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# Loo & Chong Law Corporation

(a law corporation incorporated with limited liability)  
UEN 201419899M

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In reply please quote our reference Number

Our Ref: SH24-144.YKM/L (SJT 1054 P)

13 June 2024

BY FAX / EMAIL: [motorsurey@sompo.com.sg](mailto:motorsurey@sompo.com.sg)

Sompo Insurance Singapore Pte Ltd  
50 Raffles Place  
#03-03 Singapore Land Tower  
Singapore 048623  
Motor Claims Dept  
(Vehicle No. SCL 5185 T)

Dear Sirs

We are instructed by Yap Swie Lian to notify you of a road accident on 12.06.24 at about 12:05 pm at / along Blk 31 Bendemeer Road – Open Carpark involving our client's vehicle no. SJT 1054 P and vehicle registration number SCL 5185 T driven by your insured driver/you/your driver at the material time. A copy of the Singapore accident statement filed is available.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

For the avoidance of doubt, our client will be claiming for compensation for loss of use/rental of a replacement vehicle in the instances enumerated in the State Courts Practice Direction Amendment No. 1 of 2016 paragraphs 7.1 and 7.2 of the Appendix C of the Pre-action Protocol for Non-Injury Motor Accident Cases which compensation is additional to any other claim for loss of use/rental of a replacement vehicle which our client may make against your insured and/or your insured's driver and or you/your driver.

Yours faithfully

This is a computer generated documents and requires no signature

cc: client (via e-mail/fax only) – (SJT 1054 P)

# Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars ( As At 12 Jun 2024 / 12:05:00 )

## Vehicle Insurance Details

Vehicle No.:

**SCL5185T**

Make Description/Model:

**B.M.W. / 520I LED NAV**

Insurance Company Name:

**SOMPO INSURANCE SINGAPORE PTE. LTD.**

Business Transaction Reference No.:

**20240613104811700019**

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

Save as PDF

OK →

Print



# Thank you

Loo & Chong Law Corporation has successfully logged out.

Your last login date and time was 13 Jun 2024, 10:47:23.

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	SCL5185T	18.19 Enquire Veh Owner Info (Others) by Law Firm	27.25	13 Jun 2024 / 10:48:11

## 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 reputate 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

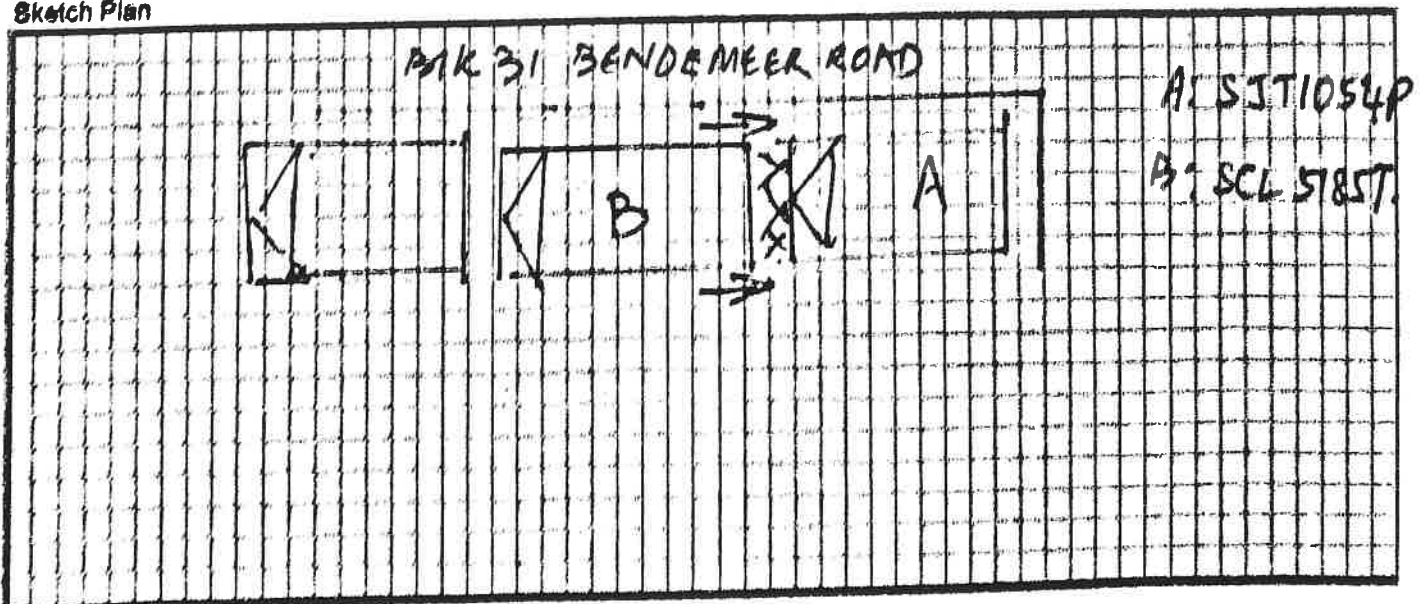
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

AMY YG  
Policyholder's Signature / Date & Time

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

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

### Sketch Plan



**Describe Circumstance of the Accident**

On mentioned date and time, I parked my vehicle and left to the nearby hawker centre. My car was parked in the lot at about 1120AM. After my lunch and meeting, I returned back to my car around 420pm. As I was walking towards my car I noticed that my vehicle's front section was damaged. I noticed a note was left on the front windscreen. The note was left by the front vehicle's driver. I contacted the number and spoke to a male character by the name of Leong. He mentioned that while reversing his vehicle collided against my stationary vehicle. He asked me to report to insurance and to proceed with insurance claim. My vehicle was installed with Front DashCam. I able to view the recording and saw the front vehicle crashing against my vehicle.

Was there any video captured by Car Camera?

☒ Yes / No

Has the driver been approached by unknown person(s)?

Yes / ☒ No

Number of Passengers (Including Driver)?

'0'

PARKED STATIONARY

Name

Gender:

Name

Gender:

Name

Gender:

**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 Officer  
(Name as in NRIC/ID card)