

## CATHERINE LIM LLC

林 林 ADVOCATES & SOLICITORS  
翠 NOTARY PUBLIC - 公证官  
玲 COMMISSIONER FOR OATHS- 宣誓官  
律  
師 CATHERINE C.L.LIM  
馆 DIRECTOR  
LL.B (HONS) SINGAPORE-法律系-律師  
M.B.A. (BUSINESS LAW)-商业系-硕士

20 Havelock Road #03-01  
Central Square Singapore 059765  
UEN No. 201310922K

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www.catherinelimllc.com  
Email: info@catherinelimllc.com  
CATHERINE LIM LLC is a law  
corporation with limited liability

Our Ref: CL/201224/T/CAX.sg

15 January 2021

Vicom Inspection Centre (Bukit Batok)  
511 Bukit Batok Street 23  
Singapore 659545

WITHOUT PREJUDICE

via AR Registered

Dear Sir

### ACCIDENT INVOLVING PC 995Z / VICOM @ BUKIT BATOK STREET 23 ON 8.12.2020

We act for NANYANG E-TRANSIT PTE LTD, the owner of motor vehicle No. PC 955Z, which was involved in the above accident.

Our client has suffered loss and damage as a result of your agent and/or servant negligence in the driving of motor vehicle No. PC 955Z.

We quantify our client's claim as follows:-

1. Cost of repairs	\$19,581.00 (inclusive of GST)
2. Loss of use (18 days x \$500)	\$ 9,000.00
3. Survey fee	\$ 550.00
4. LTA search	\$ 37.00
5. Incidentals, transport & photocopying etc	\$ 53.50
6. Cost contribution	\$ 963.00

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\$30,184.50  
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We enclose herewith photocopies of our client's accident report, LTA search, repair bill, survey fee, survey report and colour photographs of our client's damaged vehicle for your immediate attention

Please let us know within the next 14 days from the receipt of this letter, whether you are prepared to admit liability and revert with a settlement proposal, failing which our clients shall have no alternative but to commence legal proceedings against your insured.

Yours faithfully

Encs  
cc: clients



## 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 Submission ..... 10/12/2020 14:50 (SGT)  
Date of Accident ..... 08/12/2020 10:20 (SGT)  
Exact Location of Accident ..... 511 Bukit Batok Street 23, Singapore 659545  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC995Z

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... NANYANG E-TRANSIT PTE. LTD.  
Company Reg No ..... 2XXXXX666G  
Email Address ..... CLAIMS@CROWNASIA.COM.SG  
Mobile Phone No ..... (Phone) +65-86869995  
Alternative Phone No ..... (Office) +65-86869995

#### VEHICLE PARTICULARS

Manufacturer ..... Volvo  
Model ..... B7R AUTO  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Bus

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... 5112191406-01-000009  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... TEO SOON LIANG  
NRIC No ..... SXXXX593B  
Date Of Birth ..... 22/06/1963  
Occupation ..... Outdoor

Date Of Driving Pass .....	07/08/2007
Driving experience .....	13 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98406516
Alt. Phone Number .....	-
Email Address .....	CLAIMS@CROWNASIA.COM.SG
Address .....	APT BLK 615 CHOA CHU KANG STREET 62 #09-245
Address complement .....	-
Postcode .....	680615
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collided into Property
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER SKETCH PLAN

#### 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 .....	-
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Mobile equipment
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-



Nature Of Damage .....	-
Details of property damaged in accident .....	METAL BOX
No. Of Passenger (Including Driver) .....	-

**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.

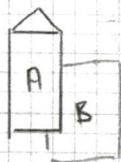


Policyholder's Signature  
Date & Time:

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

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

### SKETCH PLAN



A - PC 995Z

B-Metal Box

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time : 8/12/2020 1020

Accident Location : 511 Bukit Batok St 23 (vicom)

My vehicle was driven into the mentioned location for inspection <sup>by vicom employee</sup> where the bus accidentally hit onto a metal box.

No injury was involved

☐ Reporting Only   ☐ Own Damage   ☐ Third Party   ☒ Claim at other workshop (OD/TP)

## DECLARATION

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

**\* IMPORTANT NOTE:**  
You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a **FOURTEEN (14) days** clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.



Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

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

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

IMAGES





IMAGES #2



IMAGES #3



## S K AUTO CONSULTANTS

# Invoice

Bill To: NANYANG E-TRANSIT PTE LTD  
C/o CROWN ASIA BUS BUILDER PTE LTD  
44 SUNGEI KADUT AVENUE  
Singapore 729667

<b>Invoice No:</b>	2021158
<b>Date:</b>	15/1/2021
<b>Our Ref</b>	TP/021/0158SK

Description	Amount (S\$)
<b>PARTICULARS</b>	
Vehicle Registration No. : PC 995 Z	550.00
Date of Accident : 8/12/2020	
Date of Inspection : 10/12/2020	
<b>SERVICES:</b>	
Assessment with report (inclusive of transport charges and photographs etc)	
<b>Total</b>	550.00
<b>Balance Due</b>	550.00

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



Authorized Signature

# S K AUTO CONSULTANTS

## AUTOMOBILE ASSESSMENT REPORT

Page No. 1

Our Reference: TP/021/0158SK

Your Reference: TBA

Date: 15/1/2021

TO: NANYANG E-TRANSIT PTE LTD  
C/o CROWN ASIA BUS BUILDER PTE LTD  
44 SUNGEI KADUT AVENUE  
Singapore 729667

Assessment of Vehicle No : PC 995 Z

Date of Accident : 8/12/2020

Date of Inspection : 10/12/2020

We have carried out a physical assessment of PC 995 Z at Crown Asia Bus Builder Pte Ltd according to your instructions on 10/12/2020 and are pleased to submit our report as follows;

### 1.VEHICLE PARTICULARS

Registration No.	:	PC 995 Z
Make & Model	:	VOLVO B7R
Year of Registration	:	29/12/2017
Engine Capacity (cc)	:	
Chassis No.	:	YV3R6R620HA186892
Engine No.	:	D7E12041716
Colour	:	RED
Mileage (km)	:	22181.8

### 2.VEHICLE CONDITION

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

### 3.TYRE PARTICULARS & CONDITION

#### Front

RH Make/Size	:	LINGLONG 295/80 R22.5
LH Make/Size	:	LINGLONG 295/80 R22.5

#### Rear

RH Make/Size	:	LINGLONG 295/80 R22.5
LH Make/Size	:	LINGLONG 295/80 R22.5

Note: % denotes the remaining percentage of the tyre



# S K AUTO CONSULTANTS

Page No. 3

Our Reference      TP/021/0158SK

Vehicle No.        PC 995 Z

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(\$\$)		OUR ASSESSMENT(\$\$)	
	<u>PARTS (LIST ITEMS)</u>					
1	RHS compartment cover 1	Distored	1800.00		1800.00	
1	RHS compartment cover 2	Distored	1800.00		1800.00	
1	RHS compartment 1 structural frame	Bent	1500.00		1500.00	
1	RHS compartment 2 structural frame	Bent	1500.00		1500.00	
2	RHS compartment cover 1 hinge	Bent	110.00		110.00	
2	RHS compartment cover 2 hinge	Bent	110.00		110.00	
1	RHS compartment cover 1 rubber	Distored	180.00		180.00	
1	RHS compartment cover 2 rubber	Distored	180.00		180.00	
2	RHS compartment cover 1 shock absorber	Bent	240.00		240.00	
2	RHS compartment cover 2 shock absorber	Bent	240.00		240.00	
1	Rear RHS corner taillamp panel	Cracked	4800.00		4800.00	
				12460.00		12460.00
			less 10%	1246.00	10%	1246.00
				11214.00		11214.00
SPECIAL NETT ITEMS						
1	Polyurethane Foam spray	Necessary	500.00		500.00	
1	RHS chrome rim cover	Grazed	560.00		560.00	
1	RHS chinese word sticker	Necessary	300.00		300.00	
Total Parts			12574.00		12574.00	

1400-  
1400-  
900-  
900-  
-  
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x SVC  
+ SVC  
1800-  
400-  
400-  
200-

# S K AUTO CONSULTANTS

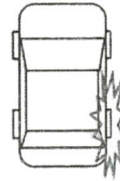
Page No. 2

Our Reference      TP/021/0158SK  
Vehicle No.        PC 995 Z

## 4. DESCRIPTION OF DAMAGE

At the time of inspection observed that this vehicle had sustained damages to the RHS Rear portion

Please see attached schedule for details.



Estimated Amount                : S\$24,454.00  
Adjusted Amount                : S\$18,300/-  
Estimated Repair Days        : 18 days

Pursuant to your instruction, we have **NOT AUTHORIZED** repair.

The assessment was conducted on a "**Without Prejudice**" basis.

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

### Disclaimer

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

# S K AUTO CONSULTANTS

Page No. 4

Our Reference TP/021/0158SK

Vehicle No. PC 995 Z

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S\$)	OUR ASSESSMENT (S\$)
	<b>LABOUR</b>		
1	To remove the affected parts & fittings to commence repairs; replace damaged parts & components	5000.00	4500.00 2100 ✓
2	To supply paint materials, expandable items & putty, respray paint on parts damaged	6000.00	5000.00 1200 ✓
3	To check electrical wiring at damage areas	180.00	150.00 50 ✓
4	To reset and program computer setting	350.00	350.00 100 ✓
5	To perform anti rust treatment on affected areas	350.00	300.00 30 ✓
	Labour Total :	11880.00	10300.00
	TOTAL (PARTS & LABOUR):	24454.00	22874.00

**Note: (For Lump Sum Repair)**

The workshop has agreed to undertake the repair on a Lump Sum Basis, and/or the use of ex stock/reconditioned parts whichever is possible (having taken into consideration to repair instead of replacements).

The final adjusted Lump Sum contract amount is S\$18,300/-



John Low  
Motor Surveyor

10 repair days





