



SL LAW CHAMBERS

ADVOCATES & SOLICITORS, Notary Public & Commissioner For Oaths

Reg No. 53388805X

133 New Bridge Road #13-01 Chinatown Point Singapore 059413

Tel : 6909 9356, Fax : 6909 6246, E-mail : prs@slaw.com.sg

616293

Our ref : PDPI.191327/sp

Your ref : SJX9133X

Date :

3 NOV 2020

AIG ASIA PACIFIC INSURANCE PTE LTD

78 Shenton Way

#07-16

Singapore 079120

Attention: Motor Claims Department (SJX9133X)

WITHOUT PREJUDICE

BY HAND



ERGO INSURANCE PTE. LTD.

5 Temasek Boulevard,

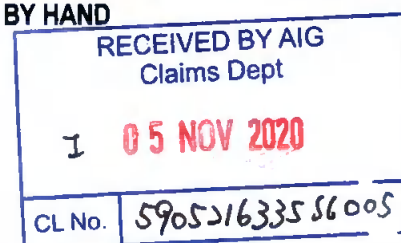
#04-05 Suntec Tower Five

Singapore 038985

Attention: Motor Claims Department (YQ2337E)

WITHOUT PREJUDICE

BY HAND



Dear Sir,

CLAIMANT: CHANG CHEE HENG TERRY – OWNER & DRIVER OF SGZ76L

PROPERTY DAMAGE & PERSONAL INJURY CLAIM ARISING FROM ROAD TRAFFIC ACCIDENT INVOLVING MOTOR VEHICLES NO. SGZ76L, SJX9133X AND YQ2337E ALONG CTE ON 27 AUGUST 2020 AT ABOUT 1955 HOURS

We are instructed by **CHANG CHEE HENG TERRY** to claim damages against your insured in connection with a road traffic accident on **27 AUGUST 2020 ALONG CTE** involving **SJX9133X** driven by you / your insured's driver at the material time.

We are instructed that the accident was caused by your / your insured driver's negligence. As a result of the accident, our client suffered personal injuries of which particulars are set out in the report[s] annexed here to this letter.

Table of injuries: -

1. Right neck sprain
2. Right chest wall contusion

Our client has also been put to loss and expenses, particulars of which are as follows:

a)	General Damages	: S\$ 8,000.00
b)	Medical Expenses	: S\$ 43.10
c)	Transport Expenses (1 trip)	: S\$ 30.00
d)	Loss of Income	: S\$ 283.22
e)	Cost of Repair (Incl. of GST)	: S\$ 6,815.90
f)	Loss of Use (\$120.00/day x 2 days (Incl. of 2 days PRI & Weekends))	: S\$ 240.00
g)	Loss of Rental (\$100.00/day x 10 days)	: S\$ 1,000.00
h)	Medical report fee	: S\$ 160.50
i)	Surveyor Report Fee	: S\$ 490.00
j)	GIA/TP search fee	: S\$ 65.49
k)	Public Trustee fee	: S\$ 225.00
l)	Color Photos (\$1.00/page x 15 pages)	: S\$ 15.00
m)	Incidentals	: S\$ 200.00
n)	Costs	: S\$ 3,000.00
	Total	: S\$ 20,568.21



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A copy each of the following supporting documents is enclosed:

- (1) Medical Report dated 12 October 2020 from NTUC Health Family Medicine Clinic;
- (2) Medical report fee receipt;
- (3) Medical receipts;
- (4) Medical certificates;
- (5) Our client's GIA/TP report;
- (6) TP GIA & fees;
- (7) Our client's payslip;
- (8) LTA Search;
- (9) Final Repair Bill;
- (10) Vehicle Rental Invoice;
- (11) Surveyor Report; and
- (12) Color Photos

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.

In compliance with the pre-action protocol under the State Courts' Practice Direction 38, we propose using the medical practitioner who treated our client as a single joint expert.

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

If you wish to have our client examined by your own medical expert, this should be stated in your acknowledgment of receipt. Please also advise within 14 days of the acknowledgment of receipt, where and when examination of our client is to take place so that we may arrange for our client to attend. Please note that we deem you/your insurer has no interest in conducting medical examination if the request is not made within the timeline stated above.

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.

Yours faithfully

SL LAW CHAMBERS

Encl

TO OWNER OF SJX9133X

TAY JEROLD

Blk 234A Serangoon Avenue 2

#02-139

Singapore 551234

CERTIFICATE OF POSTING

(WITHOUT ENCLOSURES)

CONFIDENTIAL

Your Ref: PDPI.191327/es

12 October 2020

S L Law Chambers
133 New Bridge Road #13-01 Chinatown Point
Singapore 059413

MEDICAL REPORT ON CHANG CHEE HENG TERRY
NRIC NO: S8334198Z GENDER: MALE AGE: 36 YEARS

The above mentioned was seen at NTUC Health Family Medicine Clinic on 28 August 2020 for right posterior neck ache.

He reported that while he was driving on 27 August 2020 evening, his stationary car was hit from behind by another car, and his chest wall hit against the steering wheel. The next day, he had a right posterior neck ache on waking up.

Clinical examination revealed:

1. Vague tenderness over right posterior neck, with no visible bruising.
2. Vague tenderness over right anterior chest fourth rib, with no visible bruising.

There was no permanent or temporary disability.

There were no investigations done.

The clinical diagnosis was right neck sprain and right chest wall contusion.

He was prescribed oral and topical analgesics and discharged.

He was given medical leave for 3 days from 28 August 2020 to 30 August 2020.

His last consultation at our clinic was on 28 August 2020.



Dr Janine Yeo
Family Physician
NTUC Health Family Medicine Clinic

Dr Janine Yeo
MBBS (S'pore), GDFM (S'pore)
MCR No. M14372E

NTUC Health Family Medicine Clinic

Blk 264 Serangoon Central #01-205
Singapore 550264

Tel: 6281 2638 Fax: 6281 2745



NTUC HEALTH CO-OPERATIVE LIMITED
 FAMILY MEDICINE CLINIC
 Blk 264 Serangoon Central #01-205, Singapore 550264
 T: +65 6281 2638 | F: +65 6281 2745
 W: www.ntuchealth.sg/family-medicine-clinic
 Co. Reg. No. S92C50208D

TAX INVOICE

TO: CHANG CHEE HENG TERRY
 231 SERANGOON AVENUE 3
 #06-50
 S(550231)

MRN/NRIC : S8334198Z
 CASE NO : 111994
 INVOICE NO : 102683
 VISIT DATE : 26.10.2020 09:26
 INVOICE DATE : 26.10.2020
 TYPE OF SUPPLY : CASH/ CREDIT
 PATIENT TYPE : N.A
 UEH/GST REG NO : M4-0005678-1

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICE	AMOUNT PAYABLE (S\$)
OTHERS	
MEDICAL REPORT	150.00
MISCELLANEOUS	0.00
TOTAL CHARGES	150.00
AMOUNT PAYABLE BEFORE GST	150.00
ADD 7.00% GST	10.50
AMOUNT PAYABLE AFTER GST	160.50
TOTAL AMOUNT PAYABLE	160.50
PAYMENT DETAILS	
CHANG CHEE HENG TERRY(CHEQUE, RECEIPT # 141301)	160.50
TOTAL DUE AFTER PAYMENT	0.00

All Cheques should be crossed and made payable to :

NTUC Health Co-operative Limited

MEDICINES DISPENSED ARE STRICTLY NON-REFUNDABLE AND NON-EXCHANGEABLE

CHEQUE PAYABLE TO: NTUC Health Co-operative Ltd

This is a computer generated invoice which does not require a signature

NTUC Health Family Medicine Clinic

TAX INVOICE

TO: CHANG CHEE HENG TERRY
231 SERANGOON AVENUE 3
#06-50
S(550231)

MRN/NRIC : S8334198Z
CASE NO : 108706
INVOICE NO : 99697
VISIT DATE : 28.08.2020 09:12
INVOICE DATE : 28.08.2020
TYPE OF SUPPLY : CASH/ CREDIT
PATIENT TYPE : N.A
UEH/GST REG NO : M4-0005678-1

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICE	AMOUNT PAYABLE (S\$)
MEDICINE	
ANAREX 450 MG + 35 MG TABLET	8.00
CONSULTATION - ACUTE	28.00
KEFENTECH 30MG PLASTER (9S)	4.32
TOTAL CHARGES	40.32
AMOUNT PAYABLE BEFORE GST	40.32
Add 7.0% GST	2.82
AMOUNT PAYABLE AFTER GST	43.14
TOTAL AMOUNT PAYABLE	43.14
ADJUSTMENT	0.04-
ROUND DOWN FOR AMOUNT PAYABLE BY PATIENT	
PAYMENT	
CHANG CHEE HENG TERRY (CASH, RECEIPT # 138169)	43.10
TOTAL DUE AFTER PAYMENT	0.00

MEDICINES DISPENSED ARE STRICTLY NON-REFUNDABLE AND NON-EXCHANGEABLE
CHEQUE PAYABLE TO: NTUC Health Co-operative Ltd

Medical Certificate

Date : 28 Aug 2020
MC No. : 0000009423

This is to certify that :

Name : CHANG CHEE HENG TERRY

NRIC : S8334198Z

is Unfit for Duty for 3 days

from 28/08/2020 to 30/08/2020 inclusive.


Dr Janine Yeo
MCR : M14872E

DR JANINE YEO

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

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	28/08/2020 14:50
Date Of Accident	27/08/2020 19:55
Exact Location Of Accident	CENTRAL EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ76L
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Insured/Policyholder

Name Of Registered Owner	CHANG CHEE HENG, TERRY (ZHANG QIHENG, TERRY)
NRIC No	SXXXX198Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81256606
Alternative Phone No	OTHERS-81256606

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109918448-01 (CLASSIC)
Cover Note Number	

Driver

Name of Driver	CHANG CHEE HENG, TERRY (ZHANG QIHENG, TERRY)
NRIC No	SXXXX198Z
Date Of Birth	25/10/1983
Occupation	INDOOR
Date Of Driving Pass	07/07/2012
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81256606
Fax Number	
Contact Number	OTHERS-81256606
Email Address	NOEMAIL

Address	BLK 231 #06-50 SERANGOON AVENUE 3
Postcode	550231
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT (ATTENDED BY: JAMES NG)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	CANNOT BE UPLOADED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX9133X
Vehicle Make/Model/Colour	MIT OUTLANDER / NAVY BLUE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JEROLD TAY
NRIC/Passport Number	SXXXX761E
Contact Number	96487273
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

LORRY

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

CONSTRUCTION WORKERS IN LORRY

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

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 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:

28 AUG 2020


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

IDAC BUKIT BATOK (VAC)
 511 Bukit Batok Street 23
 Singapore 659545
 Tel: 6560 3312 Fax: 6569 0722
 Email: vacbb@singnet.com.sg

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