

KURU & CO

Advocates & Solicitors

UEN No. 53130937A / GST Registration No: M90366606R

150 South Bridge Road
#04-06 Fook Hai Building
Singapore 058727

30 19889797 - - -

11372788

Tel: 65322 009 (5 lines) / Fax: 65322 007 (Our fax no. is not for service of court documents)

Our ref: **L.20.0168.CYN**
(Please quote our reference when replying)

13 March 2020

BY CERTIFICATE OF POSTING

Lee Kim San Anthony
Blk 752 Jurong West Street 74
#13-20
Singapore 640752

(Yr ref: **SDL 1381H**)

BY HAND

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

(Yr ref: **SDL 1381H**)

Dear Sirs,

ACCIDENT INVOLVING SH 1296P AND SDL 1381H ON 06.02.2020 AT/ALONG CHANGI ROAD TOWARDS JOO CHIAT COMPLEX

We act for **Loy Nee Puan**, owner of vehicle registration number **SH 1296P**.

We are instructed to claim for damages against you in connection with the above-captioned road traffic accident involving our client's vehicle and your vehicle registration number **SDL 1381H**.

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

Cost of repairs	\$ 4,750.00
Loss of use	\$ 1,260.00
Survey fee/s	\$ 617.00
LTA fee/s	\$ 7.49
Incidentals (Inclusive of GST)	\$ 53.50
Cost at this stage (Inclusive of GST)	\$ 749.00

Enclosed are the supporting documents for your perusal:

Pre-repair Notification letter

Our client's SAS report

Your insured's LTA search

Repair Bill

Survey report, invoice and **82 colored photographs** (on your undertaking to return the same within 03 days upon demand)

Rental invoice

Certificate of insurance

LTA receipt



Our ref: **L.20.0168.CYN**
(Please quote our reference when replying)

13 March 2020

**ACCIDENT INVOLVING SH 1296P AND SDL 1381H ON 06.02.2020
AT/ALONG CHANGI ROAD TOWARDS JOO CHIAT COMPLEX**

We have on 07.02.20 notified your insurer of the accident and a pre-repair inspection of our client's vehicle was carried out by your insurer on 10.02.20.

Should you have a counterclaim against our client arising out of the accident, you are required to send us a letter giving full particulars of the counterclaim with all relevant supporting documents within **8 weeks** from your receipt of this letter.

Please also 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 without further notice to you or your insurer.

Yours faithfully,



Encl.

N.B. Supporting documents are forwarded only to your insurer BY HAND

Cc. **MS First Capital Insurance Ltd (Mutual client SH 1296P) / BY FAX: 6507 3849**

Please do not prejudice our mutual client's claim in whatsoever way. Meanwhile, we would be obliged if you could let us have a complete set of third party's SAS/police report if you have received a copy of same for our attention.

Cc. client

Pre-Repair Inspection Notification - Yr ref: SDL 1381H // Our ref: L.20.0168.lt

From: Kuru & Co (kurulegal@yahoo.com.sg)

To: motor.survey@axa.com.sg

Date: Friday, 7 February 2020, 2:32 pm SGT

Dear Sirs,

**ACCIDENT INVOLVING SH 1296P AND SDL 1381 ON 06.02.2020
ALONG CHANGI ROAD TOWARDS JOO CHIAT COMPLEX
NOTIFICATION OF ACCIDENT AND PRE-REPAIR SURVEY**

We act for **Loy Nee Puan**, whose vehicle registration number **SH 1296P** was damaged in the above accident.

A copy of the Singapore Accident Statement filed is enclosed.

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.

Regards,
Lena

Kuru & Co
150 South Bridge Road
#04-06 Fook Hai Building
Singapore 058727
Tel: 6532 2009
Fax: 6532 2007

CONFIDENTIALITY CAUTION: This message is intended for the addressee(s) only and may contain confidential information and/or may be subjected to legal privilege. If you have received in error, please notify us immediately by return email, delete this message and you shall not disseminate, distribute or copy any information contained herein.



20.0168 SAS.pdf
201kB

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 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	07/02/2020 11:35
Date Of Accident	06/02/2020 15:05
Exact Location Of Accident	CHANGI RD TOWARDS JOO CHIAT COMPLEX
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH1296P
Insured/Policyholder	
Name Of Registered Owner	LOY NEE PUAN
NRIC No	SXXXX722Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81131879
Alternative Phone No	OTHERS-81131879

Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
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	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-190094647MSH
Cover Note Number	

Driver

Name of Driver	LOY NEE PUAN
NRIC No	SXXXX722Z
Date Of Birth	27/12/1951
Occupation	OUTDOOR
Date Of Driving Pass	27/07/1973
Driving Experience	46 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81131879
Fax Number	
Contact Number	OTHERS-81131879
Email Address	NOEMAIL

Address	BLK 476 PASIR RIS DRIVE 6 #06-524
Postcode	510476
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 REAR
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If 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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDL1381H
Vehicle Make/Model/Colour	
Details Of Properties	FRONT
Vehicle Category	PRIVATE CAR
Name of Driver	NA
NRIC/Passport Number	
Contact Number	8660689
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN


IMPORTANT NOTICE

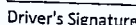
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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:

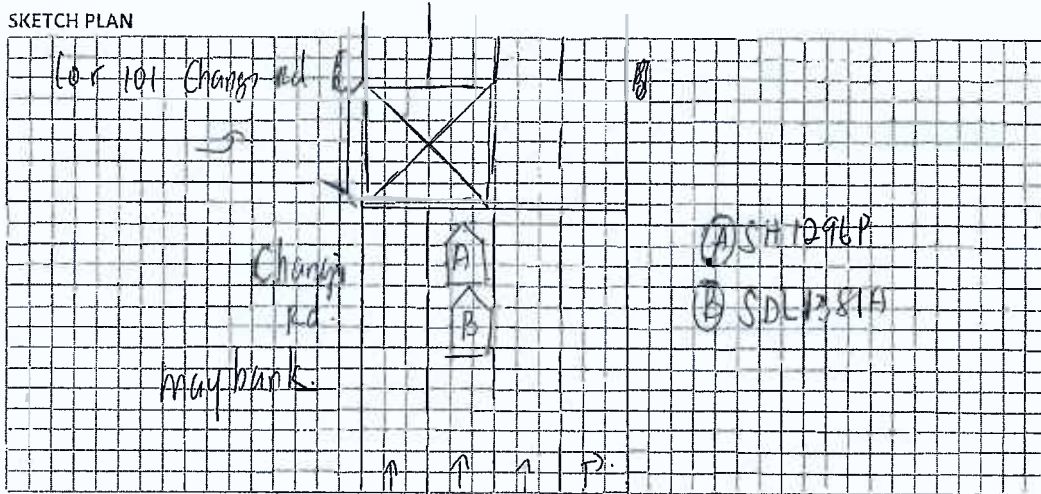
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 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.
- (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 enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle B hit onto the rear of my vehicle. 2 vehicles involved.

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:

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

**Enquire Vehicle & Owner Information (Vehicle No. SDL1381H As At 06 Feb 2020 / 15:05:00)****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: L.20.0168.LT

Current Owner Details

Owner ID Type: Singapore NRIC

Owner ID: S1287096E

Owner Name: LEE KIM SAN ANTHONY

Registered Address Type: HDB / HUDC

Registered Block/House
No.: 752

Registered Street Name: JURONG WEST STREET 74

Registered Unit No.: # 13 - 20

Registered Building Name: -

Registered Postal Code: 640752

Current Vehicle Details

Vehicle No.: SDL1381H

Make Description/Model: HYUNDAI / AD AVANTE 1.6 GLS (A)

Insurance Company Name: AXA INSURANCE PTE LTD

Print

OK

春 富 摩 哆 貿 易 公 司
Choon Hock Motor Trading Co.

Regn. No. 30568200L

17 February 2020

Loy Nee Puan
Blk 476 Pasir Ris Drive 6
#06-524
Singapore 510476

FINAL REPAIR BILL ON SH 1296 P TOYOTA COROLLA AXIO 1.5X CVT ABS
D/AIRBAG 2WD AUTO

Lump sum total amount :

\$4,750.00 NETT
=====

OFFICIAL RECEIPT

No. 20/TP0007



KM AUTO ASSESSORS PTE. LTD.

Insurance Loss Assessors / Adjusters

47 Jalan Pemimpin #02-02

Sin Cheong Building

Singapore 577200

T 6448 8208

F 6442 9690

E kmautoassessors@gmail.com

Regn. No. 200907340Z

Date 19 FEB 2020

Received from LOY NEE PUAN.

The Sum of Dollars SIX HUNDRED & SEVENTEEN ONLY.

In Payment of Invoice No. 20/TP10191P CSH 1296 P)

\$ 617/-

Cash/Cheque No.

Bank

for KM AUTO ASSESSORS PTE. LTD

**KM AUTO ASSESSORS PTE. LTD.**

Insurance Loss Assessors / Adjusters

28 Casuarina Walk

Singapore 574086

T 6448 8208

F 6552 7277

E kmautoassessors@gmail.com

Regn. No. 200907340Z

INVOICE**NO. 20/TP1019/P**

Messrs. LOY NEE PUAN
BLK 476 PASIR RIS DRIVE 6 #06-524 S'PORE 510476

Date 15-Feb-20

20/2/TP007	Particulars	Amount
	<u>RE: SH 1296 P - TOYOTA COROLLA AXIO 1.5X CVT ABS D/AIRBAG 2WD AUTO</u>	
	SURVEY FEE (INCL. PHOTOS & TRANSPORT CHARGES)	\$617.00
SGD: (SIX HUNDRED AND SEVENTEEN ONLY)	TOTAL:	\$617.00

E.& O. E.

for **KM AUTO ASSESSORS PTE. LTD.**

**KM AUTO ASSESSORS PTE. LTD.**

Insurance Loss Assessors / Adjusters

28 Casuarina Walk
Singapore 574086

T 6448 8208

F 6552 7277

E kmautoassessors@gmail.com

Regn. No. 200907340Z

**AUTOMOBILE
INSPECTION REPORT**

NO. 20/2/TP007

To: LOY NEE PUAN
BLK 476 PASIR RIS DRIVE 6 #06-524 S'PORE 510476

General Condition: Poor/Fair/Good/Excellent

Reg. No.	SH 1296 P	Make/Model	TOYOTA COROLLA AXIO 1.5X CVT ABS D/AIRBAG 2WD AUTO	Year	2015
Engine No.	2NR8480767	Chassis No.	NRE1610005200	Colour	Yellow Top/Black
Condition of Tyres				Speedometer Reading - Km	
				349366	
Front N/S	MICHELIN 185/60R15	worn	30 %	Front O/S	MICHELIN 185/60R15 worn 30 %
Rear N/S	MICHELIN 185/60R15	worn	30 %	Rear O/S	MICHELIN 185/60R15 worn 30 %

As Requested By YOURSELF On 10-Feb-20 The Above Vehicle

Was Inspected At (10-Feb-20) CHOON HOCK MTR TRDG CO BLK 176 SIN MING DRIVE #05-03 S'PORE 575721

And The Undermentioned Damage Was Noted:-

Boot lid dented and bent, inner frame bent, lock assy. bent and jammed, hinges bent, boot rubber twisted, kinked, deformed and peeled, rear panel dented and bent, both rear lamps assy. dislodged, n/s rear lamp cracked, lamps' panels and fenders bent, bumper assy. dented, bent and deformed, exhaust pipe assy. pushed inwards, boot floor panel bent.

Photographs:- 117 Copies were taken at time of inspection and are attached.

The Repairers estimate was for a total amount of \$ 8,120.55

After adjustment the estimate was revised and agreed at \$ 5,947.76

SPECIAL REMARKSThe Repairers were **NOT AUTHORISED** to proceed with the repairs.**Survey was carried out without prejudice.**

The above were due to impact to the portion of the taxi.

Alternatively, we recommend that repairs be carried out on a Lump Sum basis instead, @\$4,750/- Nett.

MICHAEL EE Dip.A.Eng., AMIRTE., AMSAE., AMSOE., AMIMI., MSAAA.

Date 15-Feb-20

**APPENDIX 'A'****TO REPORT NO: 20/2/TP007****REGN. NO: SH 1296 P**

Nature of Work and Materials	Repairers Estimate \$	Remarks	Amount Revised \$
1 pce boot lid	684.50	dented & bent	684.50
2 pcs boot lid hinges	93.80	bent	93.80
1 pce boot lid inner lock assy.	75.60	bent & jammed	75.60
1 pce boot lid inner lock catch	19.50	bent	19.50
1 pce boot lid emblem	30.65	necessary	30.65
1 pce boot lid "COROLLA" plate	16.50	necessary	16.50
1 pce boot lid "AXIO" plate	39.20	necessary	39.20
1 pce boot rubber	141.60	twisted, kinked, torn	141.60
1 pce rear panel	395.10	dented & bent	395.10
1 pce rear panel inner garnish	148.70	bent, dislodged, fasteners snapped	148.70
2 pcs rear lamps assy.	591.00	n/s cracked, o/s fastener snapped	591.00
1 pce rear bumper fascia	803.00	dented, bent, kinked, deformed	803.00
2 pcs rear bumper reflectors	153.00	fasteners snapped	153.00
2 pcs rear bumper side retainers	138.00	fasteners snapped	138.00
1 pce rear exhaust pipe assy.	1,050.00	bent, pushed nwards	1,050.00
2 pcs rear exhaust mountings	76.40	1pce only - torn	38.20
			4,418.35
		less 25%	1,104.59
	4,456.55		3,313.76
S.NETT			
1 set boot lid insulator clips	35.00	necessary	35.00
1 pce rear panel sealant	60.00	necessary	60.00
1 set rear panel inner garnish clips	14.00	necessary	14.00
1 set rear bumper clips	35.00	necessary	35.00
Remove boot lid fittings, check, renew damaged fittings, transfer all fittings to new boot lid assy. and refit.	160.00		80.00
Remove necessary interior upholsterys and fittings to enable necessary repairs, check and refit same.	200.00		100.00
Remove lamps, necessary wirings and electrical fittings to enable necessary repairs, check, replace damaged parts, refit same, test electrical-circuit.	60.00		30.00
Remove exhaust pipe system, check, replace damaged parts and refit same.	100.00		60.00
c/f	5,120.55		3,727.76
Total Amount Revised	\$		
Lump Sum Repairs Amount	\$		
It is estimated that the repairs will take		days to complete.	

**KM AUTO ASSESSORS PTE. LTD.**

Insurance Loss Assessors / Adjusters

28 Casuarina Walk

Singapore 574086

T 6448 8208

F 6552 7277

E kmautoassessors@gmail.com

Regn. No. 200907340Z

APPENDIX 'A'**TO REPORT NO: 20/2/TP007****REGN. NO: SH 1296 P**

Nature of Work and Materials	Repairers Estimate \$	Remarks	Amount Revised \$
b/f	5,120.55		3,727.76
Remove damaged parts, jack and cut out damaged body panels, jack out, straighten up damaged body panels and repair body parts and fittings, whichever possible and necessary, replace and weld necessary damaged parts, refit and align whichever parts necessary. (incl. alignment of body structure.)	1,200.00		900.00
Paint replacement parts and repaint damaged sections with welded portions in and outside.	1,600.00		1,200.00
Rustproof replacement parts and touch-up damaged sections.	200.00		120.00
TOTAL	8,120.55		5,947.76
Total Amount Revised	\$	5,947.76	
Lump Sum Repairs Amount	\$	4,750.00	
It is estimated that the repairs will take	SIX	days to complete.	

CERTIFICATE OF INSURANCE

ORIGINAL

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)

Type of Policy. : TAXIS
Type of Cover. : Comprehensive
Certificate No : D-190094647MSH
Vehicle No / Chassis No : SH1296P / NRE1610005200
Name of Insured : LOY NEE PUAN
Period Of Insurance : 11.12.2019 To 10.12.2020
Insured Estimated Value : Market Value At Time Of Loss

Excess :

SGD3,000.00 SECTION I & II SEPARATELY EACH AND EVERY LOSS

Authorised Driver*

LOY NEE PUAN

Persons or classes of persons entitled to drive*

- Any licensed taxi driver driving on the Insured's order or with their permission.
- Any person provided he is in the Insured's employ and is driving on their order or with their permission.

* 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.

Limitations as to use*

Use as a taxi. Use for social, domestic and pleasure purposes.

The Policy does not cover

- Use for racing, pace-making, reliability trial or speed testing.
- Use whilst drawing a trailer except the towing (other than for reward of any one disabled mechanically propelled vehicle).

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

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)

MS First Capital Insurance Limited
(Approved Insurers)

KARENS/A0141/MZ400A *AS*

Issued at Singapore on 26.11.2019

Signature

Authorised Signature

Enquire Transaction History

Transaction History Details

Log Date/Time:	07 Feb 2020 / 14:21:51		
Asset Type:	Vehicle	Transaction Amount:	\$7.49
Asset ID:	SDL1381H		
Transaction Type:	18.19 Enquire Veh Owner Info (Others) by Law Firm	Channel:	External Agency
User ID:	EKURTML0 - TAY MAY LIN LENA	Business Transaction Reference No.:	20200207142151895605

As at Date of Search:	06 Feb 2020
As at Time:	15:05:00
Vehicle No.:	SDL1381H
Search Reason:	Insurance claim in relation to traffic accident
Date of Filing:	
Suit No.:	
Law Firm Case No.:	L.20.0168.LT
Information displayed is correct as at the log date and time.	

Enquire Related Logs OK



