

# YSL LEGAL

## ADVOCATES & SOLICITORS

*Your ref: To be advised*

*Our ref: DY.02.0478.2023 (PD)*

22 May 2023

***PRIVATE & CONFIDENTIAL  
TO BE OPENED BY THE ADDRESSEE ONLY***

**BRYAN CHAN HONG MING**

102 Punggol Walk

#13-08

Singapore 828791

**BY CERTIFICATE OF POSTING**

(without enc.)

**CHAN WIK SON**

102 Punggol Walk

#13-08

Singapore 828791

**BY CERTIFICATE OF POSTING**

(without enc.)

Dear Sirs

**CLAIMANT: WENG XIANG YUN  
ACCIDENT INVOLVING SJR3094X AND SNE1497B ALONG SLE TOWARDS TPE  
ON 16 SEPTEMBER 2022**

1. We act for the abovenamed Claimant, Mr Weng Xiangyun (“**our Client**”), owner of motor vehicle SJR3094X, who was involved in an accident on 16 September 2022.
2. We are instructed by our Client, to claim for damages against you in connection with a road traffic accident on 16 September 2022. at about 13:45pm along SLE towards TPE involving our Client, SJR3094X and motor vehicle, SNE1497B, driven by you/your driver at the material time.
3. We are instructed that the accident was caused by your 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:

S/No.	Description	Cost (S\$)
a.	Allied Auto Appraisal (“AAA”) Report Fee	1,445.00
b.	Repair Cost	24,000.00
c.	Loss of Use (S\$120.00 per day x 12 days)	1,440.00
d.	One.Motoring Search Fee	26.75
e.	General Insurance Association of Singapore Records Management Centre’s (“GIARMC”) Search and Report Fees	31.00
f.	General Insurance Association of Singapore Records Management Centre’s (“GIARMC”) Search Fees	2.00
g.	Costs of settlement at this juncture	900.00
h.	Photocopying, fax, postage charges and other Incidentals	100.00
<b>TOTAL:</b>		<b>27,944.75</b>

4. A copy each of the following supporting documents is enclosed:-

S/No.	Date	Description
a.	16 September 2022	Enquire Vehicle Owner Details (SNE1497B)
b.	16 September 2022	Enquire Vehicle’s Insurance Details (SNE1497B)
c.	16 September 2022	GIARMC’s Tax Invoice for the sum of S\$2.00– Search and Report Fee
d.	17 September 2022	Singapore Accident Statement of Vehicle No. SJR3094X
e.	17 September 2022	Singapore Accident Statement of Vehicle No. SNE1497B
f.	19 September 2022	GIARMC’s Tax Invoice for the sum of S\$31.00 – Search and Report Fee
g.	31 January 2023	AAA’s Survey Report Ref No. Allied/TP/22-09024
h.	14 February 2023	One. Motoring Receipt for the sum of S\$26.75 – Search Fee
i.	27 March 2023	AAA’s Invoice No. ALLIED/SV/129 for the sum of S\$1,445.00
j.	27 March 2023	D’s Graffiti’s Repair Invoice for the sum of S\$24,000.00
k.	Undated	Photos

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.

**YONG, SEOW & LIM LEGAL LLP** (UEN: T19LL1451J)

114 Lavender Street #11-72 CT Hub 2 Singapore 338729

Tel: (65) 6292 2388 Fax: (65) 6725 0566 Email: [admin@ysllegal.com](mailto:admin@ysllegal.com)

6. Please note that you or your insurer should send to us an acknowledgment of receipt to us **within 14 days 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 required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents **within 8 weeks of your receipt of this letter**.

Yours faithfully



YONG, SEOW & LIM LEGAL LLP

Enc.

cc.

1. *Client*

2. **AXA INSURANCE**  
**PTE LTD**  
8 Shenton Way  
#27-01 AXA Tower  
Singapore 068611

**BY EMAIL ONLY**  
(with enc.)  
([mt.surv@mail.life.hsbc.com.sg](mailto:mt.surv@mail.life.hsbc.com.sg))

## Enquire Vehicle Owner Details ( As At 16 Sep 2022 / 13:53:00 )

### Vehicle Owner Details

Owner ID Type:

**Singapore NRIC**

Owner ID:

**S7249685Z**

Owner Name:

**CHAN WIK SON**

Registered Address Type:

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

Registered Block/House No.:

**102**

Registered Street Name:

**PUNGGOL WALK**

Registered Unit No.:

**# 13 - 08**

Registered Building Name:

**-**

Registered Postal Code:

**828791**

### Vehicle Insurance Details

Vehicle No.:

**SNE1497B**

Make Description/Model:

**HYUNDAI / NX4E TUCSON 1.6 T-GDI HEV SR**

Insurance Company Name:

**HSBC LIFE (SINGAPORE) PTE. LTD.**



Enquire Vehicle's Insurance Particulars ( As At 16 Sep 2022 / 13:53:00 )

Vehicle No.:

**SNE1497B**

Make Description/Model:

**HYUNDAI / NX4E TUCSON 1.6 T-GDI HEV SR**

Insurance Company Name:

**HSBC LIFE (SINGAPORE) PTE. LTD.**

Business Transaction Reference No.:

**20230214172255048242**

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

INSURER ENQUIRY

## Find insurer

Vehicle reg. no.

SNE1497B

Date of Accident

16/09/2022



Reset

## % RESULT & RECEIPT

### TP Insurer Enquiry

Insurance ..... **AXA Insurance Pte Ltd**

Period of Insurance ..... **23/02/2022 - 22/02/2023**

Requested By ..... **SV AUTOWORKS (SV Autowork...**

Requested Date ..... **16/09/2022 18:00**

#### Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

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

#### General Insurance Association

Records Management Centre

GST Registration No: **M400017735**



## 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 .....	17/09/2022 12:31 (SGT)
Reported by .....	Driver
Date of Accident .....	16/09/2022 13:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SLE TOWARDS TPE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJR3094X
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	WENG XIANGYUN
NRIC No .....	S6978084I
Email Address .....	gaowei92@gmail.com
Mobile Phone No .....	(Phone) +65-90290596
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	TOYOTA / CAMRY 2.4 AUTO ABS AIRBAG
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 .....	2362

#### INSURANCE COMPANY

Name of Insurance Company .....	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	PNPV2018-00007840-04 (C)18.06.22-17.06.23

#### DRIVER

Name of Driver .....	GAO WEI
NRIC No .....	S9271934J
Date Of Birth .....	05/02/1992
Occupation .....	Indoor

Date Of Driving Pass .....	10/10/2011
Driving experience .....	10 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81981846
Alt. Phone Number .....	-
Email Address .....	gaowei92@gmail.com
Address .....	BLK 207B PUNGGOL PLACE #10-956 S822207
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
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 .....	KHOR ZHI GUANG
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

PLEASE REFER TO ATTACHED 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 .....	SNE1497B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	BRYAN CHAN HONG MING
NRIC No .....	S9717367B
Contact Number .....	(Phone) +65-92370382
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBK3319E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	ZE SAY HUA
NRIC No .....	S7910215F
Contact Number .....	(Phone) +65-87526618
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SLW7052R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ONG YONG HUI, NELSON
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 .....	GAO WEI
Gender .....	Male
Phone No .....	(Phone) +65-81981846
Address .....	BLK 207B PUNGGOL PLACE #10-956 S822207
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJR3094X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 2

Name of injured person .....	KHOR ZHI GUANG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

X

Policyholder's Signature / Date & Time

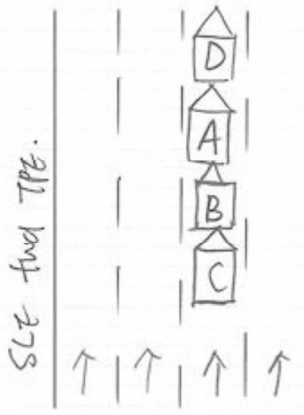
X

16 Sept 1139hrs

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



Witnessed by Reporting Centre Personnel

**Sketch Plan**

A: SJR 3094X

B: SNE 1497B

C: GBK 3319E

D: SLW 7052R



**Describe Circumstances of the Accident**

On the above date & time, i was travelling along SCE towards TPE.  
 My front vehicle slowed down and stop hence I follow suit.  
 Suddenly, I heard a loud bang from behind and the impact forced  
 my vehicle to move forward to hit onto the vehicle O SLW 7052p.  
 It was a chain collision of total 4 vehicle involved.

**Declaration**

We declare the foregoing particulars are true in every respect.

X



Policyholder's Signature / Date & Time

X



16 Sep 2022 1639hrs.

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



Witnessed by Reporting Centre Personnel











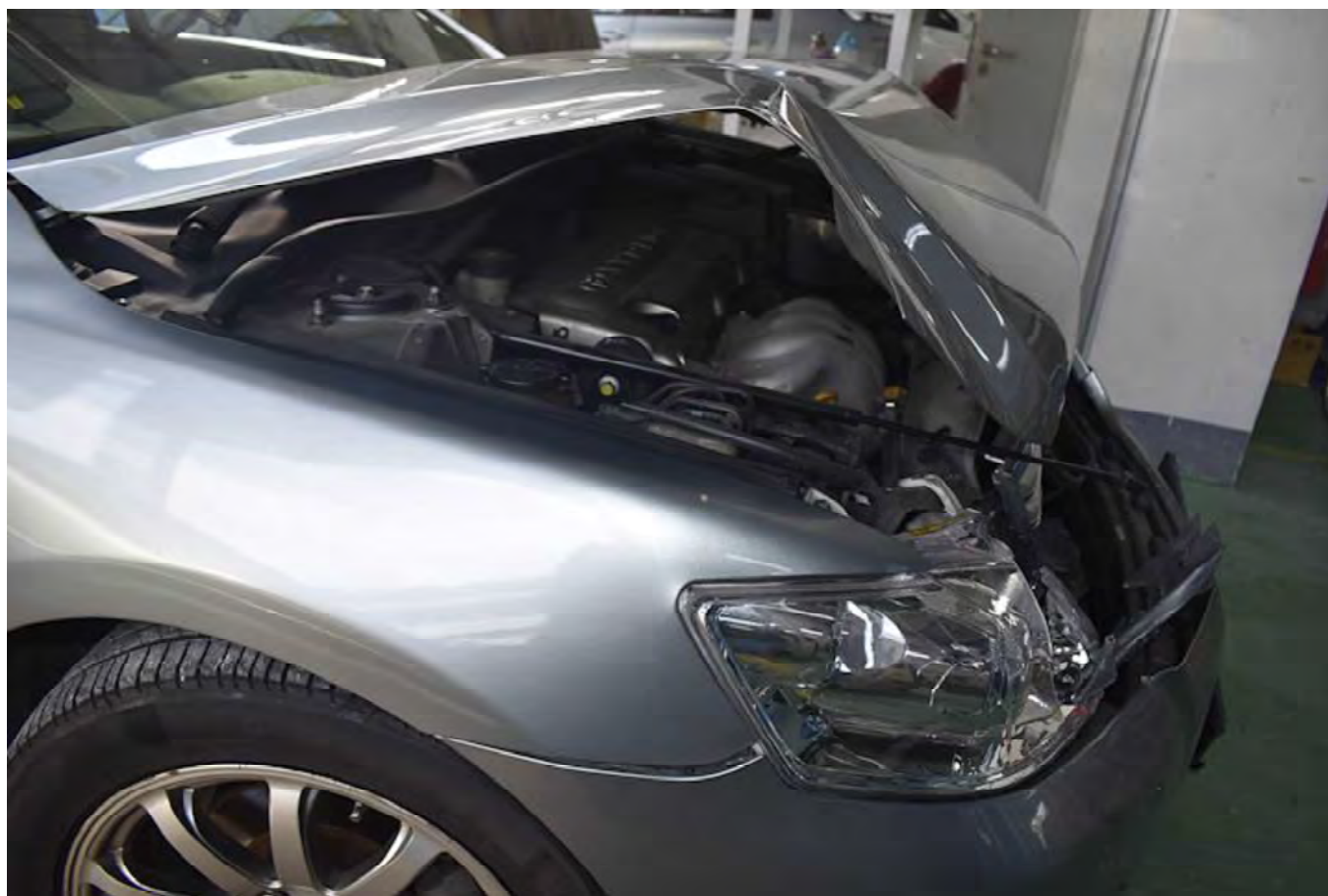










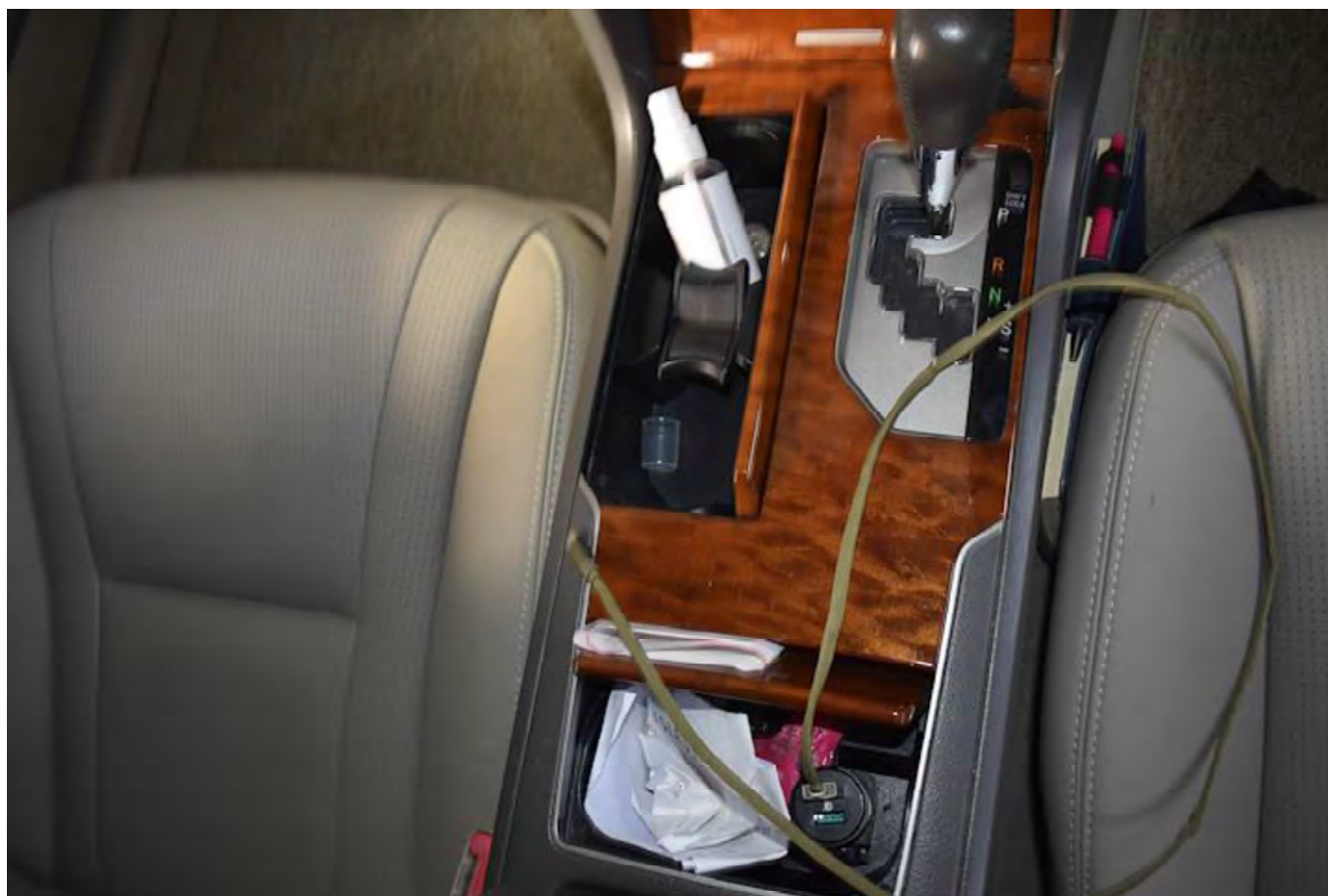


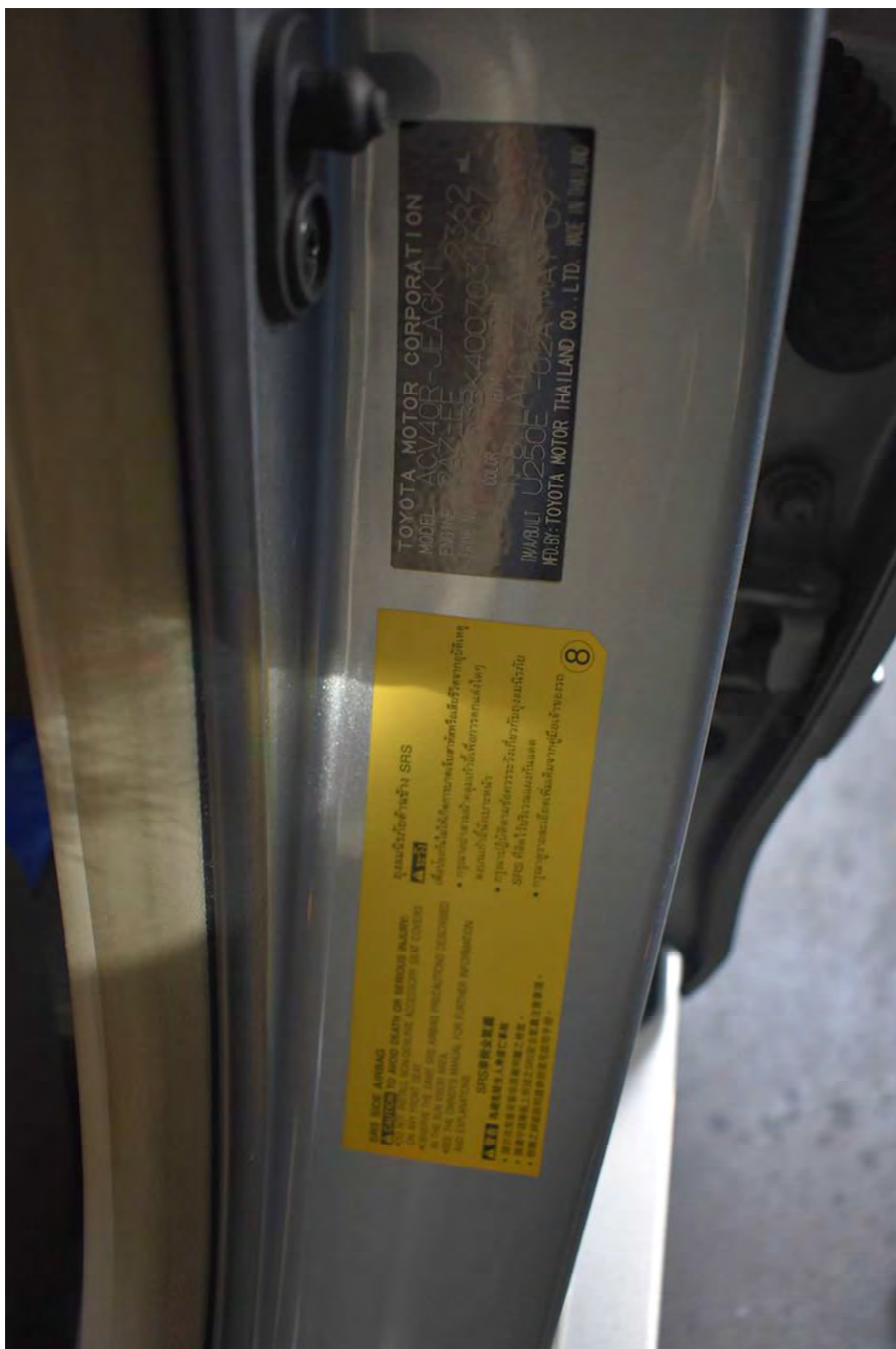








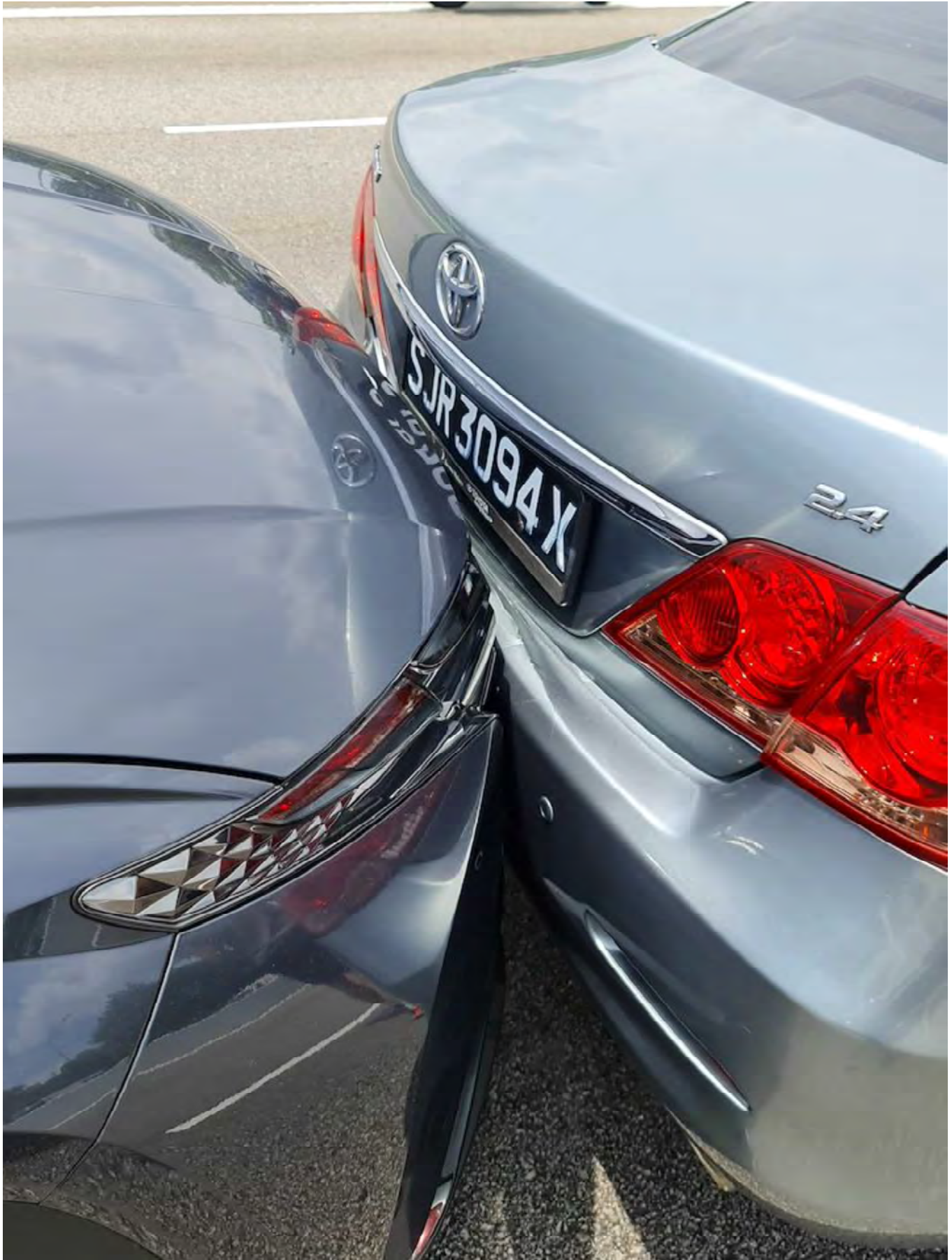








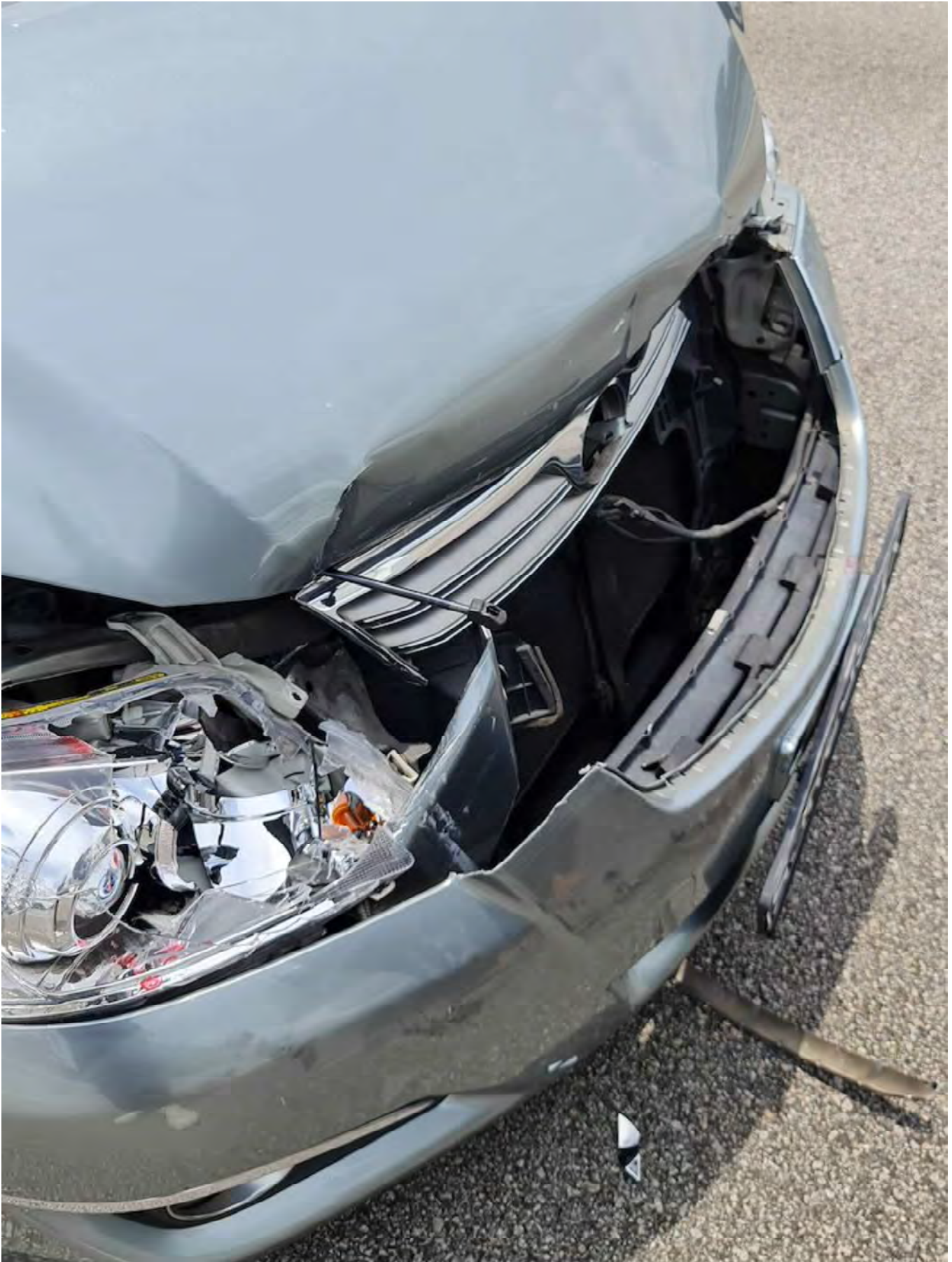








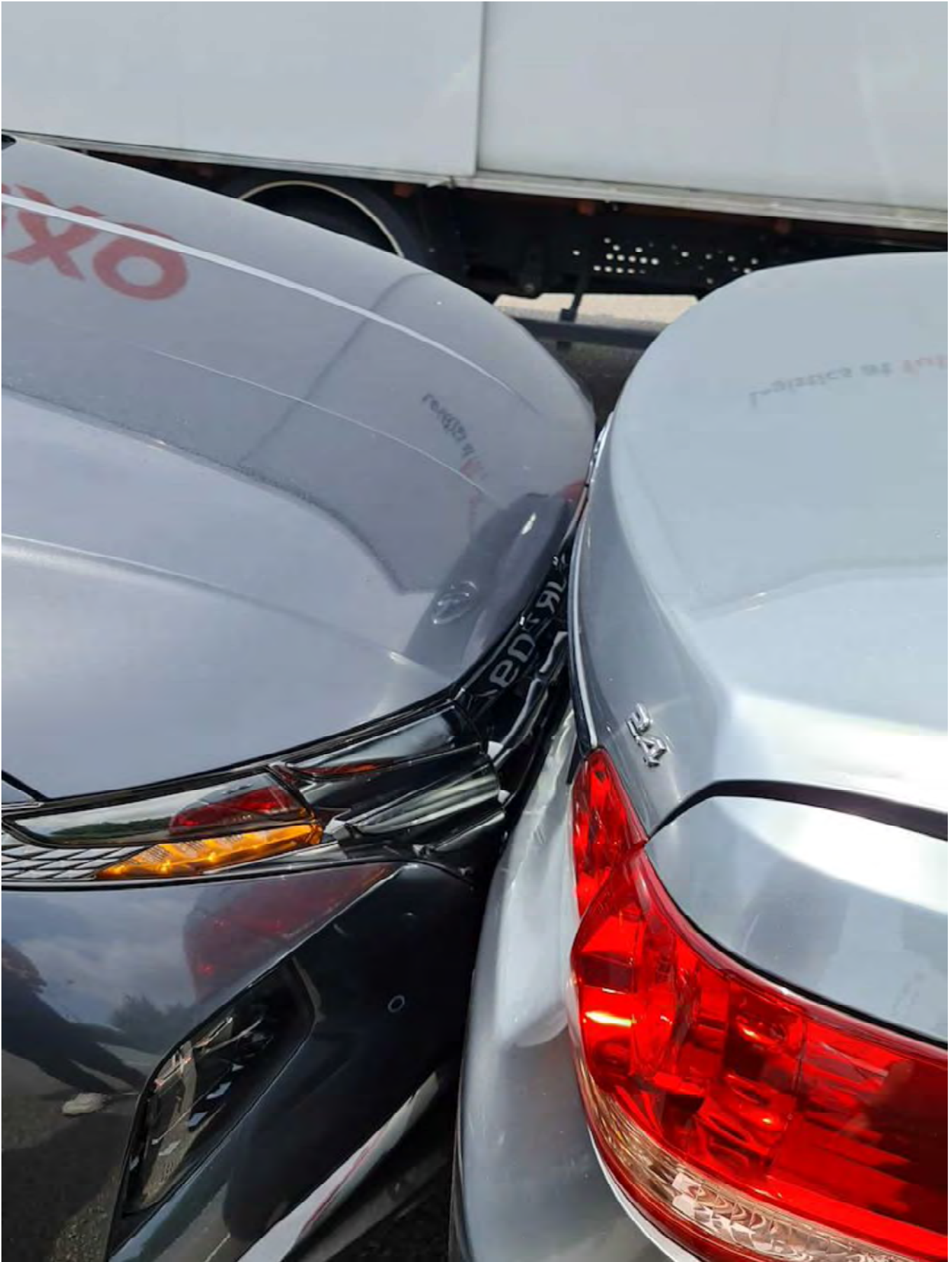












































**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SK0U229H0002 Vehicle Registration No: SJR3094X  
 Name (as shown in NRIC): GAO WEI NRIC/FIN/Passport No: S9271934J  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: BLK 207B PUNGGOL PLACE #10-956 S822207 Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 8198 1846  
 Email Address: gaowei92@gmail.com  
 Date of Accident: 16.09.2022 Time of Accident: 13:45 hrs  
 Place of Accident: SLE TOWARDS TPE  
 Insurance Company: FWD Singapore Pte. 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 add in the Medical Certificate  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

GAO WEI

Policyholder / Actual Driver's Signature  
 Date:

KAN FOOK SING MOTOR WORKSHOP

Reporting Centre Personnel's Signature  
 Name (as in NRIC/ID card):  
 Date:

# 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 ..... 17/09/2022 10:34 (SGT)  
Reported by ..... Both  
Date of Accident ..... 16/09/2022 13:53 (SGT)  
Exact Location of Accident ..... SLE, Singapore  
Additional Location Information ..... SLE TOWARDS LENTOR FLYOVER NEAR LAMP POST NO 190F.  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNE1497B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHAN WIK SON

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Tucson  
Variant ..... -  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1598

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Policy Number / Cover Note Number ..... P2469433

### DRIVER

Name of Driver ..... BRYAN CHAN HONG MING  
NRIC No ..... SXXXX367B  
Address ..... 102 PUNGGOL WALK #13-08  
Address complement ..... -  
Postcode ..... 828791  
Does Driver Own Other Vehicles? ..... No

### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Chain Collision



Weather Conditions ..... Clear

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? ..... No  
Was anybody injured in the Accident? ..... Yes  
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 16/09/2022 AT ABOUT 1353 HRS, I WAS TRAVELLING ALONG SLE TOWARDS LENTOR FLYOVER LANE 2. THE VEHICLES IN FRONT DID AN E-BRAKE. I MANAGE TO STOP MY CAR ON TIME, KEEPING A SAFE DISTANCE FROM VEHICLE D WHO WAS IN FRONT OF ME. HOWEVER, VEHICLE B WHO WAS BEHIND MY CAR WAS UNABLE TO STOP ON TIME AND COLLIDED INTO THE REAR PORTION OF MY VEHICLE. THE IMPACT WAS SO STRONG THAT IT PUSHED MY VEHICLE TO SURGE FORWARD TO COLLIDE INTO VEHICLE D, WHO IN TURN REAR ENDED VEHICLE C.

#### ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... GBK3319E  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... -  
Insurance Company Name ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SLW7052R  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... -  
Insurance Company Name ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number ..... SJR3094X  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... VEH D  
Insurance Company Name ..... -

#### INJURED PERSONS DETAILS



INJURED 1

Name of injured person .....	BRYAN CHAN HONG MING
Gender .....	-
Phone No .....	-
Injured person in which vehicle? .....	SNE1497B

**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.

**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  
(Name as in NRIC/ID card)

**Sketch Plan**

Lane 4	A - SNE1497B B - GBK3319E	C - SLW705JR D - SJR309AX
Lane 3		
Lane 2		<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; padding: 5px; margin: 0 5px;">B</div> <div style="border: 1px solid black; padding: 5px; margin: 0 5px;">A</div> <div style="border: 1px solid black; padding: 5px; margin: 0 5px;">D</div> <div style="border: 1px solid black; padding: 5px; margin: 0 5px;">C</div> </div>
Lane 1		




## Describe Circumstance of the Accident

ON 16/09/2022 AT ABOUT 1353HRS, I WAS TRAVELLING  
 ALONG SLE TOWARDS LENTOR FLYOVER LANE 2. THE  
 VEHICLES IN FRONT DID AN E-BRAKE. I MANAGED TO  
 STOP MY CAR ON TIME, KEEPING A SAFE DISTANCE  
 FROM VEHICLE D WHO WAS IN FRONT OF ME. HOWEVER,  
 VEHICLE B WHO WAS BEHIND MY CAR WAS UNABLE TO  
 STOP ON TIME AND COLLIDED INTO THE REAR PORTION  
 OF MY VEHICLE. THE IMPACT WAS SO STRONG THAT IT  
 PUSHED MY VEHICLE TO SURGE FORWARD TO COLLIDE INTO  
 VEHICLE D, WHO IN TURN REAR ENDED VEHICLE C.

## 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

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














































**SINGAPORE  
POLICE FORCE**


T/20220917/7014

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

1 of 4

Report No. T/20220917/7014

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/09/2022 12:26		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: BRYAN CHAN HONG MING			Address: 102 PUNGGOL WALK #13-08 SINGAPORE 828791		
ID Type / ID No.: NRIC NO / S9717367B			Contact No.: Home/Office: Mobile: 92370382		
Nationality: SINGAPORE CITIZEN			Email: HONGMINGBRYAN@GMAIL.COM		
Sex: Male	Age: 25	Date of Birth: 28/05/1997	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: NAVY REGULAR			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: 16/09/2022 13:55	Type of Location: Straight Road
Location:  SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK3319E	Van	TOYOTA	HIACE	Silver		0
SJR3094X	Car	TOYOTA	CAMRY	Silver		1
SLW7052R	Car	SUBARU	FORESTER	White		0
SNE1497B	Car	HYUNDAI	TUCSON	Grey		0



**SINGAPORE  
POLICE FORCE**



T/20220917/7014

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

2 of 4

Report No. T/20220917/7014

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNE1497B	AXA INSURANCE SINGAPORE PTE LTD	P2469433	23/02/2022	22/02/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	EE SAY HWA		ID No.	S7910215F
Related Vehicle	GBK3319E (Van)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver				
Name	GAO WEI		ID No.	S9271934J
Related Vehicle	SJR3094X (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver				
Name	ONG YONG HUI NELSON		ID No.	S8612922A
Related Vehicle	SLW7052R (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL



**SINGAPORE  
POLICE FORCE**



T/20220917/7014

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

3 of 4

Report No. T/20220917/7014

**CONTINUATION OF REPORT**

Driver			
Name	BRYAN CHAN HONG MING		ID No. S9717367B
Related Vehicle	SNE1497B (Car)		Contact No. 92370382
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	16/09/2022	Date	16/09/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON 16.09.2022 AT ABOUT 1353HRS, I WAS TRAVELLING ALONG SLE TOWARDS LENTOR FLYOVER LANE 2, AS I WAS APPROACHING NEAR TO LAMP POST NO.190F, THE VEHICLES IN FRONT OF ME DID AN E-BRAKE. I WAS DRIVING ON A MODERATE SPEED. THEREFORE, I MANAGED TO SLOW DOWN MY CAR AND STOP ON TIME, KEEPING A SAFE DISTANCE FROM SJR3094X WHO WAS IN FRONT OF ME. HOWEVER, GBK3319E WHO WAS BEHIND MY CAR, WAS UNABLE TO STOP ON TIME AND COLLIDED INTO THE REAR PORTION OF MY VEHICLE. THE IMPACT WAS SO STRONG THAT IT PUSHED MY VEHICLE TO SURGE FORWARD TO COLLIDE INTO SJR3094X WHO IN TURN REAR ENDED SLW7052R.

4 HOURS AFTER THE ACCIDENT, I STARTED TO FEEL PAIN ON MY NECK AND LOWER BACK AREA. THEREFORE, I SOUGHT MEDICAL ASSISTANCE FROM SENGKANG GENERAL HOSPITAL AND WAS BEING GIVEN 3 DAYS MC.





# SINGAPORE POLICE FORCE

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



T/20220917/7014

4 of 4

Report No. T/20220917/7014

## CONTINUATION OF REPORT

### Sketch 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 / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

NP168

Signature Of Informant:

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

Date/Time:  
17/09/2022 12:26

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: SS2X229H0002 Vehicle Registration No: SNE1497B  
 Name (as shown in NRIC): Bryan Chan Hong Ming NRIC/FIN/Passport No: S9717367B  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 102 Punggol Walk #13-08 Singapore (828791)  
 Contact (Tel): - Mobile No.: 9237 0382  
 Email Address: HONGMINGBRYAN@GMAIL.COM  
 Date of Accident: 16/09/2022 Time of Accident: 1353hrs  
 Place of Accident: SLE Towards Lertor Flyover Near Lamp Post No. 190F  
 Insurance Company: AXA

**(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:

- 1) Driver Bryan Chan Hong Ming is injured and was given 3 days MC.
- 2) Enclosed herewith a copy of the MC and police report. Report No: T/20220912/7014.

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date: 17/09/2022

\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date:

### LETTER OF UNDERTAKING

I/We, Chan WIK Son, the owner of vehicle no. SWE1497B

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, CAS Garage Pte Ltd.

Signed and Acknowledge by:

Chan  
Nric no. & signature of policyholder

Company stamp

Date





AXA Insurance Pte Ltd  
 1800 8804388  
 customer.care@axa.com.sg  
 www.axa.com.sg

## Certificate of Insurance

- Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189)
- Road Transport Act, 1987 (Malaysia)
- Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
- Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

### Policy details

<b>CERTIFICATE NO.</b>	P2469433	<b>Account No.</b>	08260
<b>Name of Policy Holder</b>	CHAN WIK SON		
<b>Coverage</b>	Comprehensive		
<b>Sum Insured</b>	Market Value At The Time Of Loss		
<b>Vehicle Registration</b>	SNE1497B		
<b>Period of Insurance</b>	From 23/02/2022 To 22/02/2023 (Both Dates Inclusive)		

### Persons or classes of persons entitled to drive\*

#### (a) The Policyholder

The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner

#### (b) Any other person who is driving on the Policyholder's order or with his 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.

### Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speedtesting, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

(01)

### Excess

An Additional Excess is applicable as follows:

S\$500.00 for Unnamed Authorized Driver.

S\$2,500.00 for Undeclared Young and Inexperienced Driver.

(Please refer to your policy on the terms & conditions)

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

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).

**N.B.:**

Your authorised workshop is Komoco Motors Pte Ltd.

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGIVNIK2 on 28/02/2022

### IMPORTANT:

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

AXA Insurance Pte Ltd  
 8 Shenton Way, #24-01  
 AXA Tower, Singapore 068811  
 Customer Centre #01-21  
 GST Registration Number: 199903512M



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: 19/09/2022

**Your Ref No: D'S GRAFFITI CONCEPTS**

Dear Sir/Madam,

Date of Accident: 16/09/2022 00:00 (SGT)

Vehicle No: SJR3094X

Place of Accident: SLE, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$)	QTY	AMOUNT (\$)
<b>SNE1497B</b>	SLE, 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.

# ALLIED AUTO APPRAISAL

22 Upper Serangoon Crescent #16-53 Singapore 534025

Company Registration No. 53127785B

**Our Ref: Allied/TP/22-09024**

Repairer : **D'S Graffiti Concepts Pte Ltd**  
Address of Inspection  
**50 Serangoon North Avenue 4,  
#02-19, First Centre,  
Singapore 555856**

Date Report	:	<b>31-Jan-23</b>
Date of Accident	:	<b>16-Sep-22</b>
Date of Survey	:	<b>17-Sep-22</b>

**Veh No : SJR 3094 X**

## VEHICLE PARTICULARS & CONDITION

Make & Model	:	<b>Toyota Camry 2.4 A</b>	Date of Registration	:	<b>18-Jun-09</b>
Engine No	:	<b>2AZE137837</b>	Engine c.c.	:	<b>2362 cc</b>
Chassis No	:	<b>MR053BK4007034607</b>	COE Expiry Date	:	<b>17-Jun-29</b>

## 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)

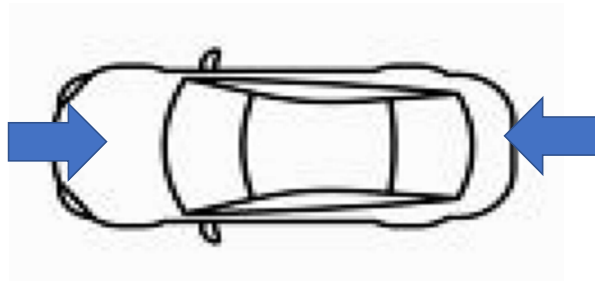
Front Tyre Size	:	245/55R17	Rear Tyre Size	:	245/55R17
Front Left Side	:	5mm Michelin	Rear Left Side	:	5mm Michelin
Front Right Side	:	5mm Michelin	Rear Right Side	:	5mm Michelin

## GENERAL DESCRIPTION OF DAMAGE

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

During visual inspection, our surveyor noted that the bootlid, taillamps, rear bumper, bonnet, front bumper and among other parts were affected.

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



## Repairer Estimate

Parts	:	31,452.09
Nett Item	:	1,630.00
Labour	:	4,350.00
Total	:	<b>37,432.09</b>

## Our Recommendation

Parts :	25,161.68
Nett Item :	1,330.00
Labour :	3,650.00
GST (7.00%) :	-
Total :	<b>30,141.68</b>
Less 20% :	<b>6,028.34</b>
	<b>24,113.34</b>
Lump Sum (Estimated) :	<b>24,000.00</b>

The repairer agree to repair the vehicle on a **Lump Sum Basis** with our recommendation of **SGD 24,000.00 (SGD Twenty Four Thousand only)** and we are in the opinion the repairer would need about a **15.0** 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	BOOTLID	Dented	1	1,950.00	1,560.00
2	BOOTLID EMBLEM	Necessary	1	136.13	108.90
3	BOOTLID EMBLEM CAMRY	Necessary	1	206.25	165.00
4	BOOTLID EMBLEM 2.4	Necessary	1	140.00	112.00
5	BOOTLID OUTER GARNISH	Cracked	1	771.25	617.00
6	BOOTLID NO PLATE LAMP LH	Cracked	1	140.00	112.00
7	BOOTLID NO PLATE LAMP RH	Cracked	1	140.00	112.00
8	BOOTLID OPENER SWITCH	Cut	1	327.50	262.00
9	BOOTLID REVERSE CAMERA	malfunction	1	818.75	655.00
10	BOOTLID LAMP LH	Cracked	1	902.50	722.00
11	BOOTLID LAMP RH	Cracked	1	902.50	722.00
12	BOOTLID LOCK ASSY	Jammed	1	678.75	543.00
13	BOOTLID LOCK CATCH	Bent	1	127.50	102.00
14	BOOTLID WEATHERSTRIP	Deformed	1	345.00	276.00
15	BOOTLID INNER TRIM	Cut	1	647.50	518.00
16	BOOTLID HINGE SET	Bent	1	745.00	596.00
17	TAILLAMP LH	Cracked	1	1,122.50	898.00
18	TAILLAMP RH	Cracked	1	1,122.50	898.00
19	TAILLAMP SIDE COVER LH	Cut	1	108.75	87.00
20	TAILLAMP SIDE COVER RH	Cut	1	108.75	87.00
21	TAILLAMP PANEL LH	Dented	1	412.50	330.00
22	TAILLAMP PANEL RH	Dented	1	412.50	330.00
23	REAR BUMPER	Deformed	1	903.75	723.00
24	REAR BUMPER RETAINER LH	Cut	1	193.75	155.00
25	REAR BUMPER RETAINER RH	Cut	1	193.75	155.00
26	REAR BUMPER REFLECTOR LH	Cracked	1	268.75	215.00
27	REAR BUMPER REFLECTOR RH	Cracked	1	268.75	215.00
28	REAR TOWING COVER	Deformed	1	105.00	84.00
29	REAR REINFORCEMENT	Dented	1	722.50	578.00
30	REAR BUMPER UNDER COVER	Cut	1	527.50	422.00
31	REAR BUMPER DIFFUSER	Deformed	1	785.00	628.00
32	REAR END PANEL	Dented	1	1,121.25	897.00
33	REAR END PANEL TOP GARNISH	Cut	1	446.25	357.00
34	REAR FLOOR PANEL TOP BOARD	Deformed	1	526.25	421.00
35	BONNET	Dented	1	2,307.50	1,846.00
36	BONNET INSULATOR	Deformed	1	456.25	365.00
37	BONNET HINGE LH	Bent	1	193.75	155.00
38	BONNET HINGE RH	Bent	1	193.75	155.00
39	BONNET LOCK	Bent	1	460.00	368.00
40	FRONT BUMPER	Deformed	1	1,925.00	1,540.00
41	FRONT BUMPER RETAINER LH	Cracked	1	320.00	256.00
42	FRONT BUMPER RETAINER RH	Cracked	1	320.00	256.00
43	FRONT GRILLE	Cracked	1	480.00	384.00
44	FRONT GRILLE LOGO	Necessary	1	206.25	165.00
45	FRONT BUMPER LOWER GRILLE	Cracked	1	553.75	443.00
46	FRONT BUMPER FOG LAMP RH	Cut	1	650.00	520.00
47	FRONT BUMPER FOG LAMP GARNISH RH	Cut	1	390.00	312.00
48	FRONT BUMPER FOG LAMP GARNISH CHROME RH	Grazed	1	193.75	155.00
49	FRONT BUMPER FOG LAMP LH	Cut	1	650.00	520.00
50	FRONT BUMPER FOG LAMP GARNISH LH	Cut	1	390.00	312.00
51	FRONT BUMPER FOG LAMP GARNISH CHROME LH	Grazed	1	193.75	155.00

# ALLIED AUTO APPRAISAL

## RECOMMENDED PARTS

No.	Descriptions	Condition	Qty	Repairer	Adjusted
52	HEADLAMP LH	Cracked		3,586.25	2,869.00
53	HEADLAMP RH	Cracked		3,586.25	2,869.00
54	FRONT SUPPORT PANEL	Dented		1,123.75	899.00
55	FRONT SUPPORT PANEL TOP GARNISH	Cracked		408.75	327.00
56	FRONT REINFORCEMENT	Dented		483.75	387.00
57	FRONT BUMPER SPONGE	Cut		452.50	362.00
58	AIRCON CONDENSER	Dented		1,107.50	886.00
59	RADIATOR	Dented		948.75	759.00
60	HORN	Deformed		198.75	159.00
61	RADIATOR AIR GUIDE LH	Cut		195.00	156.00
62	RADIATOR AIR GUIDE RH	Cut		195.00	156.00
63	ALTERNATOR AIR FILTER	Dented		1,437.50	1,150.00
Sub Total (\$\$) :				41,936.13	33,548.90
Discount (25%) :				10,484.03	8,387.23
Total Parts (\$\$) :				<b>31,452.09</b>	<b>25,161.68</b>

## RECOMMENDED SPECIAL NETT ITEMS

No.	Descriptions	Condition	Repairer	Adjusted
1	REAR BUMPER CLIPS	Necessary	100.00	80.00
2	BOOTLID INSULATOR CLIPS	Necessary	100.00	80.00
3	BOOTLID OUTER GARNISH CLIPS	Necessary	100.00	80.00
4	REAR END PANEL TOP GARNISH CLIPS	Necessary	100.00	80.00
5	REAR END PANEL SEALANT	Necessary	120.00	100.00
6	REVERSE SENSOR	Shorted	500.00	450.00
7	BONNET INSULATOR CLIPS	Necessary	100.00	80.00
8	FRONT BUMPER CLIPS	Necessary	100.00	80.00
9	FRONT GRILLE CLIPS	Necessary	100.00	80.00
10	RADIATOR COOLANT	Necessary	150.00	120.00
11	REAR NUMBER PLATE	Bent	80.00	50.00
12	FRONT NUMBER PLATE	Bent	80.00	50.00
			<b>1,630.00</b>	<b>1,330.00</b>

## RECOMMENDED LABOUR

No.		Repairer	Adjusted
1	PANEL BEATING.	1,400.00	1,200.00
2	TO REMOVE AND REPLACE AIRCON CONDENSER AND RADIATOR.	300.00	250.00
3	TO CHECK WIRING AND LIGHTING.	200.00	150.00
4	APPLY ANTI-RUST COATING.	300.00	250.00
5	TO CONDUCT WATER LEAKAGE TEST.	200.00	150.00
6	TO DIAGNOSTIC CHECK.	350.00	300.00
7	TOWING CHARGE.	200.00	150.00
8	TO SPRAY PAINTING.	1,400.00	1,200.00
		<b>4,350.00</b>	<b>3,650.00</b>

## COST OF CLAIMS

		Repairer	Adjusted
1	TOTAL PARTS	31,452.09	25,161.68
2	TOTAL NETT ITEMS	1,630.00	1,330.00
3	LABOUR & SPRAY	4,350.00	3,650.00
Gross Total (\$\$) :		37,432.09	30,141.68
GST 7.00% (\$\$) :		-	-
Total Amount (\$\$) :		<b>37,432.09</b>	<b>30,141.68</b>

ALLIED AUTO APPRAISAL





# ALLIED AUTO APPRAISAL



# ***ALLIED AUTO APPRAISAL***



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# ALLIED AUTO APPRAISAL



Enquire Vehicle Info Search Transaction History

Transaction History Details

Log Date/Time:	14 Feb 2023 / 17:22:55		
Asset Type:	Vehicle	Transaction Amount:	\$26.75
Asset ID:	SNE1497B		
Transaction Type:	18.19 Enquire Veh Owner Info (Others) by Law Firm	Channel:	Internet
User ID:	T19LL1451J	Business Transaction Reference No.:	20230214172255048242
As at Date of Search:	16 Sep 2022		
As at Time:	13:53:00		
Vehicle No.:	SNE1497B		
Search Reason:	-		

Information displayed is correct as at the log date and time.

Enquire Related Logs

Back to List

# Allied Auto Appraisal

22 Upper Serangoon Crescent #16-53 Singapore 534028

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

Reg 53127783B

## Invoice

D'S GRAFFITI CONCEPTS PTE. LTD.  
50 SERANGOON NORTH AVENUE 4  
#02-19, FIRST CENTRE  
SINGAPORE 555856

Invoice No. ALLIED/SV/129  
Date : 27-Mar-23  
Case Ref : SV IND B2 09024

Sr	Description	Amount
1	Survey Inspection of SJR 3094 X	1,160.00
2	Transportation x 3	180.00
3	Photographs (Digital Printouts)	105.00
	Grand Total	SGD 1,445.00

Please cross a cheque of an amount **SGD 1,445.00 (SGD ONE THOUSAND FOUR HUNDRED AND FORTY-FIVE 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

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This is a computer generate invoice no signature is required



**D's Graffiti Concepts** *Concepts* Pte Ltd

UEN: 20163104K  
50 Serangoon North Ave 4, First Centre #02-19 S(55856)  
(65) 9834 5382

## INVOICE

No.

Date:

Name: WENJG XIANG YUN

Vehicle/Reg No:

[illegible]

### Terms & Conditions

- 1) Deposit of at least 30% of total Value
- 2) Notes given for delivery are approximately only
- 3) Taxable part are interest payable
- 4) Full payment must be made upon receipt of vehicle

5) In the event of non-payment after completion,  
 It's Guaranteed Concerns: Pre-Led means as the rights to hold the vehicle till PPHJ, payment is received.



D's Graffiti Concepts Representat

















SNE1497B

TUCSON

HYUNDAI KOREA GROUP

hybrid





SNE 1497B

HYUNDAI KOREA GROUP

TUCSON

hybrid











