



18th November 2022

Our Ref: SKP8073Y
Your Ref: SLC9854K

China Taiping Insurance (Singapore) Pte Ltd
Motor Claims Department
No. 3 Anson Road
#16-00 Springleaf Tower
Singapore 079909

Dear Sirs,

**ACCIDENT INVOLVING SKP8073Y AND SLC9854K ALONG WOODLANDS CUSTOM ZONE 2 ON
29.05.2022**

We are the representative for Tan Yee Lin, whose vehicle registration number **SKP8073Y** was damaged in the above accident.

We are instructed to claim for damages against your insured in connection with the above-captioned road traffic accident driven by your insured.

We are instructed that the accident was caused by your insured's negligence and/or management of motor vehicle registration **SLC9854K**. As a result of the accident, our client's vehicle was damaged and our client had been put to loss and expense, particulars of which are as follows:-

Cost of repairs	\$	5,243.00
Loss of rental for 08 days @ \$150/day	\$	1,200.00
Survey report	\$	568.00
LTA search fee	\$	7.45
3 rd party GIA search fee	\$	31.00
	\$	<u>7,049.45</u>

Enclosed are the supporting documents for your perusal :-

GIA

Repair bill

Kindly let us have your payment of **\$7,049.45** in our workshop's name within the next 14 days.

Please do not hesitate to contact our Ms Irene at 63851171 or email motor@iaconsultingsg.com should you have any queries on your matter. We thank you for your kind attention and appreciate your quick remittance.

Yours faithfully,

Chang.

Encl.

GARAGE 13 PTE LTD

8 KAKI BUKIT AVE 4
#02-54/55 PREMIER@KB
SINGAPORE 415875
UEN GST REG NO. 202005684D

GARAGE 13

8 Kaki Bukit Ave 4
Premier @ Kaki Bukit #03-46
Singapore 415875
Company Reg Number: 202005684D

LETTER OF AUTHORISATION


I/We, TAN YEE LIN ("the third party claimant")
of NRIC/FIN/UEN No. S8843797G, owner of vehicle no. SKP 8673Y hereby authorize
M/s GARAGE 13 PTE LTD. ("the workshop") to my claim for repair cost
and/or rental and/or loss of use and/or survey fee ("claim") for my vehicle no. SKP 8673Y that
was damaged pursuant to the accident which occurred on 29/5/22 (1640HRS) along
MODULARIS CUSTOM ZONE 2. involving vehicle no/s
(B) - SLC 9874K ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/ owner/ insurers of the other vehicle/s is concerned.

Dated this 20 (day) of 5 (month) 22 (year)

x


SIGNATURE OF OWNER/ COMPANY STAMP (IF APPLICABLE)

PROGRESSIVE LEASING PTE LTD

210 TURF CLUB ROAD LOT C3 CARMART@ GRANDSTAND
S287995 TELEPHONE: 64661009 FAX: 64660109

BUSINESS REG NO. 202033057M

Bill to:
Garage 13 Pte Ltd

Date: 7/6/2022

<u>Description:</u>	<u>Amount</u>
Vehicle Rental For The Period of 30/5/2022-7/6/2022 (Replacement for SKP8073Y)	\$ 1,200.00

<u>Please Make Payment to PROGRESSIVE LEASING PTE LTD</u>	<u>Total</u>
UOB ACCOUNT : 7013493069	\$ 1,200.00
PAYNOW UEN : 202033057M	

PROGRESSIVE LEASING PTE LTD

210 TURF CLUB ROAD LOT C3 CARMART@ GRANDSTAND
S287995 TELEPHONE: 64661009 FAX: 64660109

Step 8073Y.

BUSINESS REG NO. 202033057M

Leasing Agreement

1.) Add Driver : _____ NRIC / CRNo: _____
By Agreement, I/We: _____ Date: _____
Address: _____ NRIC / CRNo: _____
Email: _____ Bank Account : _____
Contact No: _____ DOB: _____
Vehicle's No: MX 8330 P Licence Passed: _____
Make & Model: MARDA S Veh Reg Date : _____

Rental Period :	
Vehicle Leasing Fee by : <u>Week</u> / Month / Year	<u>\$1200</u>
Add Of Relief Fee / Documentation Fee:	
Deposit : Cash / Nets / Cheque :	
Insurance Excess Apply To Any claim Or Report Make: (TP-\$1500 / Own-\$2000).	
Secure Contract Initial Deposit Subject to Condition Apply:	
Total Cost Of Rental: Cash / Nets / Cheque :	<u>\$1200</u>

PROGRESSIVE LEASING PTE LTD

(Bank Account : UOB 7013493069) or PAYNOW TO UEN 202033057M

*24/7 TOWING NUMBER 9759 0088/8868 9922/8686 8998(UNI AUTOMOTIVE TOWING & TYRE CHANGE)

CHECK LIST

Remark: _____

Vehicle Start Date: 30/5/2022 Time : _____ Mileage : _____ KM
Vehicle End Date: 7/6/2022 Time : _____ Mileage : _____ KM
Vehicle Return Date : _____ Time : _____
Weekly Rental: M/T/W/T/F/S/S

*Deposit will be refunded within 7 days(After checking of outstanding rental/fines/accidents)

*Battery recovery 96518877 (KAOLIN TOWING)

*24/7 TOWING NUMBER 9759 0088/8868 9922/8686 8998(UNI AUTOMOTIVE TOWING)

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 30 May 2022 / 14:06:46

Receipt Date/Time : 30 May 2022 / 14:06:46

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220530-002292

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 - SLC9854K				
As at 29 May 2022/16:40:00				
Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - SLC9854K Enquiry Fee 20220530140545570866	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
526471XXXXXX2536		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.



RECORD MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE

RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Date of Request: 31/05/2022

Your Ref No: SKP 8073 Y 3P REPORT

Dear Sir/Madam,

Date of Accident: 29/05/2022 00:00 (SGT)

Vehicle No: SKP8073Y

Place of Accident: Woodlands Crossing, 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\$)
SLC9854K	Woodlands Crossing, 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.

Authorised Signature

Our reference: 22 - 170766

Date: 11/6/2022

INVOICE NO. 170766

Tan Yee Lin
c/o Garage 13 Pte Ltd
8 Kaki Bukit Ave 4
#03-46 Premier@KB
Singapore 415875

Registration No. **SKP8073Y**

We enclose our fee note for your kind attention, which remains payable irrespective of the outcome of this case.

S/No.	Description of Services Provided	Qty	Amount
1	Being vehicle damage assessment report, inspection, photographs, transport and miscellaneous.	1	\$ 568.00
Total amount			<u>\$ 568.00</u>

Please kindly cross all cheques made payable to " Impact Analysis Consulting Pte Ltd ".

We thank you in anticipation for your prompt payment.

L. L. Tan (Ms)
Principal Consultant

Our reference: 22 - 170766

Date: 11/6/2022

c/o Garage 13 Pte Ltd
8 Kaki Bukit Ave 4
#03-46 Premier@KB
Singapore 415875

Dear Sirs

RE: Road Traffic Accident on 29-05-2022
Tan Yee Lin

In accordance with your instructions received in this office on 31-05-2022, we made arrangements to examine the vehicle on 31-05-2022 at above-mentioned address. The following data was recorded:

Vehicle details

Make	Mercedes Benz	Registration	SKP8073Y
Model	A180 (R17)	Chassis	WDD1760422J300124
Colour	White	Gearbox	Auto
Odometer	136526km	Paintwork	Good
Steering	In order	Brakes	In order
Condition	Good		

Tyre Depths

Front left	225/40R18	85% Goodyear
Front right	225/40R18	85% Goodyear
Rear left	225/40R18	85% Goodyear
Rear right	225/40R18	85% Goodyear

Status	REPAIRABLE
Magnitude	Medium
Legal status	Unroadworthy

Impact Direction & Area of Damage:



Following our examination of the accident damage, we have calculated repair times and method, which are detailed on page 2 & 3. We would recommend a sum of \$4,900.00 and 4 working days for repair, which is sufficiently lower than the pre accident value to render the vehicle an economically and physically reliable proposition.

Subsidiaries of Impact Analysis:

• Impact Analysis Consultant • IABN Pte Ltd • Impact Analysis Solution Pte Ltd
www.iaconsultingsg.com

Our reference: 22 - 170766

Date 11/6/2022

Page 2

Section A: Damaged Parts Assessment

Part's Description	Qty	Condition As inspected	Repairer's Estimate	Our Adjustment
List Items :				
Front bumper	1	deformed.torn	1389.20	1389.20
Front bumper emblem	1	necessary	63.80	63.80
Front bumper retainer lh	1	torn	130.00	130.00
Front bumper parking sensor @\$234.50	4	2pcs malfunction	938.00	469.00
Front bumper side grille lh	1	torn	48.12	48.12
Front bumper lower grille	1	refix	130.36	0.00
Front bumper lower grille side bracket lh	1	torn	55.00	55.00
Front bumper reinforcement	1	re-straighten	368.90	0.00
Front bumper number plate holder	1	deformed	87.73	87.73
Center grille	1	cracked	604.80	604.80
Center grille emblem	1	necessary	139.32	139.32
Headlamp lh	1	cracked	1009.60	1009.60
Radar sensor bracket	1	fractured	38.60	38.60
Radar sensor	1	cracked.malfunction	1126.20	1126.20
Sub- Total cost			6129.63	5161.37
Percentage discount : 10%			612.96	516.14
Sub-Total costs for parts			5516.67	4645.23

Special Nett Items:

Front number plate with casing	1	bent	60.00	60.00
Front bumper clip	set	necessary	50.00	50.00
Front bumper lower spoiler	1	cut.torn	326.60	326.60
Front bumper side flap	set	deformed	228.00	228.00
Sub-Total costs for parts			664.60	664.60

Parts Repair

*	*	*	0.00	0.00
Sub- Total costs			0.00	0.00
Total costs for parts			6181.27	5309.83

Our reference: 22 - 170766

Date 11/6/2022

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Section B: Labour Cost Calculation

	Hourly rate	Manhr. Req.	Total
To dismantle, replace, cut, weld, knock out dents to straighten accident parts as-mentioned on the 'Parts Repair' column inclusive of replacement parts.	\$ 45.00	12	\$ 540.00
Putty & Spray painting to adjacent panels. Job allowance. Paint / material.	Sub-contract work.		\$ 250.00
Apply rust proofing on the adjacent panels.	Sub-contract work.		\$ 20.00
Remove and replace front bumper sensor	\$ 45.00	1.7	\$ 76.50
Wiring / bulb checking (inclusive of re-focus / re-adjust on angle of light intensity.)	\$ 45.00	0.7	\$ 31.50
Total labour cost			\$ 918.00

Manhour rate and the number of manhours required for each repairing task are formulated based on individual workshop's operating cost and in-house@ IA Research Guidelines respectively.

Our reference: 22 - 170766

Date 11/6/2022

Section C: Summary Table of Total Repair Cost

Description		Cost
Damaged Parts Assessment (See section A)		\$5,309.83
Labour Cost Calculation (See section B)		\$918.00
Total cost		\$6,227.83
Lump Sum		\$1,245.57
Further discount	20%	
Total Repair Cost		\$4,900.00

We would recommend a sum of \$4,900.00 and 4 working days for repair.
No further items will be approved without our expressed written agreement. Any significant additional items will be subject to a supplementary report.

Mechanical Engineer, Accident Expert Witness, Licensed Appraiser (Automobile)
B.Eng. (Hons, NUS)
Diploma.Mechanical Engineering
NTC-2 Automovite Technology
Sr.MIES, Institution of Engineers, Singapore (#20100091)
MATAI, Maryland Association of Traffic Accident Investigators
IAARS, International Association of Accident Reconstruction Specialists
PMC of Singapore Business Advisors & Consultants Council
ACTA certified Trainer, Singapore
Enterprise Singapore - Recognised Certification for Management Consultants
IMI Professional Certificate In Vehicle Accident Damage Assessment (UK)

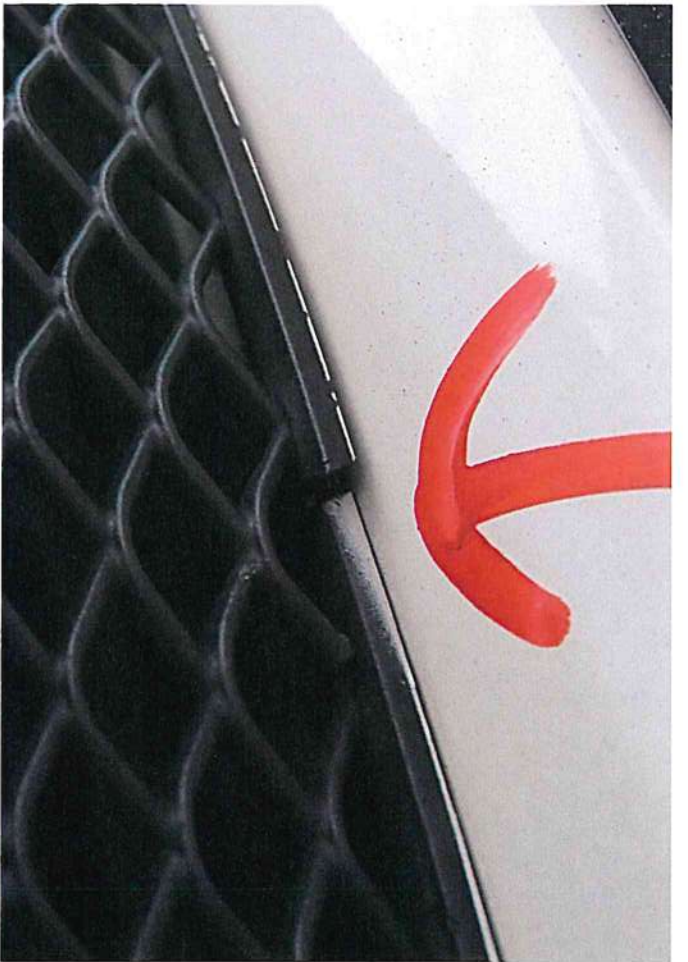
Subsidiaries of Impact Analysis:

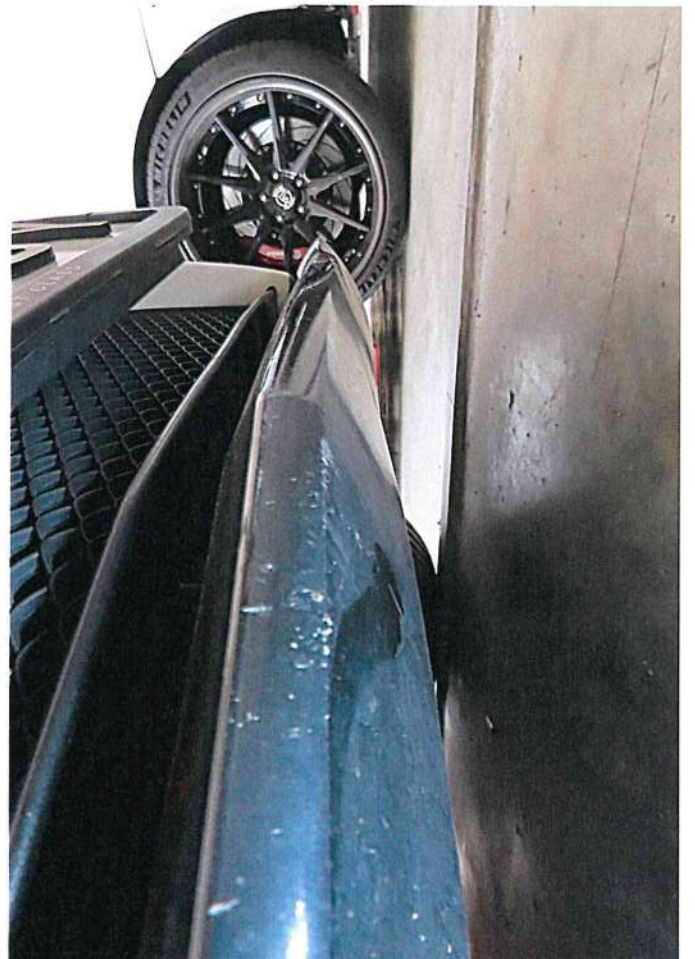
• Impact Analysis Consultant • IABN Pte Ltd • Impact Analysis Solution Pte Ltd
www.iaconsulting.sg

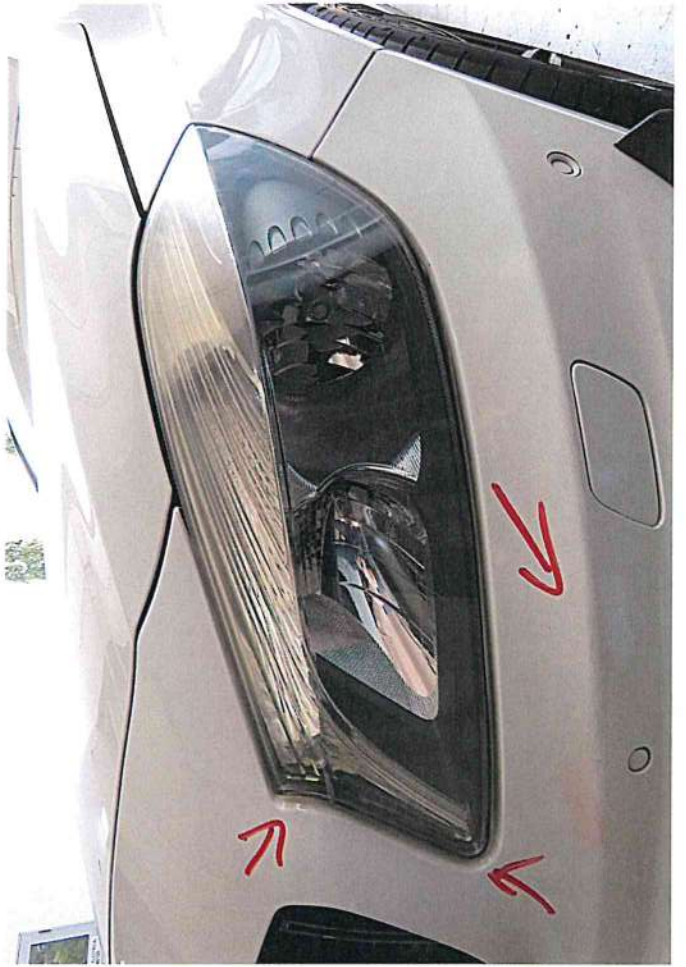


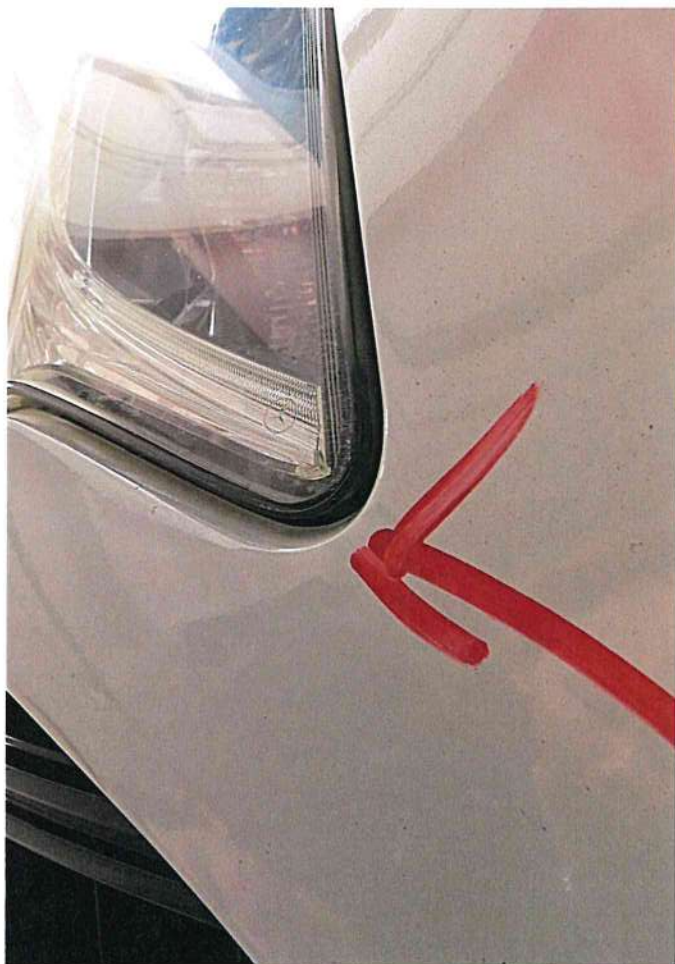
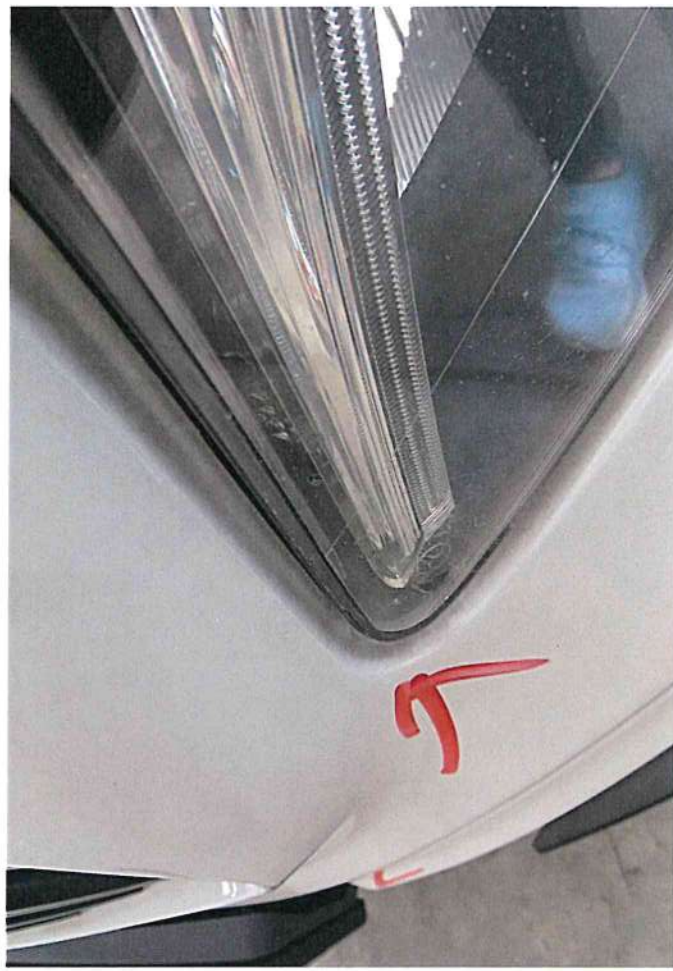






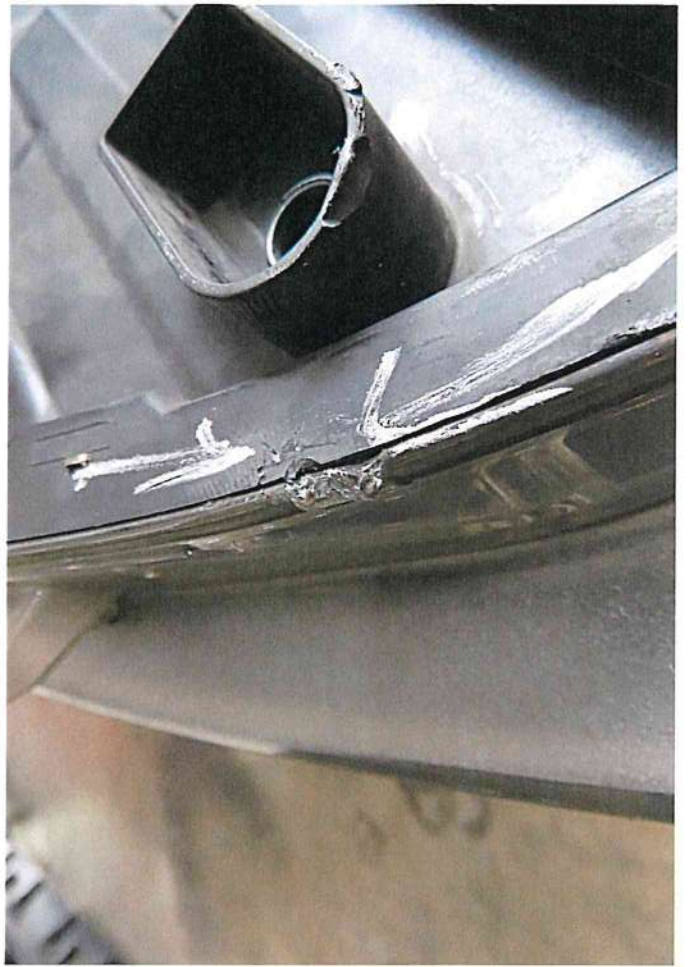


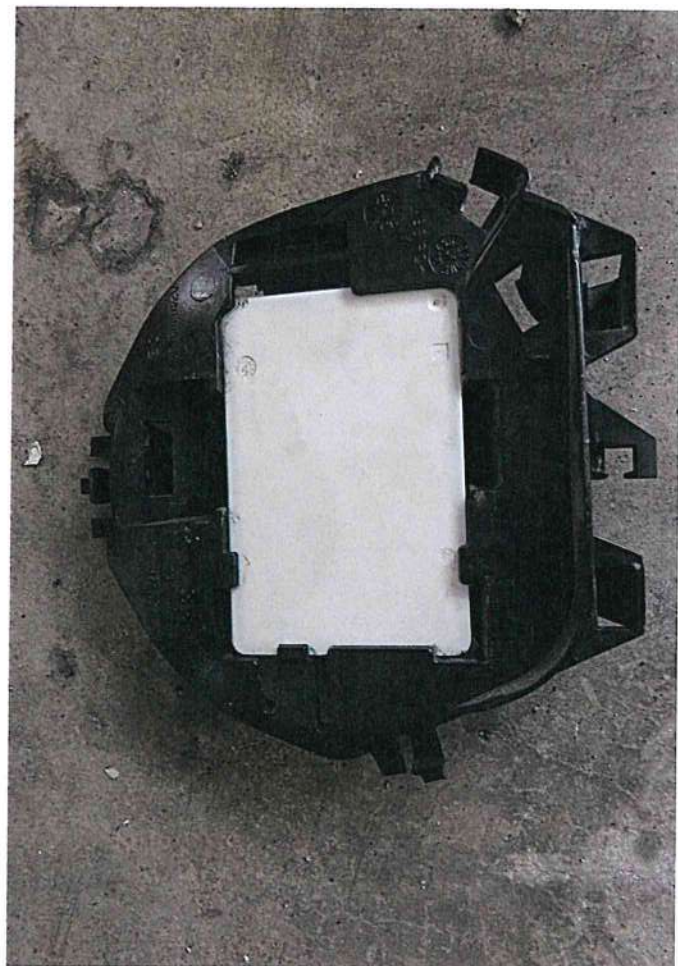


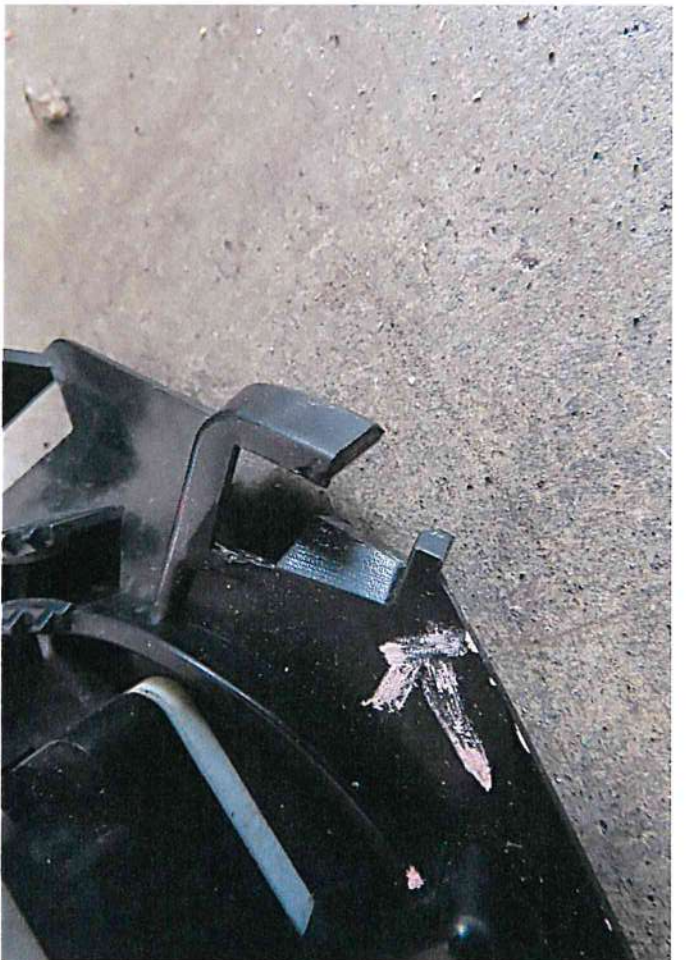
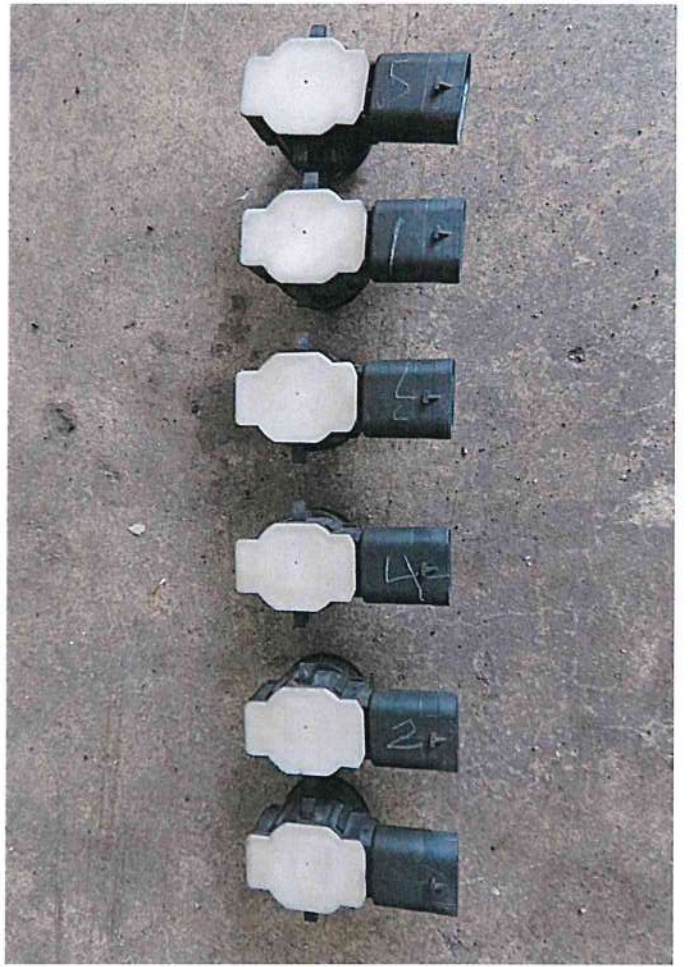


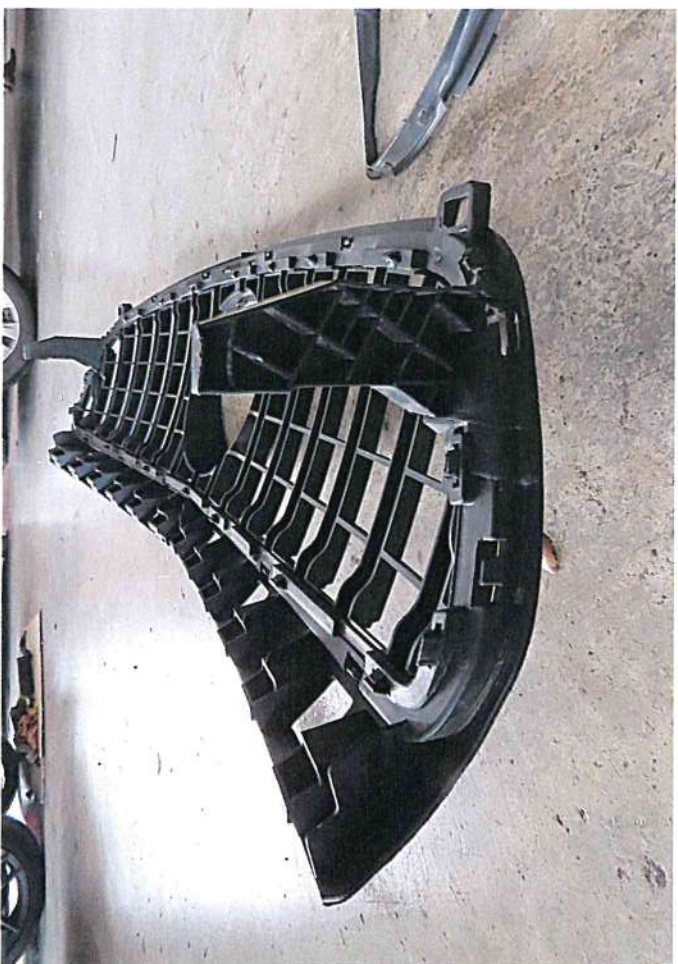


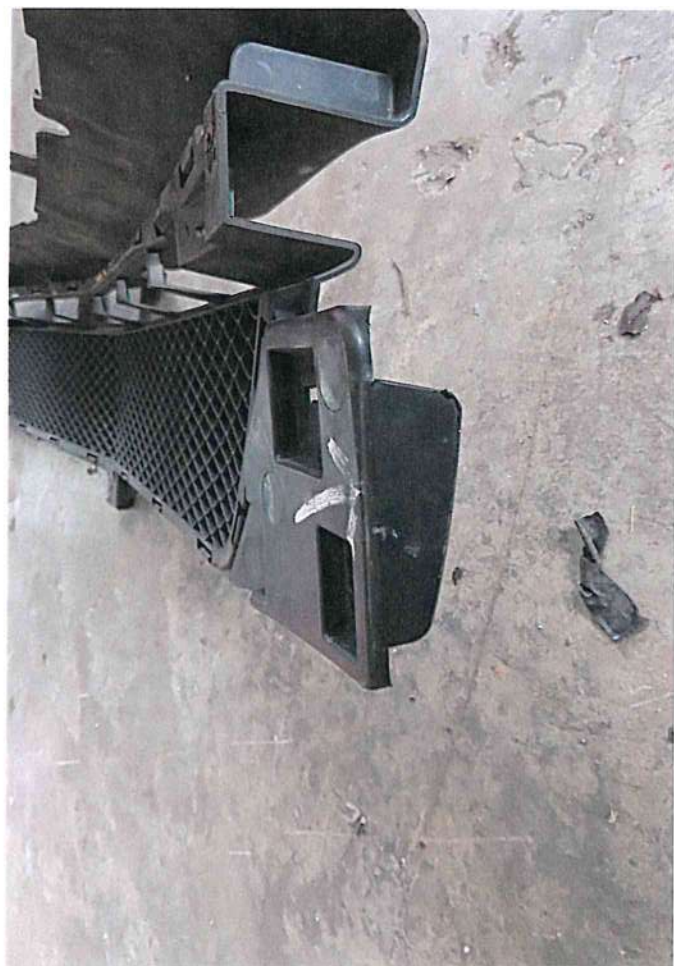








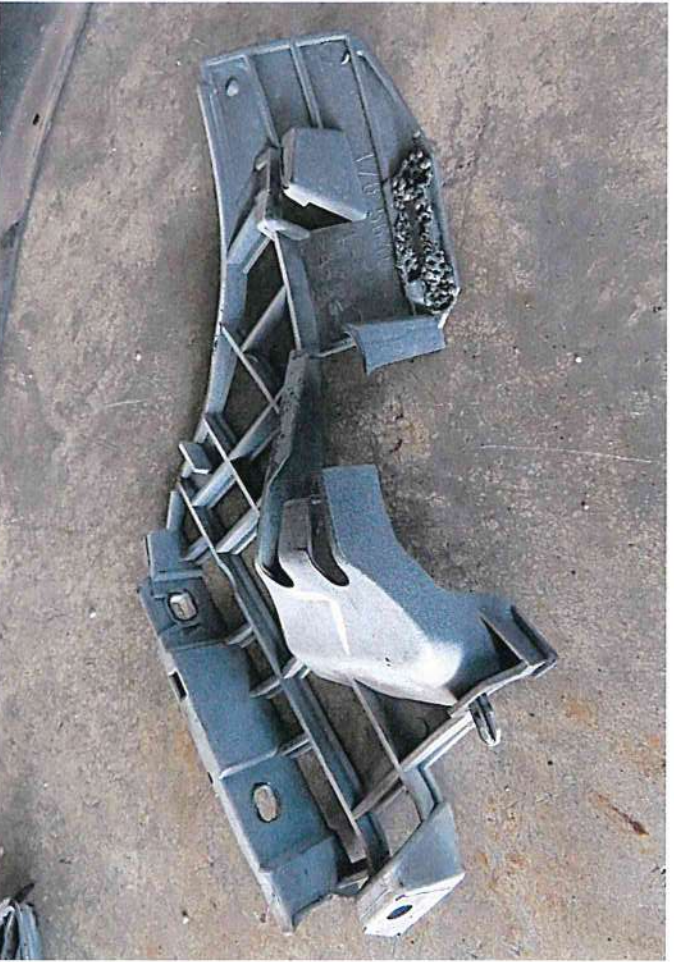


















SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	30/05/2022 15:52 (SGT)
Date of Accident	29/05/2022 16:40 (SGT)
Exact Location of Accident	Woodlands, Singapore
Additional Location Information	WOODLANDS CUSTOM ZONE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP8073Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN YEE LIN
NRIC No	SXXXX797G
Email Address	TANFIONAA@GMAIL.COM
Mobile Phone No	(Phone) +65-87770100
Alternative Phone No	(Home) +65-87770100

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A180
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	1595

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5121585649-01
Cover Note Number	-

DRIVER

Name of Driver	TAN YEE LIN
NRIC No	SXXXX797G

Date Of Birth	02/11/1988
Occupation	Outdoor
Date Of Driving Pass	01/03/2017
Driving experience	5 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-87770100
Alt. Phone Number	(Home) +65-87770100
Email Address	TANFIONAA@GMAIL.COM
Address	263 TOA PAYOH EAST
Address complement	#11-22
Postcode	310263
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SEAH NAM CHIN
Gender	Female

PASSENGER 2

Name	MARILON DELIQUIMA DAYLO
Gender	Female

PASSENGER 3

Name	DMITRY JARED TAN
Gender	Male

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 TO SKETCH PLAN ATTACHED

ATTACHMENT(S)

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



DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC9854K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN YEE LIN
Gender	Female
Phone No	(Phone) +65-87770100
Address	263 TOA PAYOH EAST
Address Complement	#11-22
Post Code	310263
Approximate Age Years Old	33
Injuries Sustained	-
Injured person in which vehicle?	SKP8073Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SEAH NAM CHIN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKP8073Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 3

Name of injured person	MARILON DELIQUIMA DAYLO
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKP8073Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-



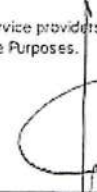
INJURED 4

Name of injured person	DMITRY JARED TAN
Gender	Male
Phone No	-
Address	-

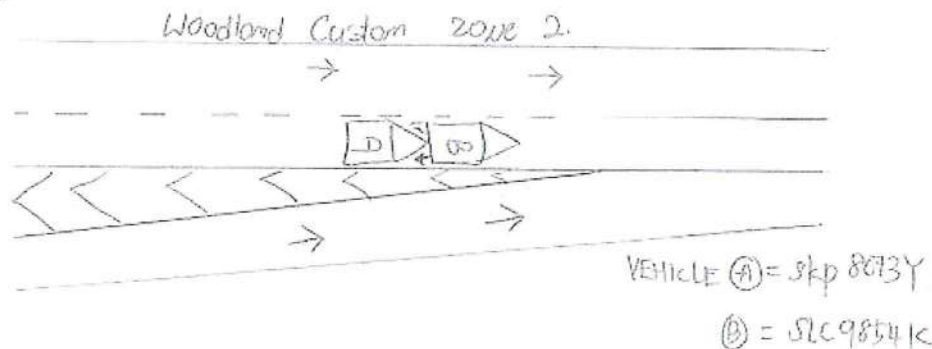
SKETCH PLAN

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 CIA 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



Describe Circumstances of the Accident


On 29/05/2022 at 4.40pm I was driving my
~~Vehicle A~~
 Vehicle A (SLP8073Y) with my son Dmitry Jond Tyn,
 my helper marlon deliquine dnylo, and my auntie Seah nam
 Chin. along Woodland Custom Zone 2 due to heavy traffic I
 stop my vehicle. Suddenly Vehicle B (SLK9854K) Reverse
 and bang into the front of my car.


VEHICLE (A) SLP 8073Y

(B) SLK 9854K

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date &
 Title


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

Witnessed by Reporting Centre
 Personnel

