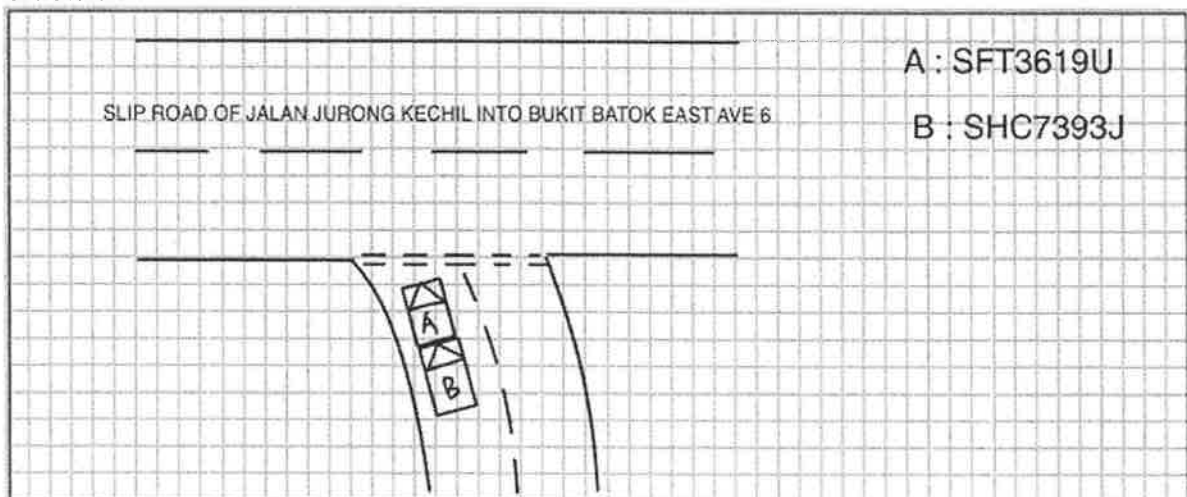
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


03/10/2022
12:30
Policyholder's Signature / Date & Time

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


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

Sketch Plan



Describe Circumstance of the Accident

Refer to POLICE REPORT

Declaration

We declare the foregoing particulars are true in every respect.


03/10/2022
12:30

Policyholder's Signature / Date & Time

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



LIM KAI CHUAN

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












**SINGAPORE
POLICE FORCE**


T/20221001/7017

1 of 4

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

Report No. T/20221001/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2022 15:43	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: GOH KENG CHAI			Address: 27 JALAN SELANTING SINGAPORE 598389	
ID Type / ID No.: NRIC NO / S1561939B			Contact No.:	Mobile: 98302360
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email: KESGOH@GMAIL.COM	
Sex: Male	Age: 60	Date of Birth: 09/05/1962	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation:			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/09/2022 19:10	Type of Location: T-Junction
Location: BUKIT BATOK EAST AVE 6 old jurong road				
Weather: Clear	Road Surface: Dry		Road Speed Limit: 60 Km/h	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: where the taxi hit the back of my stationary car	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SFT3619U	Car	HONDA	freed	Black	Seriously Damaged	2
SHG7393J	Car	HYUNDAI		Yellow	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20221001/7017

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

2 of 4

Report No. T/20221001/7017

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SFT3619U	NTUC Income Insurance Co-Operative Limited	5125995570	28/02/2022	17/07/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH KENG CHAI	ID No.	S1561939B
Related Vehicle	SFT3619U (Car)	Contact No.	98302360
Hospital/Clinic	FIRST CARE FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	30/09/2022	Date	30/09/2022
No. of Days granted Medical Leave	04	Degree of	Serious
Driver			
Name	GOH KENG CHAI	ID No.	S1561939B
Related Vehicle	SFT3619U (Car)	Contact No.	98302360
Hospital/Clinic	FIRST CARE FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	30/09/2022	Date	30/09/2022
No. of Days granted Medical Leave	04	Degree of	Serious
Passenger			
Name	LIM SWAY NGOH	ID No.	S1553458C
Related Vehicle	SFT3619U (Car)	Contact No.	98767803
Hospital/Clinic	FIRST CARE FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	30/09/2022	Date	30/09/2022
No. of Days granted Medical Leave	04	Degree of	Serious



SINGAPORE
POLICE FORCE



T/20221001/7017

3 of 4

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

Report No. T/20221001/7017

CONTINUATION OF REPORT

Brief Details.

about 7:10pm, location the, T-junction of, Bukit Batok East Ave 6, Old Jurong Road and Jalan Jurong Kechil in front of Park Natura Condominium. I was stationary at the Filter Lane while waiting for traffic to clear. Suddenly vehicle SHC7393J hit against the rear right of my vehicle causing serious damage to my vehicle. Both my wife and myself were injured due to this accident.



**SINGAPORE
POLICE FORCE**



T/20221001/7017

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

4 of 4

Report No. T/20221001/7017

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
TAN JEOK LENG
Contact No.: 65478151

This report is lodged at Bukit Timah NPP Kiosk
NP158

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

Date/Time:
01/10/2022 15:43

Classification Of Case:



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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0722A3000A Vehicle Registration No: SMM 91973
 Name (as shown in report): Goh Keng Chai NRIC/FIN/Passport No: S1561931B
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 57 Jalan Belanting Singapore (S7833)
 Contact (Tel): 98302360 Mobile No.: _____
 Email Address: kengch@gmail.com
 Date of Accident: 30/9/2022 Time of Accident: 19:10
 Place of Accident: Slip road of Jalan Tunjag Keroh into 8th Bukit East Ave.
 Insurance Company: Trave Insurance Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

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

* To amend old number plate SMM 91973 to new number plate
 S156194

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name: Lim Kai Chuan
 NRIC/FIN No.: S44420
 Date:



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

GST Registration: M400017735

TAX INVOICE

Date of Request: 17/10/2022

Your Ref No: 118457

Dear Sir/Madam,

Date of Accident: 30/09/2022 00:00 (SGT)

Vehicle No: SFT3619U

Place of Accident: Jln Jurong Kechil, 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\$)
SHC7393J	Jln Jurong Kechil, 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.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. 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	01/10/2022 11:37 (SGT)
Reported by	Driver
Date of Accident	30/09/2022 19:10 (SGT)
Exact Location of Accident	Jln Jurong Kechil, Singapore
Additional Location Information	TOWARDS BUKIT BATOK EAST AVENUE 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7393J
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	VFX/P2419140

DRIVER

Name of Driver	CHONG NGIAP KWEE
NRIC No	S0034076F
Address	BLK 441 FAJAR ROAD #07-452
Address complement	-
Postcode	670441
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
------------------	--------------------------

Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? No
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 1
Translator's name -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

CIRCUMSTANCES OF ACCIDENT

ON 30/09/2022 AT ABOUT 1910HRS, VEHICLE A WAS TRAVELLING ON THE LEFT LANE ALONG JALAN JURONG KECHIL SLIP ROAD TO BUKIT BATOK EAST AVENUE 6. VEHICLE A STOPPED BEHIND VEHICLE B WHO WAS STATIONARY AT THE GIVE WAY LINE. TRAFFIC ON THE MAJOR ROAD WAS CLEAR, SO VEHICLE B DECIDED TO PROCEED. MOMENTS LATER, VEHICLE C WHO WAS TRAVELLING ON THE RIGHT LANE OF THE SLIP ROAD FROM JALAN JURONG KECHIL, TURN OUT TO BUKIT BATOK EAST AVENUE 6 BUT ENTERED INTO VEHICLE A'S AND VEHICLE B'S LANE. CAUSING VEHICLE B TO JAM ITS BRAKES. VEHICLE A UNABLE TO STOP IN TIME AND REAR ENDED VEHICLE B RIGHT REAR. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFT3619U
Vehicle Manufacturer Honda
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver GOH KENG CHAI
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category NA / Unknown
Name of Driver UNKNOWN VEHICLE C
Insurance Company Name -

SKETCH PLAN

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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.

**FLASH ACCIDENT
REPORTING OFFICER**

FRO LATIFF

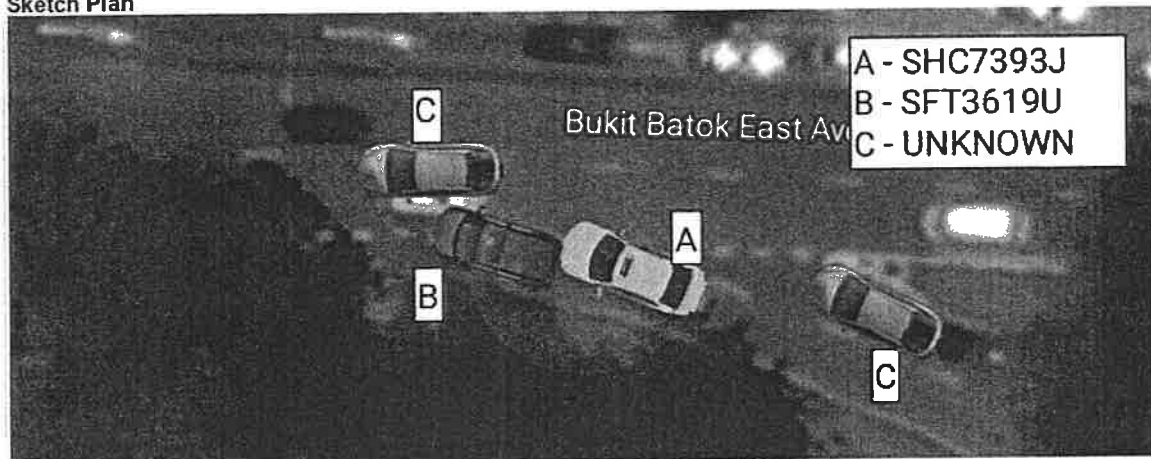


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
30/09/2022 2000hrs

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 30/09/2022 AT ABOUT 1910HRS, VEHICLE A WAS TRAVELLING ON THE LEFT LANE ALONG JALAN JURONG KECHIL SLIP ROAD TO BUKIT BATOK EAST AVENUE 6. VEHICLE A STOPPED BEHIND VEHICLE B WHO WAS STATIONARY AT THE GIVE WAY LINE. TRAFFIC ON THE MAJOR ROAD WAS CLEAR, SO VEHICLE B DECIDED TO PROCEED. MOMENTS LATER, VEHICLE C WHO WAS TRAVELLING ON THE RIGHT LANE OF THE SLIP ROAD FROM JALAN JURONG KECHIL, TURN OUT TO BUKIT BATOK EAST AVENUE 6 BUT ENTERED INTO VEHICLE A'S AND VEHICLE B'S LANE. CAUSING VEHICLE B TO JAM ITS BRAKES. VEHICLE A UNABLE TO STOP IN TIME AND REAR ENDED VEHICLE B RIGHT REAR. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

Declaration

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

Policyholder's Signature / Date & Time

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

30/09/2022 2000hrs

FLASH ACCIDENT
REPORTING OFFICER

FRO LATIFF



Witnessed by Reporting Centre Personnel

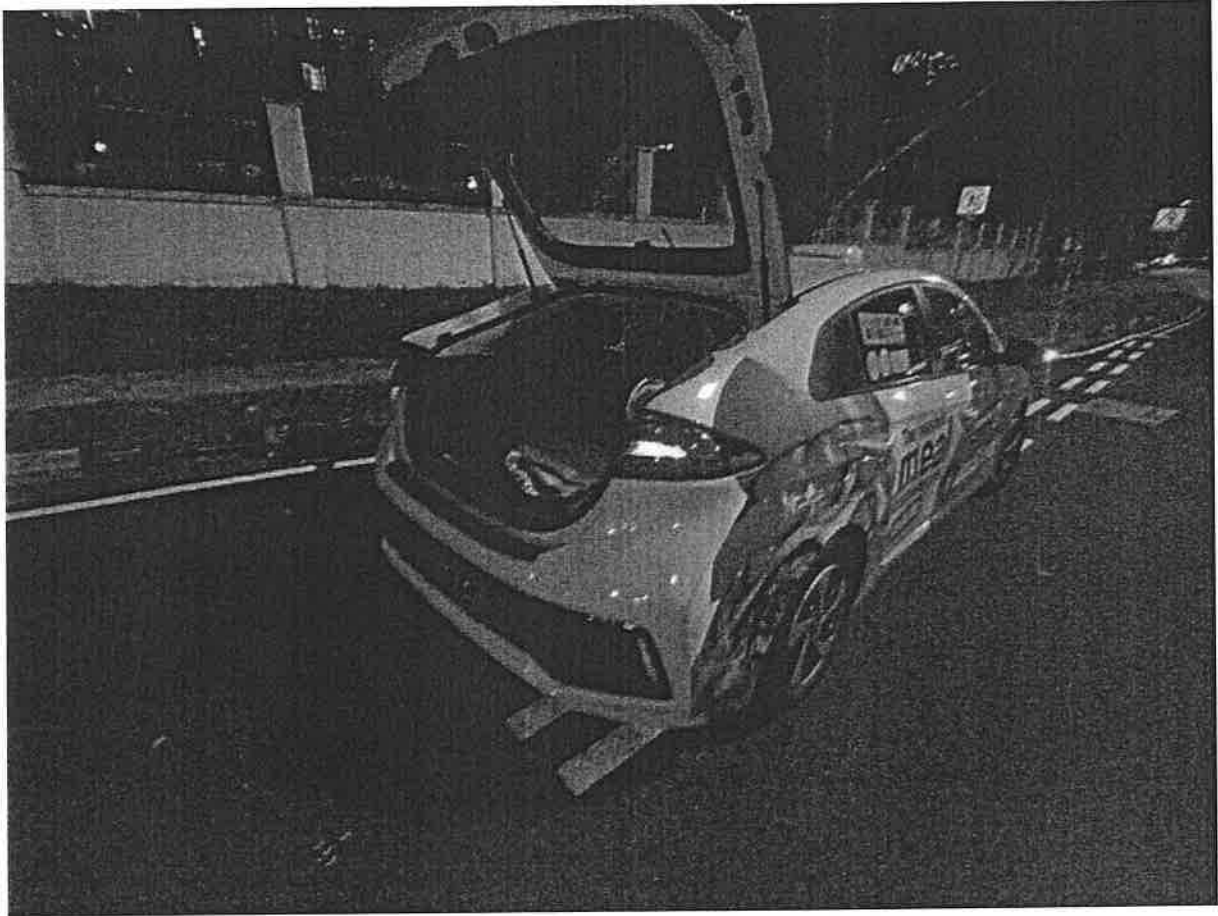
IMAGES





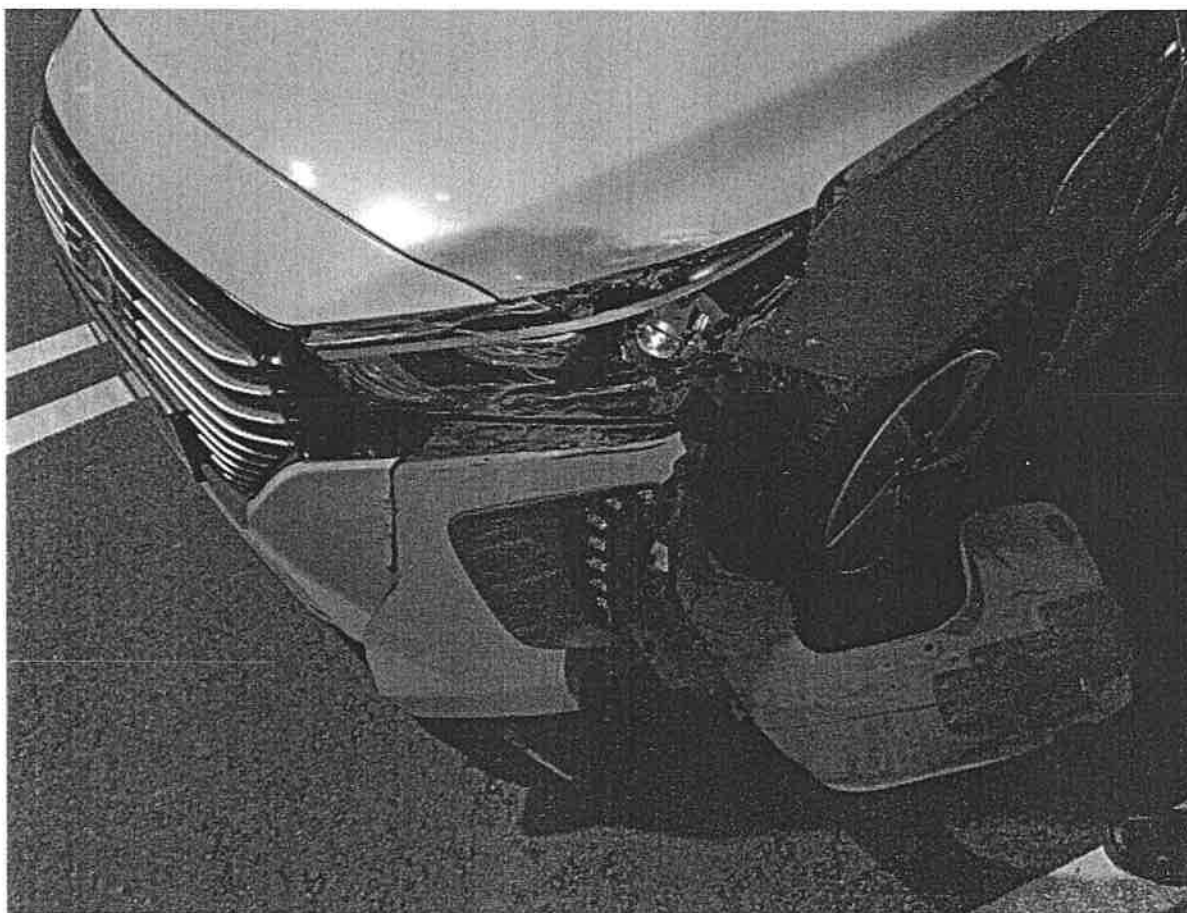


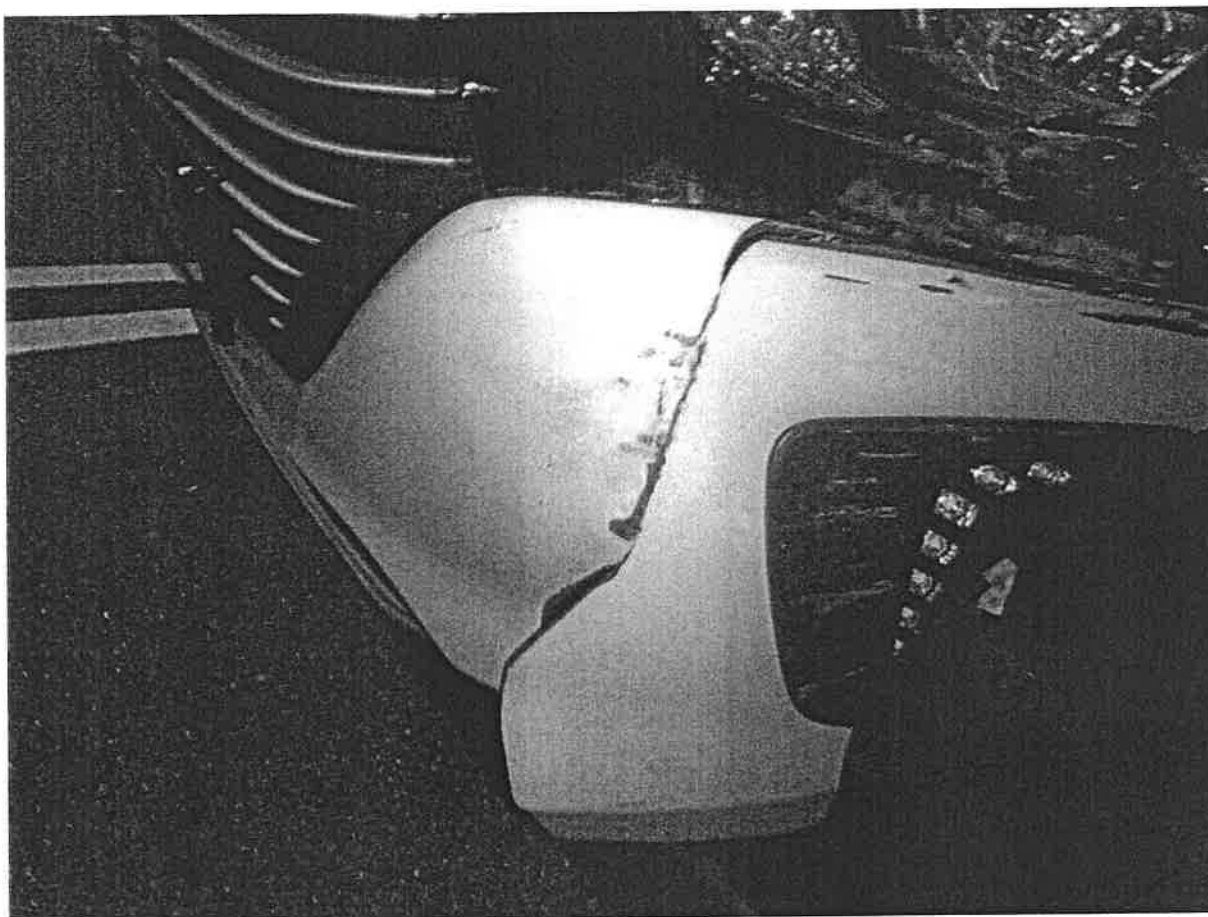








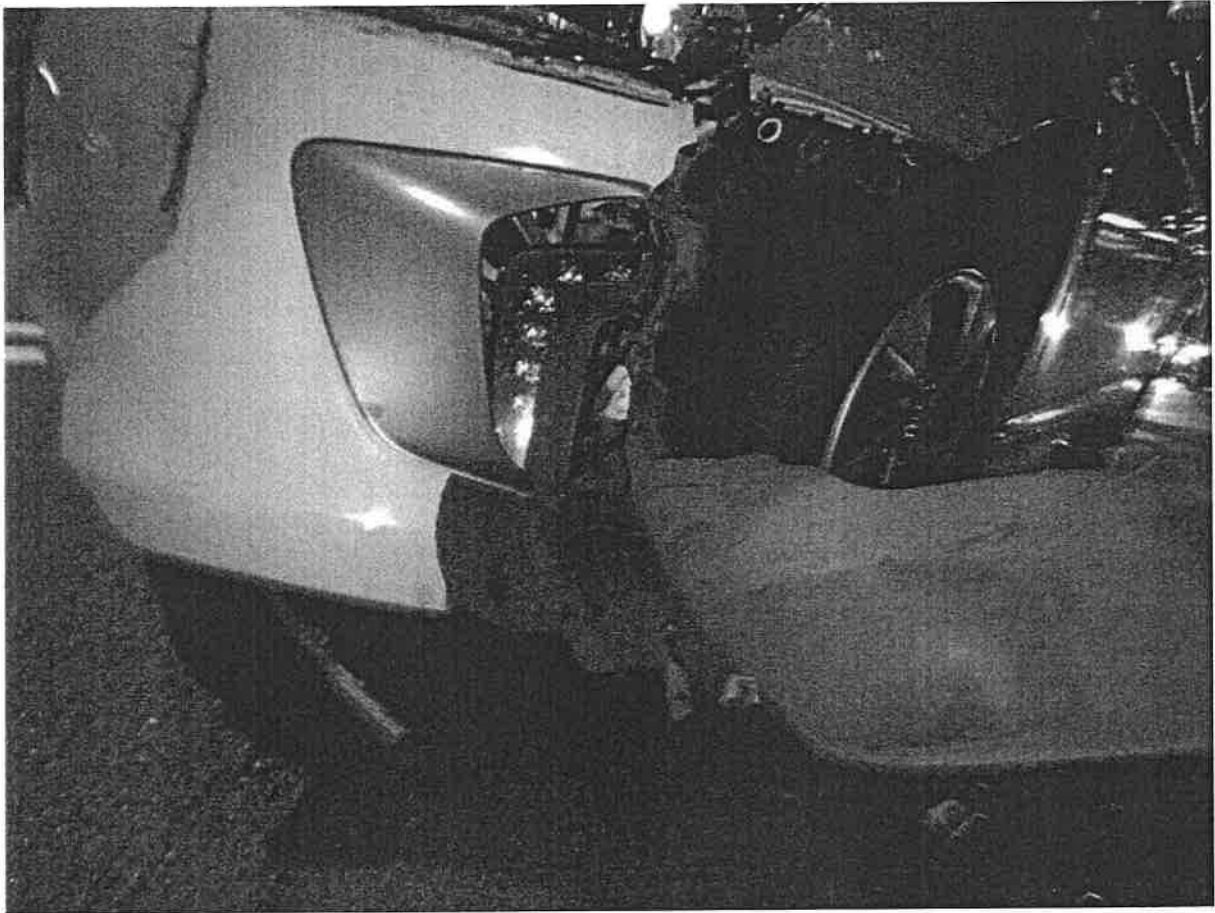




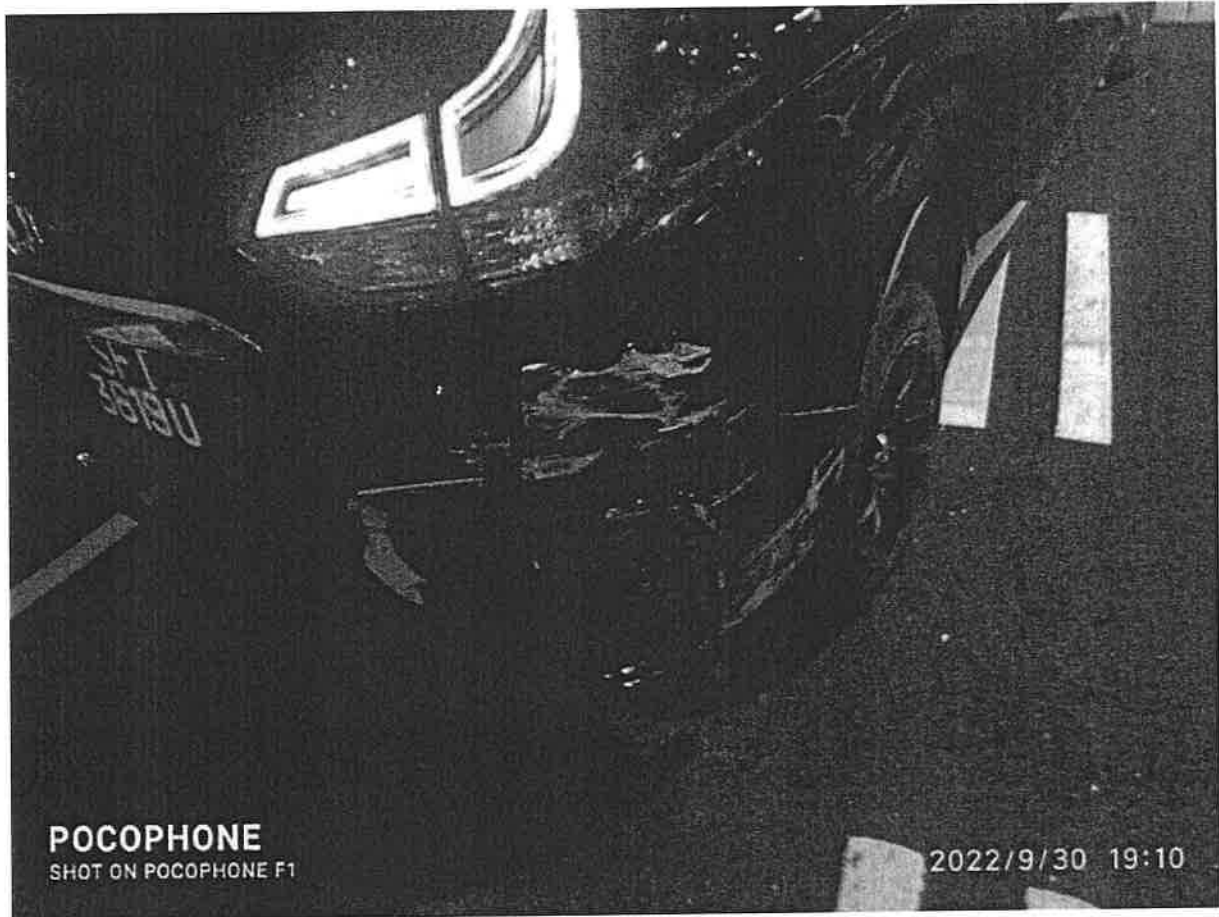














POCOPHONE
SHOT ON POCOPHONE F1

2022/9/30 19:10



Enquire Vehicle Owner Details

Enquire Vehicle Owner Details (As At 30 Sep 2022 / 19:10:00)

Vehicle Owner Details



Owner ID Type:

Company

Owner ID:

199502839G

Owner Name:

CITYCAB PTE LTD

Registered Address Type:

Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.:

383

Registered Street Name:

SIN MING DRIVE

Registered Unit No.:

-

Registered Building Name:

GAS BUILDING

Registered Postal Code:

575717

Vehicle Insurance Details



Vehicle No.:

SHC7393J

Make Description/Model:

HYUNDAI / AE IONIQ HEV 1.6 DCT

Insurance Company Name:

AXA INSURANCE PTE LTD

Save as PDF

OK →

Print

FIRST CARE FAMILY CLINIC & SURGERY PTE LTD

253 JURONG EAST STREET 24 #01-257 YUHUA VILLAGE, SINGAPORE 600253

Tel: 64252350 Fax: 64252351

GST Reg No : 20-0104301-C

Co Reg No : 200104301C

TAX INVOICE

GOH KENG CHAI
27 JALAN SELANTING
JURONG PARK
S(598389)

Invoice No. : 438051
Our Reference : 64010
Date : 01 Oct 2022

Patient : GOH KENG CHAI(S1661939B)

Attending Doctor : DR LOW CHIN YONG

DESCRIPTION	QTY	FEE
CONSULTATION		\$50.00
Total Amount Payable		\$50.00
Receipt No. 630571 - NETS Payment Received		\$50.00
Outstanding Balance		\$0.00

Inclusive of GST 7.0% : \$3.27

All Cheques should be crossed and made payable to :

FIRST CARE FAMILY CLINIC & SURGERY PTE LTD*This is a computer generated invoice which does not require a signature*

FIRST CARE FAMILY CLINIC & SURGERY PTE LTD

253 JURONG EAST STREET 24 #01-257 YUHUA VILLAGE, SINGAPORE 600253

Tel1: 64252350 Fax: 64252351

Medical Certificate

Date : 01 Oct 2022

MC No. : 0000139322

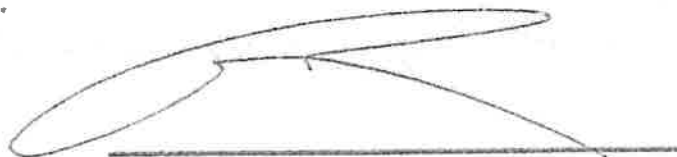
This is to certify that :

Name : GOH KENG CHAI

NRIC : S1561939B

**is UNFIT FOR WORK for 4 days
from 01 Oct 2022 to 04 Oct 2022 inclusive.**

**DR LOW CHIN YONG
FAMILY PHYSICIAN
MBBCh, BAO
MCR No 08125F**



DR LOW CHIN YONG

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

First Care Family Clinic & Surgery Pte Ltd

Blk 253 Jurong East St. 24 #01-257 Singapore 600253 Tel: 64252350 Fax: 64252351
Company Reg No: 200104301C

4 November 2022

Vision Law LLC
133 New Bridge Road
#18-01/02 Chinatown Point
Singapore 059413

Dear Sir/Mdm,

GOH KENG CHAI NRIC NO: S1561939B

We refer to your letter reference DA1-yiv-lns-L142-118457-22-fg dated 1 November 2022.

Mr. Goh consulted my clinic on 30 September 2022. He was the driver of a car that was involved in a road traffic accident where his stationary car, waiting to merge from Jalan Jurong Kechil to Bukit Batok Ave 6, was hit on the Right back by a taxi. This happened on the 30 September 2022, at 1907hr.

Mr. Goh complained of lower back and Right shoulder pain and also numbness in his Right hand but this numbness was slowly decreasing. There was no complaint of head injury.

On examination, he was alert and orientated and vital signs were stable, BP 182/110. Pupils were equal and reactive to light. His cranial nerves were all normal on examination.

There was no visible bruising, redness or swelling on his lower back, Right shoulder and Right arm. The range of movement in his lower back and Right shoulder was normal with no radiation of pain or numbness in his upper and lower limbs.

Provisional diagnosis: Lower back and Right shoulder strain.

Conservative treatment was advised and some analgesics and muscle relaxants were prescribed. Head injury advise was also given. He said she did not require any Medical Certificate(MC).

He was advised to have lumbar and Right shoulder x-rays, physiotherapy and even CT-scans if his condition worsened.

Mr. Goh came back to my clinic on 1 October 2022, complained that he was not able to sleep due to pain in his lower back. He was then given 4 days Medical Certificate(MC) from 1 October 2022 to 4 October 2022.

Mr. Goh has not visited my clinic for the same complaint since.

Above are medical records of Mr. Goh Keng Chai.

For your information.

Thank you.

Yours sincerely,

DR LOW CHIN YONG
FAMILY PHYSICIAN
MBCh, BAO
MCR No 08125F

Dr. Low Chin Yong



FIRST CARE FAMILY CLINIC & SURGERY PTE LTD

253 JURONG EAST STREET 24 #01-257 YUHUA VILLAGE, SINGAPORE 600253

Tel1: 64252350 Fax: 64252351

GST Reg No: 20-0104301-C

Co Reg No: 200104301C

TAX INVOICE

VISION LAW LLC

133 NEW BRIDGE ROAD

#18-01/02 CHINATOWN POINT

SINGAPORE 059413

Account No. : VISION

Invoice No. : 440394

Credit Terms :

Date : 02 November 2022



1 02/11/22 GOH KENG CHAI

MEDICAL REPORT

\$400.00 \$0.00

Sub Total \$400.00

Add GST 7.0% \$28.00

Grand Total \$428.00

All cheque should be crossed and made payable to : **FIRST CARE FAMILY CLINIC & SURGERY PTE LTD**

This is a computer generated invoice which does not require signature.

E. & O.E.

Certificate of Insurance

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

Certificate Number: 5125995570

Cover : drivo CLASSIC

- | | |
|---|-----------------|
| 1. Index mark and Registration Number of Vehicle | : SFT3619U |
| Chassis Number | : GB71084182 |
| 2. Name of Policyholder | : GOH KENG CHAI |
| 3. Effective Date of Insurance | : 28 Feb 2022 |
| 4. Expiry Date of Insurance | : 17 Jul 2023 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

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

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

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

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: GOH KENG CHAI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency : INXPRESS INSURANCE AGENCY PTE. LTD. (00000610870)
 Date of Issue : 05 Oct 2022 17:52 hrs

For INCOME INSURANCE LIMITED



Chief Executive

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

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

GST Reg No. M90372806G

Policy Number	: 5125995570		
The Policyholder	: GOH KENG CHAI		
	: 27 JALAN SELANTING		
	: SINGAPORE 598389		
Period of Insurance	: 28 Feb 2022 To 17 Jul 2023		
Sum Insured	: Market Value of Insured Vehicle at Time of Loss		
Premium (inclusive GST)	: S\$1,388.90		
Interest Insured			
Cover Type	: drivo CLASSIC		
Primary Driver	: GOH KENG CHAI		
Named Driver (1)	: N/A		
Named Driver (2)	: N/A		
Make/Model	: HONDA/FREED	Capacity	: 1500cc
Registration Number	: SMM9197J	Registration Year	: 2019
Chassis Number	: GB71084182	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 50%
Excess (Section 2)	: N/A	NCD Protection	: Yes
Windscreen Excess	: S\$100	Loyalty Discount	: 5%
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: MAYBANK SINGAPORE LIMITED		
Optional Cover			
Roadside Assistance and Wellness Cover	: No		
Transport Allowance	: No		
Excess Waiver	: No		
Memo A	: N/A		
Endorsement Operative	: M4		
Agency	: INXPRESS INSURANCE AGENCY PTE. LTD. (00000610870)		
Date of Issue	: 25 Feb 2022 12:24 hrs		

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

04 Mar 2022

Our ref 0403220501N078101802

GOH KENG CHAI
27 JALAN SELANTING
SINGAPORE 598389



Dear MR GOH KENG CHAI

Vehicle With New No. SFT3619U Has Been Successfully Transferred To You

The vehicle, whose previous vehicle registration number was SMM9197J, has been successfully transferred to you. The vehicle registration number has been replaced with SFT3619U with effect from 04 Mar 2022. The Business Transaction Reference No. is 20220304101616344980.

You can find the full details in the Annex. Please check that they are correct. You can also view these details when you login to onemotoring.lta.gov.sg.

You should change the vehicle number plates to show the new number by 07 Mar 2022.

Consider subscribing to backend payment services to enjoy a convenient and card-less way to pay your ERP charges. For more information, visit:

- <https://ezpayreg.ezlink.com.sg>
- <https://vcashcard.nets.com.sg>

If you are already subscribed to a backend payment service, do update your account with the details of the vehicle transferred to you.

Visit onemotoring.lta.gov.sg for more information and to access a wide range of vehicle-related services. If you need a Singpass or Corppass account, visit www.singpass.gov.sg or www.corppass.gov.sg.

What You Need To Do:

- Change the vehicle number plates to show the new number SFT3619U by 07 Mar 2022.
- Check that the details in the Annex are correct.
- Consider signing up for ERP backend payment services to enjoy a convenient and card-less way to pay your ERP charges. For more information, visit:
-<https://ezpayreg.ezlink.com.sg>
-<https://vcashcard.nets.com.sg>

Annex

Transaction ref 20220304101616344980

Please check that the owner and vehicle details are correct:

- | | |
|--|-----------------------------|
| 1. Name | : GOH KENG CHAI |
| 2. Identification No. Type | : Singapore NRIC |
| 3. Identification No. | : SXXXX939B |
| 4. Country/Region | : - |
| 5. Vehicle Registration No. | : SFT3619U |
| 6. Previous Vehicle Registration No. | : SMM9197J |
| 7. Effective Date of Ownership | : 04 Mar 2022 |
| 8. Original Registration Date | : 18 Jul 2019 |
| 9. First Registration Date | : 18 Jul 2019 |
| 10. Vehicle Type | : P10 - Passenger Motor Car |
| 11. Vehicle Scheme | : Normal |
| 12. Attachment 1 | : No Attachment |
| 13. Attachment 2 | : - |
| 14. Attachment 3 | : - |
| 15. Vehicle Make | : HONDA |
| 16. Vehicle Model | : FREED HYBRID 1.5G AUTO |
| 17. Year of Manufacture | : 2018 |
| 18. Primary Colour | : Black |
| 19. Secondary Colour | : - |
| 20. Passenger Capacity | : 6 |
| 21. Chassis/Trailer Chassis No. | : GB71084182 / - |
| 22. Propellant | : Petrol-Electric |
| 23. Engine No./Motor No. | : LEB5621473 / H14101550 |
| 24. Engine Capacity(cc)/Power Rating(kW) | : 1496 / 22.0 |
| 25. Maximum Power Output(kW/bhp) | : 101.0 / 135 |
| 26. Unladen Weight(kg) | : 1430 |
| 27. Maximum Laden Weight(kg) | : 1815 |
| 28. Open Market Value | : \$27,808.00 |



LAY AUTO LEASING PTE LTD

48 TOH GUAN ROAD EAST #02-103/104 SINGAPORE 608586

TEL: 6518-4543 FAX: 6468-1179

Company & GST Registration No : 201310521C

TAX INVOICE

Bill To:

LAY AUTO GARAGE PTE LTD

48 TOH GUAN ROAD EAST

#02-103/104

SINGAPORE 608586

Tel:

Invoice No : TPSFT3619U01102022

Date : 01-Oct-2022

Terms : C.O.D

Description	Qty	Rate	Amount
SJW8057A TOYOTA WISH 14DAYS (01/10/2022 - 14/10/2022) RENTAL CLAIM DOA: 01.10.2022 SFT3619U GOH KENG CHAI S1561939B	14	\$180.00	\$2,520.00
GST Details :			Sub-Total
Taxable supplies			GST 7%
\$2,520.00			\$176.40
			Total Amount
			\$2,696.40

Mode of payment

Cheque : All cheque issue must be in favour of "Lay Auto Leasing Pte Ltd"

Bank transfer:

MAYBANK Current, 0406-1012-409

PAYNOW: Enter UEN 201310521C

Signed for & behalf of



Authorized Signature

Prepared by : Esther

*No assurance on vehicle mileage accuracy

Agreed & Accepted by

Chop(If any)/Sign:
NRIC No.

Lay Auto Garage Pte Ltd

No.48 Toh Guan Road #02-103/104 Enterprise Hub Singapore 608586

Tel: 6462 5828

Name :	Goh Keng Chai	Date :	15-Oct-22
Address :	C/o 48 Toh Guan Road #02-103/104 Enterprise Hub Singapore 608586	Accident Date :	30-Sep-22

Final repair bill for vehicle no. SFT 3619 U

To supply and replace parts, labour charges for
repairing, knocking, welding and to respray painting
(Lump Sum Repair)

	\$ 8,500.00
GST 7%	\$ 595.00
	<u>\$ 9,095.00</u>

Dollar : Nine Thousand And Ninety Five Only

MC-COY

APPRAISER PTE LTD

No. 1 Kaki Bukit Ave 6 #01-28 AutoBay @ Kaki Bukit Singapore 417883
Tel: 6748 6653 Fax: 67471017 Registration No: 200723252D

Invoice No 22001-10/MY

Billing Name & Address

Date 15 Oct 2022

Goh Keng Chai
C/o 48 Toh Guan Road
#02-103/104 Enterprise Hub
Singapore 608586

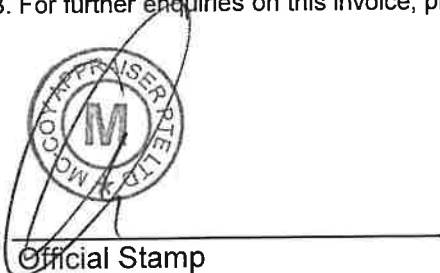
Vehicle No : SFT 3619 U

Model : Honda Freed

Item	Descriptions	Amount S\$
1	Date of inspection : <u>3 Oct 2022</u> A copy of the inspection / survey report Correspondence, postages and etc.	
2	Photography Services - Develop photographs - Storage of digital photographs - Submission of photographs <u>98</u> copies	
3	Transportation Charges	
4	2nd Inspection & Final Inspection	
	Total	<u>\$ 773.00</u>
	SDLS : SEVEN HUNDRED AND SEVENTY-THREE ONLY	

Notes :

1. All cheque payment should be "Crossed" and made payable to "Mc-Coy Appraiser Pte. Ltd."
2. All cheque should have our "Invoice No." written on the reverse side of the cheque
3. For further enquiries on this invoice, please feel free to contact us





No. 1 Kaki Bukit Ave 6 #01-28 AutoBay @ Kaki Bukit Singapore 417883
Tel: 6748 6653 Fax: 67471017 Registration No: 200723252D

Report Reference : TP / 22001-10/MY / 2022
Date of Report : 15 Oct 2022

Goh Keng Chai
C/o 48 Toh Guan Road
#02-103/104 Enterprise Hub
Singapore 608586

THIRD PARTY SURVEY
ACCIDENT HAPPENED ON 30 Sep 2022

Workshop Address : Lay Auto Garage Pte Ltd
No.48 Toh Guan Road
#02-103/104 Enterprise Hub
Singapore 608586

As per your instruction dated **3 Oct 2022** with regard to the above matter. We have carried out a physical inspection on the said vehicle **SFT 3619 U**. We enclosed herewith our report and findings as follows:

1. VEHICLE PARTICULARS

Registration No	: SFT 3619 U	Engine No	: LEB5621473
Model	: Honda Freed	Mileage	: 41033
Year / Capacity	: 2019/1496	Colour	: Black
Chassis No	: GB71084182		

2. TYRES CONDITION

	<u>Size</u>	<u>Made</u>	<u>Balance</u>		<u>Rim</u>
FRONT O/S	: 185/65 R15	Yokohama	4.00	mm	Sport
REAR O/S	: 185/65 R15	Yokohama	6.00	mm	Sport
FRONT N/S	: 185/65 R15	Yokohama	4.00	mm	Sport
REAR N/S	: 185/65 R15	Yokohama	6.00	mm	Sport



No. 1 Kaki Bukit Ave 6 #01-28 AutoBay @ Kaki Bukit Singapore 417883
Tel: 6748 6653 Fax: 67471017 Registration No: 200723252D

3. DESCRIPTION OF DAMAGES

At the time of inspection, we noted that the vehicle has sustained an impact damages on the rear o/s portion(s). For more detail of the damages, please see photograph attached.

4. Estimated normal period of repair : 11 working days to complete.
5. Enclosed number of photograph : 98 copies.
6. In accordance to your instruction, we have **Not Authorised** repair to the vehicle and the survey was done on a **"Without Prejudice"** basis. We hope that this report will be of assistance to you in dealing with the matter.
7. Should you discover any discrepancy in the report, please kindly notify us **within 2 weeks**, or the report will be treated as correct.

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.

Vehicle No: **SFT 3619 U**
 Report No: **TP/ 22001-10/MY / 2022**

SPARE PARTS

Qty	Parts Description	Condition	Workshop's Estimation	Our Revised Estimation
<u>List Items</u>				
1	Rear tailgate	Damage	\$ 1380.10	\$ 1380.10
2	Rear tailgate dampers	Damage	\$ 270.60	\$ 270.60
1	Rear tailgate inner board	Damage	\$ 288.40	\$ 288.40
1	Rear tailgate lamp	Damage	\$ 380.10	\$ 380.10
1	Rear tailgate lock	Damage	\$ 92.30	\$ 92.30
1	Rear tailgate logo	Necessary	\$ 32.50	\$ 32.50
1	Rear tailgate outer chrome handle	Intact	\$ 320.40	\$
1	Rear tailgate rubber	Necessary	\$ 168.70	\$ 168.70
1	Rear tailgate 'FREED' emblem	Necessary	\$ 55.50	\$ 55.50
1	Rear taillamp	Damage	\$ 629.40	\$ 629.40
1	Rear end panel	Repair	\$ 560.70	\$
1	Rear bumper	Damage	\$ 880.30	\$ 880.30
1	Rear bumper side bracket	Damage	\$ 38.40	\$ 38.40
1	Rear bumper reflector	Damage	\$ 55.80	\$ 55.80
1	Rear bumper side retainer	Damage	\$ 40.30	\$ 40.30
1	Rear exhaust silencer	Damage	\$ 588.60	\$ 588.60
2	Rear exhaust silencer mountings	Necessary	\$ 71.60	\$ 71.60
1	Rear fender	Damage	\$ 1010.70	\$ 1010.70
1	Rear fender air gate	Damage	\$ 30.70	\$ 30.70
1	Rear fender inner garnish	Damage	\$ 268.70	\$ 268.70
1	Rear fender quarter glass moulding	Necessary	\$ 51.70	\$ 51.70
1	Rear wheel hub with bearing	Damage	\$ 291.70	\$ 291.70
1	Rear shock absorber	Damage	\$ 321.40	\$ 321.40
1	Rear axle	Damage	\$ 1050.70	\$ 1050.70
			<u>\$ 8879.30</u>	<u>\$ 7998.20</u>
Discount		20.0%	\$ 1775.86	\$ 1599.64
			<u>\$ 7103.44</u>	<u>\$ 6398.56</u>

Special Nett Items

1	Rear reverse sensor (1 set)	Damage	\$ 280.00	\$ 280.00
1	Rear fender quarter glass sealant	Necessary	\$ 50.00	\$ 20.00
1	Rear tyre (Depreciation)	Damage	\$ 360.00	\$ 216.00
1	Rear sport rim	Damage	\$ 480.00	\$ 480.00
			<u>\$ 1170.00</u>	<u>\$ 996.00</u>

Spare Parts Total \$ 8273.44 \$ 7394.56

Vehicle No: **SFT 3619 U**
 Report No: **TP/ 22001-10/MY / 2022**

LABOUR COST

S/No	Job Descriptions	Workshop's Estimation	Our Revised Estimation
	Spare Parts Total c/f	\$ 8273.44	\$ 7394.56
1	To disconnect and reconnect, check electrical wiring, harness wires, sockets, replace damaged parts.	\$ 60.00	\$ 40.00
2	To remove and refit rear cushion seats, radio speaker board, interior upholstery to facilitate the repairs.	\$ 220.00	\$ 140.00
3	To remove and refit rear bumper sensor.	\$ 150.00	\$ 80.00
4	To remove and refit rear undercarriage.	\$ 400.00	\$ 250.00
5	To check and re-adjust (Computerized) all wheel alignment.	\$ 160.00	\$ 120.00
6	To remove and refit rear windscreen glass.	\$ 180.00	\$ 150.00
7	To remove and refit quarter glass to facilitate the repairs.	\$ 120.00	\$ 80.00
8	To remove and refit, straighten and re-adjust exhaust pipe and replace rear exhaust silencer and mountings.	\$ 140.00	\$ 80.00
9	To remove and replace the above damaged parts, straighten, knock out, realign and repair including cut and weld body panels. To re-adjust to the original position using power tools.	\$ 1500.00	\$ 1100.00
10	To spray paint on the replaced and repaired parts, prepare spray such as masking tape the unaffected areas with paper, cleaning and sanding of surfaces, final polishing and waxing are also available.	\$ 1400.00	\$ 1100.00
11	To apply undercoating on the repaired and replaced panels for rust protection.	\$ 90.00	\$ 90.00
Total		\$ 12693.44	\$ 10624.56

Vehicle No: **SFT 3619 U**
Report No: **TP/ 22001-10/MY / 2022**

LABOUR COST

S/No	Job Descriptions	Workshop's Estimation	Our Revised Estimation
Total c/f		\$ 12693.44	\$ 10624.56

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:

\$ 8500.00

SDLS: EIGHT THOUSAND FIVE HUNDRED ONLY



Qualified Appraiser

















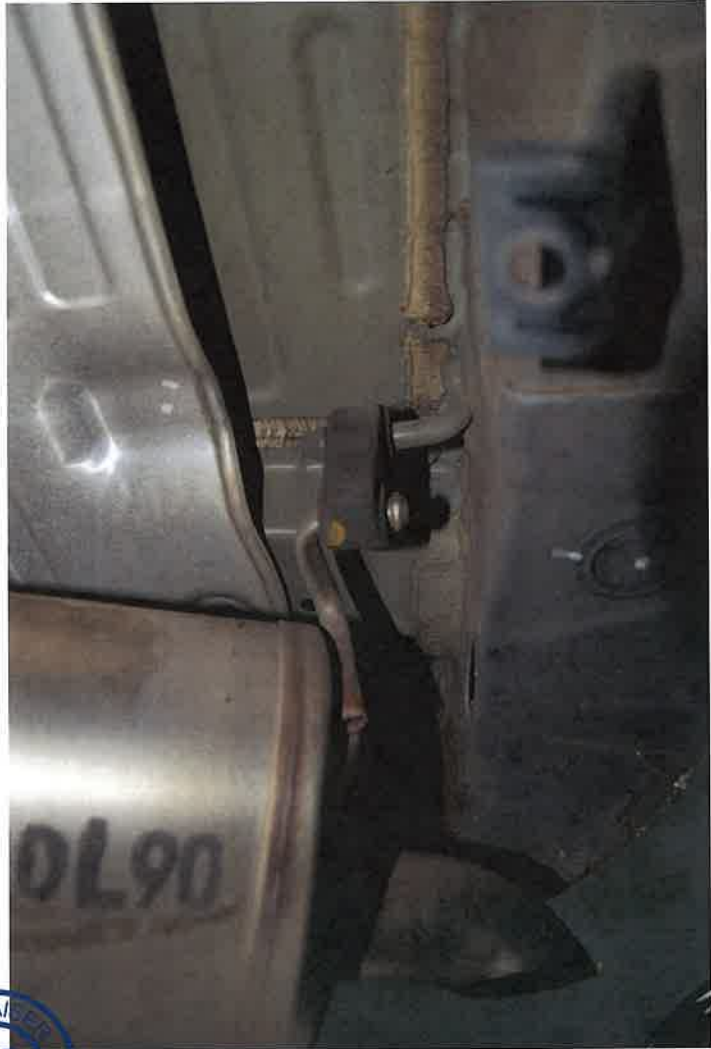






























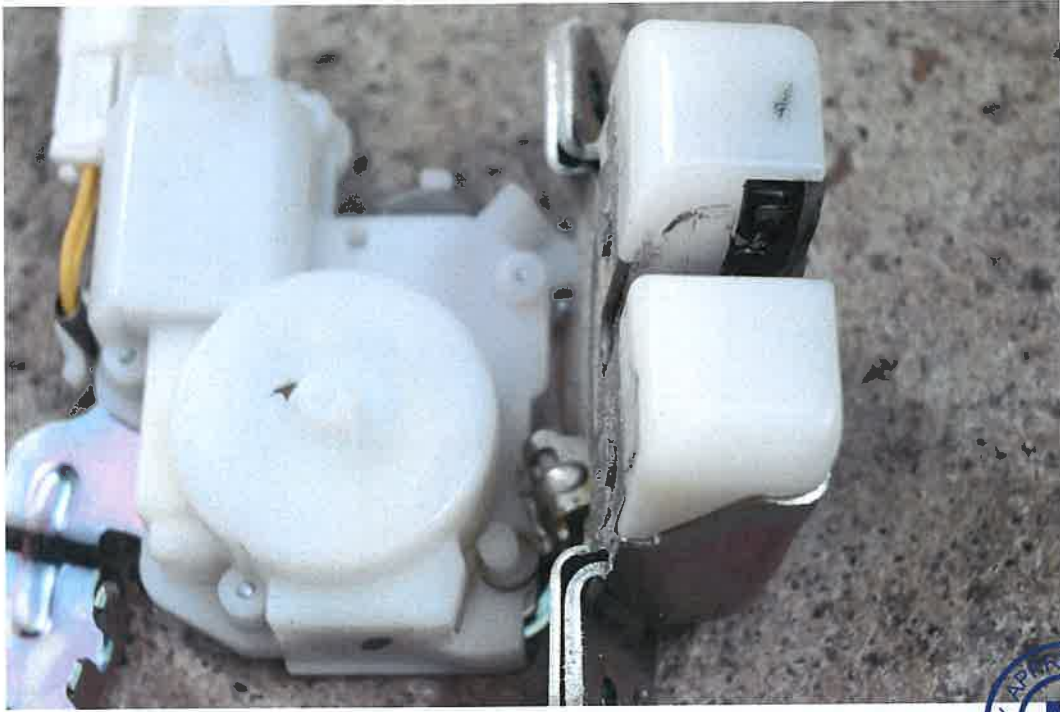


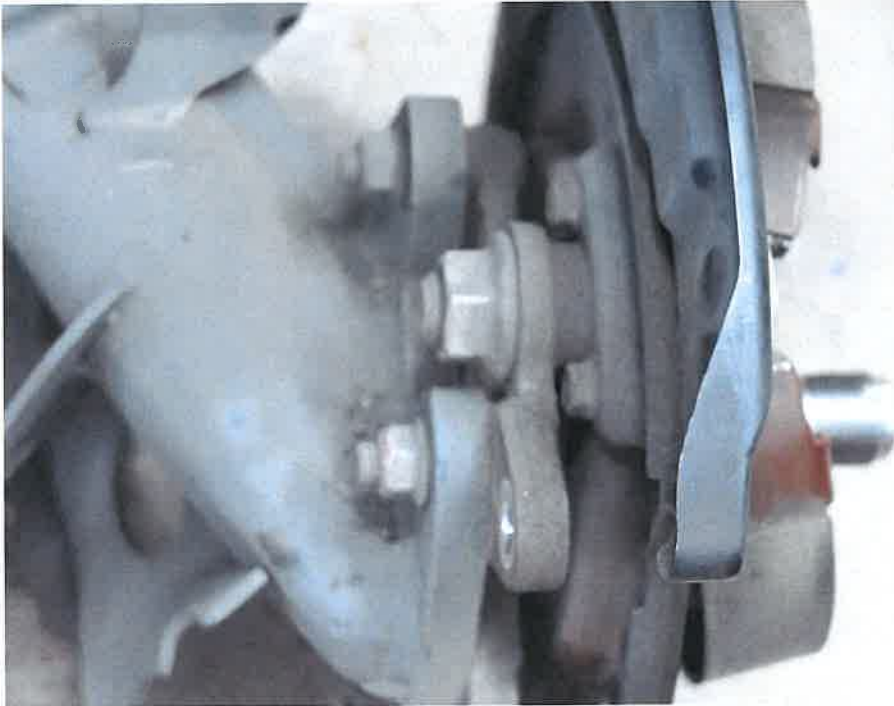






















**SINGAPORE
POLICE FORCE**
SAFEGUARDING EVERY DAY

118457

Our Ref: TP/IP/27615/2022

LIM SWAY NGOH
27 JALAN SELANTING
SINGAPORE 598389

000017

Traffic Police
10 Ubi Avenue 3
Singapore 408865

IB Call Centre: 65470000
eservices.police.gov.sg

Date: 21/11/2022

Dear Mdm

TRAFFIC ACCIDENT INVOLVING SHC7393J AND SFT3619U ALONG BUKIT BATOK EAST AVENUE 6 ON 30.09.2022 AT ABOUT 7.10PM

I refer to the above accident.

2 We have completed our investigation into the case. Action has been initiated against the driver of SHC7393J for the offence of Careless Driving Causing Hurt under Section 65(1)(a) of the Road Traffic Act 1961 p/u Section 65(4)(a) of the same Act.

3 If you have any clarification, you may contact the Investigation Officer, Tan Jeok Leng at office number: 65476151.

Yours faithfully,
SI Tan Jeok Leng
IO (Accident Enquiry & Investigation)
Traffic Police
Singapore Police Force

This is a computer-generated letter. No signature is required.

A FORCE FOR THE NATION