



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/200416/0620/ HSP (tk)

Your Ref:

6 July 2020

WITHOUT PREJUDICE

India International Insurance, Singapore

64 Cecil Street #04-00
IOB Building
Singapore 049711



COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE
GAS BUILDING
SINGAPORE 575717

Dear Sirs

PROPERTY DAMAGE CLAIM ARISING FROM ACCIDENT INVOLVING VEHICLES SLN8843R & SHC1042L AT TANJONG PAGAR ROAD ON 12/6/2020

*mct/2006114
gheini
11/7/20*

We act for the owner of motor vehicle no. SLN8843R, in his claim for damages as a result of the above accident.

We are instructed that on the 12 June 2020, the driver of your insured motor vehicle no. SHC1042L so negligently drove, managed and controlled the said motor vehicle that he caused or permitted the same to open his door causing a collision between our client's vehicles.

The said collision was solely caused by the negligence of the driver of your insured motor vehicle no. SHC1042L.

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

A	Damages		
	a. Cost of repairs (with GST)	\$	4,922.00
	b. Rental charges (5 days @ \$150.00 per day)	\$	750.00

CONFIDENTIALITY CAUTION

This message is intended only for the use of the individual or entity to whom it is addressed and contains information that is privileged and confidential. If you, the reader of this message, are not the intended recipient, you should not disseminate, distribute or copy this communication. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address at our expense. Thank you.

B	Disbursements		
	a. Search Fees / LTA / GIA (at this stage)	\$	36.49
	b. Automobile Inspection Report	\$	648.00
C	Cost with GST (at this stage)	\$	856.00

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

- a) GIA report lodged by the driver of our client's vehicle;
- b) GIA invoice for SHC1042L;
- c) LTA search result for SHC1042L;
- d) Rental invoice from ADEL Car Rental & Leasing;
- e) Repair invoice from HS Automotives Pte Ltd;
- f) Automobile Inspection Report & Invoice from PAR Automotive Consultancy;
- g) Forty-eight (48) colour photographs depicting the damage to our client's motor vehicle.

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.

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	13/06/2020 16:41
Date Of Accident	12/06/2020 08:20
Exact Location Of Accident	TANJONG PAGAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN8843R
Insured/Policyholder	
Name Of Registered Owner	ENG HOU MONG
NRIC No	SXXXX233E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96162786
Alternative Phone No	OFFICE-96162786

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS ES300H CVT
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800056889-01
Cover Note Number	

Driver

Name of Driver	ENG WEE HAN, CLARENCE
NRIC No	SXXXX487D
Date Of Birth	06/07/1998
Occupation	INDOOR
Date Of Driving Pass	27/01/2017
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96684777
Fax Number	
Contact Number	OFFICE-96684777
EEmail Address	NOEMAIL

Address BLK 51 TAMPINES AVENUE 1
#05-03
Postcode 529771
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured CHILDREN
Vehicle Registration Number of Driver's Own Vehicle -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident COLLISION - OPENING DOOR OF VEHICLE
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) 2
Passenger 1
NAME: :-
GENDER: : FEMALE

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 TO STATEMENT.

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 SHC1042L
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

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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7. By the lodging 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:

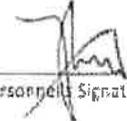
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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.:



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-078768
Date of Request: 06/07/2020

Your Ref No: 200416-HSP

JusEquity Law Corporation
133 New Bridge Road
#10-03, Chinatown Point
Singapore 059413

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 12/06/2020
Place of Accident: TANJONG PAGAR RD
Client Vehicle No: SLN8843R

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO Cash Cheque



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-078777
Date of Request: 06/07/2020

Your Ref No: 200416-HSP

JusEquity Law Corporation
133 New Bridge Road
#10-03, Chinatown Point
Singapore 059413

Dear Sir/Madam,

Date of Accident: 12/06/2020
Vehicle No: SLN8843R
Place of Accident: TANJONG PAGAR RD
Involving Vehicle No: SHC1042L

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SHC1042L	TANJONG PAGAR RD	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO Cash Cheque



Thank you

Tan Mei Ling has successfully logged out.

Your last login date and time was 15 Jun 2020, 14:26:25.

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	Asset Owner ID	Transaction Type	Transaction Amount(S\$)	Log Date/Time
1	Vehicle	SHC1042L		18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	15 Jun 2020



ADEL CAR RENTAL & LEASING

Invoice 3563

June 20, 2020

TO
3rd PARTY CLAIM
MR ENG HOU MONG
IC: S1689233E
HP: 9616 2786

ADD
BLK 51 TAMPINES AVE
#05-03 SINGAPORE 529771.

DRIVER:
MR ENG WEE HAN CLARENCE
IC: S9822487D
HP: 9668 4777

Instructions

Refer to CAR RENTAL AGREEMENT SALES ORDER NO **3583/HSAPL/ECE (SLN8843R)**

Quantity	Description	Unit Price	Total
5 DAYS	BEING VEHICLE RENTAL – SKW 8936X TOYOTA COROLLA ATLIS AUTO 1.6	S\$ 150.00	S\$ 750.00
DATED 15/6/2020 12:50 PM - 20/6/2020 14:00 PM			
Subtotal			S\$ 750.00

AUTHORISED SIGNATURE

Add: Blk 280A Sengkang East Ave #13-645 Singapore 541280. Contact: 9683 5528
Email: adelcar38@yahoo.com



ADEL CAR RENTAL & LEASING ROC 53323798W
Blk 280A Sengkang East Ave #13-645 Singapore 541280

Hp: 9683 5528

SALES ORDER NO: 3583

SLN 8843R

VEHICLE RENTAL AGREEMENT

Hirer's Details		Vehicle no: <u>SKW8936X</u> Replace Vehicle no:	
Name in IC: <u>Eng wee Han, Clarence</u>		Mileage Out: Mileage Out:	
IC/Passport no: <u>S9822487D</u>		Make & Model: <u>Toyota AMIS</u> Auto/Manual:	
Address: <u>Blk 51 Tampines Avenue 1 #05-03 (S) 529771</u>		Date out: <u>15/6/2020</u> Time: <u>12:50 PM</u>	
Name of Employer: -		Hire/ Period expiry <u>20.6.20</u> Time: <u>14:00 PM</u>	
Add of Employer: -		Non- Waiver Excess \$	
Occupation: <u>Indon</u>		3rd Party Excess \$	
Driving License no: <u>S9822487D</u>		CHARGES FOR RENTAL	
Driving experience:		Daily per day <u>5</u> @\$ <u>150/-</u> \$ <u>750/-</u>	
Issue Date: <u>27 Jan 2017</u>		Weekly per week @\$	
Date of Birth: <u>06 Jul 1998</u>		Monthly per month @\$	
Contact no: HP: <u>96604777</u> Office:		Hours per hour @\$	
ADDITIONAL DRIVER'S PARTICULARS		Others @\$	
Name as in IC:		CDW per day/month @\$	
IC/Passport No:		PAI per day/month @\$	
Residential Add:		Delivery/ Collection Service	
Driving experience:		Sub-total \$ <u>750/-</u>	
Issue Date:		PETROL LEVEL	
Date of Birth:		OUT E 1/4 1/2 3/4 FULL	
Contact no: HP: Office:		IN E 1/4 1/2 3/4 FULL	
VEHICLE CHECK LIST		Extension	
LEFT		Misc	
		Total charges \$ <u>750/-</u>	
VEHICLE CHECK LIST Ashtray <input type="checkbox"/> Cig Lighter <input type="checkbox"/> S/Tyre <input type="checkbox"/> STD Tools <input type="checkbox"/> Jack <input type="checkbox"/> Hub Caps <input type="checkbox"/> Radio/Cass <input type="checkbox"/> CD <input type="checkbox"/> Cartridges <input type="checkbox"/>		I have read and agree to the terms and condition on both sides of the agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given ADEL CAR RENTAL & LEASING in connection with this agreement is true.	
		Hirer Signature	
		Driver's Signature	

***IMPORTANT**

1. Only person above 26 years of age with more than 2 years driving experience, authorised, licensed and signing this Agreement may drive the vehicle.
2. All parking and traffic violations are the responsibility of the hirer. An administration charge will be levied on any Traffic Fine redirected.
3. The hirer shall be liable for excess charges for any late return at the rate shown per hour or per day.
4. In case of accident, the Hirer shall report to Rental office immediately. If there is bodily injuries, a police report must be made within 24 hours.
5. Vehicle is strictly for Singapore use only and may not be driven out of Singapore without prior consent of the company ADEL CAR RENTAL & LEASING.

Date in	Time in	Mileage	Checked by	Remarks	Signature of Hirer/Driver

PAR Automotive Consultancy

Regn. No: 52986974L

Thomson Rd Post Office PO Box 029 Singapore 915701. Tel : 645 31173, Fax : 645 36131.

Report No: 0081-20-HSA

25 June 2020

Eng Hou Mong
Blk 51 Tampines Ave 1 #05-03
Singapore 529771

INVOICE No. **0081-20-HSA**

Vehicle No. **SLN8843R**

<u>S/NO.</u>	<u>SERVICES RENDERED</u>	<u>Amount due</u>
1	Being accident vehicle appraisal services, transport, photographs and re-inspection (work in progress and post repair inspection).	\$648.00
	Total amount payable	<u>\$648.00</u>

Kindly cross your cheque in favour of "PAR Automotive Consultancy"

We thank you in anticipation for your prompt payment.

PAR Automotive Consultancy



PAR Automotive Consultancy

Regn. No: 52986974L

Thomson Rd Post Office PO Box 029 Singapore 915701. Tel : 645 31173, Fax : 645 36131.

Report No: 0081-20-HSA

25 June 2020

ACCIDENT VEHICLE SURVEY REPORT

Eng Hou Mong
Blk 51 Tampines Ave 1 #05-03
Singapore 529771

VEHICLE INFORMATION:

<i>Vehicle Reg No.:</i>	SLN8843R	<i>Odometer:</i>	111865km
<i>Make & Model:</i>	Toyota Lexus ES300H	<i>Colour:</i>	Grey
<i>Chassis number:</i>	JTHBW1GGX02046325	<i>Date of accident:</i>	12/06/2020
<i>Year of Regn.:</i>	28/11/2013	<i>Date inspected:</i>	16/06/2020
<i>Repairer at:</i>	H S Automotive Services Blk 2 Kaki Bukit Ave 2 #02-25 Kaki Bukit Auto Hub Singapore 417921	<i>Date inspected (After Repair):</i>	20/06/2020

STATIC CHECKS, where applicable:

<i>Steering :</i>	serviceable
<i>Footbrake :</i>	serviceable
<i>Handbrake :</i>	serviceable
<i>Paintwork :</i>	Good
<i>General condition :</i>	Good

TIRE CONDITION:

	<u>LH / Make</u>	<u>RH / Make</u>	<u>Size</u>
<i>Front:</i>	6mm/Dunlop	6mm/Dunlop	225/50R17
<i>Rear:</i>	6mm/Dunlop	6mm/Dunlop	225/50R17

POINT OF IMPACT AND DAMAGE, where applicable:

Impact on the front LH portion.
Please see details as described in the Annex for parts and labour.

REMARKS:

We have inspected the above-mentioned vehicle on a "Without Prejudice" basis.

Parts and Labour Assessment

Report No: 0081-20-HSA

Vehicle No: SLN8843R

Description of part	Qty	Condition as inspected	Repairer's estimate	Our adjustment
Front door LH	1	repair	1,217.40	0.00
Front door side mirror assy/motor LH	1	shorted	✓ 1,712.40	1,712.40
Front door side mirror signal lamp LH	1	fractured	✓ 171.20	171.20
Front door side mirror cap LH	1	fractured	SVC ✗ 189.10	189.10
Front door side mirror glass LH	1	broken	✓ 578.10	578.10
Front door window outer chrome moulding LH	1	dented	✓ 278.10	278.10
Front door power window regulator LH	1	reuse	378.20	0.00
Front door power window regulator motor LH	3857.70 -10%	1 shorted	SVC ✗ 789.10	789.10
Front door window glass LH	3471.93	1 scratched/chaffed	✓ 1,117.90	1,117.90
<i>Subtotal before discount</i>			6,431.50	4,835.90
<i>Percentage discount 0% and 10%</i>			0.00	483.59
Sub-total 1			6,431.50	4,352.31
Front door inner trim borad clip LH	1	necessary 20	68.00	68.00
<i>Subtotal before discount</i>			68.00	68.00
<i>Percentage discount 0% and 0%</i>			0.00	0.00
Sub-total 2			68.00	68.00
Parts-total			6,499.50	4,420.31
LABOUR				
1. To straighten and panel beating front LH frame members. To remove and refit above parts.	100	✓	600.00	500.00
2. To putty, re-spray painting and polish affected areas.	300	✓	650.00	600.00
3. To check and rectify wiring system.	30	✓	120.00	50.00
4. To rust proof affected areas.		✗	100.00	60.00
5. To remove and transfer front door LH components.	510	80 ✓	150.00	120.00
P - 3471.93	L/S - 3201.54		Labour total	1,620.00
N - 20	= 3200		Parts & Labour total	8,119.50
L - 510				5,750.31
4001.93				

3 repair days

Results of inspection of the accident vehicle are as shown above.

We have taken into consideration the age and condition of the vehicle in our recommendation.

Hence, the recommended cost of repairs based on LUMP SUM repairs is :
and the recommended number of working days for the repairs is :

\$4,600.00

4



B J Loi (I Eng, MIMI, AIRTE)
Automotive Appraiser







