

# Centro-Legal Law Corporation

ADVOCATES AND SOLICITORS

Your Ref : To be advised

Our Ref: CLLC.PD.087.2023

lod@centrollc.com.sg

19 MAY 2023

151 Chin Swee Road  
#02-21 Manhattan House  
Singapore 169876  
Tel: 6235 0633  
Fax: 6235 6939

**India International Insurance Pte Ltd**

**WITHOUT PREJUDICE BY HAND**

64 Cecil Street

#04/06-00 IOB Building

Singapore (670153)

**Attn: Manager/Motor Claims Department**

Dear Sirs,

**ACCIDENT ON 28.03.2023 ALONG PIE (BUKIT BATOK EXIT) INVOLVING MOTOR VEHICLES  
SMY 1286A AND SMT 1430B**

We act for TU SHAN (G5358864L), the owner of motor vehicle SMY 1286A involved in the captioned accident.

From our insurance search, you are the insurer of motor vehicle SMT 1430B.

We are instructed by our client to claim damages against your insured in connection with a road traffic accident on 28.03.2023 along PIE (BUKIT BATOK EXIT) involving our client's motor vehicle no SMY 1286A and motor vehicle no SMT 1430B was driven by your insured and/or your insured's servant and/or agent at the material time.

We are instructed that the accident was caused by your insured and/or your insured's servant and/or agent negligent driving and/or management of the motor vehicle. As a result of the accident, our client's motor vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

.

# Centro-Legal Law Corporation

151 Chin Swee Road  
#02-21 Manhattan House  
Singapore 169876  
Tel: 6235 0633  
Fax: 6235 6939

## ADVOCATES AND SOLICITORS

a)	Cost of repairs	\$ 7,800.00
b)	Loss of use/ rental	\$ 980.00
c)	Loss of use (PRI) \$140X2 days	\$ 280.00
d)	Survey fees	\$ 757.00
e)	Colour copies \$1.00X13	\$ 13.00
f)	LTA search fee	\$ 26.75
g)	GIA reports fee	\$ 29.00
h)	Costs contribution	\$ 1,000.00
		<u>\$10,885.75</u>

A copy each of the following supporting documents marked [X] is enclosed:-

- ☒ [x] GIA reports
- ☒ [x] Repairers bill and evidence of payment
- ☐ [ ] Excess bill/receipt
- ☐ [ ] Vehicle Registration Card
- ☐ [ ] COE/PARF Certificate
- ☐ [ ] Names and addresses of witnesses
- ☐ [ ] Photographs of damage to our client's motor vehicle
- ☒ [x] Photocopied photographs of damage to our client's motor vehicle
- ☐ [ ] Rental Agreement, Invoice and receipt for rental
- ☒ [x] Supporting documents for all other expenses claimed

Please take note that you should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against your insured without further notice to you.

Yours faithfully,



**P KAMALA DEWI**  
**CENTRO-LEGAL LAW CORPORATION**  
Enc.

# *Centro-Legal Law Corporation*

ADVOCATES AND SOLICITORS

151 Chin Swee Road  
#02-21 Manhattan House  
Singapore 169876  
Tel: 6235 0633  
Fax: 6235 6939

Please note that we have notified your insurers. Please inform them of the claim. If your insurers are not the above-named and if you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send us an acknowledgement of receipt of this letter 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.

Please also note that if you have a counterclaim arising out of the accident, you are also required to send us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.



# SUNRISE AUTO SERVICES PTE LTD

BLK 15 DEFU LANE 10 #01-392 SINGAPORE 539196

TEL:6283 5166 HP:97329888

EMAIL:SUNRISEAUTOSERVICES0720@GMAIL.COM

COMPANY REGISTRATION NO:202210036W

## INVOICE

**BILL TO**  
TU SHAN

**INVOICE NO.** : IN10007  
**DATE** : 10/4/2023  
**DUE DATE** : 10/4/2023  
**TERMS** : C.O.D

**BY MECHANIC**  
XIU

**VEHICLE NUMBER**  
SMY1286A

**VEHICLE TYPE**  
AUDI A4

DESCRIPTION	QUANTITY	UNIT COST	AMOUNT
LUMP SUM REPAIR COST			7800.00

**BALANCE DUE** **\$7,800.00**

Battery Warranty:

1 year for petrol vehicle.

6 months for diesel vehicle, generator & car install fr & rr camera and radio amplifier.

8 months for EFB battery.

No Warranted if -

1) battery is damaged by road hazards, fire, accidents, corrosion, vandalism or damage by nature

2) battery is not regularly maintained such as refilling of battery water.



SCAN TO PAY

PayNow UEN  
202210036W

**CUSTOMER SIGNATURE :** \_\_\_\_\_

**DATE :** \_\_\_\_\_



**OZ CAR RENTAL PTE LTD**

Registration No. 201826382N  
55 Serangoon North Ave 4  
#02-10 S9  
Singapore 555859

**Invoice** OZ2023030223  
**Quotation**  
Date: 29-Mar-23  
Page: 1  
Cashier: VINCENT OUW  
Referral: VINCENT OUW

Bill To SUNRISE AUTO SERVICES

Contact: 8131 8655

Car No. Plate: SMD6389P

Car Make/ Model:

Mileage:

	Qty	Unit Price	Amount (S\$)
BEGIN RENTAL FROM 29-Mar-2023 TILL 5-Apr-2023			
BEGIN DEPOSIT			
BEGIN RENTAL FEE	1		\$980.00
BEGIN MALAYSIA USAGE			
BEGIN ADDITION DRIVE			

Remarks:	Sub Total:	\$980.00
	Discount:	
	Total Amount Payable:	\$980.00

Rental fee are not returnable or exchangeable

All outstanding hire charges arising from the hire period must be cleared by the hirer at the point of returning the vehicle.

OZ Car Rental Pte Ltd

Goods received in good order and condition.

Authorised Signatory

Company Stamp & Signature

# Constant Appraiser Services

Qualified Automobile Accident Damage Appraisers/Loss Adjusters

Blk 2 Rivervale Link, #09-02 Singapore 545040

Mobile: 9007 5234

Email: constant\_as@yahoo.com.sg

RCB No. 53138015K

## INVOICE

To: Tu Shan  
23 Kovan Road  
#08-20  
Singapore 548193

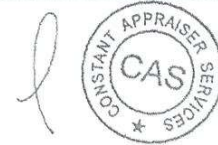
Date : 06/04/2023

Invoice No : IV23-04003/CAS

Particulars	Amount
Fee For Services Rendered In Respect Of:  Surveying, Adjusting, and Re-inspection Of Accident Damaged Vehicle SMY 1286A (Inclusive Of Photographs And Transport Charges)  Our reference : CAS/23-04/003	\$757.00
Total	\$757.00

E. & O.E

Constant Appraiser Services



Cheque Should Be Crossed And Made Payment To 'Constant Appraiser Services'

# Constant Appraiser Services

Qualified Automobile Accident Damage Appraisers/Loss Adjusters

Blk 2 Rivervale Link, #09-02 Singapore 545040

Mobile: 9007 5234

Email: constant\_as@yahoo.com.sg

RCB No. 53138015K

## Automobile Inspection Report

To: Tu Shan 23 Kovan Road #08-20 Singapore 548193	Date : 06/04/2023  Reference No : CAS/23-04/003																				
<b><u>General Information</u></b>  Registration No. : SMY 1286A Accident Date : 28/03/2023																					
<b><u>Particulars of Damaged Vehicle</u></b>  <table><tr><td>Colour</td><td>: White</td><td>Make &amp; Model</td><td>: Audi A4</td></tr><tr><td>Engine Capacity</td><td>: 1798 cc</td><td>Pre-Accident Condition</td><td>: Good</td></tr><tr><td>Mileage (KM)</td><td>: 154638</td><td>Engine No.</td><td>: CJE087042</td></tr><tr><td>Chassis No.</td><td>: WAUZZZ8K9FA018889</td><td>Steering</td><td>: In Order</td></tr><tr><td>Registration Date</td><td>: 28/11/2014</td><td>Brake</td><td>: In Order</td></tr></table>		Colour	: White	Make & Model	: Audi A4	Engine Capacity	: 1798 cc	Pre-Accident Condition	: Good	Mileage (KM)	: 154638	Engine No.	: CJE087042	Chassis No.	: WAUZZZ8K9FA018889	Steering	: In Order	Registration Date	: 28/11/2014	Brake	: In Order
Colour	: White	Make & Model	: Audi A4																		
Engine Capacity	: 1798 cc	Pre-Accident Condition	: Good																		
Mileage (KM)	: 154638	Engine No.	: CJE087042																		
Chassis No.	: WAUZZZ8K9FA018889	Steering	: In Order																		
Registration Date	: 28/11/2014	Brake	: In Order																		
<b><u>Tyre Condition</u></b>  <table><thead><tr><th></th><th>Size</th><th>Make</th><th>Balance</th></tr></thead><tbody><tr><td>R/H Front Tyre</td><td>245/40R18</td><td>CONTINENTAL</td><td>80%</td></tr><tr><td>L/H Front Tyre</td><td>245/40R18</td><td>CONTINENTAL</td><td>80%</td></tr><tr><td>R/H Rear Tyre</td><td>245/40R18</td><td>CONTINENTAL</td><td>80%</td></tr><tr><td>L/H Rear Tyre</td><td>245/40R18</td><td>CONTINENTAL</td><td>80%</td></tr></tbody></table>			Size	Make	Balance	R/H Front Tyre	245/40R18	CONTINENTAL	80%	L/H Front Tyre	245/40R18	CONTINENTAL	80%	R/H Rear Tyre	245/40R18	CONTINENTAL	80%	L/H Rear Tyre	245/40R18	CONTINENTAL	80%
	Size	Make	Balance																		
R/H Front Tyre	245/40R18	CONTINENTAL	80%																		
L/H Front Tyre	245/40R18	CONTINENTAL	80%																		
R/H Rear Tyre	245/40R18	CONTINENTAL	80%																		
L/H Rear Tyre	245/40R18	CONTINENTAL	80%																		
<b><u>Inspection</u></b>  Repairer : Sunrise Auto Services Pte Ltd 15 Defu Lane 10 #01-392 Defu Industrial Estate Singapore 539196																					
<b><u>Adjustment And Recommendation Cost Of Repair</u></b>  Repairer's Estimate : \$12,163.14 Revised Amount : \$7,800.00 Less Excess : - Nett Total : \$7,800.00																					
<b><u>Remarks</u></b>  (A) Survey was done on 30/03/2023 (B) Re-survey was done on 31/03/2023 (C) Re-survey after repair was done on 04/04/2023 (D) The survey was conducted entirely on WITHOUT PREJUDICE basis. (E) We have NOT given any instruction to authorize the repair of the vehicle.																					

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



**Adjustment On Repair Costs And Replacement Of Parts:**

S/No	Qty	Descriptions	Assessed Condition	Estimate by Workshop (\$)	Revised Amount (\$)
		<u>PARTS REPLACEMENT – LIST ITEMS</u>			
1	1pc	Bootlid emblem logo	Necessary	134.38	134.38
2	1pc	Bootlid emblem A4	Necessary	96.72	96.72
3	1pc	Bootlid TFSI	Necessary	96.72	96.72
4	1pc	Rear bumper	Dented/Broken	2,444.54	2,444.54
5	1pc	Rear bumper lower lid	Grazed/Torn	278.05	278.05
6	1pc	Rear bumper reinforcement	Dented/Bent	679.32	679.32
7	2pcs	Rear bumper retainer @ \$45.81	Serviceable	74.04	-
8	4pcs	Reverse sensor @ \$245.92	Damaged	983.68	983.68
9	1pc	Rear end panel	Repair	1,360.17	-
10	1pc	Rear end panel garnish	Serviceable	196.23	-
11	1pc	Rear exhaust muffler	Dented/Bent	2,162.51	2,162.51
12	2pcs	Rear exhaust muffler chrome @ \$431.00	Dented/Twisted	862.00	862.00
13	2pcs	Rear exhaust muffler mounting @ \$80.63	Serviceable	121.26	-
				9,489.62	7,737.92
		Less 5%		(474.48)	(386.89)
			Sub total	9,015.14	7,351.03
		<u>PARTS REPLACEMENT – SPECIAL NETT ITEMS</u>			
1	4pcs	Reverse sensor seal @ \$1.50	Necessary	6.00	6.00
2	1set	Rear bumper clip	Necessary	52.00	45.00
3	1set	Rear end panel garnish clip	Necessary	30.00	24.00
			Part total	9,103.14	7,426.03
		<u>LABOUR &amp; MISC. CHARGES</u>			
1		Repair & replace damaged parts		1,000.00	750.00
2		Spray paint affected area		1,200.00	1,000.00
3		Check rear wiring system		40.00	20.00
4		Remove & renew reverse sensor		80.00	60.00
5		Spray anti rust on affected area		40.00	30.00
6		Diagnose & reset system after repair		420.00	260.00
7		Remove & refix rear exhaust muffler		180.00	120.00

S/No	Qty	Descriptions	Assessed Condition	Estimate by Workshop (\$)	Revised Amount (\$)
8		<u>LABOUR &amp; MISC. CHARGES (CONT'D)</u>	Grand total		
		Remove & refix trim board & garnish		100.00	80.00
				12,163.14	9,746.03
Recommended cost of lump sum repair (To its pre-accident condition)					7,800.00

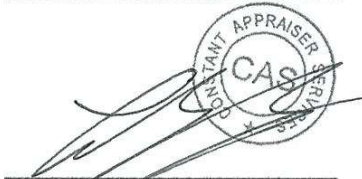
**Adjustment/Recommendations**

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

The repairer has agreed to undertake the job at a lump sum of **\$7,800.00** on a contractual basis. Under normal circumstances, the repair period would be about **5 (Five)** working days.

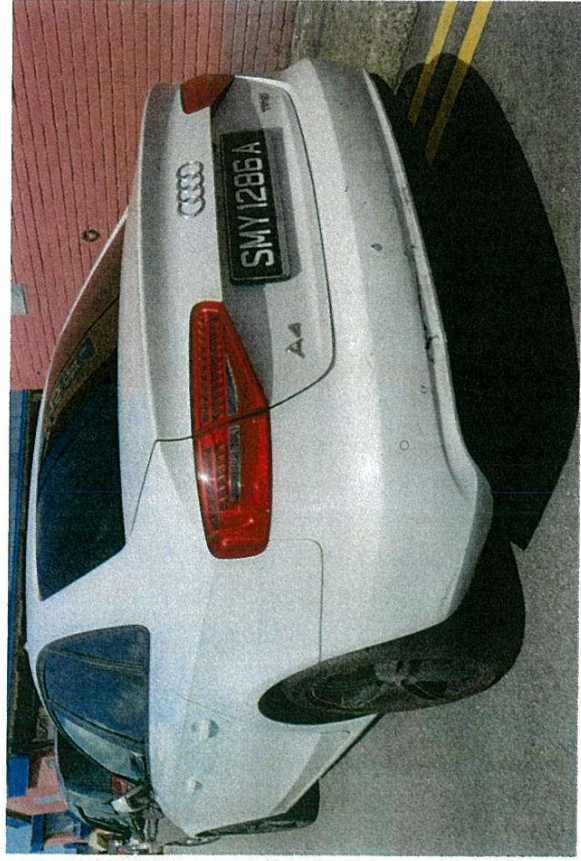
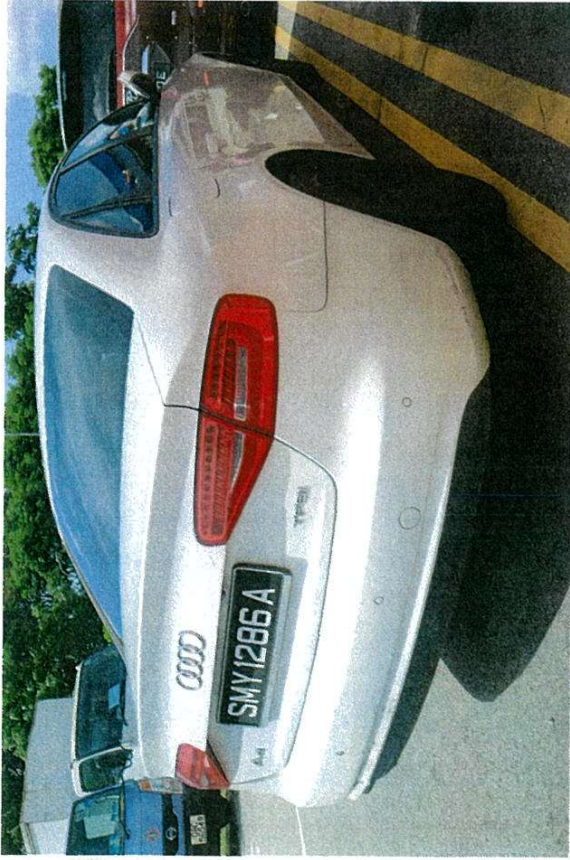
Yours faithfully,

**Constant Appraiser Services**

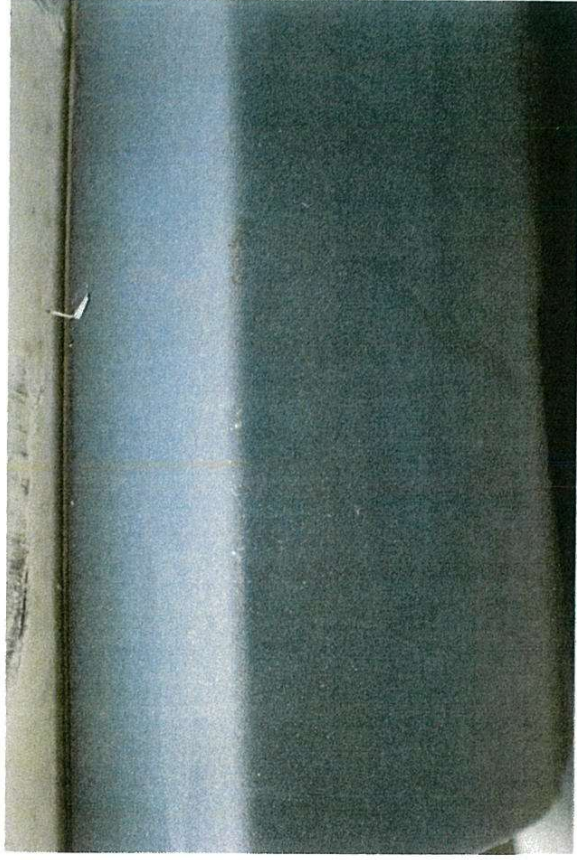


Lim Yong Tian (Sebastian)  
Licensed Appraiser  
Adv. Dip. In Mechanical Engineering (AUS)  
MSAAA

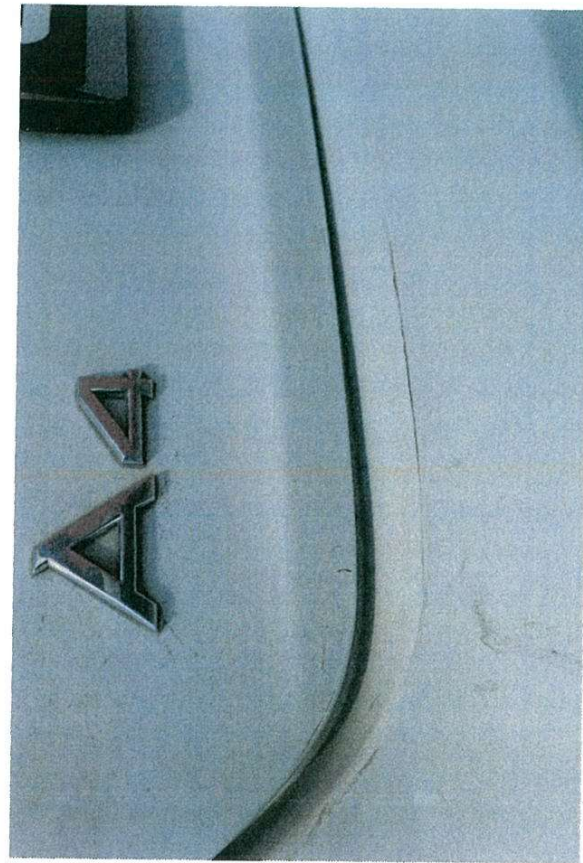
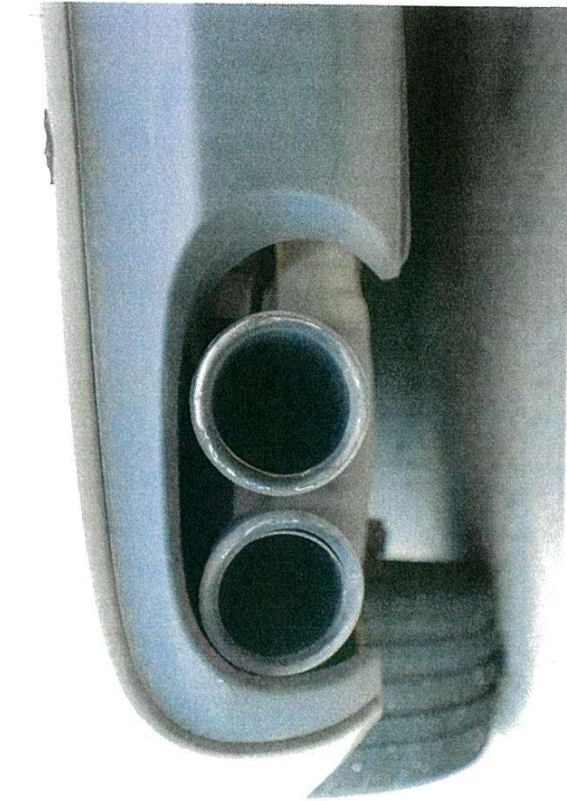






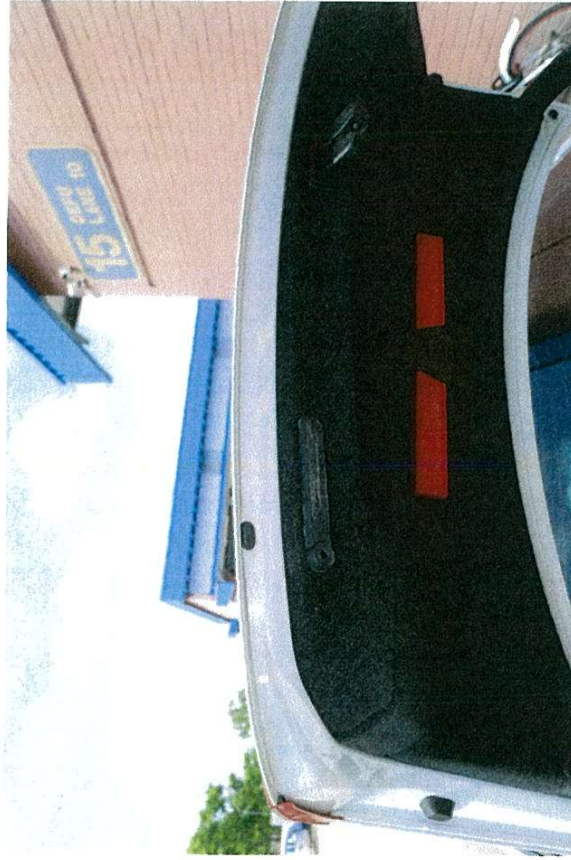




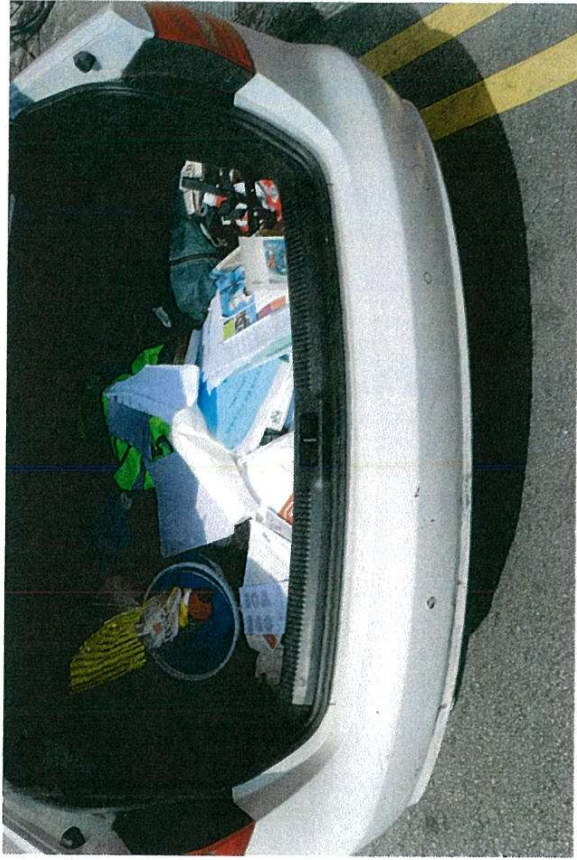
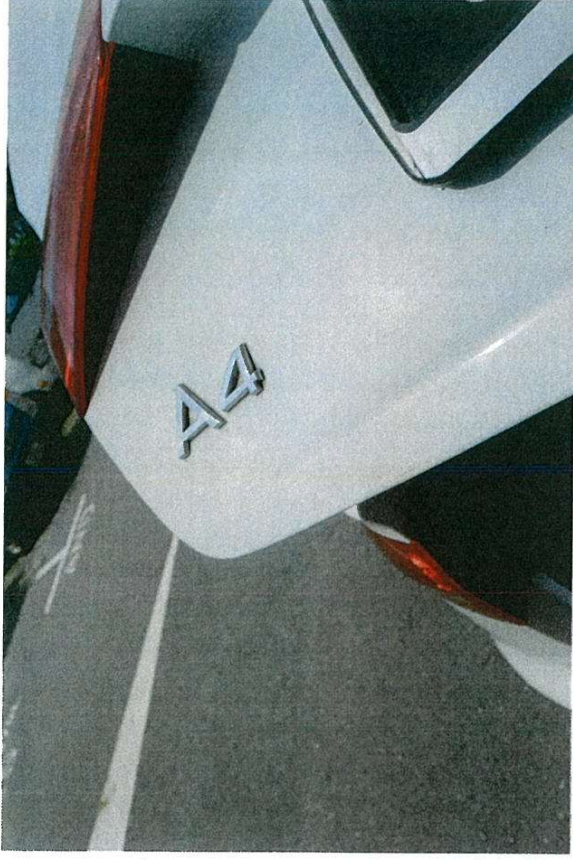




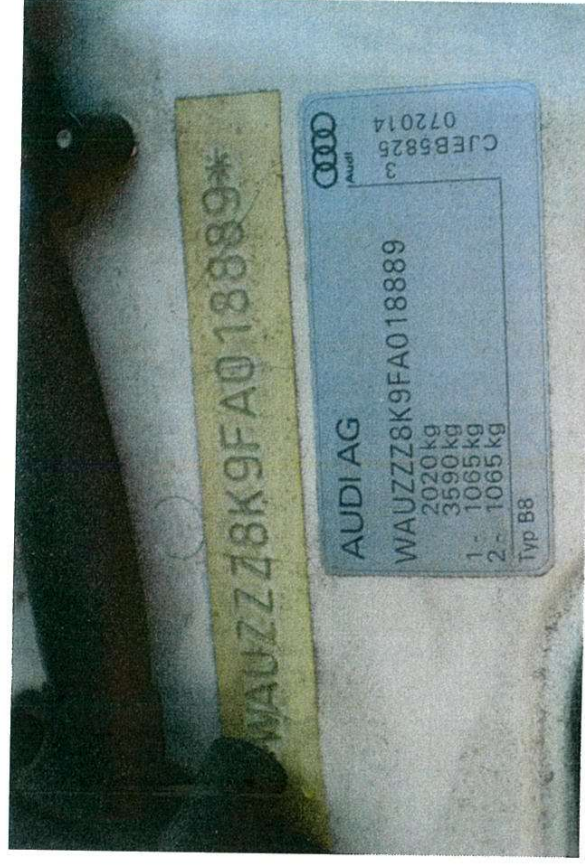
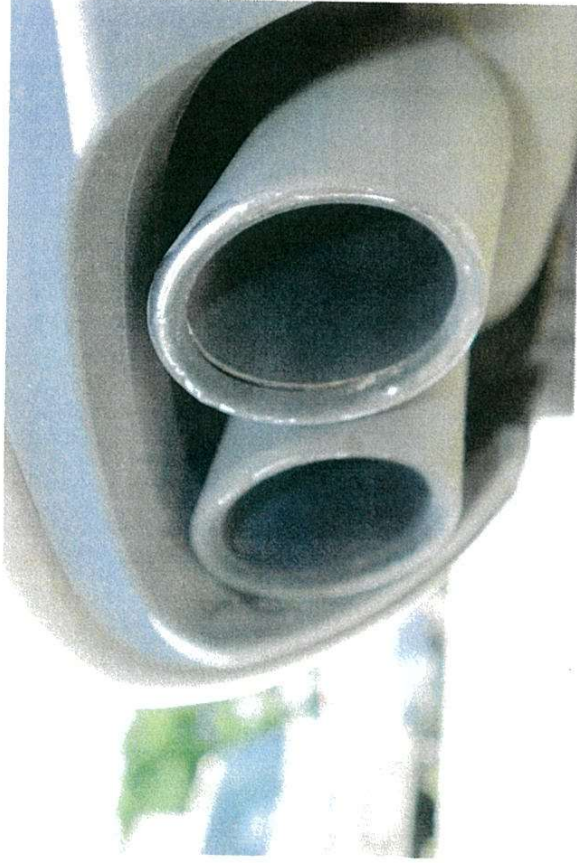
Constant Appraiser Services







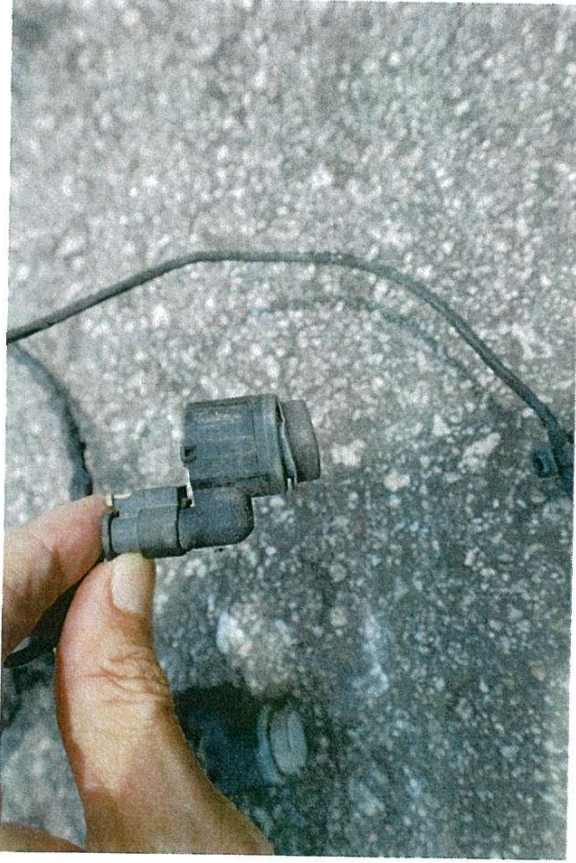




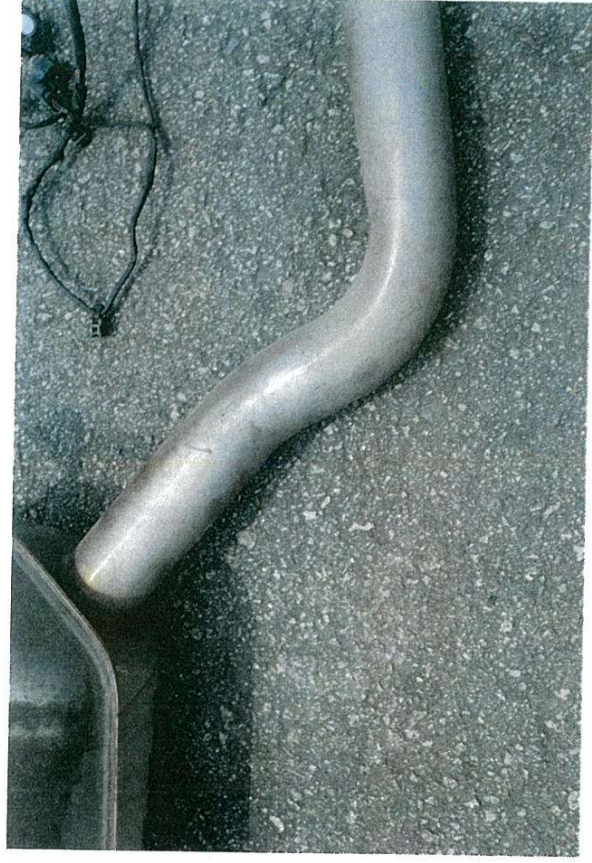
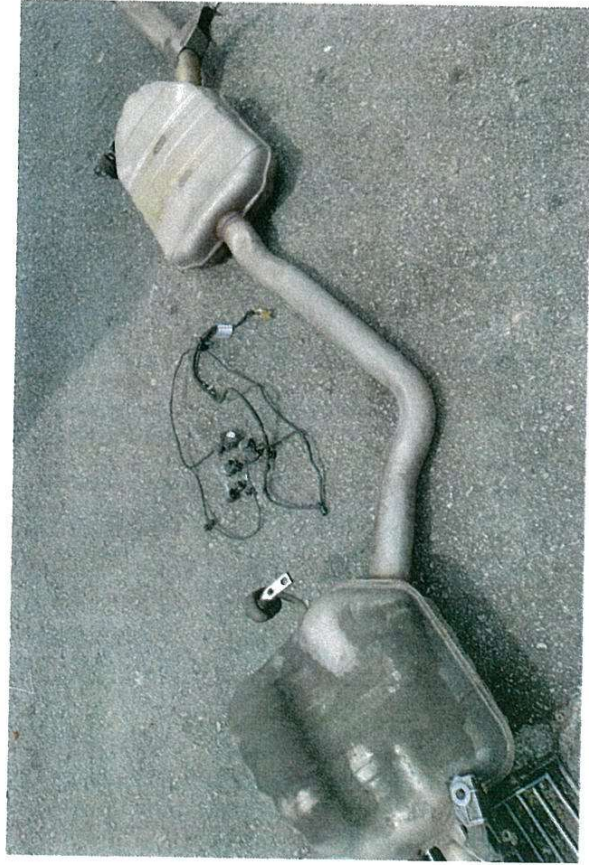
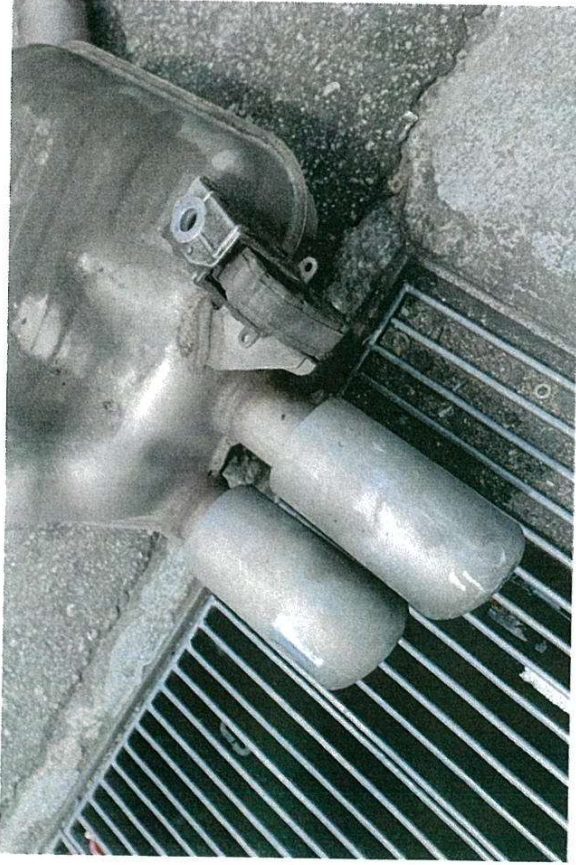








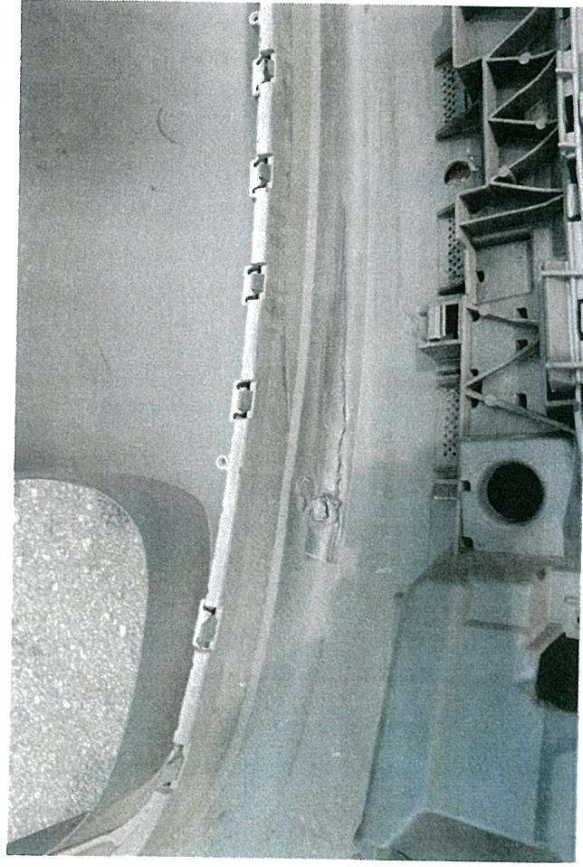




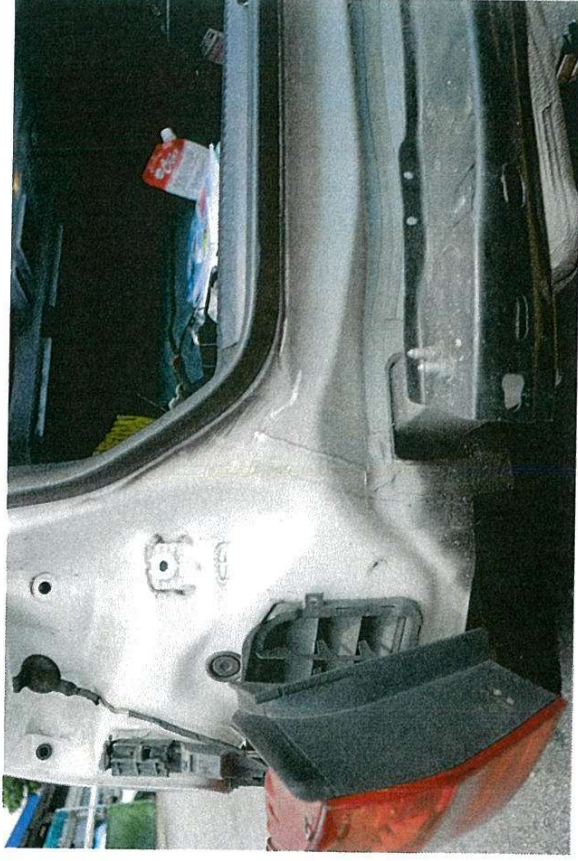
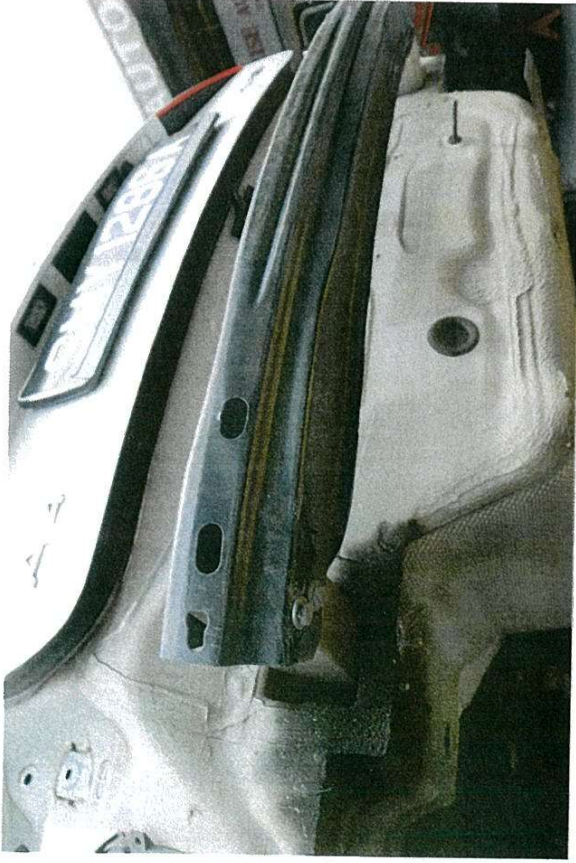


















## SINGAPORE ACCIDENT STATEMENT

### 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	29/03/2023 09:37 (SGT)
Reported by	Actual Driver
Date of Accident	28/03/2023 08:11 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE (BT BATOK EXIT)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY1286A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TU SHAN
NRIC No	GXXXX864L
Email Address	XIONGWEI.EMPEROR@GMAIL.COM
Mobile Phone No	(Phone) +65-81897605
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800

### INSURANCE COMPANY

Name of Insurance Company	Etiga Insurance Pte Ltd
Policy Number / Cover Note Number	MA022068

### DRIVER

Name of Driver	XIONG WEI
Passport No/FIN	GXXXX410M
Date Of Birth	26/03/1988
Occupation	Indoor

Date Of Driving Pass	04/05/2016
Driving experience	6 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81890839
Alt. Phone Number	-
Email Address	XIONGWEI.EMPEROR@GMAIL.COM
Address	23 KOVAN RD #08-20 S.548193
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	AFTER RAIN
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
Yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER ATTACHED

#### 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	SMT1430B
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)

-  
-  
-  
-  
-  
-  
-

C

C



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.

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

PIE (P. B. Lak (unit))

← A → B

A: SMY1286A  
B: SMT1430R



Describe Circumstance of the Accident

I was travelling along P12 (near Bt Ratah  
hit). Traffic was heavy & slow moving.  
Suddenly I felt an impact from behind  
and realised vehicle B (SM71430B) had  
rear ended my vehicle.

Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy.  
please check your policy for more information.

Declaration

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

Policyholder's Signature / Date & Time

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

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



# Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars ( As At 28 Mar 2023 / 08:11:00 )

## Vehicle Insurance Details

Vehicle No.:

**SMT1430B**

Make Description/Model:

**TOYOTA / PRIUS PLUS (AUTO)**

Insurance Company Name:

**INDIA INT'L INS PTE LTD**

Business Transaction Reference No.:

**20230329110240617079**

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

Save as PDF

OK →

Print





# Thank you

You have successfully logged out.

Your last login date and time was 29 Mar 2023, 11:01:42.

To return to ONE.MOTORING, please [click here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

## Session Transaction History

S/No.	Asset Type	Asset ID	Transaction Type	Transaction Amount(\$\$)	Log Date/Time
1	Vehicle	SMT1430B	18.19 Enquire Veh Owner Info (Others) by Law Firm	26.75	29 Mar 2023 / 11:02:40