



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
- b) Medical Expenses
- c) Transport Expenses (1 trip)
- d) Cost of Repair (Lump Sum)
- e) Loss of Rental (\$120.00/day x 10 days)
- f) Towing Fee
- g) Medical report fee
- h) Surveyor Report Fee
- i) GIA/TP search fee
- j) Public Trustee fee
- k) Color Photos (\$1.00/page x 44 pages)
- l) Incidentals
- m) Costs

Total

We are in receipt of your letter, which is receiving our attention. We shall revert shortly. Kindly note that we are preserving our rights to conduct a medical re-examination on your client where necessary.

Our Ref: **MLP 2009 009**
Date: **Pr 19**
4/12/2020

S\$ 6,000.00
S\$ 510.47
S\$ 30.00
S\$ 10,132.82
S\$ 1,200.00
S\$ 60.00
S\$ 90.00
S\$ 907.00
S\$ 36.49
S\$ 225.00
S\$ 44.00
S\$ 200.00
S\$ 3,000.00
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:

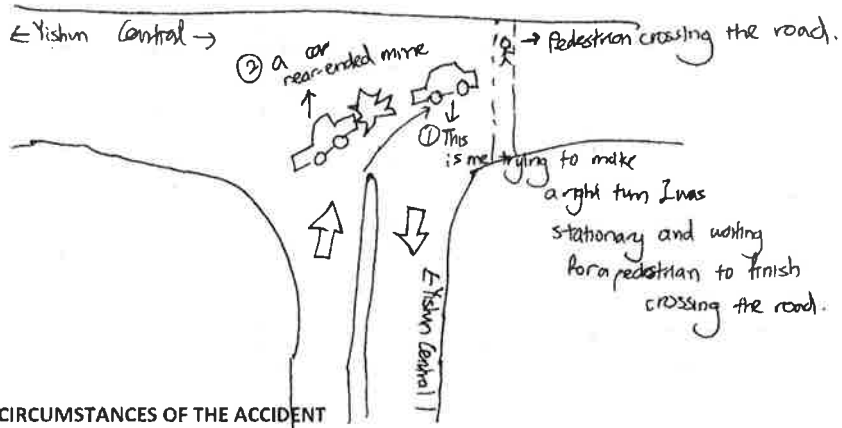
Reporting Centre Personnel's Signature

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



**SINGAPORE
POLICE FORCE**



T/20200901/2098

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

1 of 4

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

2 of 4

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

3 of 4

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.



**SINGAPORE
POLICE FORCE**



T/20200901/2098

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

4 of 4

Report No. T/20200901/2098

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 LAU JIXIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/09/2020 19:35

Officer In Charge Of Case:

TP / AEIT /

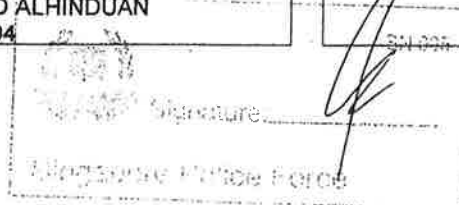
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN

SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476394

Classification Of Case:

Authentication Stamp
NP168



Accident Photo



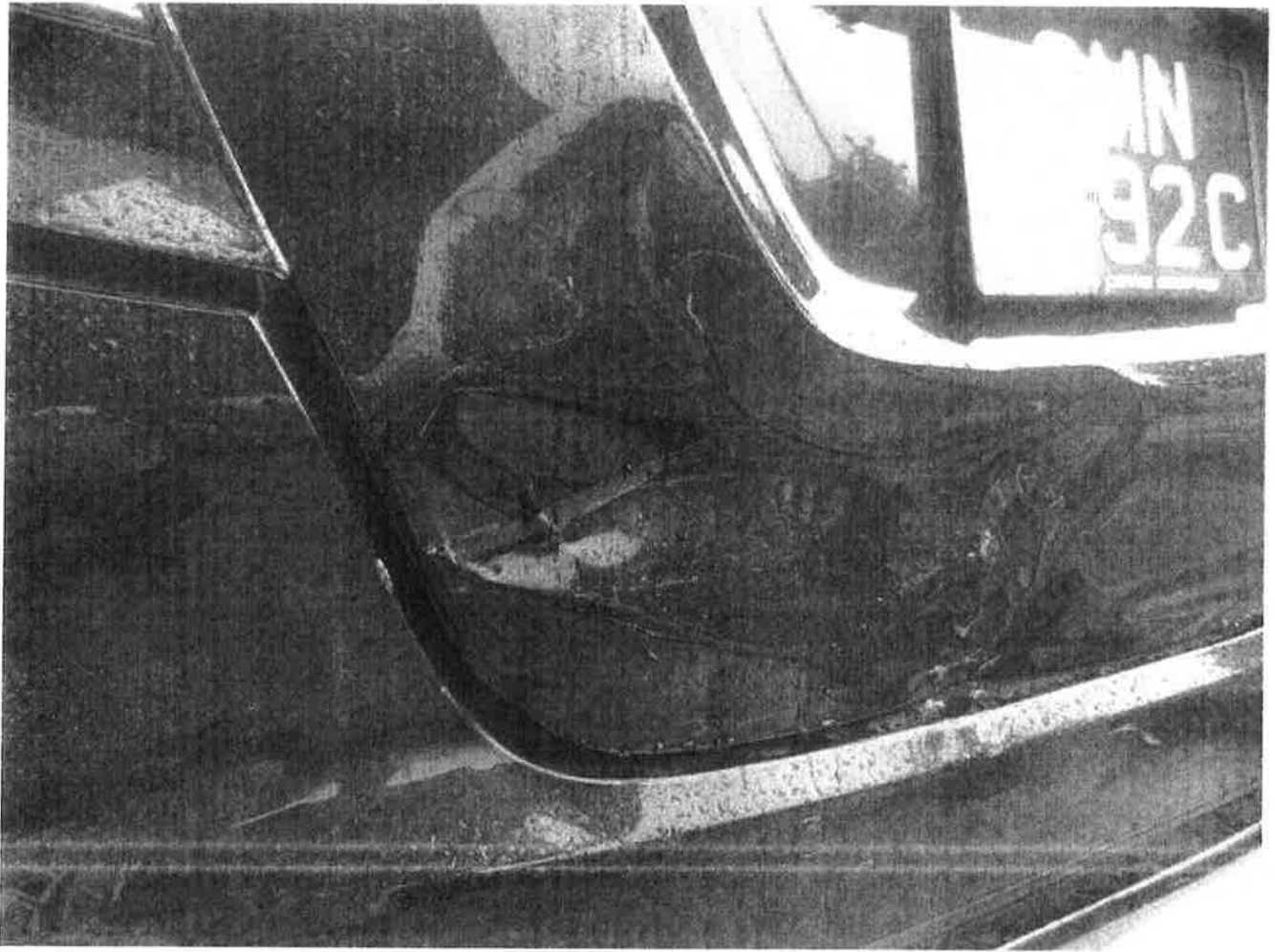
Accident Photo



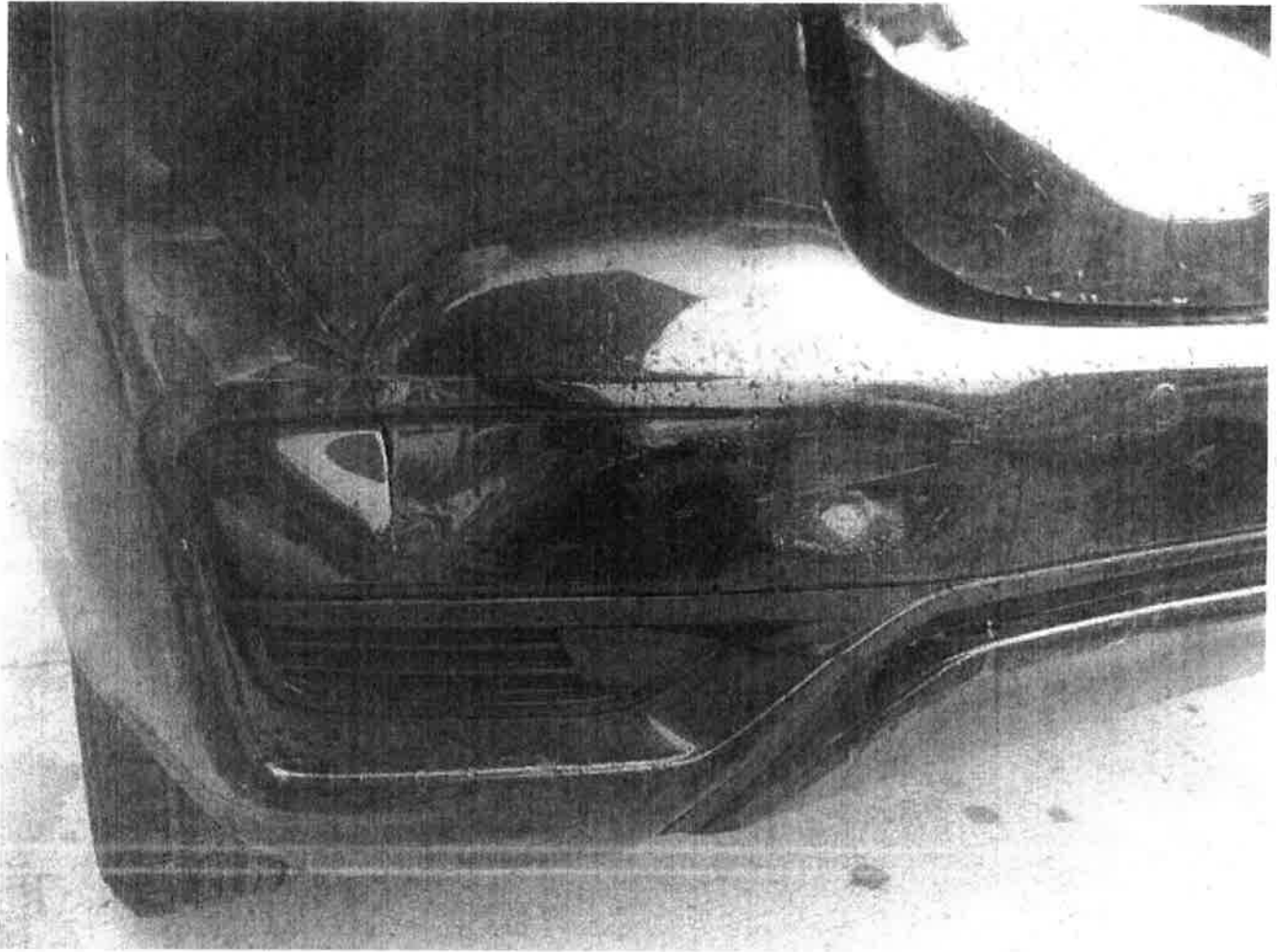
Accident Photo



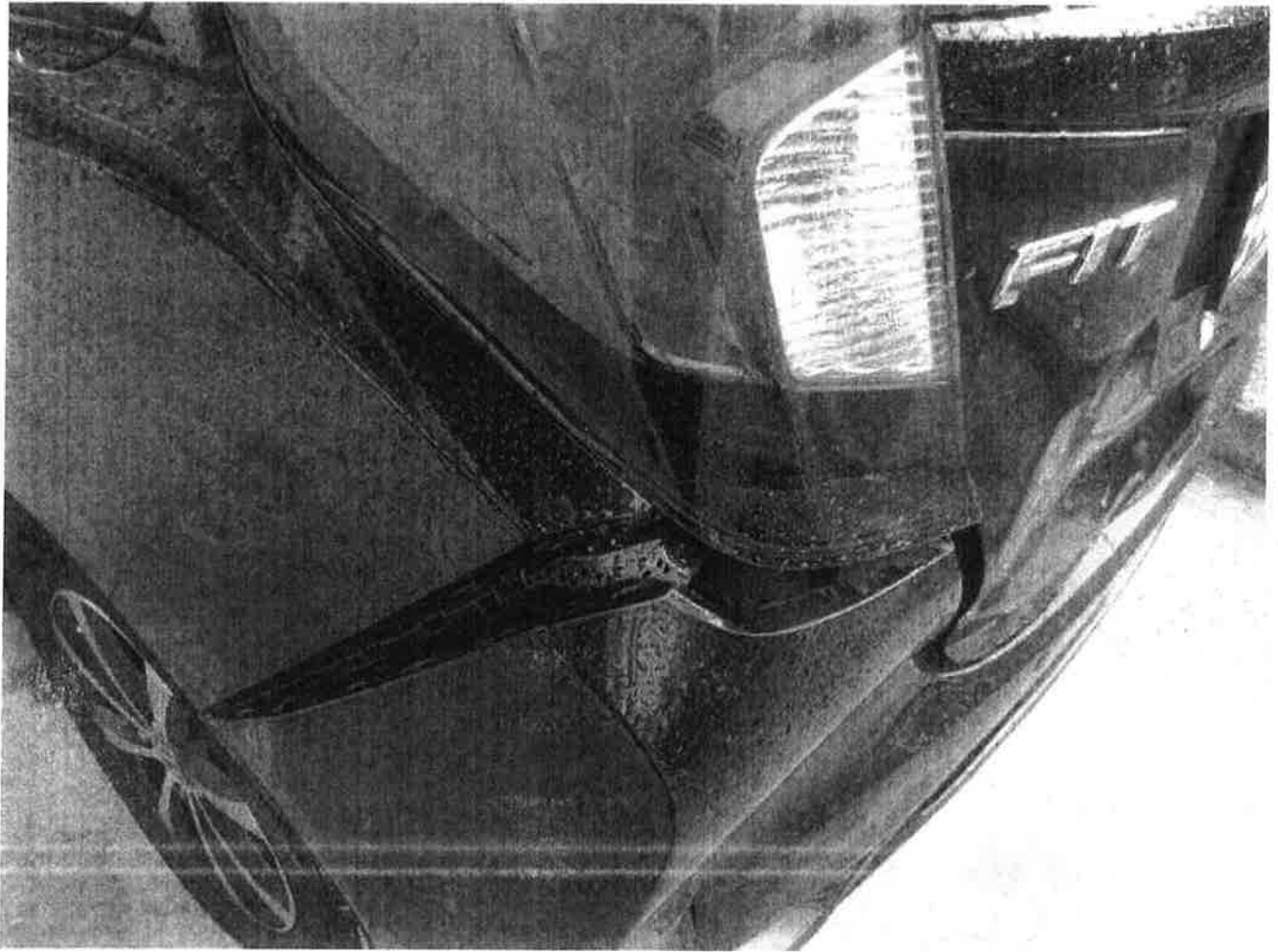
Accident Photo



Accident Photo



Accident Photo



Enquire Vehicle Owner Details

Enquire Vehicle Owner Details (As At 01 Sep 2020 / 15:05:00)

Vehicle Owner Details

Owner ID Type:

Company

Owner ID:

199303821R

Owner Name:

COMFORT TRANSPORTATION PTE LTD

Registered Address Type:

Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.:

383

Registered Street Name:

SIN MING DRIVE

Registered Unit No.:

-

Registered Building Name:

GAS BUILDING

Registered Postal Code:

575717

Vehicle Insurance Details

Vehicle No.:

SHA5765T

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 01 Sep 2020 / 15:05:00)

Vehicle Insurance Details

Vehicle No.:

SHA5765T

Make Description/Model:

TOYOTA / PRIUS HYBRID 1.8 CVT

Insurance Company Name:

INDIA INT'L INS PTE LTD

Business Transaction Reference No.:

20200902174129671731

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Save as PDF

OK →

Print

Make Description/Model:

TOYOTA / PRIUS HYBRID 1.8 CVT

Insurance Company Name:

INDIA INT'L INS PTE LTD

Save as PDF

OK →

Print



Thank you

Kang Peng Luan has successfully logged out.

Your last login date and time was 02 Sep 2020, 17:40:42.

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 
1	Vehicle	SHA5765T	-	18.19 Enquire Veh Owner Info (Others) by Law Firm

CONFIDENTIAL

Your Ref : PDPI.191269/es
Our Ref : 2020-7424-0

23rd October 2020

**S L LAW CHAMBERS
133 NEW BRIDGE ROAD
#13-01
CHINATOWN POINT
SINGAPORE 059413**



Dr Toh Hong Chuen
MBBS (Singapore), MRCSEd (A&E), FAMS, MHPE
HOD & Senior Consultant, Emergency Physician
Acute & Emergency Care Centre
Khoo Teck Puat Hospital
MCR No. M09413G

Dear Sirs,

Through: Head, Acute and Emergency Care Centre, Khoo Teck Puat Hospital,

**NAME : ANG JUN SIONG
NRIC NO : S8520010J**

The above mentioned patient was seen on 1st September 2020 and 4th September 2020 at the Acute and Emergency Care Centre of Khoo Teck Puat Hospital. He was attended to by Dr Karthikeyan Muntramoorthy and Dr Shen Yong Hiew.

1st September 2020:

Patient was involved in a road traffic accident on the same day. He was the driver of a car which was rear-ended by another vehicle. He claimed to have hit the back of his head against the headrest. He was complaining of a having a mild headache and dizziness.

On examination, he was alert and ambulating. There was no head injury wound noted. There was no spinal tenderness on palpation and he had normal range of movement of his neck. Neurological examination of his upper and lower limbs was normal. He had good air entry into his lungs with normal heart sounds on auscultation. His abdomen was soft and non-tender on palpation.

He was eventually discharged with advice, drug prescription and 3 days of medical leave certification.

Impression: Minor head injury secondary to road traffic accident.

4th September 2020:

Patient re-presented with recurrent non-vertiginous dizziness, headache and having sensation of pressure over the retro-orbital regions. On examination, he was alert. There was no head injury wound noted. Neurological examination of his cranial nerves, upper and lower limbs was normal. He had good air entry into his lungs with normal heart sounds on auscultation.

CT scan of his brain did not show any acute pathology. He was treated with Cinnarizine, Stemetil and Paracetamol with effect. He was eventually discharged with advice, drug prescription and 3 days of medical leave certification. He was also referred to the Polyclinic to be reviewed as an outpatient.

Impression: Dizziness and headache likely due to post-concussion syndrome secondary to road traffic accident.

CONFIDENTIAL

Your Ref : PDPI.191269/es
Our Ref : 2020-7424-0



**DR FRANCESCA THNG
STAFF PHYSICIAN
ACUTE AND EMERGENCY CARE CENTRE
KHOO TECK PUAT HOSPITAL
MCR: M65014E**

The above findings are with reference to clinical notes done by Dr Karthikeyan Muntramoorthy and Dr Shen Yong Hiew.

Your Ref : PDPI.191269/es
Our Ref : MR22 2020-7424-0
Date : 26 Oct 2020

S L LAW CHAMBERS
133 NEW BRIDGE ROAD
#13-01
CHINATOWN POINT
SINGAPORE 059413

ATTENTION:

RE: MEDICAL REPORT FOR ANG JUN SIONG (NRIC NO: S8520010J)

We refer to your request dated 23 Oct 2020 for a medical report. The medical report will be forwarded in due course.

For patients who are collecting the report personally, please bring along your NRIC. If patient is authorising someone to collect on his/her behalf, please provide a photocopy of patient's NRIC and an authorisation letter. Please note that Ministry of Manpower Workmen Compensation Report will be forwarded directly to the Ministry.

Thank you.

Health Information Services(MRO)
Khoo Teck Puat Hospital

OFFICIAL RECEIPT

Receipt No. : MRS-77329

Date : 26 Oct 2020

GST REG NO.: 200717564-H

ORIGINAL

SERVICE DESCRIPTION	AMOUNT (\$\$)
ORDINARY MEDICAL REPORT ANG JUN SIONG S8520010J	90.00
Your Ref : PDPI.191269/es Our Ref : MR22 2020-7424-0 Payment : CHEQUE MB 001903	

7% GST is included in the amount charged.

Note: Administrative charges of 1/3 of the cost of medical report will be imposed if a cancellation request is made while the medical report is being processed.

For enquiries, please contact Elena Low See Chun
Tel No: 6602 2477/6602 2477/ Khoo Teck Puat Hospital

TAX INVOICE

Admiralty Medical Centre
Khoo Teck Puat Hospital
Yishun Community Hospital

TO: MR. ANG JUN SIONG
BLK 348A #15-545
YISHUN AVENUE 11
SINGAPORE - 761348

Tax Invoice GST REG NO M90370246G

VISIT DATE : 01.09.2020 16:41
LOCATION : KCANEP3

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

Case/Invoice No	Invoice Date	No Payment Required
5719449686J-00001	03.09.2020	

Patient Name: ANG JUN SIONG

Patient ID: S8520010J

Services	Amount(\$)
A&E Facility/Service Fee	244.00
Less Government Subsidy	-122.00
	<hr/>
	122.00
	<hr/>
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	Billed	Adjustment	Payment	Amount Due
ANG JUN SIONG	0.00	0.00	0.00	0.00
MEDICAL CLAIMS PRORATION SYSTEM	122.00	0.00	0.00	122.00

For Information

Insurance Provider
MEDICAL CLAIMS PRORATION SYSTEM

Policy Number
S8520010J

TO: MR. ANG JUN SIONG
BLK 348A #15-545
YISHUN AVENUE 11
SINGAPORE - 761348

Tax Invoice GST REG NO M90370246G

VISIT DATE : 03.09.2020 23:51
LOCATION : KCANEP3

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

Case/Invoice No	Invoice Date	Outstanding Amount
5719453103H-00001	04.09.2020	Nil

Patient Name: ANG JUN SIONG

Patient ID: S8520010J

Services	Amount(\$)
A&E Facility/Service Fee	244.00
Glucose POCT	16.60
Paracetamol Tablets 500mg B.P.	2.10
Prochlorperazine 12.5mg Inj.	2.46
Prochlorperazine Maleate Tablets 5mg B.P	2.40
Less Government Subsidy	-145.56
	<hr/> 122.00

Non-Standard A&E Services

Cinnarizine 25mg Tablet	3.72
CT Brain	395.00
Less CT Brain Adjustment Scheme	-132.25

Total Amount Payable

388.47

Total amount payable after GST is \$415.66 .
GST at 7% is absorbed by the Singapore Government: \$27.19

Payer	Adjustment	Payment	Amount Due
ANG JUN SIONG	0.00	0.00	0.00
MEDICAL CLAIMS PRORATION SYSTEM	0.00	0.00	388.47

For Information

Insurance Provider

MEDICAL CLAIMS PRORATION SYSTEM

Policy Number

S8520010J

MEDICAL CERTIFICATE

ORIGINAL

KHANE201862611

NAME : ANG JUN SIONG
NRIC : S8520010J

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

The above named attended Examination/Treatment from **01-Sep-2020 16:41** to **01-Sep-2020 18:34**.

The above named is unfit for duty for a period of **3** day(s), from **01-Sep-2020** to **03-Sep-2020** inclusive.

This certificate is **not valid** for absence from court attendance.

Remarks :

01 Sep 2020 **Dr Muntramoorthy, Karthikeyan (19848Z)**

Date Issuing Doctor

A&E

Location

Doctor's Signature

Reg. No. : 20071756411

----- Tear Along Here -----

MEDICAL CERTIFICATE

DUPLICATE

KHANE201862611

NAME : ANG JUN SIONG
NRIC : S8520010J

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

The above named attended Examination/Treatment from **01-Sep-2020 16:41** to **01-Sep-2020 18:34**.

The above named is unfit for duty for a period of **3** day(s), from **01-Sep-2020** to **03-Sep-2020** inclusive.

This certificate is **not valid** for absence from court attendance.

Remarks :

01 Sep 2020 **Dr Muntramoorthy, Karthikeyan (19848Z)**

Date Issuing Doctor

A&E

Location

Doctor's Signature

Reg. No. : 200717564H

MEDICAL CERTIFICATE

ORIGINAL

KHANE201864069

NAME : ANG JUN SIONG

NRIC : S8520010J

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

The above named attended Examination/Treatment from **03 Sep 2020 23:51** to **04 Sep 2020 02:39**

The above named is unfit for duty for a period of **3** day(s), from **03 Sep 2020** to **05 Sep 2020** inclusive.

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

Remarks :

04 Sep 2020

Dr Hiew, Shen Yong (61849G)

A&E

Date

Issuing Doctor

Location

Doctor's Signature

Reg No. : 200717364H

Tear Along Here

MEDICAL CERTIFICATE

DUPLICATE

KHANE201864069

NAME : ANG JUN SIONG

NRIC : S8520010J

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

The above named attended Examination/Treatment from **03 Sep 2020 23:51** to **04 Sep 2020 02:39**

The above named is unfit for duty for a period of **3** day(s), from **03 Sep 2020** to **05 Sep 2020** inclusive.

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

Remarks :

04 Sep 2020

Dr Hiew, Shen Yong (61849G)

A&E

Date

Issuing Doctor

Location

Doctor's Signature

Reg No. : 200717364H



Xin Yun Auto Private Limited

辛运汽车服务有限公司

Tel: 6634 0858 Email: xinyunauto1@gmail.com

INVOICE

Vehicle No.: SMN5492C

Client Name: ANG JUN SIONG

Repairer Workshop:

XIN YUN AUTO PTE LTD

Blk 8 #05-23 Premier, Kaki Bukit Avenue 4

Singapore 415875

Claim Type: Third Party Claim

Vehicle Make / Model: Honda

Date of Accident: 01/09/2020

Description	Amount SGD
As per recommendation by surveyor	SGD 10,132.82
Total Fees	SGD 10,132.82

Note:

All Prices are in Singapore Dollar.

Cheques should be crossed A/C PAYEE and made payable to Xin Yun Auto Pte Ltd

Address for XIN YUN AUTO:

Blk 8 #05-23 Premier, Kaki Bukit Avenue 4, Singapore (415875)

Xin Yun Auto Pte Ltd Bank Account

UOB BANK: 349-315-1930

CARS FOR RENT (2016) PTE LTD

Mailing Address:

10 Kaki Bukit Ave 4 #09-60 Premier@Kaki Bukit, Singapore 415874

Tel Nos.: +65 6970 9119 / 6789 5155

Co. Reg'n No.: 201609732N

GST Reg'n No.: 201609732N

Tax Invoice #: E2009107

Date: 14-09-20

Bill To:**Ship To:**

Xin Yun Auto Private Limited
For the account of:
Ang Jun Siong (Hong JunXiong)
S8520010J

Xin Yun Auto Private Limited
For the account of:
Ang Jun Siong (Hong JunXiong)
S8520010J

Description	Amount	Job No.
Vehicle Rental for Period 02.09.2020 to 12.09.2020 (Billing for days 10 X \$120.00/per day) (Vehicle No.: SMN5492C)	\$1,200.00	SLD4815B SR

Your Order #: E16839

		Terms: Net 30th after		GST:		\$78.50
COMMENT	CODE	RATE	GST	SALE AMOUNT	Total Inv Amt:	\$1,200.00
	SR	7%	\$78.50	\$1,121.50	Amount Applied:	\$0.00
Balance Due:						\$1,200.00



CARS FOR RENT (2016) PTE LTD

10 Kaki Bukit Ave 4 #09-60 Premier @ Kaki Bukit Singapore 415874

Tel: 6970 9119 Fax: 6970 9991

Website: www.carsforrent2016.com

No: E 16839

ROC/GST No: 201609732N

VEHICLE RENTAL AGREEMENT

Xin Yun Ant

HIRER'S PARTICULAR

Name: (as in I/C) ANG JUN SIONG

NRIC/PASSPORT No: S8520010J

Date of Birth: 12 Jul 1985

Address (Res):

Driving Licence No: S8520010J D/L Type: Local / International

Issue Date:

Tel: (O) HP

Company Name:

Company UEN:

Company Address:

ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C)

NRIC/PASSPORT No:

Date of Birth:

Address (Res):

Driving Licence No: D/L Type: Local / International

Issue Date:

Tel: (O) HP

VEHICLE CHECK LIST

INDICATE:
D - DENTS
S - SCRATCHES
A - ACCIDENTS



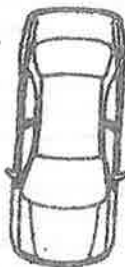
RIGHT



BACK



FRONT



TOP



LEFT

Vehicle No: S1D4875R Replace Veh No: SMN5492C

Mileage out:

Make & Model: TOYOTA ALTIS Auto / Manual

OUT: Date 02/09/20 Time: 15:00 PM

HIRE PERIOD

OWN DAMAGE CLAIM Excess S\$

2000

THIRD PARTY CLAIM Excess S\$

1500

CHARGES

Daily 10 @ \$ 120 per day \$ 1200 00

Weekly @ \$ per week

Monthly @ \$ per month

Others @ \$

Delivery Service

GST

SUB-TOTAL \$

PETROL LEVEL

Out	E	1/4	1/2	3/4	F
In	E	1/4	1/2	3/4	F

EXTENSION

Misc.

GST

TOTAL CHARGES 1200 00

Rented out by:

Hirer's Signature

Addition Driver's Signature

I have read and agree to the terms and condition on both sides of this agreement. If I have presented a charge/ credit card for payment, I agree that all amount 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 CARS FOR RENT (2016) PTE LTD in connection with this agreement is true.

* IMPORTANT

1. ONLY PERSON ABOVE 22 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 ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
3. THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE SHOWN ABOVE.
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 CARS FOR RENT (2016) PTE LTD

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVE" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO CARDS FOR RENT (2016) PTE LTD AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	HIRER'S SIGNATURE
<u>12/9</u>	<u>13:00 PM</u>				

Invoice



Date: 2020/09/01
Invoice No.: 202009180
Due Date: 2020/09/13

KAOLIN MOTOR TRADING CO.
71 UBI ROAD 1#05-35 OXLEY BIZHUB SINGAPORE
408732 TEL:+65 88009090
EMAIL:KAOLIN2020HQ@GMAIL.COM

Bill To:
XIN YUN AUTO PRIVATE
LIMITED

Date	Item	Description	Unit Price	Total
1	SMN5492C	TO WORKSHOP XIN YUN AUTO #05-23 PREMIER KAKI BUKIT	\$60	\$60

Total \$60.00
Balance Due \$60.00

Please contact us for more information about payment options.

Thank you for your business.

PRO-OPTION SERVICES

Mailing address: Blk 189B Rivervale Drive, #04-1004, Singapore 542189
Email: mirage1195@gmail.com Mobile: 9061 0543

Ang Jun Siong
Blk 348A Yishun Ave 11
#15-545
Singapore 761348

Invoice no:	POS0249/20
Date:	14 October 2020
Report no:	249M0920.XY
Vehicle :	SMN5492C

INVOICE

No	Item Description	Qty	Unit Price	Total Amount(\$)
01	Being charges for the inspection of the accident vehicle, transport and photographs.			907.00
SGD(\$): Nine Hundred and Seven only			Payable Amount:	907.00

"Cheque should be crossed and made payable to "Pro-Option Services"

PRO-OPTION SERVICES



.....
Authorised Signature

PRO-OPTION SERVICES

Mailing address: Blk 189B Rivervale Drive, #04-1004, Singapore 542189

Email: mirage1195@gmail.com Mobile: 9061 0543

ACCIDENT VEHICLE INSPECTION REPORT

Report no : 249M0920.XY
Vehicle no : SMN5492C

1 REFERENCE

Date of inspection : 4 September 2020
Requested by : Ang Jun Siong
Blk 348A Yishun Ave 11
#15-545
Singapore 761348
Type of survey : Independent
Repairer : Xin Yun Auto Pte Ltd
Blk 8 Kaki Bukit Avenue 4, #05-23 Premier@Kaki Bukit, Singapore 415875
Date of accident : 1 September 2020

2 VEHICLE DATA

Make/Model : **HONDA FIT 1.3GF CVT**
Chassis no : GK33422546
Engine no : L13B3937036
Date of registration : 16 August 2019
Engine capacity : 1317 cc
Odometer reading : 020341 km
Colour : Black

3 STATIC CONDITION CHECK

Steering : Serviceable
Foot brakes : Serviceable
Hand brakes : Serviceable
Paintwork : Good
General Condition : Good

4 TIRE CONDITION CHECK

	<u>RH/MAKE</u>	<u>LH/MAKE</u>	<u>SIZE</u>
Front tread	: 8 mm/Yokohama	8 mm/Yokohama	175/7014
Rear tread	: 8 mm/Yokohama	8 mm/Yokohama	175/7014

5 BRIEF DESCRIPTION OF DAMAGE

Rear bumper dented/torn/deformed, rear end panel dented/bent/distorted, spare tyre panel crumpled, rear LH fender buckled, taillamp base panels bent, rear LH door edge paintwork damaged, rear boot lid dented/bent/distorted, etc. Please see para. 8 of this report for more details.

6 REMARKS

This inspection is carried out on a "WITHOUT PREJUDICE" basis and I have not authorized any repairs.

7 RECOMMENDATION

Cost of repairs : \$10,132.82
No. of days taken : Eight (8)

8 ASSESSMENT OF DAMAGE AND COSTS

Report no: 249M0920.XY

Vehicle no: SMN5492C

A SPARE PARTS

Description	Qty	Assessed Condition	Repairer's Amount	Revised Amount
Rear bumper	1	torn/grazed/deformed	492 ✓ 742.31	742.31
Rear bumper spacer/side retainer LH/RH	2	end broken/necessary	64.20 ✓	64.20
Rear bumper side retainer RH	1	serviceable	32.20 X	0.00
Rear bumper side cover, left & right	1 2-	bent/deformed	52.97 ✓ 105.94	105.94
Rear bumper centre garnish	1	dented/bent/distorted	90.95 ✓	90.95
Rear bumper clip	8	necessary	31.20 ✓	31.20
Rear end panel/RR panel	1	dented/bent/distorted	373 ✓ 550.00	550.00
Rear end panel garnish c/w clip set	1	bent/distorted	96.00 ✓	96.00
Spare tyre panel	1	to repair	1,135.80 X	0.00
Spare tyre top board	1	to reuse	299.76 X	0.00
Tail gate assy	1	dented/bent/distorted	914 ✓ 989.20	989.20
Tail gate inner lock assy	1	bent/distorted	188.20 ✓	188.20
Tail gate absorber/gas shock stay LH/RH	2	bent/stiffened	470.00 ✓	470.00
Tail gate trim board c/w clip	1	clip brackets squashed/fractured	SVC 358.00 X	358.00
Tail gate outer garnish	1	mount bent/cracked	250.80 ✓	250.80
Tail gate outer garnish "H" logo	1	necessary	30.00 ✓	30.00
Tail gate "FIT" emblem	1	necessary	40.13 ✓	40.13
Tail gate outer garnish clip	6	necessary	23.40 ✓	23.40
Rear windscreen moulding set	1	necessary	125 ✓ 320.00	320.00
Rear boot weatherstrip	1	pinched/bent/deformed	220.00 ✓	220.00
Tail gate side reflector LH	1	to reuse	351.00 X	0.00
Tail gate side reflector RH	1	to reuse	351.00 X	0.00
Rear windscreen wiper motor assy	1	shaft bent	SVC 274.40 X	274.40
LH taillamp assy	1	side scraped	500.00 ✓	500.00
RH taillamp assy	1	serviceable	500.00 X	0.00
Taillamp base panel	2	to repair/repaint	256.60 X	0.00
Gutter panel LH	1	bent/distorted	123.05 X	123.05
Rear fender trim LH	1	bent/deformed	333.84 ✓	333.84
LH rear fender	1	to repair/repaint	Repair 726.90 X	726.90
		Subtotal of the above	9,454.88	6,528.52
		Discount 20% / 20%	1,890.98	1,305.70
		Subtotal 1:	7,563.90	5,222.82
Reverse sensor set	1	dented/shorted	280.00	280.00
Rear windscreen sealant	1	necessary	80.00	80.00
Rear parking camera set	1	shorted	580.00	580.00
		Subtotal 2:	940.00	940.00
		Total cost of parts:	8,503.90	6,162.82

B LABOUR

To remove and refit rear fender inner cover and attachments, rear passenger set, floor covering and upholstery, etc to facilitate the necessary repairs.	80 ✓	450.00	300.00
To remove and reinstall reverse sensors on the rear bumper and check for sensing functions.	30 ✓	80.00	60.00
To check wire condition and rectify fault where necessary.		45.00	30.00 ✓

To apply rustproofing for the accident affected areas.

30 ✓ 200.00 120.00

Report no: 249M0920.XY

Vehicle no: SMN5492C

Labour charges to dismantle and remove damaged parts, and to install new parts; to cut out and remove damaged panels and to install new panels and weld; to knock, straighten and align affected areas.

1200 ✓ 2,100.00 1,500.00

Labour and materials charges for spray painting rear bumper, rear LH fender, rear end panel, spare tyre panel, taillamp base panels, Tail gate, rear LH door and necessary areas.

800 ✓ 2,000.00 1,750.00

To remove, transfer and install Tail gate electrical wiring, fittings and attachments to new boot lid.

50 ✓ 120.00 90.00

To remove, transfer and install rear windscreen glass.

150.00 120.00 ✓

Total cost of labour:

5,145.00 3,970.00

Total cost of repair:

13,648.90 10,132.82

9 CONCLUSION

The revised or adjusted cost of repairs to restore the vehicle is

\$10,132.82

7 repair days

(a) The recommended cost of repair would be

\$10,132.82

(b) The number of days taken by the repairs would be

Eight (8)

(1st Reinspection conducted on 4 September 2020)

(2nd Reinspection conducted on 8 September 2020)

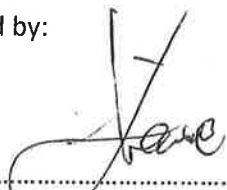
(Post Repair Inspection conducted on 11 September 2020)

The above recommendations in my view are fair and reasonable for the restoration of the vehicle to its pre-accident condition.

Note: Lump Sum Repair Basis

This means the repairer is allowed to replace the damaged parts with used, reconditioned or new parts, or repair it to a roadworthy condition.

Prepared by:



Liaw Leong San

Licensed Automotive Appraiser

Dated: 14 October 2020

Report no: 249M0920.XY

Vehicle no: SMN5492C



Report no: 249M0920.XY

Vehicle no: SMN5492C



Report no: 249M0920.XY

Vehicle no: SMN5492C



Report no: 249M0920.XY

Vehicle no: SMN5492C

