SHM20D201330 chem L

JusEquity Law Corporation

ADVOCATES & SOLICITORS • COMMISSIONER FOR OATHS

133 New Bridge Road #10-03, Chinatown Point, Singapore 059413
Telephone: (65) 6536 9339, Fax: (65) 6536 5368
Email: claims@juseq.com.sg website: www.juseq.com.sg

Our Ref: JEQ/200287/0320/ VT (tk)

Your Ref:

8 June 2020

WITHOUT PREJUDICE

China Taiping Insurance (S) Pte Ltd
3 Anson Road #15-00
Springleaf Tower
Singapore 079909

BY HAND

AEDGE HOLDINGS PTE. LTD.
4009 ANG MO KIO AVE 10 #04-33
TECHPLACE 1
SINGAPORE 569738

BY POST

Dear Sirs

PROPERTY DAMAGE CLAIM ARISING FROM ACCIDENT INVOLVING VEHICLES SJK4920S & PC5675R AT WOODLANDS IND PARK E4 ON 13/3/2020

We act for the owner of motor vehicle no. SJK4920S, in his claim for damages as a result of the above accident.

We are instructed that on the 13 March 2020, the driver of your insured motor vehicle no. PC5675R so negligently drove, managed and controlled the said motor vehicle that he caused or permitted the same to collide into the rear portion of our client's vehicle thereby causing it to surge and collided into the vehicle infront.

The said collision was solely caused by the negligence of the driver of your insured motor vehicle no. PC5675R.

As a result of the said collision, our client has suffered loss and damage which are set out hereunder as follows: -

- 9 JUN 2020

A	Damages		
	a. Cost of repairs (with GST)	$	11,235.00
	b. Rental charges (19 days @ $120.00 per day)	$	2,280.00

B	Disbursements		
	a. Search Fees / LTA / GIA / ACARA (at this stage)	$	55.66
	b. Automobile Inspection Report	$	500.00
C	Cost with GST (at this stage)	$	963.00

We enclose herewith copies of the following documents in support of our client's claim: -

a) GIA & Traffic police report lodged by the driver of our client's vehicle;

b) GIA invoice for PC5675R & SKT4246X;

c) LTA search result for PC5675R;

d) Our letter dated 16 March 2020 to 3rd party and his insurers;

e) ACARA search for Aedge Holdings Pte Ltd;

f) Rental invoice from V-Tech Leasing Pte Ltd;

g) Repair invoice from V-Tech Auto Service;

h) Automobile Inspection Report & Invoice from AEON Auto Consultants LLP;

i) One hundred & thirty-seven (137) colour photographs depicting the damage to our client's motor vehicle.

We had on 16 March 2020, notified you / your insurer of the accident, and a pre-repair survey of our client's vehicle was carried out.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all enclosed documents to your insurer.

Please note that you as insurers / owner 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 your insured(s) / you without further notice to you.

Please also note that if you have a counterclaim against our clients arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully

Encl.

MYTA20032261-02 / Yew Tee Automobile Tech Pte Ltd - HQ
ENTRY DATE & TIME: 13/03/2020 17:42
SUBMITTED BY: Toh Tze Chang

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 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 Report	13/03/2020 17:42
Date Of Accident	13/03/2020 10:50
Exact Location Of Accident	WOODLANDS IND PARK EST TWDS ADMIRALTY RD WEST
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJK4920S
Insured/Policyholder	
Name Of Registered Owner	V-TECH LEASING PTE. LTD
Co Reg No	2XXXXX597D
Email Address	V-TECH.AUTOSERVICE@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62646222
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5108792315
Cover Note Number	
Driver	
Name of Driver	NG CHOONG BENG (HUANG ZHONGMING)
NRIC No	SXXXX732F
Date Of Birth	25/09/1976
Occupation	INDOOR
Date Of Driving Pass	19/11/2007
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91173288
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 637 JURONG WEST ST 61 #05-119
Postcode	640637
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	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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?	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?	YES
If Yes,Please state which Police Station	
Police Station Name	JURONG WEST NPC
Police Station Address	**ROAD**: 700 CORPORATION ROAD , **POSTCODE:** 649818 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC5675P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	D THIRUCHELVAM
NRIC/Passport Number	SXXXX318I
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKT4246X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	NG CHOONG BENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJK4920S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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 the 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, regulatory, 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:

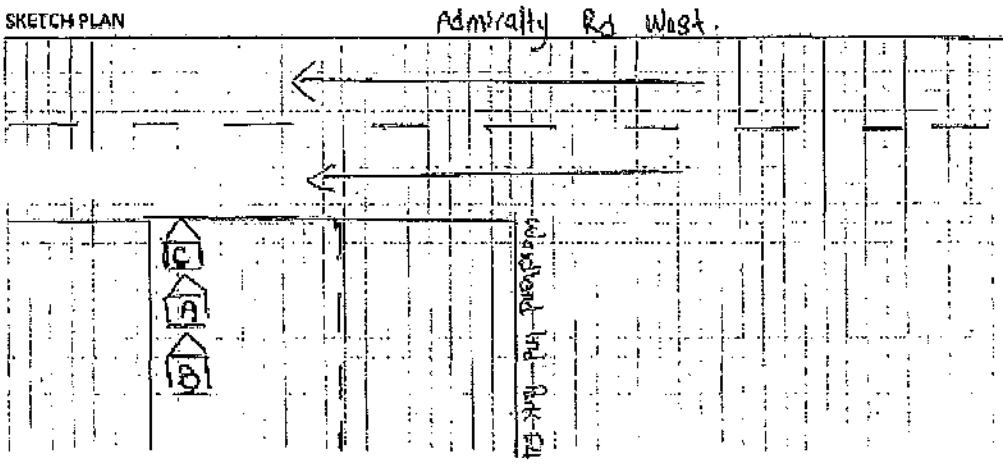
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan #2

SKETCH PLAN

Admiralty Rd West.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I m vehicle A ; SCS635P is vehicle B ; SKT424LX vehicle C
Im making a turn out to admiralty Rd west when and
experience the collision from behind by vehicle B ; Thus
causing me to collide with Vehicle A.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature	Driver's Signature	Reporting Centre/Police Officer's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

POLICE REPORT

SINGAPORE POLICE FORCE

1/2020/03/14/2092

Police Station Of Origin
Jurong West N P C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2659999

1 of 1

Report No: 1/2020/03/14/2092

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made	Vide Report No	Station Diary No
14/03/2020 18:10		96

Informant's Particulars

Name of Informant	Address
NG CHOONG BENG	APT BLK 637 JURONG WEST STREET 61 #05-119 SINGAPORE 640637
ID Type / ID No	Contact No.
NRIC NO / S7630732F	Home/Office: Mobile: 81173284
Nationality: SINGAPORE CITIZEN	Email

Sex	Age	Date of Birth	Type of Informant
Male	43	25/05/1976	Driver

Race	Language	Institution / School Name
Chinese	English	

Occupation	Driving Licence Information	
PRIVATE HIRE DRIVER	Class: 3,4	Date of Expiry

General Information of the Accident

Type of Accident	Injury	Drink Drive	Date/Time of Accident	Type of Location
	Officers	No	13/03/2020 19:50	X-Junction

Location:
Junction of Road 1 and Road 2
WOODLANDS INDUSTRIAL PARK E4
ADMIRALTY ROAD WEST
At X junction of woodlands industrial park E4 and Admiralty Road West

Weather	Road Surface	Road Speed Limit
Rainy	Dry	

Traffic Flow	Traffic Control	Traffic Volume
Two Way	Traffic Light - Working	Light

Type of Collision	Anyone conveyed by ambulance
Between Moving Vehicles - Head To Rear	No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
PC5875P	Bus/Coach/Minibus		UNKNOWN		Slightly Damaged	0
SJK4020S	Car		TOYOTA ALTIS	Silver	Seriously Damaged	0
SK3424BX	Car		HONDA CITY		Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date

POLICE REPORT

SINGAPORE POLICE FORCE

T/20200314/2092

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2859999

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJK4920S	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA

Driver

Name	NG CHOONG BENG	ID No.	S7630732F
Related Vehicle	SJK4920S (Car)	Contact No.	91173288
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL

Date Treatment	14/03/2020	Date Discharge	14/03/2020
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On the 13/03/2020, 1050hrs, I was driving my car bearing SJK4920S along Woodlands Industrial park E4. I came to a stop at the junction. Suddenly, I felt an impact from the rear. I went out to make a check and discovered that a bus bearing PC5675P had collided with my rear. The impact caused my car to collide with the rear of the car infront of me bearing SKT4246X. There was no injury at the point of accident. After collecting photographs of accident scene and exchange of particulars, I send the car to the workshop, the workshop then reported for the incident claim. Subsequently, I exchange for a new vehicle to start work but I am able to start work at 1700hrs as I rest at home. My work lasted 0200hrs the next day.

On 14/03/2020, I tried to start work as per normal daily routine 0800hrs but I experienced pain on my body. I rested until 1200hrs and started the job however the pain and discomfort persisted. After the job, near Bendemeer I headed to Mount Alvernia Hospital to seek medical advise, After consultation, the doctor prescribe 5 days of Medical Leave and medications. I sustained muscle spasm on my right shoulder and the back of my neck. I am lodging this report for private insurance injury claim.

SINGAPORE
POLICE FORCE

Police Station Of Origin
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2669599

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 J / Sgt I IBRAHIM BIN ROSLI	Signature Of Informant
Signature Of Interpreter Not applicable	Date/Time 14/03/2020 16:10
Officer In Charge Of Case TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No: 65476435	Classification Of Case

Authentication Stamp
NP164

Accident Photo

Accident Photo

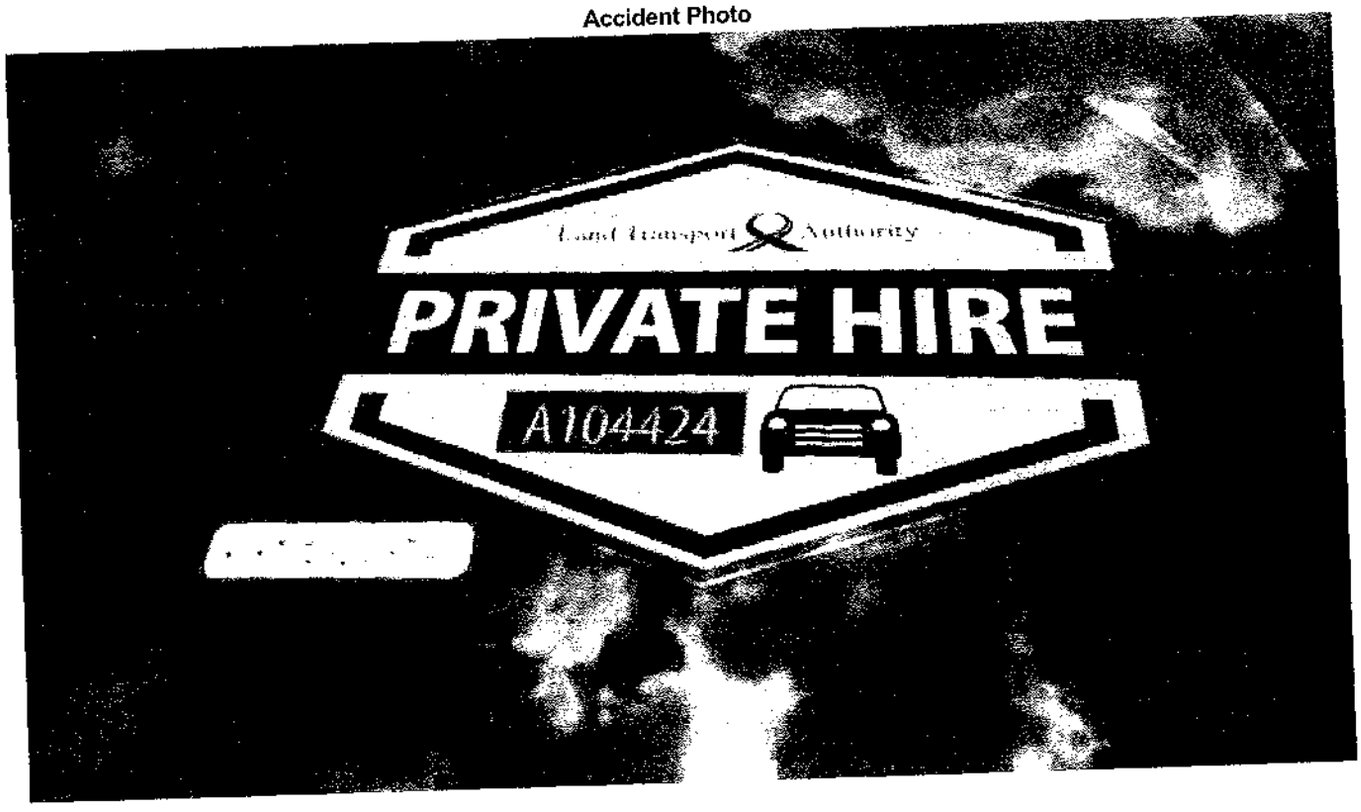
Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo



Accident Photo

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel:(65) 6224 0010 Fax:(65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S68SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MYTA20032261-01 Vehicle Registration No: SJK 4920S.

Name(as shown in NRIC) : Ng Choon Beng NRIC/FIN/Passport No : S7620732F

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Blk 637 #05-119 Jurong West St 61 Singapore(640637)

Contact (Tel) : - Mobile No. : 91473288

Email Address : qunfeng76@gmail.com.

Date of Accident : 13/3/20 Time of Accident : 10AM

Place of Accident : Junction Woodlands Ind PKE 1 & Admiralty Rd

Insurance Company : NTUC Income.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

On date 14/3/20; during driving I felt unwell and went do Mt Alvernia hospital and was given outpatient sick leave from 14/03/20 till 18/03/20. As the pain persisted, I later went to consult orthopaedic at Thomson medical on date 17/3/20 and was granted further medical outpatient sick leave from 17/3/20 till 31/3/20.

shuyi

Policyholder / Driver's Signature
Date: 20/5/20

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

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #35-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0330
Operating Hours : Monday to Friday, 08:00 – 17:00
Data: S68SS0026Q / GSI Reg. No.: M40001773A

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MYTA20032261 Vehicle Registration No: SJK4920S

Name(as shown in NRIC) : NG CHOONG BENG (HUANG ZHONGMING) NRIC/FIN/Passport No : SXXXX732F

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : BLK 637 JURONG WEST ST 61 #05 ,119 Singapore640637

Contact (Tel) : Mobile No.: 91173288

Email Address :

Date of Accident : 13/03/2020 Time of Accident : 10:50

Place of Accident : WOODLANDS IND PARK EST TWDS ADMIRALTY RD WEST

Insurance Company: NTUC Income Insurance Co ,operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

amend the 3rd vehicle number PC5675P INSTEAD OF PC5675R

SHUYI

Policyholder / Driver's Signature
Date:

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