

Carine Kek Phei Ser

From: Motor Claim - III <motorclaim@iii.com.sg>
Sent: Monday, September 14, 2020 5:15 PM
To: III (Letter of Demand)
Subject: FW: Property damage claim on ACCIDENT INVOLVING SLJ 8322 Z & SHA 3335 P ON 31-AUG-2020 ALONG BRADDELL ROAD TOWARDS UPPER SERANGOON ROAD AT ABOUT 1030 HOURS

Attachments: GIA Report SHA 3335 P.pdf; GIA SLJ 8322 Z.pdf; Final Repair Bill.pdf; Survey Report.pdf; Rental Invoice.pdf; GIA Search Fees.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

From: Jerome Soh <jeromesoh@visionlawllc.com>
Sent: Monday, 14 September 2020 4:56 pm
To: Motor Claim - III <motorclaim@iii.com.sg>
Cc: 'Jacqueline Tan' <jactan@visionlawllc.com>
Subject: Property damage claim on ACCIDENT INVOLVING SLJ 8322 Z & SHA 3335 P ON 31-AUG-2020 ALONG BRADDELL ROAD TOWARDS UPPER SERANGOON ROAD AT ABOUT 1030 HOURS

Our Ref: AM-jt-Ins-R29-113894-20 (sj)
Your Ref: SHA 3335 P

15 September 2020

INDIA INTERNATIONAL INSURANCE PTE LTD
64 Cecil Street
#04/#05 IOB Building
Singapore 049711
Attention: Motor Claim Department

WITHOUT PREJUDICE

Dear Sir,

CLAIMANT : RANK VENTURE PTE LTD
ACCIDENT INVOLVING SLJ 8322 Z & SHA 3335 P ON 31-AUG-2020 ALONG BRADDELL ROAD TOWARDS UPPER SERANGOON ROAD AT ABOUT 1030 HOURS

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on **31-Aug-2020 ALONG BRADDELL ROAD TOWARDS UPPER SERANGOON ROAD AT ABOUT 1030 HOURS** involving our client's vehicle registration number **SLJ 8322 Z** and vehicle registration number **SHA 3335 P** driven by you/your insured at the material time.

We are instructed that the accident was caused by you/your insured's negligent driving and /or management of your/your insured vehicle. As a result of the accident, 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 Repair	\$4,300.00
2. Rental Fees	\$ 320.00
3. Additional 2 days loss of use for pre repair	\$ 160.00
4. Survey report fees	\$ 360.00
5. Police/GIA search/report + LTA fees	\$ 39.00
6. Cost Contribution (at this stage)	\$ 900.00
7. Disbursements (at this stage)	\$ 50.00
8. 7% GST of Cost Contribution	\$ 63.00
TOTAL:	<u>\$6,192.00</u>

We enclose a copy of each of the following documents for your consideration:-

- (a) Police/GIA/SAS report lodged by driver of SLJ 8322 Z & SHA 3335 P;
- (b) LTANet & GIA Search;
- (c) Rental invoice;
- (d) Final Repair Bill;
- (e) Surveyor's report & invoice; and
- (f) **24 original photographs** depicting the damages to motor vehicle SLJ 8322 Z.
 - **(P.S:- Original photographs will be sent to insurance co. only)**
 - **(P.S:- Kindly return us all original photographs within 7 days hereof)**

We have on 02 September 2020 notified your insurers INDIA INTERNATIONAL INSURANCE PTE LTD of the accident and a pre-repair inspection of our client's vehicle was carried out by your insurer.

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

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. Our client's claim herein is quantified based on supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

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 counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Jerome Soh (on behalf of Anjali M)
Assistant Secretary
Vision Law LLC
133 New Bridge Road
#18-01/02 Chinatown Point
Singapore 059413
Tel: 6534-2811 Fax: 6535-6802

VISION LAW LLC
Advocates & Solicitors
(Incorporated with limited liability)
Unique Entity No. 200721148H
Address : 133 New Bridge Road #18-01/02 Chinatown Point, Singapore 059413

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India International Insurance Pte Ltd.

Registration No. 198703792-K

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	03/09/2020 11:43
Date Of Accident	31/08/2020 10:00
Exact Location Of Accident	BRADDELL RD >> UPP SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3335P
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	IONIQ
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
Driver	
Name of Driver	RAJENDRAN S/O SUPPIAH
NRIC No	S1381171G
Address	BLK 508 ANG MO KIO AVENUE 8 #07-2588

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR

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
Number of Passengers (Including Driver)	1

Circumstances of Accident

PLS REFER TO ATTACHED / Type Of Accident : TAXI REVERSING

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLJ8322Z

Vehicle Make/Model/Colour

Name of Driver

LIM KEE CHING

Insurance Company Name

IMPORTANT NOTICE

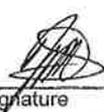
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver.**
3. Information provided must be as **truthful and accurate as possible.** Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability.**
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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)
 - (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, investigation, 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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

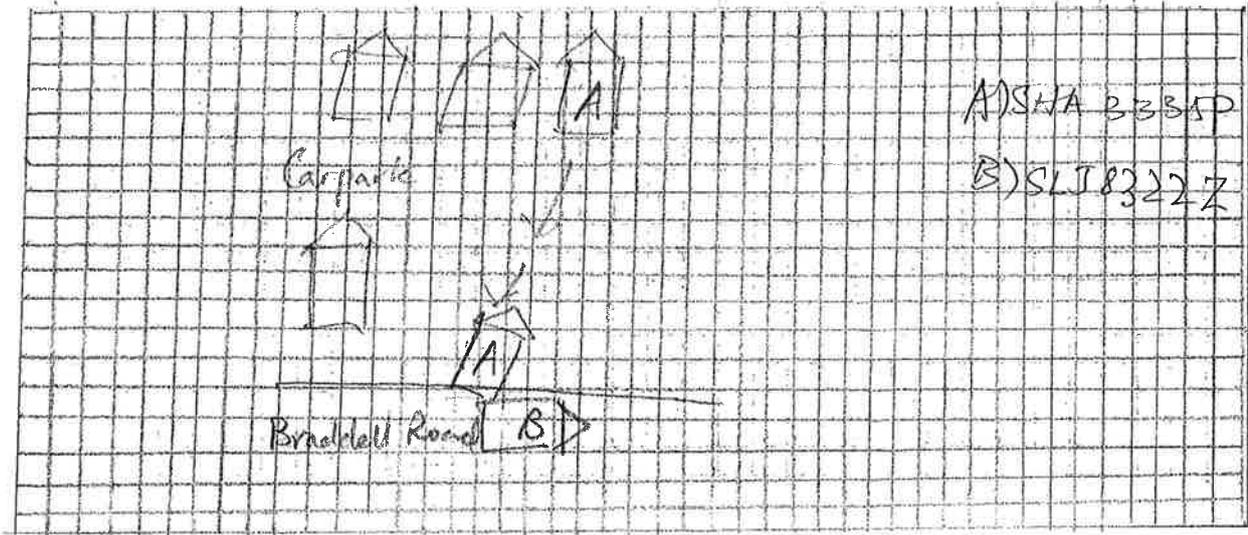
Policyholder's Signature
Date & Time:


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


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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/8/20 at about 1000hrs when I Veh A was slowly reversing out from the carpark, collided onto the left rear portion of Veh B. We mutually agreed to settle the matter (Gms) but when I tried to contact the 3rd party driver, there was no response to the calls. I am willing to direct settle if the claims are reasonable and affordable.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:

RV AUTOWORKS

Reg No: 53377219B
15 Kaki Bukit Road 4
#01-53 Barley Biz Centre
SINGAPORE (417808)

Date: 08 September 2020

Rank Venture Pte Ltd
c/o 15 KAKI BUKIT ROAD 4
#01-53 BARLEY BIZ CENTRE
SINGAPORE (417808)

FINAL REPAIR BILL

MOTOR VEHICLE NO. SLJ 8322 Z (TOYOTA COROLLA ALTIS CLASSIC 1.6 CVT)

Repair Cost for motor car no. **SLJ 8322 Z** dated

08 September 2020 (LUMP SUM)**\$4,300.00 NETT**

SINGAPORE DOLLARS: FOUR THOUSAND THREE HUNDRED DOLLARS ONLY

INVOICE

RV AUTOWORKS
Singapore

BILL TO
Rank Venture Pte Ltd
Yenty

lyenty@hotmail.com

Invoice Number: 0025

Invoice Date: September 5, 2020

Payment Due: September 12, 2020

Amount Due (SGD): \$320.00

Items	Quantity	Price	Amount
Car Rental Provide replacement car Honda Stream from 1st Sept to 4th Sept 2020 04 days	4	\$80.00	\$320.00

Total: \$320.00

Amount Due (SGD) : \$320.00

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	01/09/2020 15:15
Date Of Accident	31/08/2020 10:30
Exact Location Of Accident	BRADDELL ROAD TOWARDS UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ8322Z
Insured/Policyholder	
Name Of Registered Owner	RANK VENTURE PTE. LTD.
Co Reg No	2XXXXX751R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82226554

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091548396-02 CLASSIC
Cover Note Number	

Driver

Name of Driver	LIM KEE CHING
NRIC No	SXXXX075H
Date Of Birth	17/06/1960
Occupation	OUTDOOR
Date Of Driving Pass	27/02/2006
Driving Experience	14 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82226554
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address 24B JALAN TELUK
 Postcode 537322
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - SOLE PROPRIETOR
 Vehicle Registration Number of Driver's Own Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident SIDE SWIPE
 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 ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4519999 - FAX NO: 65535679
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

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 SHA3335P
 Vehicle Make/Model/Colour HYUNDAI/AE IONIQ HEV 1.6 DCT
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver RAJENDRAN S/O SUPIAH
 NRIC/Passport Number SXXXX171G
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LIM KEE CHING
Approximate Age	60
Injuries Sustain	PAIN AND STIFFNESS ON NECK AND SHIVERING WHEN WOKE UP
Injured person in which vehicle?	SLJ8322Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	24B JALAN TELITI
Postcode	537322

8

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Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.
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 - (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 (a) 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:

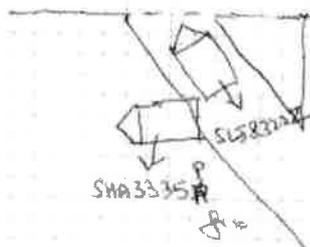
IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416637 Fax: 67492305
Email: vackb@vicom.com.sg

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

- 1 SEP 2020

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to
Police Report.

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:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

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

- 1 SEP 2020

Individual Statement



**SINGAPORE
POLICE FORCE**



T20200901/2021

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 3
Report No: T20200901/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/09/2020 11:59		Vide Report No.:	Station Diary No.: 26
Informant's Particulars			
Name of Informant: LIM KEE CHING		Address: 24B JALAN TELITI SINGAPORE 537322	
ID Type / ID No.: NRIC NO / S1450075H		Contact No Home/Office	Mobile: 82228554
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 60	Date of Birth: 17/06/1960	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/08/2020 10:30	Type of Location: X-Junction
Location: BRADDELL ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Stopped Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA3335P	Car				Slightly Damaged	0
SLJ8322Z	Car				Slightly Damaged	0

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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200901/2021

2 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20200901/2021

CONTINUATION OF REPORT

Driver			
Name	RAJENDRAN S/O SUPPIAH	ID No.	S1381171G
Related Vehicle	SHA3335P (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
Driver			
Name	LIM KEE CHING	ID No.	S1450075H
Related Vehicle	SLJ8322Z (Car)	Contact No.	82226554
Hospital/Clinic	338 FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/09/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 31/08/2020 at about 1030hrs, I was driving my vehicle SLJ8322Z on Braddell Rd. I came to a stop at the zebra crossing to Upper Serangoon Rd. Suddenly, one taxi SHA3335P reversed out from the carpark in front of Hong Chang Frog Porridge and BBQ fish. The taxi right rear bumper knocked onto my vehicle left rear bumper. Both of us made a check. There were some damages on both of our bumpers. We exchanged particulars and left. No police or ambulance were called.

On 01/09/2020 at about 1000hrs, I went to see doctor at 338 Family Clinic located at 338 Ang Mo Kio Avenue 1 #01-1615 as I was feeling some pain and stiffness on my neck and shivering when I woke up in the morning. Dr Yeoh made a check on me and gave me 3 days of MC.

Individual Statement



SINGAPORE
POLICE FORCE



T/20200901/2021

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3
Report No: T/20200901/2021

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: F / Sgt 2 NICHOLAS WONG WEN EN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/09/2020 11:59
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:

Authentication Stamp
NP168

S K AUTO CONSULTANTS

Invoice

Bill To: Rank Venture Pte Ltd
c/o RV Autoworks
Blk 13 Lorong 8 Toa Payoh #04-02
Singapore 319261

Invoice No:	2020130
Date:	8/9/2020
Our Ref	TP/020/0130SK

Description	Amount (S\$)
PARTICULARS	
Vehicle Registration No. : SLJ 8322Z	360.00
Date of Accident : 31/08/2020	
Date of Inspection : 02/09/2020	
SERVICES:	
Assessment with report (inclusive of transport charges and photographs etc)	
Total	360.00
Balance Due	360.00

We would appreciate your cheque crossed and made payable to:
S K AUTO CONSULTANTS



Authorized Signature

S K AUTO CONSULTANTS

AUTOMOBILE ASSESSMENT REPORT

Page No. 1

Our Reference: TP/020/0130SK

Your Reference: TBA

Date: 8/9/2020

TO: Rank Venture Pte Ltd
c/o RV Autoworks
Blk 13 Lorong 8 Toa Payoh #04-02
Singapore 319261

Assessment of Vehicle No : SLJ 8322Z
Date of Accident : 31/08/2020
Date of Inspection : 02/09/2020

We have carried out a physical assessment of SLJ 8322Z at RV AUTOWORKS according to your instructions on 02/09/2020 and are pleased to submit our report as follows;

1.VEHICLE PARTICULARS

Registration No. : **SLJ 8322Z**
Make & Model : **TOYOTA COROLLA ALTIS CLASSIC**
Year of Registration : **2016**
Engine Capacity (cc) : **1598**
Chassis No. : **MR053REH104555535**
Engine No. : **1ZR588348**
Colour : **Blue**
Mileage (km) : **264376**

2.VEHICLE CONDITION

Body Paint: : **Good**
Steering : **Serviceable**
Foot Brake : **Serviceable**
Parking Brake : **Serviceable**

3.TYRE PARTICULARS & CONDITION

Front

RH Make/Size : **Continental 205/55R16 - 80%**

LH Make/Size : **Continental 205/55R16 - 80%**

Rear

RH Make/Size : **Continental 205/55R16 - 80%**

LH Make/Size : **Continental 205/55R16 - 80%**

Note: % denotes the remaining percentage of the tyre

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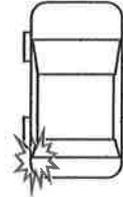
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Our Reference TP/020/0130SK
Vehicle No. SLJ 8322Z

4. DESCRIPTION OF DAMAGE

At the time of inspection observed that this vehicle had sustained damages to the Left side REAR portion

Please see attached schedule for details.



Estimated Amount : S\$6,287.00
Adjusted Amount : S\$4,300/-
Estimated Repair Days* : 4 days
*(inclusive of spray painting preparation and complete work process)

Pursuant to your instruction, we have **NOT AUTHORIZED** repair.
The assessment was conducted on a "**Without Prejudice**" basis.

If we are not notified of anything to the contrary within **14 Days** from the date hereof, this report shall be treated as correct

Disclaimer

This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle is involved. No liability or responsibility whatsoever shall be held by **S K AUTO CONSULTANTS** for any reliance on this report by any third party.

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Our Reference TP/020/0130SK

Vehicle No. SLJ 8322Z

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(S\$)	OUR ASSESSMENT(S\$)	
<u>PARTS (LIST ITEMS)</u>					
1	Rear bumper	Deformed	1425.00	1425.00	581.90 ✓
1	Rear bumper side retainer	Cracked	196.00	196.00	140 ✓
2	Rear bumper reflector @85.70	Re-use	171.40	0.00	
2	Rear bumper bracket @92.60	Necessary	185.20	185.20	× SVC
1	LHS Rear mud flap	Deformed	172.00	172.00	× SVC
1	LHS Rear taillamp	Grazed	789.00	789.00	× SVC
1	LHS Rear shock absorber	Damaged	592.00	592.00	× SVC
1	LHS Rear wheel bearing	Damaged	272.00	272.00	× SVC
			3802.60	3631.20	
less			25%	25%	
			950.60	907.80	
			2852.00	2713.40	
<u>SPECIAL NETT ITEMS</u>					
1set	Reverse sensor	Refix	280.00	0.00	
1	LHS Rear sports rim	Grazed/Dmg.	1280.00	1280.00	× SVC
1set	Rear bumper clips	Necessary	60.00	40.00	30✓
1	Rear number plate w/base	Refix	75.00	0.00	
TOTAL PARTS			4547.00	4033.40	

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Our Reference TP/020/0130SK
 Vehicle No. SLJ 8322Z

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S\$)	OUR ASSESSMENT (S\$)
	<u>LABOUR</u>		
1	To remove the affected parts & fittings to commence repairs; replace damaged parts and components	800.00	600.00
2	To supply paint materials, expandable items & putty, respray paint on parts replaced	300.00	250.00 ✓
4	To remove and re-fix wiring and check all electrical components at damaged areas for proper functions	150.00	120.00
5	To conduct computerised wheel alignment test	120.00	100.00 ✗
6	To remove and replace LHS rear suspension system	250.00	200.00 ✗
7	To remove and refix reverse sensors and check for proper function	120.00	80.00 ✗
	Labour Total :	1740.00	1350.00
	TOTAL (PARTS & LABOUR):	6287.00	5383.40

400 ✓

30 ✓

Note: (For Lump Sum Repair)

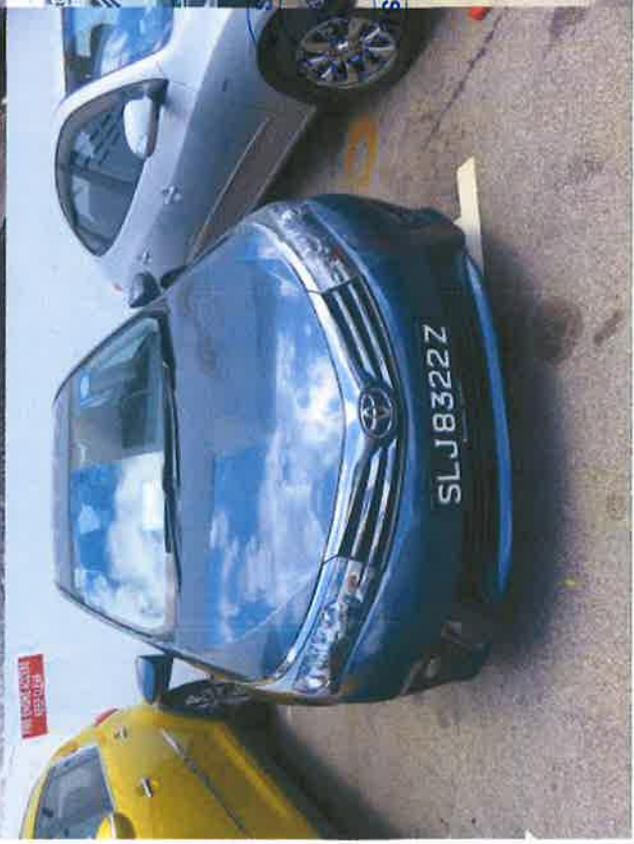
The workshop has agreed to undertake the repair on a Lump Sum Basis, and/or the use of ex stock/reconditioned parts whichever is possible (having taken into consideration to repair instead of replacements). **The final adjusted Lump Sum contract amount is S\$4,300/-**

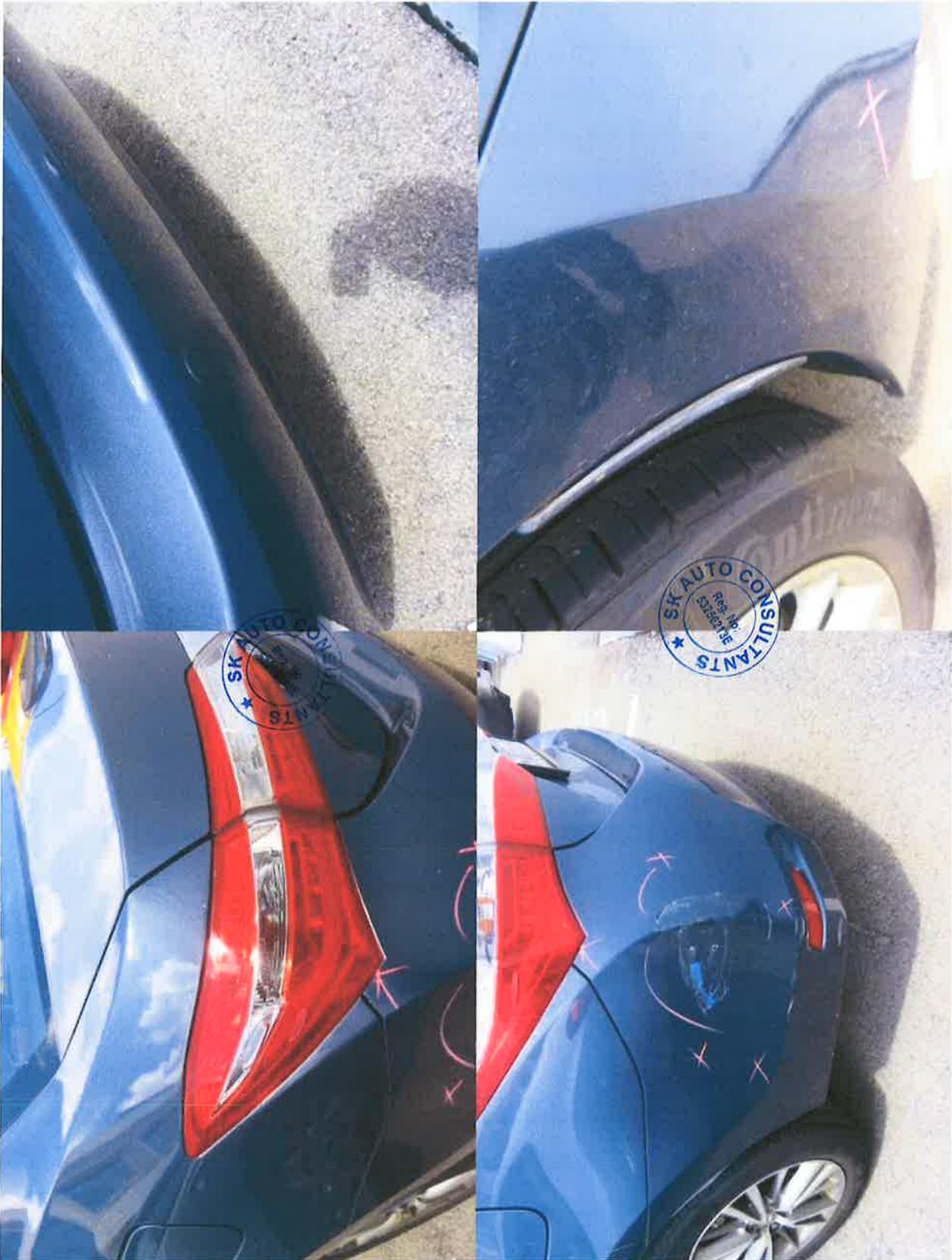


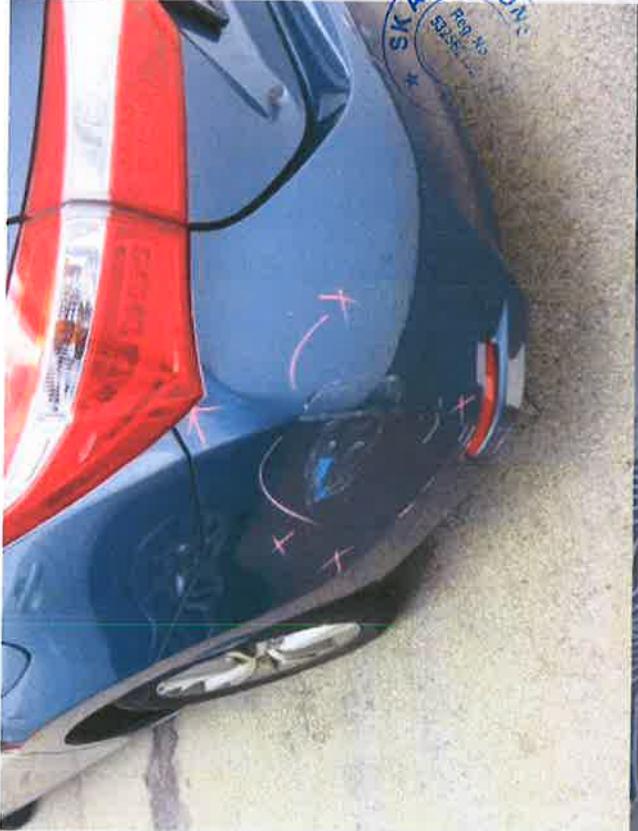
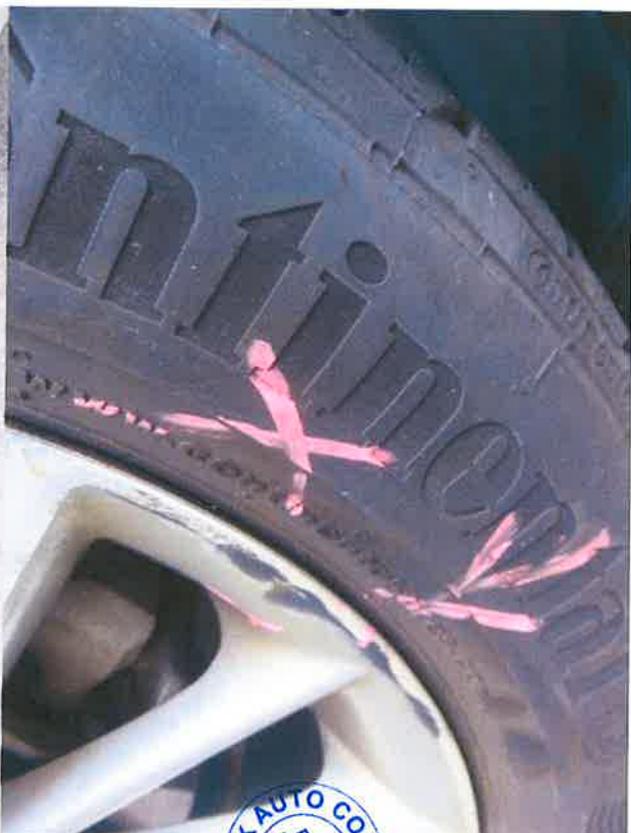
 S.Kumanan
 Motor Surveyor

4 repair days

VEHICLE REGN.NO. SLJ 8322Z







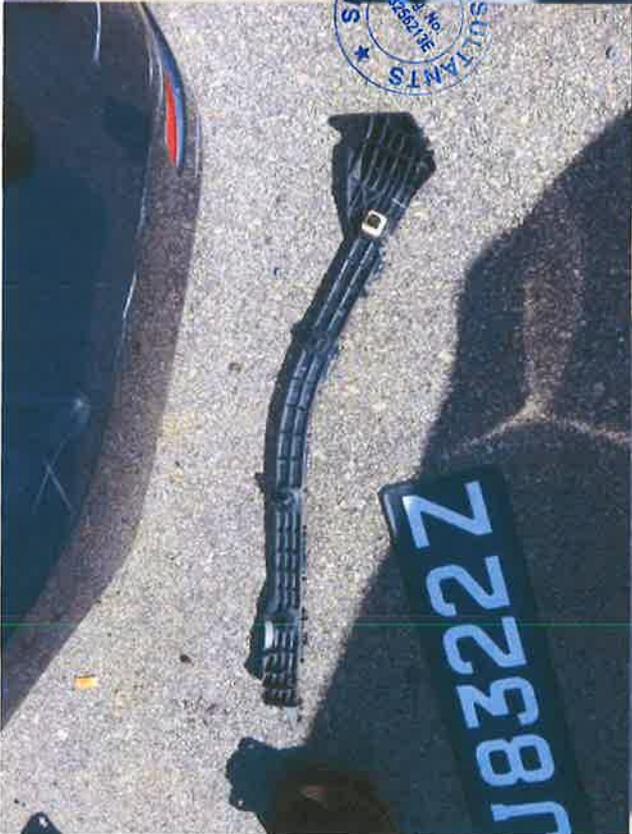
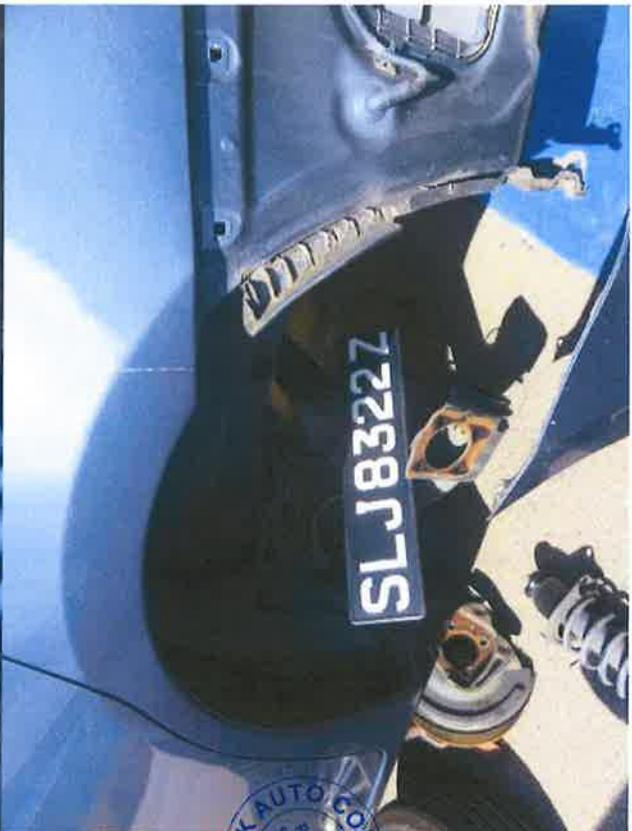
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ESTD 2012

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**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-20-109493
Date of Request: 14/09/2020

Your Ref No: AM-INS-R29-113894-20-JTV

VISION LAW LLC
133 New Bridge Road #18-01/02
Chinatown Point
Singapore 059413

Dear Sir/Madam,

Your Search Criteria:

Date of Accident: 31/08/2020
Place of Accident: BRADDELL ROAD
Client Vehicle No: SLJ8322Z

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

TAX INVOICE

Our Ref No: GR-20-109691
Date of Request: 14/09/2020

Your Ref No: AM-INS-R29-113894-20-JTV

VISION LAW LLC
133 New Bridge Road #18-01/02
Chinatown Point
Singapore 059413

Dear Sir/Madam,

Date of Accident: 31/08/2020
Vehicle No: SLJ8322Z
Place of Accident: BRADDELL ROAD TOWARDS UPPER SERANGOON ROAD
Involving Vehicle No: SHA3335P

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\$)
SHA3335P	BRADDELL ROAD TOWARDS UPPER SERANGOON ROAD	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.

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Date:

GIRO Cash Cheque