alp

Your Ref: As follows

Our Ref: AL.INS.2019.14816(PDPI)JW

24 September 2020

WITHOUT PREJUDICE

INDIA INTERNATIONAL INSURANCE PTE LTD **BY PDX**
64, Cecil Street, #04/#05/#06-02
IOB Building
Singapore 049711
Attention:Motors Claims Department
Vehicle No: GBD 8719 M

KONG TAI ELECTRICAL TRADING **CERTIFICATE OF POSTING**
Blk 504 Jurong West Street 51
#01-221
Singapore 640504

ANG CHEOW CHUAN **CERTIFICATE OF POSTING**
Blk 504 Jurong West Street 51
#03-239
Singapore 640504

Dear Sirs,

CLAIMANT :LAW CHEE MING
TRAFFIC ACCIDENT INVOLVING FBQ 4583 U & GBD 8719 M ALONG JALAN MAS KUNNING ON 14 OCTOBER 2019 AT ABOUT 1220 HOURS

1. We act for **LAW CHEE MING**, who was the Owner & Driver of motor vehicle no. **FBQ 4583 U.**

2. We are instructed by our client , to claim damages against you in connection to a road traffic accident **ALONG JALAN MAS KUNNING** involving our client's vehicle registration number **FBQ 4583 U** and vehicle registration number **GBD 8719 M** driven by your insured/you at the material time.

3. We are instructed that the accident was caused by your insured's/your negligence in the driving and/or management of your insured's/your vehicle. As a result of the accident, our client has suffered personal injuries. His/her injuries are set out in the medical reports annexed to this letter. our client has been put to loss and expense, particulars of which are as follows:

General Damages		**$ 8,000.00**
-contusion		
Special Damages		**$3,224.00**
-Medical Expenses	$ 122.00	
-Transport Expenses	$ 20.00	
-Costs of Repairs	$ 2,782.00	
-Loss of Use + PRI	$ 300.00	
-Loss of Income	Reserved/To be Assessed	
-Loss of personal belongings	Reserved/To be Assessed	
Our Legal Costs		**$ 2,500.00**
Disbursements		**$974.49**
-Survey report fees	$ 473.00	
-Medical report fee	$ 90.00	
-LTA/ GIA fees	$ 36.49	
-Public Trustee's fees	$ 225.00	
-Other incidentals	$ 150.00	
	Total	**$ 14,698.49**

4. We enclose herewith copies of all the supporting documents as follows: -

(a) Traffic Police/GIA report lodged by rider of FBQ 4583 U / driver of GBD 8719 M;
(b) LTA search of motor vehicle GBD 8719 M;
(c) Medical Receipts;
(d) Medical Certificate;
(e) Medical Report and receipt from KHOO TECK PUAT HOSPITAL ;
(f) Surveyor's invoice & report with photographs depicting the damages to motor vehicle FBQ 4583 U ;

5. In compliance with the pre-action protocol under paragraph 25C of the State Courts' Practice Directions, we propose to use the following medical expert as the single joint expert:

i) Dr Benedick Lau;

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

7. Please note that you or your insurer should send to us an acknowledgement of receipt of this letter to us within 14 days of your receipt of this letter. Please also inform us, within 14 days of your acknowledgement of receipt of this letter, whether you have any objections to our proposed medical exports or whether you wish to propose other medical exports.

8. Should you fail to acknowledge receipt of this letter within 14 days, our client may commence Court proceedings against you without further notice to you or your insurer. For the avoidance of any doubt, this letter serves as notice under Section 9(3) The Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189) of our client's intention to commence proceedings against your insured/you.

9. Please also note that if you have a counterclaim against our client arising out of the accident, you are 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.

10. You may acknowledge receipt of this letter by email to jerdine.wang@alp.com.sg / jiamin.mak@alp.com.sg / allister@alp.com.sg.

Yours faithfully

ALLISTER LIM

encls

Yishun Health
National Healthcare Group

TAX INVOICE as at 15.10.2019

Admiralty Medical Centre
Khoo Teck Puat Hospital
Yishun Community Hospital

TO: MR. LAW CHEE MING
BLK 780C #15-47
WOODLANDS CRESCENT
WOODLANDS DEW
SINGAPORE - 733780

Tax Invoice GST REG NO M90370246G

VISIT DATE : 15.10.2019 11:58
LOCATION : KCANEP3

This Tax Invoice is for charges incurred at **Khoo Teck Puat Hospital** (UEN 200717564H)

Case/Invoice No	Invoice Date	Outstanding Amount
5719050215G-00001	15.10.2019	**Nil**

Patient Name: LAW CHEE MING **Patient ID: S7578673E**

Services	**Amount($)**
A&E Facility/Service Fee	244.00
Less Government Subsidy	-122.00
	122.00
Total Amount Payable	**122.00**

Total amount payable after GST is $130.54 .
GST at 7% is absorbed by the Singapore Government: $8.54

Payer	Adjustment	Payment	Amount Due
LAW CHEE MING	0.00	122.00	0.00

(CASH - 15.10.2019 , RECEIPT #: K003576957)

15/10/2019 12:00

Reg No. : 2007175641H

Tear Along Here

Khoo Teck Puat Hospital
National Healthcare Group

Khoo Teck Puat Hospital
90 Yishun Central
Singapore 768828
Tel: (65) 6555 8000
Fax: (65) 6602 3700
Website: www.ktph.com.sg

MEDICAL CERTIFICATE

DUPLICATE

KHANE191689487

NAME : LAW CHEE MING
NRIC : S7578673E

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named attended Examination/Treatment from **15 Oct 2019 11:58** to **15 Oct 2019 15:14**

The above named is unfit for duty for a period of **4** day(s), from **15 Oct 2019** to **18 Oct 2019** inclusive.

The Certificate is **not valid** for absence from court attendance.

Remarks :

15 Oct 2019	Dr Seah, Raynian (64849C)	A&E	
Date	Issuing Doctor	Location	Doctor's Signature

Reg No. : 2007175641H

Land Transport Authority

SINGAPORE POLICE FORCE

T/20191015/2127

Police Station Of Origin:
Yishun North N.P.C.
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No: T/20191015/2127

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/10/2019 16:34	Vide Report No.:	Station Diary No: 82

Informant's Particulars

Name of Informant: LAW CHEE MING			Address: APT BLK 780C WOODLANDS CRESCENT #15-47 SINGAPORE 733780	
ID Type / ID No.: NRIC NO / S7578673E			Contact No.: Home/Office:	Mobile: 85106315
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 43	Date of Birth: 04/11/1975	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: DELIVERY			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury: Others	Drink Drive: No	Date/Time of Accident: 14/10/2019 12:20	Type of Location: Straight Road

Location:
Along Road 1
JALAN MAS KUNING

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow:	Traffic Control:	Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ4563U	Motorcycle	YAMAHA	CZD300A / XMAX300	Black	Slightly Damaged	0
GBD8719M	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ4563U	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT10504290	09/10/2019	08/10/2020

SINGAPORE POLICE FORCE

Station Of Origin:
Yishun North N.P.C
81 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LAW CHEE MING	ID No	S7578673E
Related Vehicle	FBQ4583U (Motorcycle)	Contact No	85106315
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	15/10/2019	Date Discharge	15/10/2019
No. of Days granted Medical Leave	04	Degree of injury	Slight

Brief Details.

On 14/10/2019 at about 1220hrs, I was riding my motorcycle bearing the registration number FBQ4583U along Jalan Mas Kuning as I was delivering food to a customer. While I was travelling on the straight road, I noticed a lorry bearing the registration number GBD8719M on the left side of the road in a stationary position. I then rode pass on the right of the stationary lorry. However, when I was riding past the lorry, the lorry suddenly made a right swerve into my path and hit onto my bike. My bike and I then fell off to the ground, to the right. I then stood up and contacted the driver. The driver, a male Chinese then apologize to me and told me that he wanted to do a private settlement. However after telling him on the damages of the motorcycle, he told me to settle the matter via our insurance companies. I then went to Khoo Teck Puat Hospital to seek medical attention. I was then given 4 days of medical leave.

SINGAPORE
POLICE FORCE

T/20191015/2127

Police Station Of Origin
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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: L / Staff Sgt MOHAMMED ZUFARHAN BIN BOHARI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/10/2019 16:34
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:

Authentication Stamp

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

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-20-016479
Date of Request: 29/01/2020 Your Ref No: AL_INS.2019.14816(PDPI)JW

ALLISTER LIM & THIRUMURGAN
1 Coleman Street #05-01
The Adelphi
Singapore 179803

Dear Sir/Madam,

Date of Accident: 14/10/2019
Vehicle No: FBQ4583U
Place of Accident: ALONG JALAN MAS KUNNING
Involving Vehicle No: GBD8719M

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

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S$)	QTY	AMOUNT (S$)
GBD8719M	ALONG JALAN MAS KUNNING	14.00	1	13.08
GST Amount				0.92
al 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 GIA/RMC Official use:
Date:
[X] GIRO [ ] Cash [ ] Cheque

MCIM19136515 / Cheng Hoe Motor Pte Ltd - Yishun
ENTRY DATE & TIME: 15/10/2019 09:40
SUBMITTED BY: SHARON CHONG BENG CHOON

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	15/10/2019 09:40
Date Of Accident	14/10/2019 12:10
Exact Location Of Accident	JALAN MAS KUNING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8719M
Insured/Policyholder	
Name Of Registered Owner	KONG TAI ELECTRICAL TRADING
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MCV0000143-01
Cover Note Number	24/06/19 - 23/06/20
Driver	
Name of Driver	ANG CHEOW CHUAN
NRIC No	S6831816E
Address	BLK 504 JURONG WEST ST.51 #03-239
General Information of the Accident	
Type Of Accident	SIDE SWIPE
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)	2
Circumstances of Accident	
REFER TO ATTACH.	
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	FBQ4583U

Vehicle Make/Model/Colour	FOOD DELIVERY
Name of Driver	CHINESE MALE
Insurance Company Name	

SKETCH PLAN

VEHICLE NO.: GBD 8719 M
INSURER : Indra
DATE & TIME: 14/10/19 @ 12:10pm

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 package); 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.

KONG TAI ELECTRICAL TRADING
Block 104, Jurong West Street 51
#01-321, Singapore 640104
Tel: 65536674 65536670 Fax: 65637651
Email: kongtaielectrical@yahoo.com

Policyholder's Signature
Date & Time:

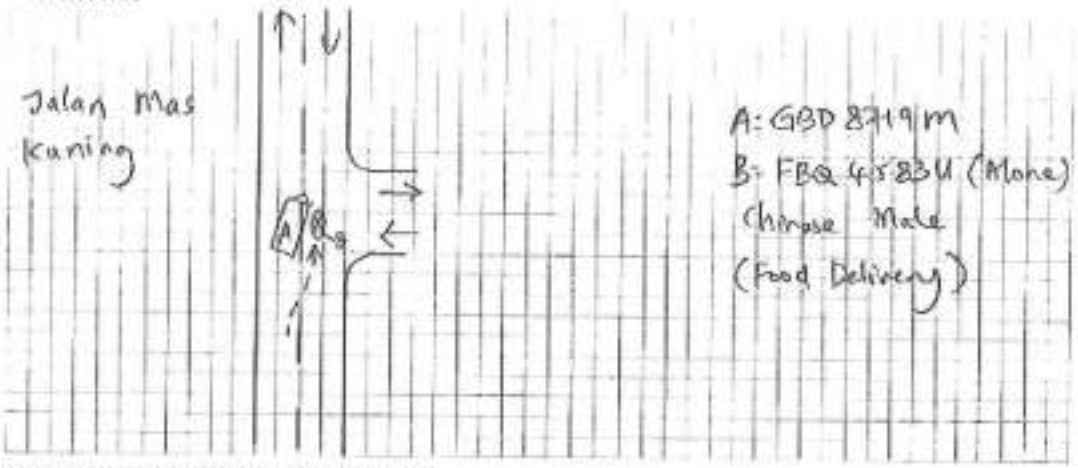
Driver's Signature
(If driver is not the policyholder)
Date & Time:

15/10/19

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was a two way single lane road and I signaled right prepared to turn right when out of sudden m/bike FBQ 4583U came from behind tried to overtake at my right. As a result, it collided onto the front right of my vehicle. No one was injured.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

We declare the foregoing particulars are true in every respect.

KONG TAI ELECTRICAL TRADING
Block 501 [illegible] West Street 51
481 221 [illegible] Singapore 680504
Tel: 6568[illegible] Fax: 6897[illegible]
Email: [illegible]@ktelec.com

Policyholder's Signature
Date & Time:

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

15/10/19

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: (Y5)

( ) Claim Own Policy ( ) Claim Third Party (√) Reporting Only
( ) Claim OD/TP at other workshop (_____)

Accident Photo

Accident Photo

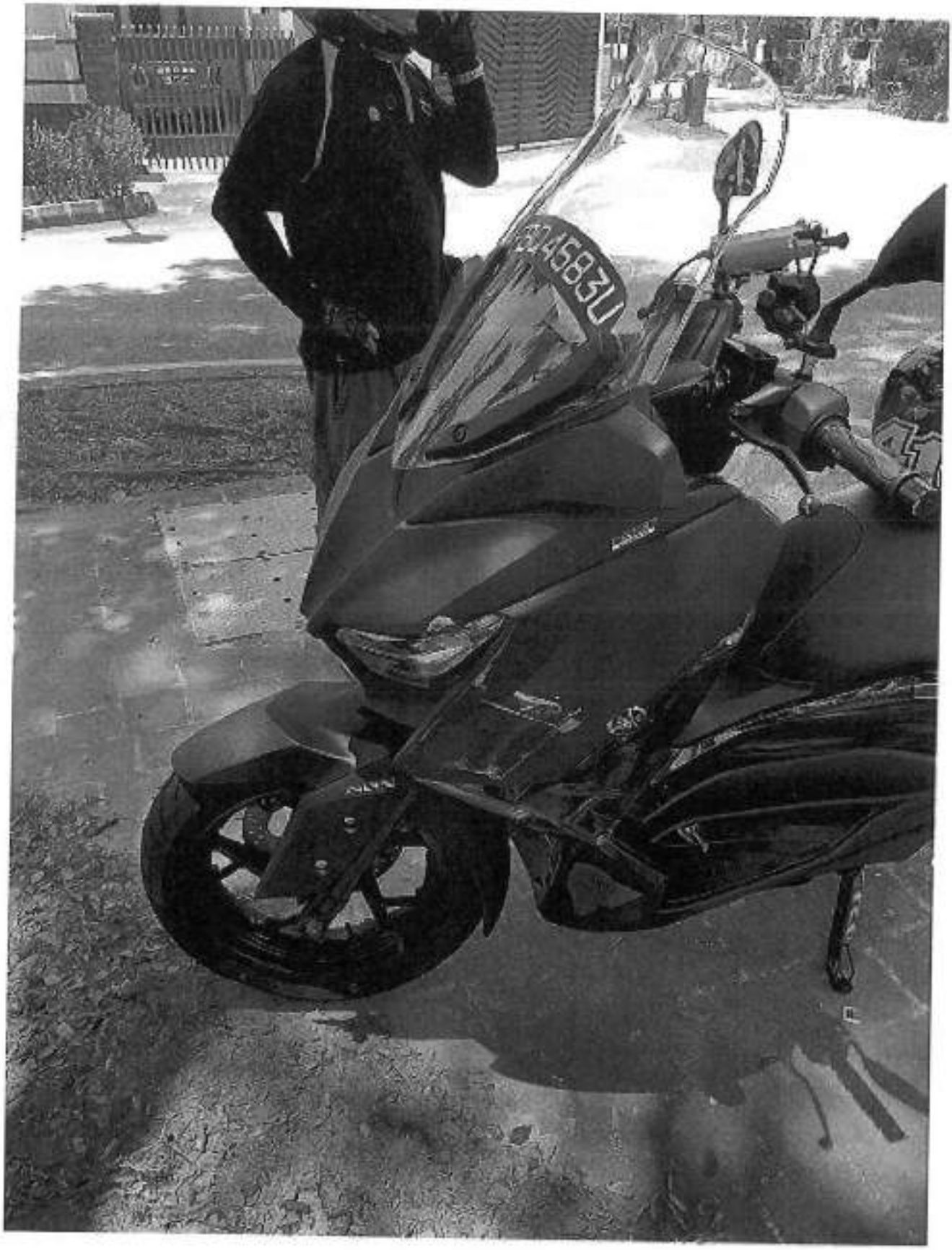
Accident Photo

Accident Photo

Accident Photo

Accident Photo

SCENE




FBQ
4583U

SCENE

SCENE


康泰電器貿易
KONG TAI ELECTRICAL TRADING
Blk 504 Jurong West Street 51 #01-221
Singapore 640504
Tel: 6565 8970, 6565 8924 Fax: 6563 7631
Email: kongtaielectrical@yahoo.com

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

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

SEARCH RESULTS

Our Ref No: GR-20-016472
Date of Request: 29/01/2020 Your Ref No: AL.INS.2019.14816(PDPI)JW

ALLISTER LIM & THIRUMURGAN
1 Coleman Street #05-01
The Adelphi
Singapore 179803

Dear Sir/Madam,

Your Search Criteria:
Date of Accident: 14/10/2019
Place of Accident: JALAN MAS KUNNING
Client Vehicle No: FBQ4583U

With reference to your search criteria for the accident report, the following documents were found to closely match your search criteria:

REQ. VEHICLE	ACCIDENT LOCATION	ACCIDENT DATE
[illegible]D8719M	JALAN MAS KUNING	14/10/2019 12:10

Thank You.

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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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-20-016472
Date of Request: 29/01/2020 Your Ref No: AL.INS.2019.14816(PDPI)JW

ALLISTER LIM & THRUMURGAN
1 Coleman Street #05-01
The Adelphi
Singapore 179803

Dear Sir/Madam,

Your Search Criteria:
Date of Accident: 14/10/2019
Place of Accident: JALAN MAS KUNNING
Client Vehicle No: FBQ4583U

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:
[X] GIRO [ ] Cash [ ] Cheque

Report no: 450M1019.SH
Vehicle no: FBQ4583U