

ASS. REC. BY: _____ REP: C33/III 19012475 / Cap 3-1ST Special Instruction: _____
Damage: XGR

ASSIGNMENT (Office)

From (Person): Stanley Lai of III Date/Time: 30/1/2019

Mei-man

Estimated Cost: _____ Bill to: _____

OD / (P) / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: GY 4542L Insured: SH 7331 G

at Workshop m/s HUI WANG ENTERPRISE Tel: 6286 4541 Winson

of BIK 5 DEKU LANE 10 #01-570 / 576

Policy No: _____ Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 12/7/19
(Client's Record)

CA / REV / REP. / REV 24 HRS 'PRS' H.O.D. Endorsement: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN/OUT

Date/Time	Action/Instruction	1 should (X)
	GY 4542L	X
	SH 7331 G	X
	Dismantle: 17/7/2019 3:18pm	
	After repair: 22/7/2019 4:54pm	

\$4150, 5 Days.
(Red \$1450, 26%)

Minum Ho
11/2/2020

RECEIVED 11 FEB 2020

Nivitha (LKK Auto)

From: Stanley Lai <stanley.lai@iii.com.sg>
Sent: Saturday, 30 November 2019 4:50 PM
To: sur@lkkauto.com; Admin-D (LKKAuto)
Cc: Mekavathanan Sarangapani; Zuhajdah Samsuri
Subject: III REF: MCT19070308 | REQUEST PAPER SURVEY TP VEH GY4542L

Dear Sir/Mdm,

Please conduct a Without Prejudice paper survey for the below TP vehicle and let us have your report. LOD uploaded and rights granted to you in Merimen.

TP Veh No. : GY4542L

Thank you.

Warmest regards,

Stanley Lai

Motor & Work Injury Claims Department

India International Insurance Pte Ltd

64 Cecil Street, IOB Building, Level 5

Singapore 049711

Tel: 6347 6100 Ext 206 Fax: 6224 4174

S&P 'A-' rated Company



This email is intended solely for the person to whom it has been addressed. It may contain confidential and/or legally privileged information. If you are not the person for whom this e-mail was intended, or if this e-mail has reached you by mistake, please delete it immediately and inform us of the error and also be hereby notified that any use, distribution, transmission, printing, copying or dissemination of this information in any way or in any manner is strictly prohibited and may be unlawful. Internet communications may not be entirely secure or accurate as information could be intercepted, corrupted, lost, delayed or contain viruses. Therefore, we do not accept liability for any errors or omissions in the content of this message or any delay in delivery which may arise as a result of Internet transmission or any modification.

Mc 7/1907 0308 / 04/28

PRESERVE

PRESERVE

31c 70

PS

W/P - P.S.
W/P

UNINSURED LOSS

PRESERVE

SUBRO

PRESERVE

PS (circled) Dengan Cek (circled)

LPPN

INVESTIGATION FEE

W/P

SURVEY FEES

LEGAL FEES

OTHERS

FRAUD CHECK

UPLOAD TO MERIMEN

GRANT RIGHTS

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 2190
RECIPIENT ADDRESS 65353502
DESTINATION ID
ST. TIME 04/11 09:49
TIME USE 00'31
PAGES SENT 2
RESULT OK

FAXED
04 NOV 2019
MOTCLM DEPT.

健博 律師行

Chambers Law LLP

Advocates & Solicitors, Commissioner for Oaths & Notary Public
(Limited Liability Partnership UEN T07LL1103A GST Registration No. M90367219Y)
45 North Canal Road #05-01 Lew Building Singapore 059301
Tel: (65) 65353 234 Fax: (65) 65353 502 (Not for service of court documents)
Website: www.chamberslaw.com.sg

Managing Partner
柳清清
LEW CHEN CHEN
Master of Laws (UK)
Barrister-At-Law (Lincoln's Inn)
BA (Hons) Law & Accounting (UK)
Email: cclcw@chamberslaw.com.sg

Senior Partner
李济彬
LEE CHAY PIN, VICTOR
LLB (Hons) (Spore)
Email: victor@chamberslaw.com.sg

Associate
陈静娴
CHARMAINE JIN JING XIAN
BA Law & Business Studies (Hons)(UK)
Email: cj@chamberslaw.com.sg

Associate
蔡凯雯
DILYS H CHUA
LLB (Hons)(UK)
Email: dilys@chamberslaw.com.sg

HWD
Wang
Gent

Our Ref: CCL.190804 HWE (gt)

31 October 2019

BY CERTIFICATE OF POSTING

Khoo Kee Choon
Blk 260 Boon Lay Drive
#10-527
Singapore 640260



MCT/19070308
Ad
2/11/19

Dear Sirs

HUI WANG ENTERPRISE PTE LTD OF 5 DEFU LANE 10, #01-576, SINGAPORE 539186 - ACCIDENT ON 12.7.2019 INVOLVING GY 4542L & SH 7331G

1. We are instructed by the abovenamed to claim damages against you in connection with a road traffic accident on 12.7.2019 at about 00:30 hours at the junction of Bukit Batok Avenue 6 and Bukit Batok Street 23, involving our client's vehicle registration number **GY 4542L** and your vehicle registration number **SH 7331G** driven by you at the material time.
2. We are instructed that the accident was caused by your negligent driving and/or management of your vehicle in that your vehicle had collided onto the front portion of our client's said motor vehicle. As a result of the accident, our client's vehicle was

Managing Partner

柳清清

LEW CHEN CHEN

Master of Laws (UK)

Barrister-At-Law (Lincoln's Inn)

BA (Hons) Law & Accounting (UK)

Email: ccl@chamberslaw.com.sg

Senior Partner

李济彬

LEE CHAY PIN, VICTOR

LLB (Hons) (Spore)

Email: victor@chamberslaw.com.sg

Associate

陈静娴

CHARMAINE JIN JING XIAN

BA Law & Business Studies (Hons)(UK)

Email: cj@chamberslaw.com.sg

Associate

蔡凯雯

DILYS H CHUA

LLB (Hons)(UK)

Email: dilya@chamberslaw.com.sg

HWD
Wang

Our Ref: CCL.190804 HWE (gt)

31 October 2019

BY CERTIFICATE OF POSTING

Khoo Kee Choon

Blk 260 Boon Lay Drive

#10-527

Singapore 640260

India International Insurance P.L.
Our Ref: MCT/19070308
Name: Ad
Date: 2/11/19



Dear Sirs

HUI WANG ENTERPRISE PTE LTD OF 5 DEFU LANE 10, #01-576, SINGAPORE 539186 - ACCIDENT ON 12.7.2019 INVOLVING GY 4542L & SH 7331G

- We are instructed by the abovenamed to claim damages against you in connection with a road traffic accident on 12.7.2019 at about 00:30 hours at the junction of Bukit Batok Avenue 6 and Bukit Batok Street 23, involving our client's vehicle registration number **GY 4542L** and your vehicle registration number **SH 7331G** driven by you at the material time.
- We are instructed that the accident was caused by your negligent driving and/or management of your vehicle in that your vehicle had collided onto the front portion of our client's said motor vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expenses, particulars of which are as follows:-

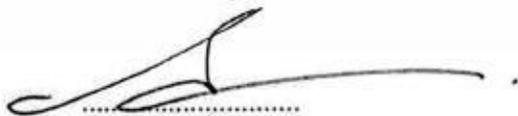
(a) Cost of repairs + 7% GST	S\$	5,992.00
(b) Rental of Alternative Vehicle for 13 days at S\$150.00 per day + 7% GST	S\$	2,086.50
(c) Survey Report Fee	S\$	577.00
(d) LTA Search Fee	S\$	14.94
(e) GIA Report Fee	S\$	29.00
(f) Colour Photographs + 7% GST	S\$	16.05
(g) Postage & other incidentals + 7% GST	S\$	53.50
(h) Legal Costs + 7% GST	S\$	749.00
Total	S\$	9,517.99

- We enclose herewith a copy each of the following supporting documents for your attention:-

- GIA Report of our client's vehicle no. GY 4542L;
- GIA Report of your vehicle no. SH 7331G;

- (d) Certificate of Insurance of our client's vehicle;
 - (e) Vehicle rental agreement and invoice;
 - (f) Surveyor report and invoice;
 - (g) 60 copies of scanned photographs of damage of our client's vehicle;
 - (h) Repairer's invoice; and
 - (i) Notice of Accident dated 13 July 2019 on the pre-repair inspection.
4. Our client's workshop had, on 13 July 2018 notified your insurer, India International Insurance Pte Ltd, of the said accident and a pre-repair inspection of our client's vehicle was carried out by your insurer on 15 July 2019.
 5. We proposed appointing **L.L. TAN** of **IMPACT ANALYSIS CONSULTANT PTE LTD** as a single joint expert in the event should the matter proceed to the Court. Kindly let us know if you are agreeable.
 6. Please note that if you are insured and wish to claim under your insurance policy, you should immediately pass this letter and all enclosed documents to your insurer.
 7. Please note that you or your insurer 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 you without further notice to you or your insurer.
 8. Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaims together with all relevant supporting documents, including any video recordings, **within 8 weeks** of your receipt of this letter.

Yours faithfully



.....
Lew Chen Chen
Enc.

c.c. **BY EMAIL (motorclaim@iii.com.sg) & AR REGISTERED ONLY**

 India International Insurance Pte Ltd
Motor Claims Department
64 Cecil Street
#05 - IOB Building
Singapore 049711

- P/s: Enclosures inclusive of 60 scanned colour photographs by AR Registered only.

c.c. **BY CERTIFICATE OF POSTING ONLY**

Comfort Transportation Pte Ltd
383 Sin Ming Drive
GAS Building
Singapore 575717

c.c. Client

Handwritten notes and signatures:
131 + S
111


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 Authorized 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 Report	12/07/2019 17:31
Date Of Accident	12/07/2019 00:30
Exact Location Of Accident	JUNCTION OF BUKIT BATOK AVE 6 & BUKIT BATOK ST 23
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY4542L
Insured/Policyholder	
Name Of Registered Owner	HUI WANG ENTERPRISE PTE LTD
Co Reg No	201426468N
Email Address	WINSON@HUIWANGENTERPRISE.COM
Mobile Phone No	
Alternative Phone No	OFFICE-92378401
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE 2.5A
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5074614033-03
Cover Note Number	
Driver	
Name of Driver	DAS BAPAN BIHARY
Passport No/FIN	G6543191U
Date Of Birth	13/07/1988
Occupation	OUTDOOR
Date Of Driving Pass	30/07/2015
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92378401
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 531 UPPER CROSS STREET #04-58 HONG LIM COMPLEX
 Postcode 050531
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 Vehicle Registration Number of Driver's Own Vehicle -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? YES
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name ROCHER N.P.C
 Police Station Address ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-2949999 - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

On 12/07/2019, I was driving my vehicle GV4542L along the centre lane of Bukit Batok Ave 6. A blue comfort taxi SH7331G suddenly came out from the SkyPeak HDB carpark. I did not notice if the taxi did stop at the stop line. I was unable to avoid the Taxi. As such the front portion of my van collided onto the right side portion of the taxi. Both of us drivers, alighted from our respective vehicles. The driver complained of chest pain. A passer by assisted to call for the ambulance. The traffic Police was also at the accident location. The taxi driver was conveyed by the ambulance. The driver was conscious and able to walk. I did not manage to get the particulars of the taxi driver. I am not injured. The front portion of my van is slightly dented and my front registration plate is broken. The taxi's right side body sustain dents. The police report no given to me is: j/20190712/0020 under 10 Phua. That is all.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH7331G
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver
 NRIC/Passport Number

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle? SH7331G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan

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 lodgment 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 purposes(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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcements and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

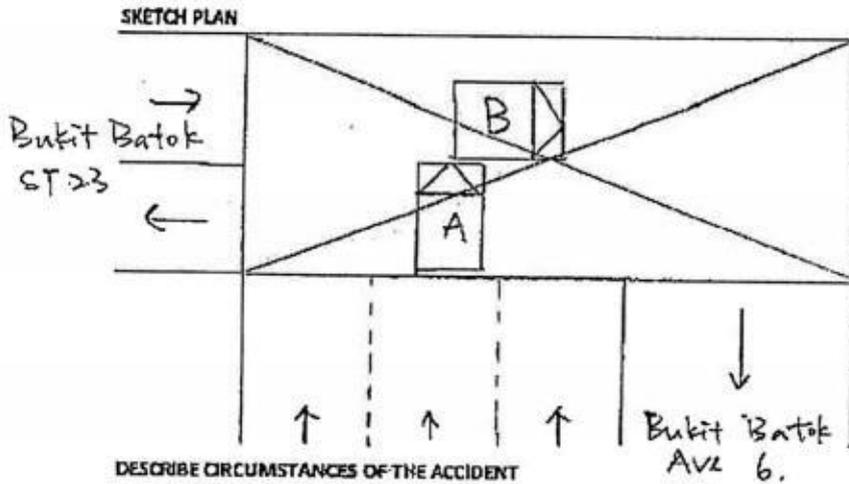


Date & Time:

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

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

Sketch Plan #2



DOA: 12/07/19
A: GT4542L
B: SH7331G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the police report: T/20190712/2013

[The following section contains multiple horizontal lines for describing the accident circumstances, which are currently blank.]

DECLARATION

We declare the foregoing particulars are true in every respect.



Reporting Centre Personnel's Signature
Date & Time:

NRIC/Passport No.:

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

Reporting Centre Personnel's Signature
Name:
NRIC/Pass No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190712/2013

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3
Report No. T/20190712/2013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/07/2019 03:25		Vide Report No.: J/20190712/0020		Station Diary No.: 29	
Informant's Particulars					
Name of Informant: DAS BAPAN BIHARY			Address: APT BLK 85 KALLANG AVENUE #01-01 FIDECS ENGINEERING PTE LTD SINGAPORE 339418		
ID Type / ID No.: FIN NO / G6543191U			Contact No.: Home/Office: Mobile: 92378401		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 30	Date of Birth: 13/07/1988	Type of Informant: Driver		
Race: Indian		Language:		Institution / School Name:	
Occupation: DRIVER		Driving Licence Information: Class: 2B,3		Date of Expiry: 29/07/2020	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/07/2019 00:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BUKIT BATOK EAST AVENUE 6 BUKIT BATOK STREET 23				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicles Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GY4542L	Van	TOYOTA	HIACE 2.5 A		Slightly Damaged	0
SH7331G	Car	TOYOTA	PRIUS		Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190712/2013

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

2 of 3
Report No. T/20190712/2013

CONTINUATION OF REPORT

Name	DAS BAPAN BIHARY		ID No.	G6543191U
Related Vehicle	GY4542L (Van)		Contact No.	92378401
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 29/07/2020
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SH7331G (Car)		Contact No.	NIL
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 12/07/2019, I was driving my vehicle GV4542L along the center lane of Bukit Batok Ave 6. A blue comfort taxi SH7331G suddenly came out from the SkyPeak HDB carpark. I did not notice if the taxi did stop at the stop line. I was unable to avoid the Taxi. As such the front portion of my van collided onto the right side portion of the taxi. Both of us drivers, alighted from our respective vehicles. The driver complained of chest pain. A passer by assisted to call for the ambulance. The traffic Police was also at the accident location. The taxi driver was conveyed by the ambulance. The driver was conscious and able to walk. I did not manage to get the particulars of the taxi driver. I am not injured. The front portion of my van is slightly dented and my front registration plate is broken. The taxi's right side body sustain dents. The police report no given to me is: J/20190712/0020 under IO Phua. That is all.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190712/2013

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

Report No. T/20190712/2013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
A /
Staff Sgt ALVIN SHAM THEYOPHOLOS

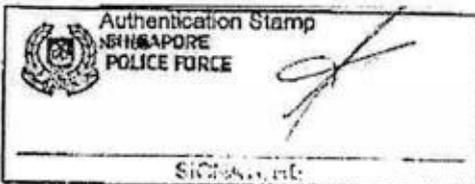
Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/07/2019 03:25

Officer In Charge Of Case:
TP / GIT /
Staff Sgt SUFIYAN BIN KHAIRI
Contact No.: 65476390

Classification Of Case:



SCENE PHOTO



SCENE PHOTO



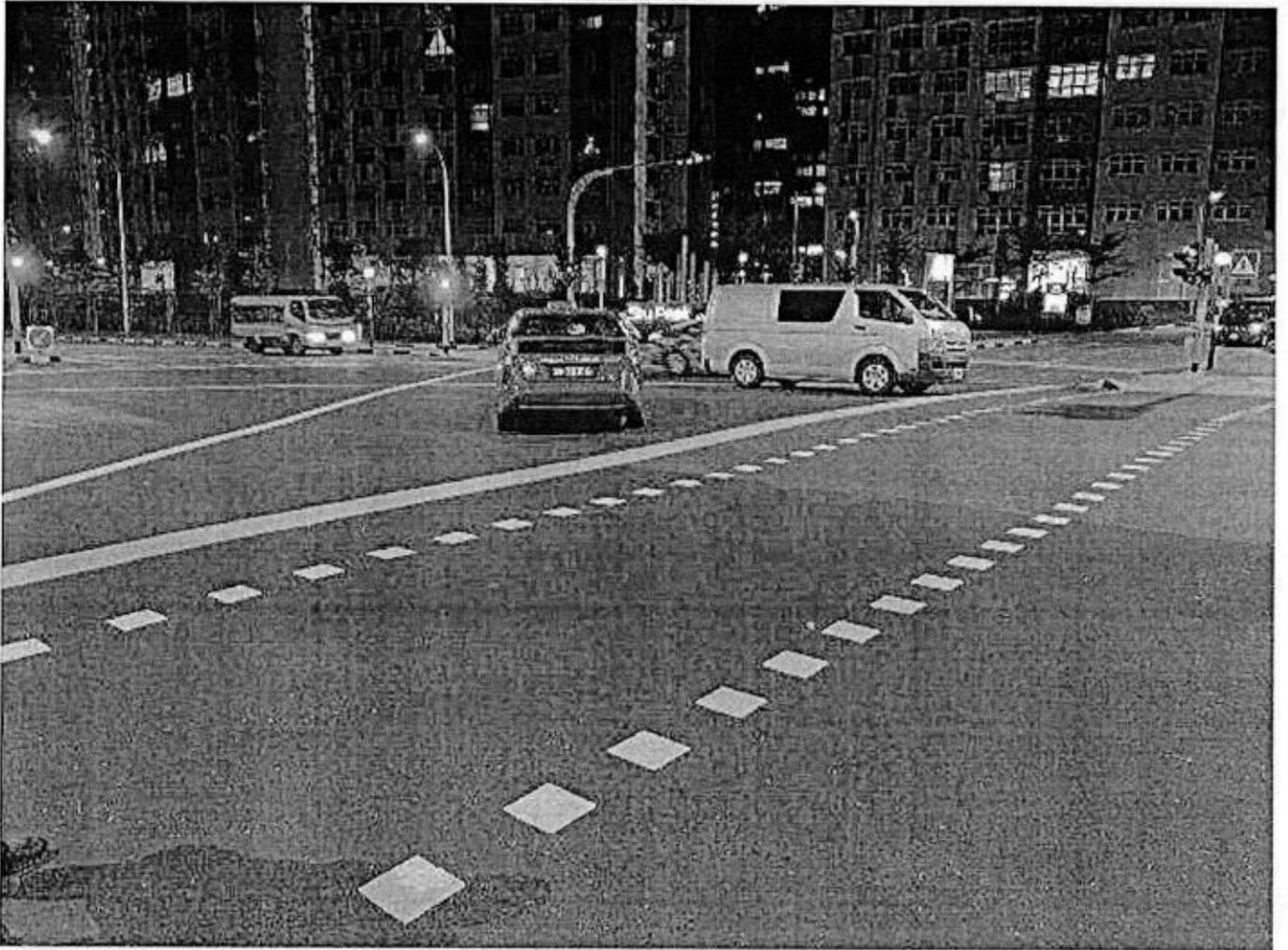
SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



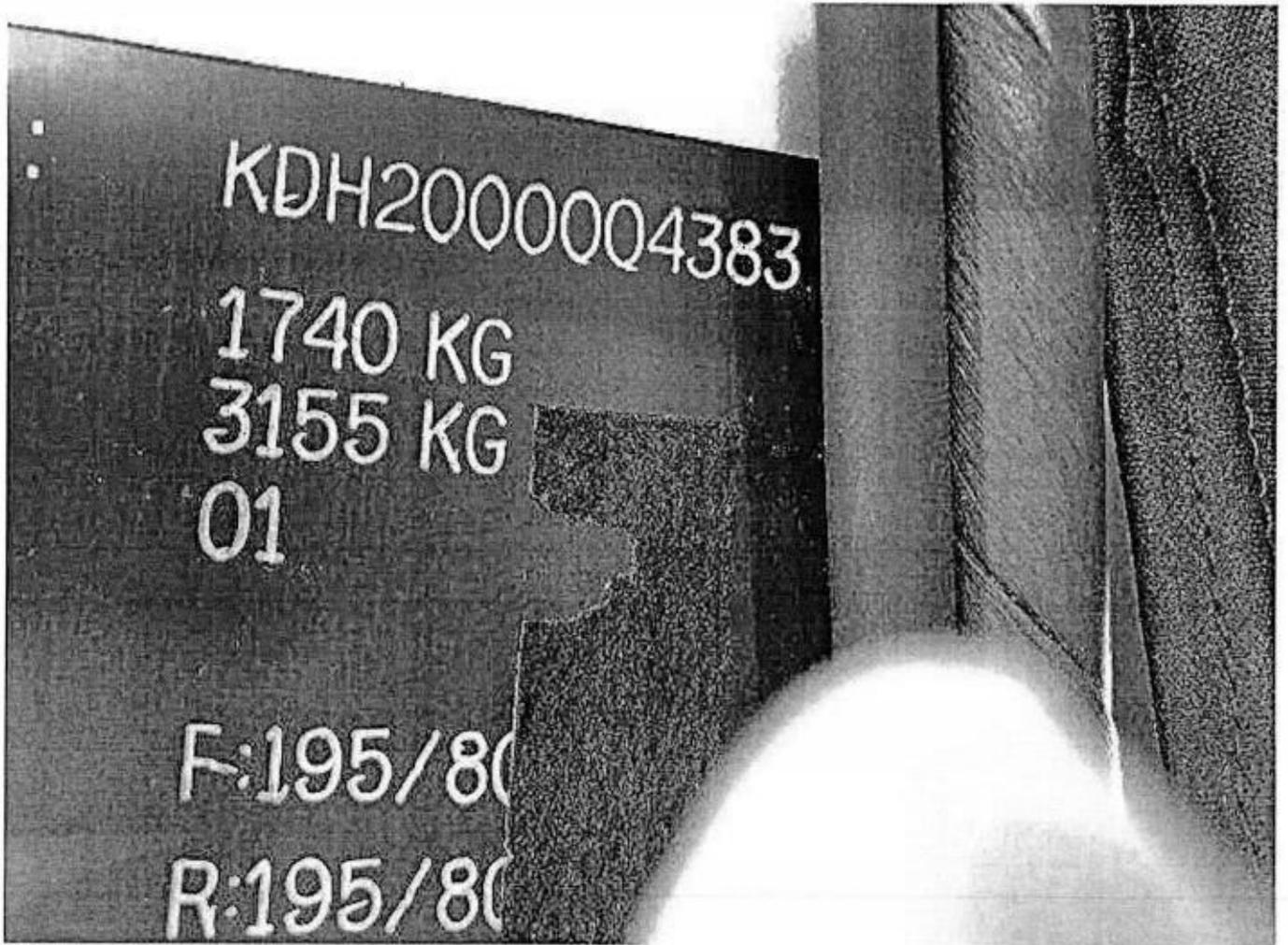
Accident Photo



Accident Photo



Accident Photo



KDH2000004383

1740 KG

3155 KG

01

F:195/80

R:195/80

Accident Photo

