

Catherine Chong (LKK Auto)

From: Chee Kiong <cheekiong@seahong.com.sg>
Sent: Thursday, 13 December, 2018 2:44 PM
To: 'Catherine Chong (LKK Auto)'
Cc: june tan; 'Xin Yi'
Subject: RE : URGENT : SURVEY REPORT NEEDED : VEHICLE SKU 2569Y : MC 10036/2018 : 18.24709.S.CK.jt : CS3/AXA16000473/GBD1
Attachments: LOD.pdf; GIA INSURED.pdf; GIA TP.pdf; LKK PRI.pdf

Dear Catherine

Your PRI report is enclosed. We have asked for RI but the Plaintiff is not giving RI.

Please proceed to prepare your survey report urgently.

The Plaintiff's LOD with their survey report and parties' GIA statement is enclosed.

Please let us have the report urgently. Thanks !

Yours
Chee Kiong

K. KRISHNA & PARTNERS

UEN 53131210X
Advocates & Solicitors
Commissioner for Oaths
& Notary Public

101 Cecil Street #24-03/04 Tong Eng Building, Singapore 069533.
Tel: 6323 3038 Fax: 6323 2120 (Not for service of Court Documents)
Email: kkrishna@singnet.com.sg

K. Krishnamoorthi
LLB (Hons) (London)
Barrister-at-Law (Gray's Inn)
B.Sc(Hons)(Est.Man)(S'pore)

S. Manohar
LLB (Hons) (S'pore)

A. Revi Shanker
LLB (Hons) (UK)
Dip. Bus. Management (Henly)

Our Ref : KK.AMM.16007.2016.wen
Your Ref: to be advised

26th February 2016

M/s AXA Insurance Singapore Pte Ltd
8 Shenton Way #27-01
AXA Tower
Singapore 068811

Dear Sirs

ACCIDENT ON 06/01/2016 INVOLVING SKU 2569Y & SKE 8591B ALONG CROSS STREET

We act for M/s Vitro Auto, who was the registered owner of motor vehicle no. **SKU 2569Y** which was involved in the aforesaid accident with motor vehicle no. SKE 8591B.

We are instructed that the said vehicle no. **SKE 8591B** was insured by you at the material time.

We are further instructed that the aforesaid accident was caused solely by the negligence of your insured driver in the control management and driving of his vehicle. Accordingly, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:

1) Cost of repairs	\$ 3,670.00
2) Rental of a replacement vehicle	\$ 600.00
3) Survey report fee	\$ 316.00
4) GIA fee	\$ 29.00
5) LTA search	\$ 5.35
6) Costs	\$ 600.00
7) Transport, Xerox, postages & other incidentals	\$ 100.00

\$5,320.35
=====

60956948



RECEIVED

29 FEB 2016



**BY HAND
WITHOUT PREJUDICE**

K. KRISHNA & PARTNERS

Advocates & Solicitors

- 2 -

We have been instructed to claim the said sum of **\$5,320.35**. In support of our client's claim, we enclose herewith the documents as follows:-

- i) photocopy of accident reports;
- ii) photocopy of LTA search;
- iii) photocopy of repair bill;
- iv) photocopy of rental bill & rental agreement;
- v) photocopy of the survey reports & bill; and
- vi) **16 original color photographs.**

TAKE NOTICE that unless we receive your acknowledgement of receipt of this letter and its enclosures **within fourteen (14) days from the date hereof**, our client will have no alternative but to commence proceedings against your insured and/or his authorised driver without further reference or notice to you.

FURTHER, if you wish to conduct an inspection of our client's vehicle or to conduct a second inspection as the case may be, please let us have your written request **within seven (7) days of receipt of this letter of demand**. Please be reminded that our client shall enforce the above time lines strictly.

Please note that this claim is submitted without prejudice to our client's rights to claim damages for his/her personal injury as the case may be.

Yours faithfully



enc

cc Mdm Chan Hong Keow
75 Poh Huat Road
#02-14
Singapore 546782

CERTIFICATE OF POSTING

(We would advise you to report the accident to your insurers, M/s AXA Insurance Singapore Pte Ltd, if you have not done so. We have forwarded all supporting documents to your insurers, M/s AXA Insurance Singapore Pte Ltd. All supporting documents will be forwarded to you upon request. Please also notify us if you have a claim against our insured **within eight (8) weeks** from the date hereof.)

cc client

Enquire Vehicle & Owner Information (Vehicle No. SKE8591B As At 06 Jan 2016 / 19:00:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: KK.AMM.16007.2016

Current Owner Details

Owner ID Type: Singapore NRIC

Owner ID: S6839327B

Owner Name: CHAN HONG KEOW

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No: 75

Registered Street Name: POH HUAT ROAD

Registered Unit No.: # 02 - 14

Registered Building Name: -

Registered Postal Code: 546782

Current Vehicle Details

Vehicle No.: SKE8591B

Make Description/Model: VOLKSWAGEN / JETTA 1.4 TSI AT 1623G5

Insurance Company Name: AXA INSURANCE SINGAPORE PTE LTD



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Thank you



Krishnamoorthi S/o Kolanthaveloo has successfully logged out.

Your last login date and time was 24 Feb 2016, 21:34:58.

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

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

Session Transaction History

<u>S/No.</u>	<u>Asset Type</u>	<u>Asset ID</u>	<u>Asset Owner ID</u>	<u>Transaction Type</u>	<u>Transaction Amount(S\$)</u>	<u>Log Date/Time</u>
1	Vehicle	SKE8591B -		18.19 Enquire Veh Owner Info (Others) by Law Firm	5.35	24 Feb 2016 / 21:35:33

Land Transport  Authority

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability
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 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 Report	07/01/2016 14:12
Date Of Accident	06/01/2016 19:00
Exact Location Of Accident	ALONG CROSS STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU2569Y
Insured/Policyholder	
Name Of Registered Owner	VITRO AUTO
Co Reg No	53168212M
Email Address	JONATHAN@SATMOTORS.COM
Mobile Phone No	
Alternative Phone No	Office-96196533
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	S350L
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car
Insurance Company	
Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Third Party
Fleet Policy	No
Policy Number	5043853493-05
Cover Note Number	
Driver	
Name of Driver	LEE YONG CHUAN
NRIC No	S8016015A
Date Of Birth	02/06/1980
Occupation	Outdoor
Date Of Driving Pass	23/12/2000
Driving Experience	15 Years And 0 Months
Gender	Male
Mobile Number	(Local) +65-96196533
Fax Number	

Address	BLK 195E PUNGGOL ROAD #13-552
Postcode	825195
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Owner
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Collision- Head to Side
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED	
Are accident photos available for attachment?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKE8591B
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHAN HONG KEOW
NRIC/Passport Number	S6839327B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

IMPORTANT NOTICE

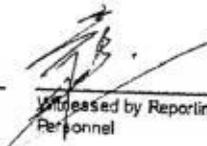
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 shed outside of Singapore, for one or more of the above Purposes.




Policyholder's Signature / Date & Time

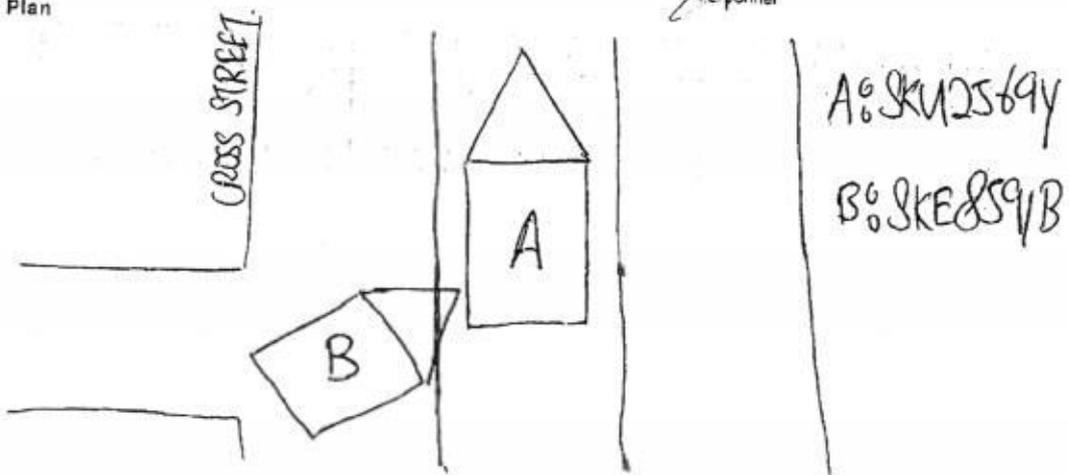


Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



A: SKU2569Y
 B: SKE859VB

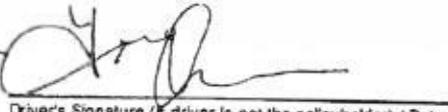
Describe Circumstances of the Accident

As I was driving along cross street when I felt a impact to my rear left portion. I realised vehicle B JKE8591B turned out of club street and hit into me.

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

Accident Photo



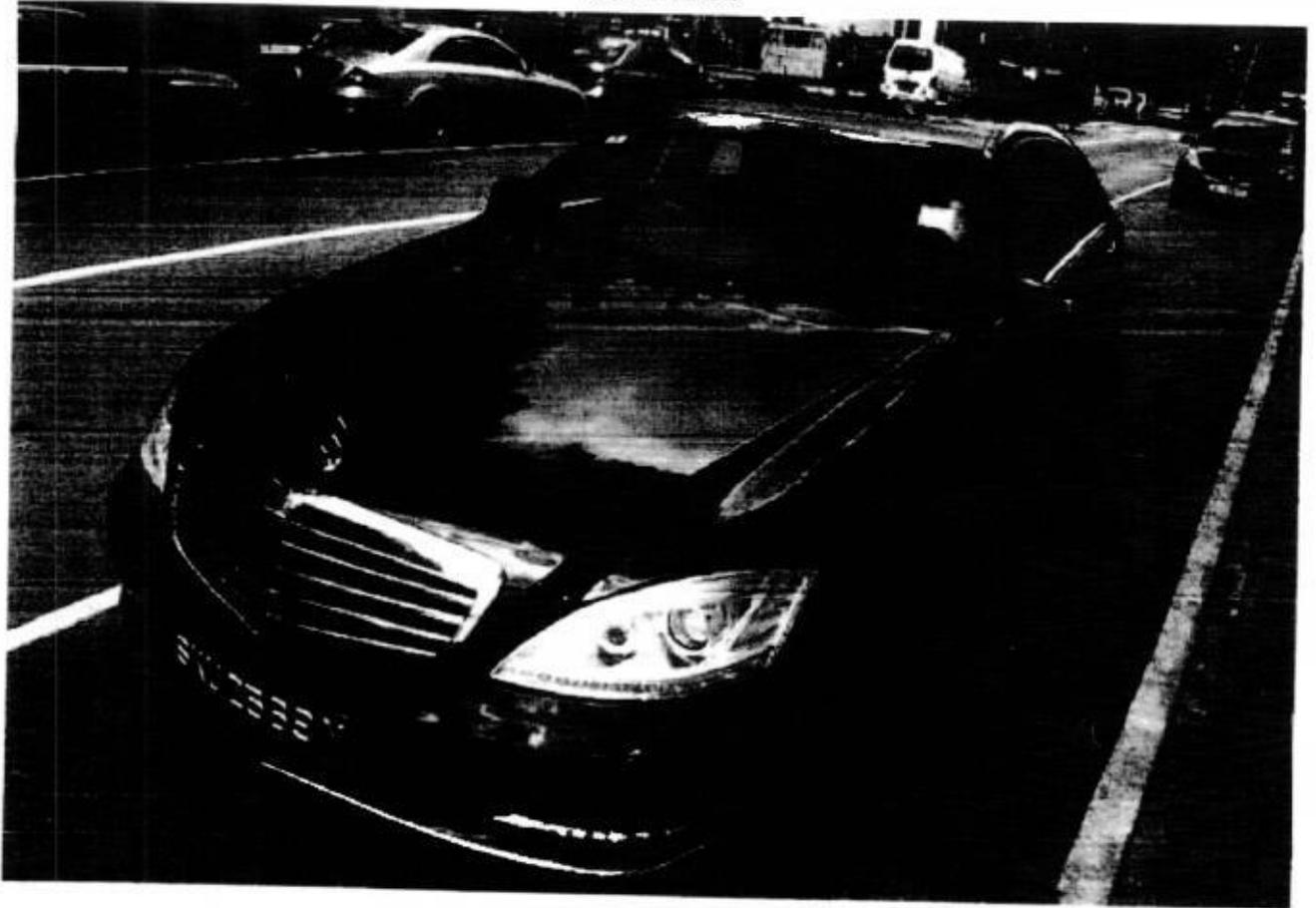
BW

Accident Photo



BW

Accident Photo



BW

Accident Photo



BW

Accident Photo



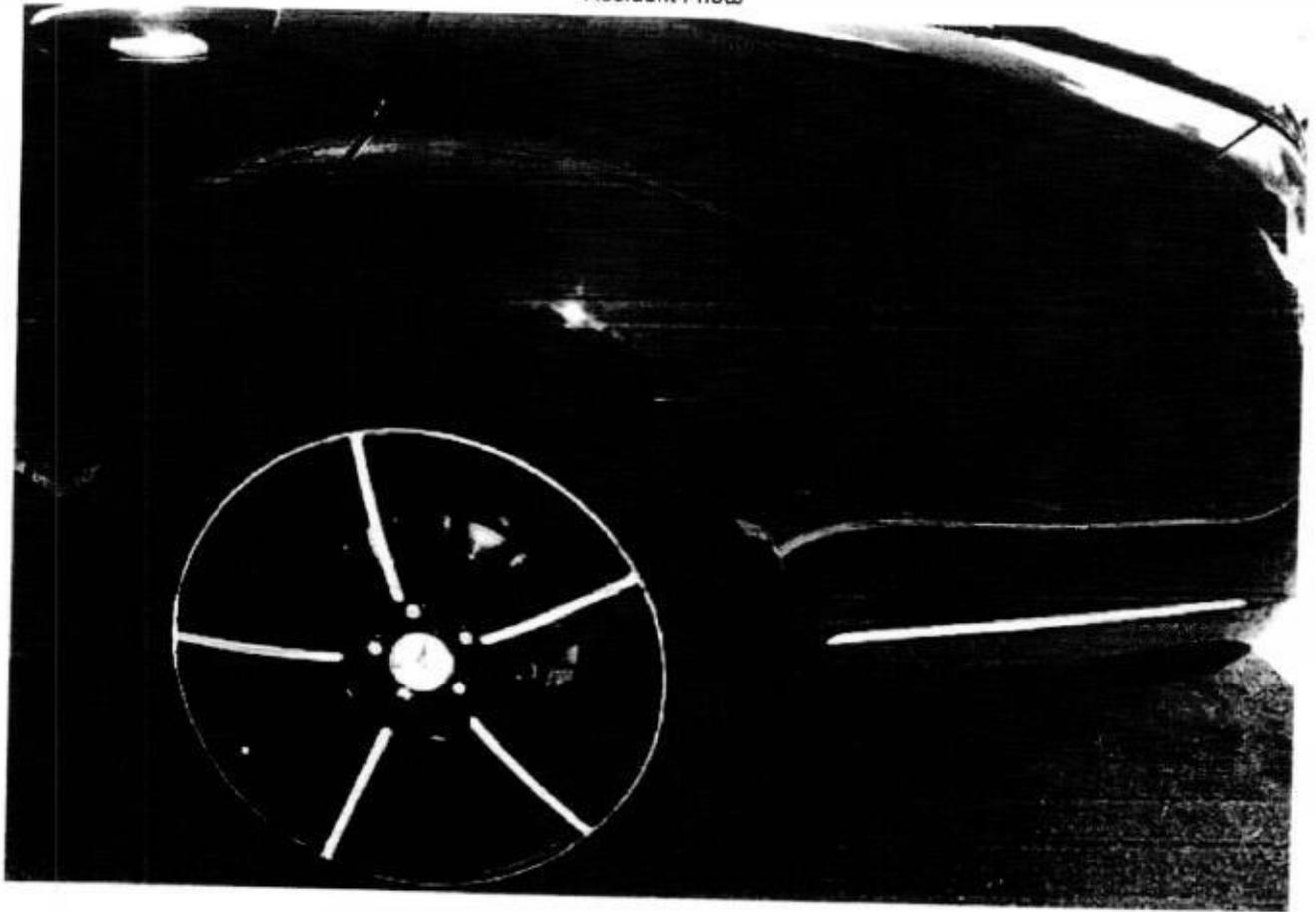
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Accident Photo



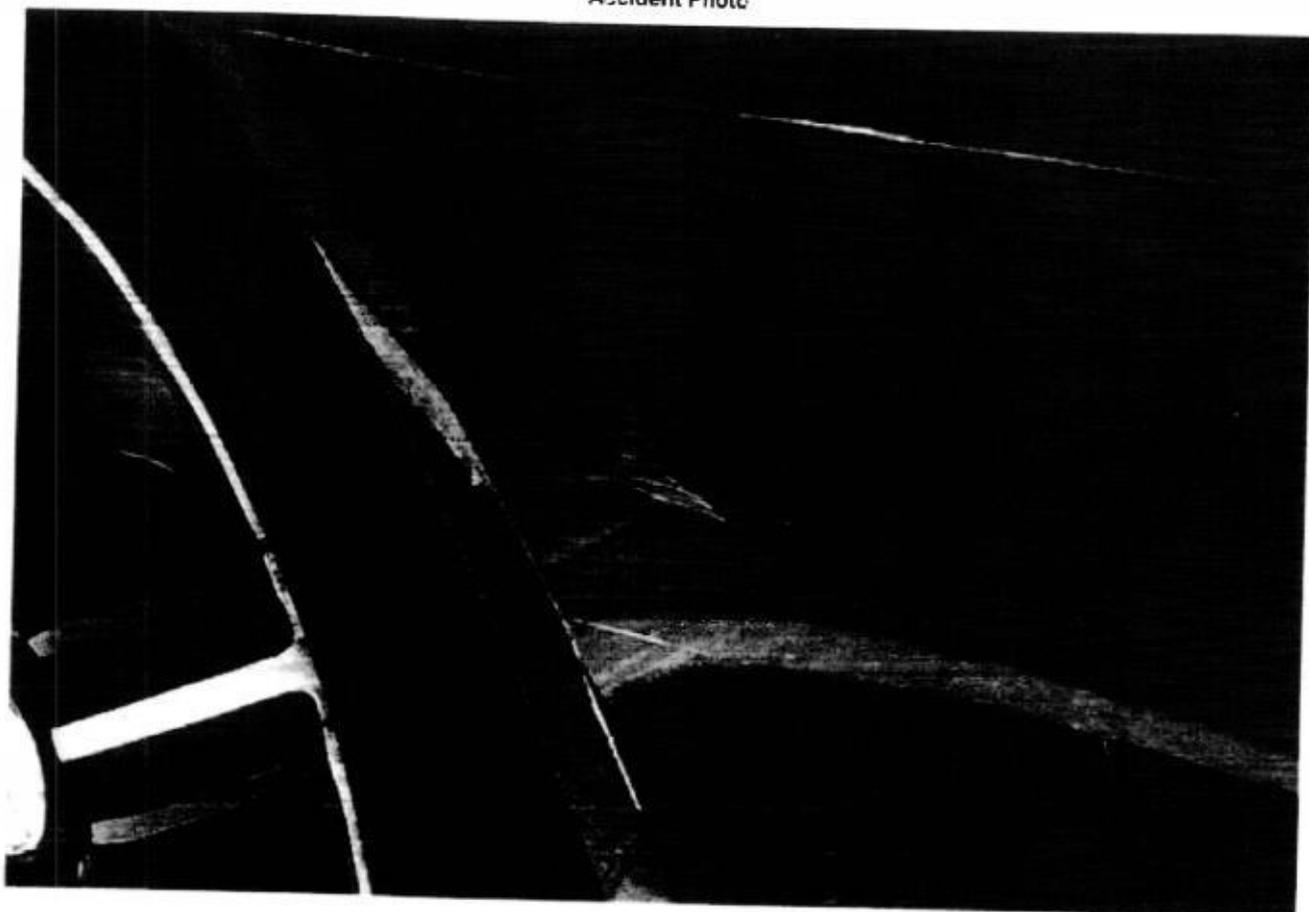
BW

Accident Photo



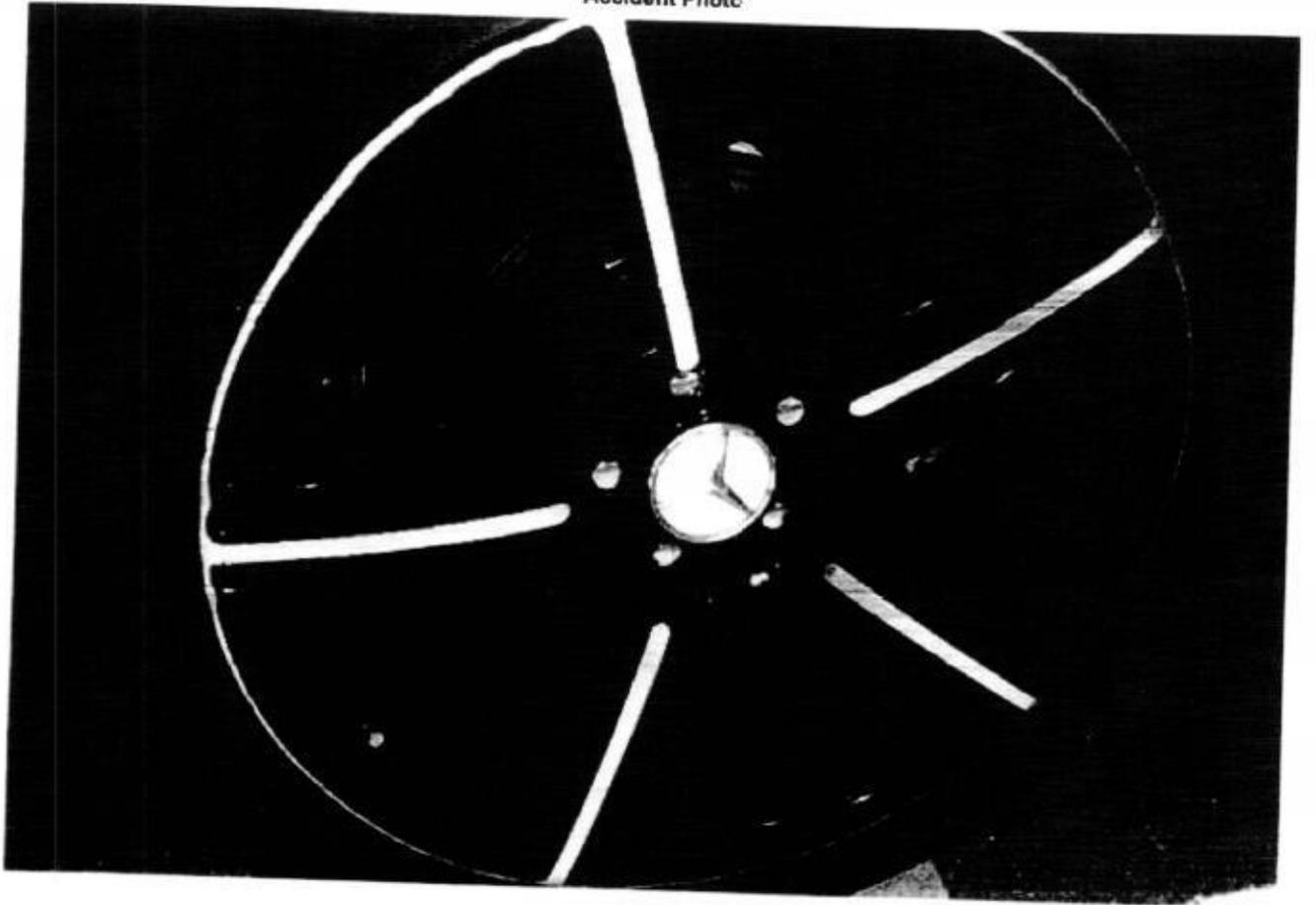
BW

Accident Photo



BW

Accident Photo



BW

Accident Photo



BW

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5043853493-05 **Cover** : Third Party

1. Index mark and Registration Number of Vehicle : N/A
 Any Motor Vehicle the property of the Policyholder or in their custody or control. All steam-driven vehicles are excluded.

2. Name of Policyholder : VITRO AUTO

3. Effective Date of Insurance : 27 May 2015

4. Expiry Date of Insurance : 26 May 2016

5. Persons or Classes of Persons entitled to drive*
 Refer to List Attached

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.

6. Limitations as to Use*
 (a) Use only for Motor Trade purposes.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use solely for 'Breakdown' purposes is not deemed to be use for hire or reward.

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

POLICY TYPE	: MOTOR-TRADE INSURANCE
TYPE OF TRADE/BUSINESS	: CAR DEALERS
TOTAL NUMBER OF AUTHORISED DRIVER(S)	: 3
DETAILS OF AUTHORISED DRIVER(S)	: REFER TO LIST ATTACHED
EXCESS (SECTION I)	: N/A
EXCESS (SECTION II)	: N/A
SUM INSURED	: N/A

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)

Agency : INSMART ENTERPRISE (00000614959)
 Date of Issue : 27 May 2015 12:13 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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 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 Report	07/01/2016 14:12
Date Of Accident	06/01/2016 19:00
Exact Location Of Accident	ALONG CROSS STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU2569Y
Insured/Policyholder	
Name Of Registered Owner	VITRO AUTO
Co Reg No	53168212M
Email Address	JONATHAN@SATMOTORS.COM
Mobile Phone No	
Alternative Phone No	Office-96196533

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S350L
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Third Party
Fleet Policy	No
Policy Number	5043853493-05
Cover Note Number	

Driver

Name of Driver	LEE YONG CHUAN
NRIC No	S8016015A
Date Of Birth	02/06/1980
Occupation	Outdoor
Date Of Driving Pass	23/12/2000
Driving Experience	15 Years And 0 Months
Gender	Male
Mobile Number	(Local) +65-96196533
Fax Number	
Contact Number	
Email Address	JONATHAN@SATMOTORS.COM

Address	BLK 195E PUNGGOL ROAD #13-552
Postcode	825195
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Owner
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Collision- Head to Side
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED	
Are accident photos available for attachment?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKE8591B
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHAN HONG KEOW
NRIC/Passport Number	S6839327B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

IMPORTANT NOTICE

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.




Policyholder's Signature / Date & Time

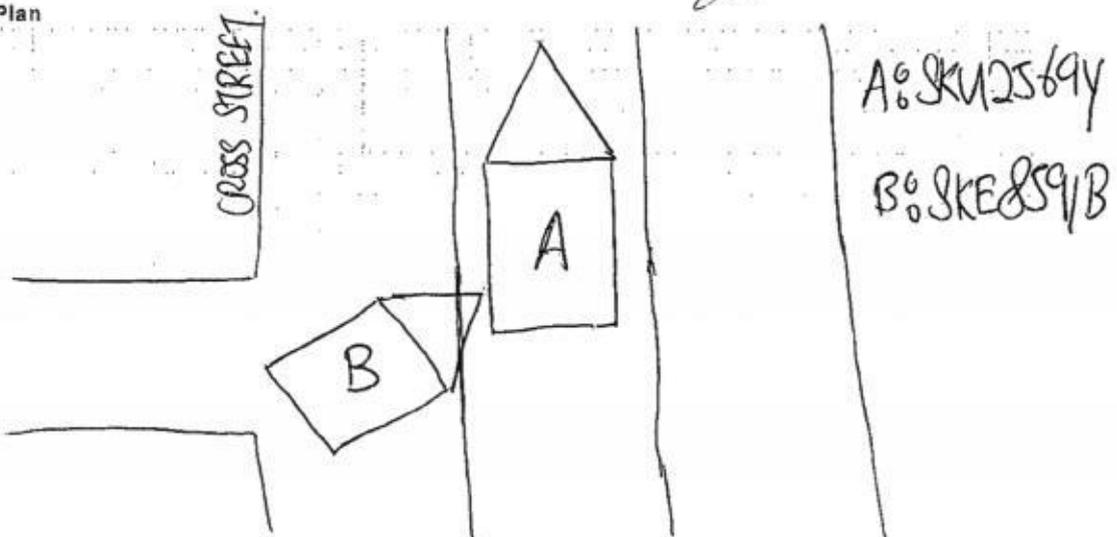


Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

As I was driving along cross street when I felt a impact to my rear left portion. I realised vehicle B JKE8591B turned out of club street and hit into me.

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo

