Litigation

Claims Department
BOX No: 185

CATHERINE LIM LLC

林 ADVOCATES & SOLICITORS
翠 NOTARY PUBLIC -公证官
玲 COMMISSIONER FOR OATHS- 宣誓官
律
師 CATHERINE C.L.LIM
馆 DIRECTOR
LL.B (HONS) SINGAPORE-法律系-律師
M.B.A. (BUSINESS LAW)-商业系-硕士

12 Eu Tong Sen Street
The Central (SOHO 2) #05-172
Singapore 059819
UEN No. 201310922K
Tel: (65) 6438 5500
Fax: (65) 6438 0111
www.catherinelimllc.com
Email: info@catherinelimllc.com
CATHERINE LIM LLC is a law corporation with limited liability

Our Ref: CL/221221/T/KC.sg

31 March 2023

M/s Liberty Insurance Pte Ltd
51 Club Street
#03-00 Citystate House
Singapore 069428
Attn: Motor Claims Dept

WITHOUT PREJUDICE
(to the personal injury claim)
By Hand

AVS22/3X67 -TPP

Razali Bin Kamsan
131 Marsiling Rise
#05-188
Singapore 730131

CERTIFICATE OF POSTING
(Please be informed that all supporting documents have been forwarded to your insurer.)

Dear Sir

ACCIDENT INVOLVING SNA 1722Y / SMM 3573X ON 8.12.2022 ALONG PIE TOWARDS TUAS

We act for MUTHUSAMY MURUGANNANTHAM, the owner of motor vehicle No. SNA 1722Y, which was involved in the above accident.

Our client has suffered loss and damage as a result of your Insured's negligence in the driving of motor vehicle No. SMM 3573X.

We quantify our client's claim as follows:-

1.	Cost of Repairs	$ 2,829.60
2.	Loss of use (6 days x $150)	$ 900.00
3.	Survey fee	$ 388.00
4.	Incidentals, transport & photocopying etc	$ 54.00
5.	Cost contribution	$ 972.00
		$ 5,143.60

We enclose herewith photocopies of our client's accident report, repair bill, survey fee, survey report and colour photographs of our client's damaged vehicle for your immediate attention.

Please let us know within the next 14 days from the receipt of this letter, whether you are prepared to admit liability and revert with a settlement proposal, failing which our clients shall have no alternative but to commence legal proceedings against your insured.

Yours faithfully

Encs
cc: clients

3/04/23

SC1N22C9000A / City Auto Pte Ltd
ENTRY DATE & TIME: 09/12/2022 17:09 (SGT)
SUBMITTED BY: Jason Quak
VERSION: 1 (09/12/2022 17:09 (SGT))

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 witholding 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	09/12/2022 17:09 (SGT)
Reported by	Both
Date of Accident	08/12/2022 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA1722Y

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUTHUSAMY MURUGANNANTHAM
Work Permit No	GXXXX139M
Email Address	SSOPHIAONG@GMAIL.COM
Mobile Phone No	(Phone) +65-96773793
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Touran
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	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5123331274-01

DRIVER

Name of Driver	MUTHUSAMY MURUGANNANTHAM
Work Permit No	GXXXX139M
Date Of Birth	21/05/1985
Occupation	Indoor

Date Of Driving Pass	05/02/2021
Driving experience	1 YEAR AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96773793
Alt. Phone Number	-
Email Address	SSOPHIAONG@GMAIL.COM
Address	7, TUAS SOUTH ST 15,
Address complement	-
Postcode	637078
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	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?	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	PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ATTACH POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM3573X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	RAZAU BIN KAMSAN
Contact Number	(Phone) +65-88085736
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNA1722Y
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' 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.

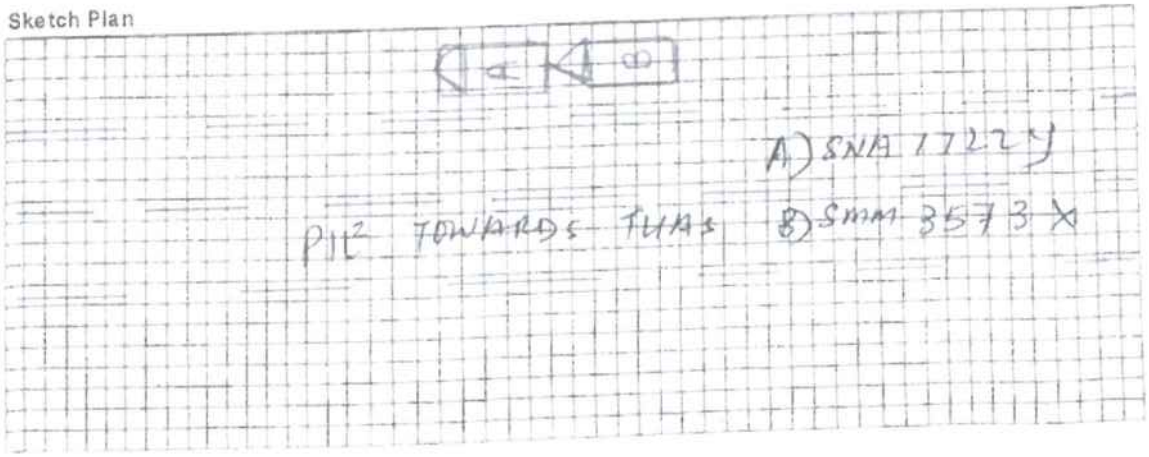
CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



SKETCH PLAN #2

Describe Circumstances of the Accident

later to police Report

7/20221209/2069

Declaration

We declare the foregoing particulars are true in every respect

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

SINGAPORE POLICE FORCE

T/20221209/2069

1 of 1

Report No. T/20221209/2069

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE 649482
Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
09/12/2022 14:47		89

Informant's Particulars

Name of Informant: MUTHUSAMY MURUGANANTHAM			Address: APT BLK 550 WOODLANDS DRIVE 44 #08-66 SINGAPORE 730550	
ID Type / ID No.: FIN NO / G7862139M			Contact No.: Home/Office:	Mobile: 96773793
Nationality: INDIAN			Email: MURUGANANTHAM@SEAGULLGROUP.COM.SG	
Sex: Male	Age: 37	Date of Birth: 21/05/1985	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: MARINE OPERATIONS MANAGER			Driving Licence Information: Class: 3,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive No	Date/Time of Accident: 08/12/2022 17:30	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMM3573X	Car	KIA		Grey	Slightly Damaged	0
SNA1722Y	Car	VOLKSWAGON	TOURAN 1.6 TDI AT 1T332Z	Grey	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

SINGAPORE POLICE FORCE

T2022120920S9

Police Station Of Origin
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 4

Report No: T2022120920S9

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNA1722Y	NTUC Income Insurance Co-Operative Limited	5123331274-01	19/08/2022	13/07/2023

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	MUTHUSAMY MURUGANANTHAM		ID No.	G7862139M	
Related Vehicle	SNA1722Y (Car)		Contact No.	96773792	
Hospital/Clinic	KINGS MEDICAL CLINIC		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL	
Date Treatment	09/12/2022		Date Discharge	09/12/2022	
No. of Days granted Medical Leave	03		Degree of Injury	Slight	
Driver					
Name	RAZALI BIN KAMSAN		ID No.	S7034975B	
Related Vehicle	NIL		Contact No.	88085736	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	

Brief Details.

On 08/12/2022 at about 1730hrs I was driving along the Pan Island Expressway towards Tuas on the first lane where I was engaged in a traffic accident near Adams Road exit. At that time, I had a passenger with me, my manager namely Vijay HP: 81891203 who was seated at the front passenger seat. The road was slippery as it had just rained and there was another head to rear traffic accident that happened in front of me. Because of that, I had slowed down my speed and was travelling at about 20km/h.

Suddenly, I felt a vehicle from the back collided into me. I quickly stopped at the side of the road along the first lane and put on my hazard lights. Both my friend and I then got down from the vehicle and observed minor scratches and a small hole on my rear bumper. The other vehicle, SMM3573X also had minor scratches on its front bumper. The driver involved is Razali Bin Kamsan, HP: 81891203. No one was badly injured and traffic police and ambulance did not come down to my incident.

I felt a slight pain at the back of my neck after the accident. I went to Kings Medical Clinic and was given a 3 days MC from 09/12/2022 to 11/12/2022. I did not suffer any sprains or visible injuries. My manager

SINGAPORE
POLICE FORCE

T/20221209/2069

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No: T/20221209/2069

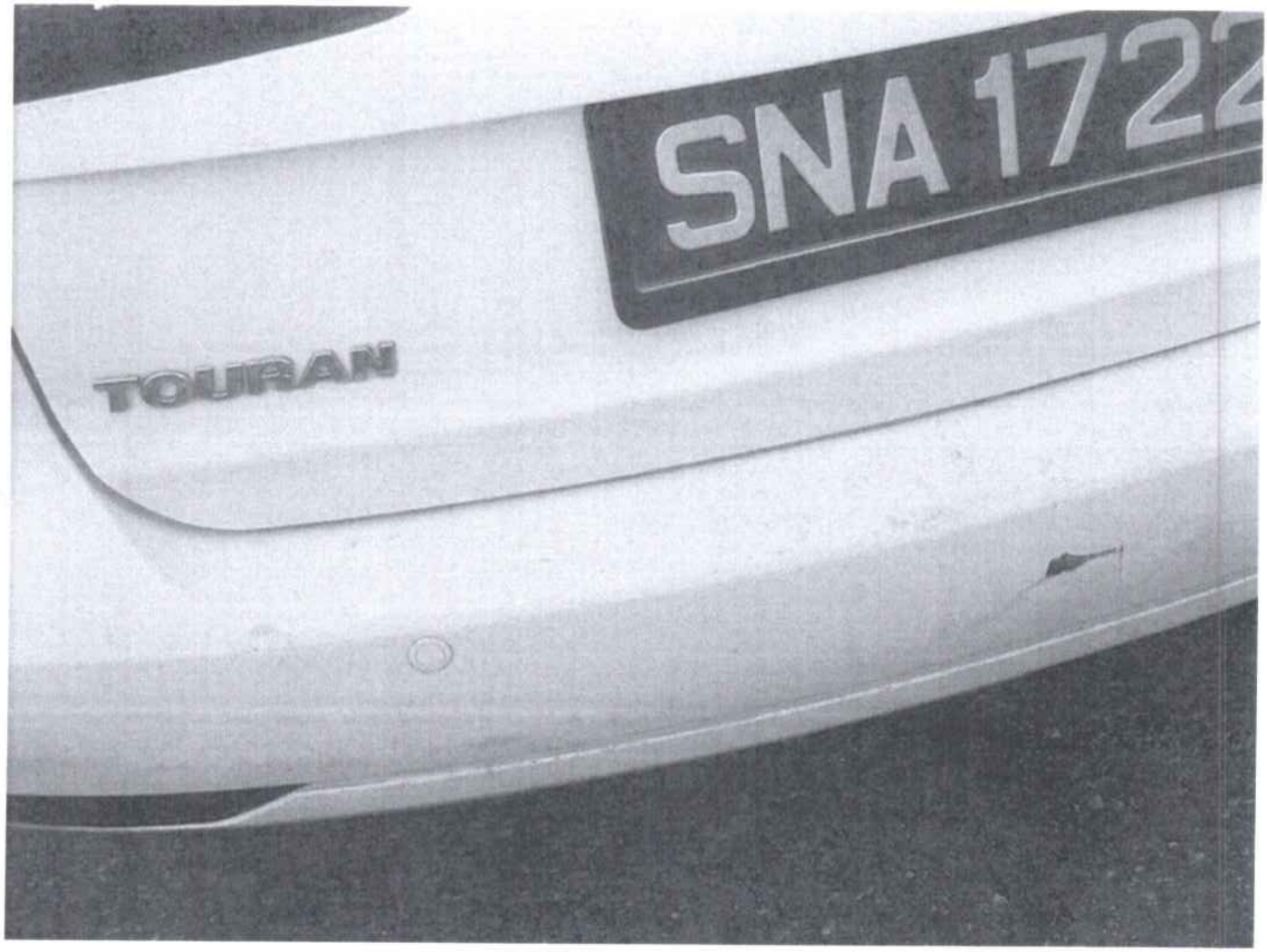
CONTINUATION OF REPORT

was not injured and did not see the doctor.

IMAGES

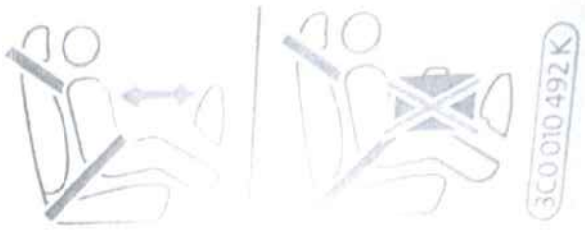
IMAGES #2

IMAGES #3



IMAGES #4

IMAGES #5


3C0 010 492 K


VOLKSWAGEN AG
WVGZZZ1TZFW020573
2250 kg
3785 kg
1 - 1150 kg
2 - 1160 kg
Typ 1T
M4
CAYC 4101
3830260
0,50

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

KUM CHEW MOTOR WORKSHOP

160, SIN MING DRIVE #05-08
SIN MING AUTOCITY, SINGAPORE 575722.
Tel No. : 64536256/64563715 Fax No. : 64557754
E-Mail : kumchew1@singnet.com.sg
GST Reg.No. : M90367665T

MR MUTHUSAMY MURUGANANTHAM
BLK 550, WOODLANDS DRIVE 44 #08-66
SINGAPORE 730550

Attention : Motor Claim Department

Contact : 96773793

Proforma Invoice : ES005742

Date : 27/03/2023
Vehicle Num. : SNA 1722 Y
Make/Model : VOLKSWAGEN TOURAN-2014
Chassis/Eng# : WVGZZZ11ZFW020573
Accident Date : 08/12/2022
Claim No. :
Reference : KC/TP1722/2212-03
Policy No. :

	Amount S$
LUMP SUM REPAIR	2,620.00

SingDollars : Two Thousand Eight Hundred Twenty-Nine & Cents Sixty Only

Total S$:	2,620.00
GST@8% S$:	209.60
Amount Due S$:	2,829.60

KUM CHEW MOTOR WORKSHOP

PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers

Correspondence Mail Address: My Mail Box 886259 Singapore 919191
Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg: 201404434D

INVOICE

To. Mr Muthusamy Murugannantham
C/o. 160 Sin Ming Drive
#05-08 Sin Ming Autocity
Singapore 575722

Invoice No. : HA/2301-35

Date : 31/01/2023

Descriptions	Amount (SGD)
Services Rendered For Appraiser / Inspection Report :-	
Survey Fee	
Photographs	
Transport Fees	
Re-inspection Fees	
Total :	**SGD : $ 388.00**
SGD Dollar : Three Hundred and Eighty Eight Dollars Only.	
Our Reference : PAS/TP/0191222	
Vehicle No. : SNA1722Y	
Make & Model : Volkswagen Touran	
Your Claim No. : Third Party Claim	

Notes:
All cheque payment should be Crossed and made payable to "**PROMINENT APPRAISER SERVICES PTE LTD**".
Please indicate our "**INVOICE NO.**" on the reverse side of the cheque.
Should you have any enquiries, please do not hesitate to contact us.

For PROMINENT APPRAISER SERVICES PTE LTD

PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers

Correspondence Mail Address: My Mail Box 886259 Singapore 919191
Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg: 201404434D

VEHICLE INSPECTION REPORT

Report No. : PAS/TP/0191222

Date of Report : 31/01/2023

To : Mr Muthusamy Murugannantham
C/o. 160 Sin Ming Drive
#05-08 Sin Ming Autocity
Singapore 575722

Date of Assignment : 14/12/2022
Report requested by : Mr Muthusamy Murugannant
Date of Accident : 08/12/2022
Date of Inspection : 14/12/2022
Claim No. : Third Party Claim
Policy No. : -

PARTICULARS OF DAMAGED VEHICLE

Vehicle Registration No.	: SNA1722Y	Engine Capacity (cc)	: 1598
Make & Model	: Volkswagen Touran	Mileage (km)	: 206426km
Date of Registration	: 14/01/2015	Chassis / Frame No.	: WVGZZZ1TZFW020573
Colour	: White	Engine No.	: CAYAL5580

TYRE CONDITION

Front LH	: 5 mm	Front RH	: 5 mm
Make	: Bridgestone	Make	: Bridgestone
Rear LH	: 5 mm	Rear RH	: 5 mm
Make	: Bridgestone	Make	: Bridgestone

Road wheels Type : Alloy

(The above represents the approximate remaining life of tyre treads)

PRE-ACCIDENT CONDITION OF DAMAGED VEHICLE (Static tests only)

General Bodywork	: Good
Paintwork	: Good
Handbrake	: Serviceable
Footbrake	: Serviceable
Steering	: Serviceable
Apparent Engine Modification	: Nil

PLACE OF REPAIRER OFFICE/WORKSHOP

Location : M/s. Kum Chew Motor Workshop
160, Sin Ming Drive, #05-08, Sin Ming Autocity, Singapore 575722

ASSESSMENT

Repairer's Estimate	: $	**4,637.40**	
Revised Amount	: $	**3,271.40**	
Less Excess	: $	-	
Recommended Reserve	: $	**2,620.00**	**(Lump Sum)**

Estimated Normal Period of Repairs : **4 Working Days**

PROMINENT APPRAISER SERVICES PTE LTD
Qualified Loss Adjusters And Motor Appraisers
Correspondence Mail Address: My Mail Box 886259 Singapore 919191
Mobile 9295 2204 Fax 6722 8508 Email pasvcs@hotmail.com
Business Reg 201404434D

Vehicle No : SNA1722Y **Report No. : PAS/TP/0191222**

GENERAL REMARKS

WITHOUT PREJUDICE

THE ASSIGNMENT

The survey was conducted at M/s. Kum Chew Motor Workshop, 160, Sin Ming Drive, #05-08, Sin Ming Autocity, Singapore 575722.

(Subsequent inspections have been conducted)

POINT OF IMPACT

At the rear portion.

DAMAGES

The tailgate, rear bumper, rear end panel, rear chassis members, etc.

Other parts were also found damaged. (See schedule for details)

ADJUSTMENT / RECOMMENDATION

We have inspected thoroughly each and every item on the repairer's estimate against the actual damaged found on the vehicle. We list the breakdown of our findings and our recommendation as per schedule attached.

Our adjusted amount for the cost of repairs is SGD $3,271.40.

CONCLUSION

The repairer has agreed to undertake the repairs at a lump sum of SGD $2,620.00.

This inspection was conducted entirely on a **'Without Prejudice'** basis. We have not given an authorization and/or instruction to the repairer to proceed with the repairs.

We hereby reverting the matter to you for your discretion on repairs.

Assuring you of our best services always.

Yours Truly,
Prominent Appraiser Services Pte Ltd

Andrew How
Automobile Appraiser
MSAAA
Licensed Appraiser

PROMINENT APPRAISER SERVICES PTE LTD

Qualified Loss Adjusters And Motor Appraisers

Correspondence Mail Address: My Mail Box 886259 Singapore 919191
Mobile: 9295 2204 Fax: 6722 8508 Email: pasvcs@hotmail.com

Business Reg: 201404434D

Vehicle No : SNA1722Y **Report No. : PAS/TP/0191222**

APPRAISEMENT SCHEDULE

S/No.	Qty	Parts Descriptions	Condition		Repairer's Estimate (S$)	Our Assessment (S$)
1	1 pc	Rr bumper	Dented/Deformed		$ 1,351.00	$ 1,351.00
2	2 pcs	Rr bumper reflector R/L	Refit	$ 62.00	$ 124.00	$ -
3	1 pc	Rr bumper centre guide	Dented/Cracked		$ 87.00	$ 87.00
4	2 pcs	Rr bumper side guide R/L	Necessary	$ 68.00	$ 136.00	$ 136.00
5	1 pc	Rr bumper reinforcement	Dented		$ 572.00	$ 572.00
6	1 pc	Rr end panel	Dented/Repair		$ 816.00	$ -
					$ 3,086.00	$ 2,146.00
			Less Discount : 10%		$ 308.60	10% $ 214.60
			List Parts Sub-Total :		$ 2,777.40	$ 1,931.40
1	1 set	Rr reverse sensor	Dented/Damaged	S/N	$ 200.00	$ 200.00
			Special Nett Sub-Total :		$ 200.00	$ 200.00
			Parts Total :		**$ 2,977.40**	**$ 2,131.40**

S/No.	Labour Descriptions	Repairer's Estimate (S$)	Our Assessment (S$)
1	To remove and reinstall electrical wiring system for necessary repairs. To check rear electrical wiring system. To remove, replace and reinstall rear reverse sensors & control unit.	$ 60.00	$ 50.00
2	To remove and reinstall rear interior trims, garnishes, etc. for necessary repairs. To straighten, repair, realign on affected area and replace damaged parts.	$ 800.00	$ 440.00
3	To spray painting, blending on affected and adjacent area.	$ 800.00	$ 650.00
	Labour Total :	**$ 1,660.00**	**$ 1,140.00**
	Total (Parts & Labour) :	**$ 4,637.40**	**$ 3,271.40**

For Lump Sum Repairs

The final adjusted Lump Sum contract amount is **$ 2,620.00**

Under normal circumstances, the repairs should be completed within a reasonable period of **4 Working Days. (Exclude waiting days of PRI, Sunday, Pubic Holiday and awaiting of shipment for spare parts)**

28 Photographs were taken at the time of inspection.

N.B: By accepting to carry out the repairs on a contract Lump Sum basis, the repairer shall has the prerogative and discretion to replace the damaged parts with new, used, OEM or reconditioned parts and/or to repair the vehicle on a roadworthy condition to the entire satisfaction of owner.

Note: The revised estimate has been adjusted from a visual inspection. Any discrepancies or unseen damages should be notified to the company within 7 days from the date hereof. Otherwise this revised amount shall be deemed as valid.


SNA 1722 Y
TOURAN


SNA 1722 Y

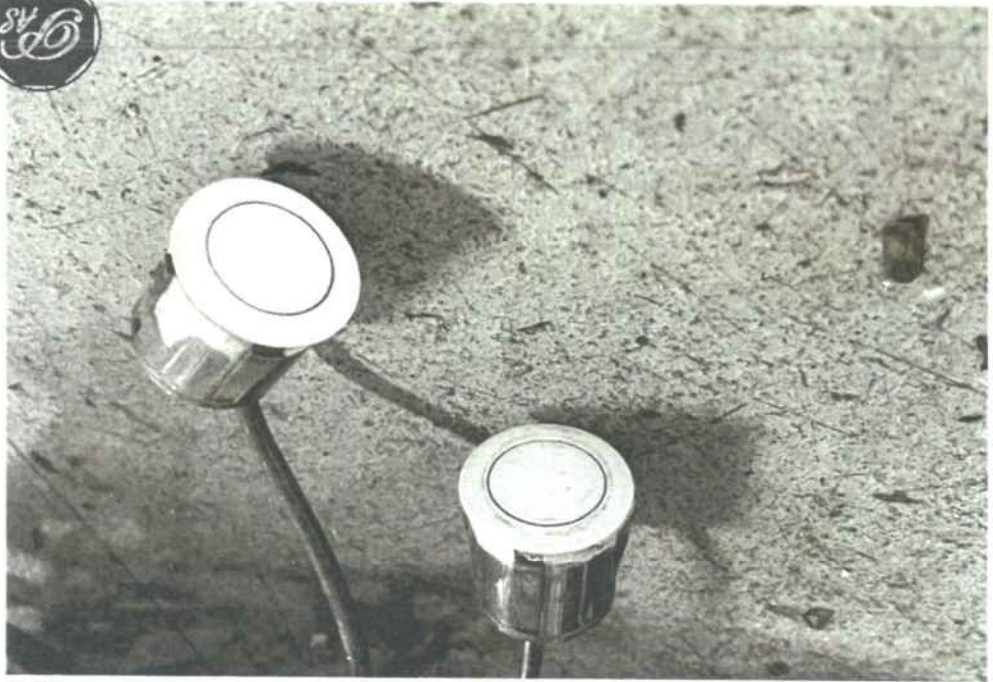

WVGZZZ1TZFW020573


TOURAN
SNA 1722 Y


TOURAN


SNA 1722 Y


SNA1722Y




SNA


SNA