



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



Our ref : PDPI.191269.LH

Your ref : SHA 5765T

Date :

INDIA INTERNATIONAL INSURANCE PTE LTD

64 Cecil Street

#04 / #05 / #06-02 IOB Building

Singapore 049711

WITHOUT PREJUDICE
BY HAND

Attention: Motor Claims Department

Dear Sir,

CLAIMANT: ANG JUN SIONG – OWNER & DRIVER OF SMN 5492C
PROPERTY DAMAGE & PERSONAL INJURY CLAIM ARISING FROM ROAD TRAFFIC ACCIDENT INVOLVING MOTOR VEHICLES NO. SMN 5492C AND SHA 5765T ALONG JUNCTION OF YISHUN CENTRAL 1 & YISHUN CENTRAL ON 01 SEPTEMBER 2020 AT ABOUT 1505 HOURS

We are instructed by **ANG JUN SIONG** to claim damages against your insured in connection with a road traffic accident on **01 SEPTEMBER 2020 ALONG JUNCTION OF YISHUN CENTRAL 1 & YISHUN CENTRAL** involving **SHA 5765T** driven by you / your insured's driver at the material time.

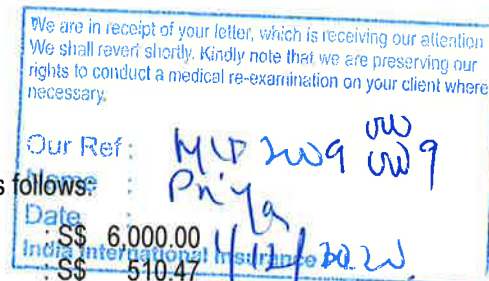
We are instructed that the accident was caused by your / your insured driver's negligence. As a result of the accident, our client suffered personal injuries of which particulars are set out in the report[s] annexed here to this letter.

Table of injuries: -

1. Minor Head Injury
2. Dizziness and headache due to post-concussion syndrome

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

a)	General Damages	S\$ 6,000.00
b)	Medical Expenses	S\$ 510.47
c)	Transport Expenses (1 trip)	S\$ 30.00
d)	Cost of Repair (Lump Sum)	S\$ 10,132.82
e)	Loss of Rental (\$120.00/day x 10 days)	S\$ 1,200.00
f)	Towing Fee	S\$ 60.00
g)	Medical report fee	S\$ 90.00
h)	Surveyor Report Fee	S\$ 907.00
i)	GIA/TP search fee	S\$ 36.49
j)	Public Trustee fee	S\$ 225.00
k)	Color Photos (\$1.00/page x 44 pages)	S\$ 44.00
l)	Incidentals	S\$ 200.00
m)	Costs	S\$ 3,000.00
Total		S\$ 22,435.78



A copy each of the following supporting documents is enclosed:

- (1) Our client's GIA/TP report;
- (2) LTA search;
- (3) Medical Report dated 23 October 2020 from Khoo Teck Puat Hospital;
- (4) Medical report fee receipt;
- (5) Medical receipts;



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- =====
- (6) Medical certificates;
 - (7) Final Repair Bill;
 - (8) Vehicle Rental Invoice and Agreement;
 - (9) Towing Fee Receipt;
 - (10) Surveyor Report;
 - (11) Color Photos

We have on 02 September 2020 notified **INDIA INTERNATIONAL INSURANCE PTE LTD** of the accident and a reply was received with an appointment fixed for pre-repair survey of our client's 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 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 SHA 5765T
COMFORT TRANSPORTATION PTE LTD
383 Sin Ming Drive
Gas Building
Singapore 575717

CERTIFICATE OF POSTING
(WITHOUT ENCLOSURES)
FOR YOUR INFORMATION ONLY

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	02/09/2020 13:25
Date Of Accident	01/09/2020 15:05
Exact Location Of Accident	JUNCTION OF YISHUN CENTRAL 1 & YISHUN CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN5492C
Insured/Policyholder	
Name Of Registered Owner	ANG JUN SIONG
NRIC No	SXXXXX010J
Email Address	ANGJUNSIONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98312546
Alternative Phone No	OTHERS-98312546

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3GF CVT
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA492648/1
Cover Note Number	

Driver

Name of Driver	ANG JUN SIONG
NRIC No	SXXXXX010J
Date Of Birth	12/07/1985
Occupation	INDOOR
Date Of Driving Pass	03/08/2012
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98312546
Fax Number	
Contact Number	OTHERS-98312546

Address	BLK 348A YISHUN AVE 11 #15-545
Postcode	761348
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	COLLISION - HEAD TO REAR
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)	3
Passenger 1	NAME: CLARA TAN KWEE JOO GENDER: FEMALE
Passenger 2	NAME: JED ANDERS ANG ZHI MING GENDER: MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

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	SHA5765T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI

NRIC/Passport Number	SXXXX764Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ANG JUN SIONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMN5492C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

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: 2/9/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

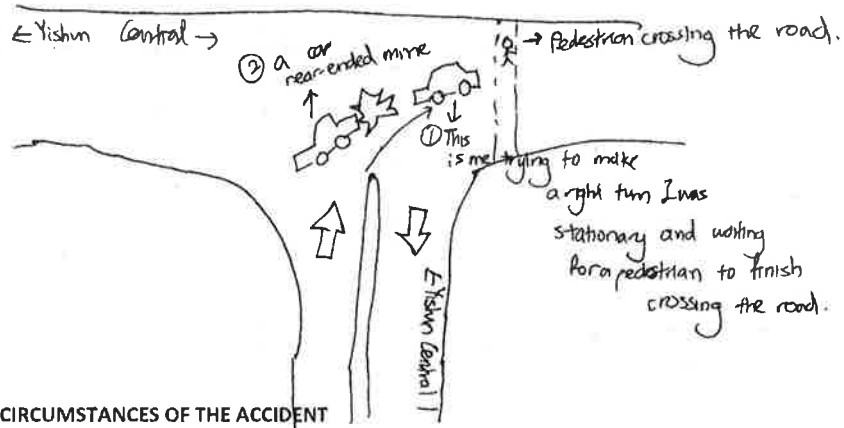
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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

Policyholder's Signature

Date & Time: 2/9/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

2/9/2020

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20200901/2098

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

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Report No. T/20200901/2098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/09/2020 19:35		Vide Report No.:		Station Diary No.: 116	
Name of Informant: ANG JUN SIONG		Address: APT BLK 348A YISHUN AVENUE 11 #15-545 SINGAPORE 761348			
IC Type / ID No.: NRIC NO / S8520010J		Contact No.: Home/Office: Mobile: 98312546			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 35	Date of Birth: 12/07/1985	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: SAF REGULAR		Driving Licence Information: Class: 3		Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/09/2020 15:05	Type of Location: T-Junction
Location: YISHUN CENTRAL 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

SHA5765T	Taxi	TOYOTA	PRIUS HYBRID	Blue		0
SMN5492C	Car	HONDA	FIT 1.3GF CVT	Blue	Slightly Damaged	2

SMN5492C	AXA INSURANCE SINGAPORE PTE LTD	GA492648	16/08/2020	15/08/2021
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**SINGAPORE
POLICE FORCE**



T/20200901/2098

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

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Report No. T/20200901/2098

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	LIM TENG SENG	ID No.	S0176764Z
Related Vehicle	SHA5765T (Taxi)	Contact No.	92778447
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
Name	CLARA TAN KWEE JOO	ID No.	S8505501A
Related Vehicle	SMN5492C (Car)	Contact No.	97538660
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
Name	ANG JUN SIONG	ID No.	S8520010J
Related Vehicle	SMN5492C (Car)	Contact No.	98312546
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/09/2020	Date Discharge	01/09/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20200901/2098

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

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Report No. T/20200901/2098

CONTINUATION OF REPORT

Name	JED ANDERS ANG ZHI MING	ID No.	T1930883E
Related Vehicle	SMN5492C (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
Nc. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01/09/2020 at about 1505hrs, I was driving my vehicle SMN5492C (dark blue Honda Fit) along Yishun Central 1, wanting to turn right at the T-Junction to Yishun Central. My wife and 10 months old son were my passengers at that point of time.

When making the right at the T-Junction to Yishun Central, I stopped my vehicle in a stationary state before reaching the pedestrian crossing of said T-junction to check for oncoming pedestrians and vehicles.

My vehicle was at the first position before the pedestrian crossing; thereafter one vehicle SHA5765T (Blue Toyota Prius Hybrid) which was travelling behind my vehicle, had collided onto the rear portion of my vehicle.

I observed that the said taxi driver did not sustain any visible injuries. After the incident, we exchanged our particulars and the other party left. I went to Khoo Teck Puat Hospital to seek medical treatment as I felt dizzy after the incident; thereafter I was given 3 days of outpatient sick leave. I did not sustained any visible injuries at this point of time.

My wife and my son had yet to seek any medical treatment. No Traffic Police officers or ambulance were at scene. I had vehicle camera installed on both front & rear to my vehicle. I had already informed my insurance company about the incident.