

Carine Kek Phei Ser

From: Motor Claim - III <motorclaim@iii.com.sg>
Sent: Friday, April 09, 2021 2:16 PM
To: III (Letter of Demand)
Cc: Derrick Tan
Subject: FW: [EXTERNAL] - Letter of Demand - Your Ref: SLP 8874R; Our Ref: 21-A17-12018-VL.jp.yt;
Attachments: 12018 LTA.pdf; 12018 WTA.pdf; 12018 GIA.pdf; 12018 RB.pdf
Follow Up Flag: Follow up
Flag Status: Flagged

Best Regards,
Gabriel Wee



64 Cecil Street; #05 - IOB Building
Singapore 049711
Tel: 6347 6100, Ext – 248

From: Yenny Teo <yenny@legaloptions.biz>
Sent: Friday, 9 April 2021 10:50 am
To: Motor Claim - III <motorclaim@iii.com.sg>
Cc: Dhanya B.Purushothaman <Dhanya@iii.com.sg>
Subject: [EXTERNAL] - Letter of Demand - Your Ref: SLP 8874R; Our Ref: 21-A17-12018-VL.jp.yt;

Dear Sirs,

CLAIMANT: OMEGA AUTO LEASING PTE LTD
ACCIDENT INVOLVING VEHICLE NOS. SJN 5049K AND SLP 8874R AT THE JUNCTION OF HOUGANG AVENUE 3 TOWARDS HOUGANG ON 17.03.2021

We act for M/S OMEGA AUTO LEASING PTE LTD, who was the owner of motor vehicle no. SJN 5049K.

We are instructed by the above named to claim damages against your insured and/or you in connection with a road traffic accident on **17TH MARCH 2021 ON OR ABOUT 12:40 HOURS AT THE JUNCTION OF HOUGANG AVENUE 3 TOWARDS HOUGANG** involving our client's vehicle registration number **SJN 5049K** and motor vehicle registration number **SLP 8874R** driven by your insured's and/or you at the material time.

We are instructed that the accident was caused by your insured's and/or your negligent driving and/or management of your insured's motor vehicle No. **SLP 8874R**. As a result of the

accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows: -

1. Costs of repairs (incl. GST)	..	..	..	\$	5,671.00	7%
2. Loss of use for (PRI)	2	days	@	\$80.00	per	day
	..	..	..	\$	160.00	
3. Loss of use for day	6	days	@	\$80.00	per	
	..	..	..	\$	480.00	
4. Survey fees	..	..	..	\$	684.00	report
5. LTA fees	..	..	..	\$	10.00	search
6. GIA/Police fees	report	..	..	\$	59.00	and search
7. Incidentals GST	..	..	..	\$	128.40	inclusive
8. Cost Contribution GST	..	..	..	\$	<u>749.00</u>	inclusive
Total :						\$
					<u>7,941.40</u>	

We enclose a copy of each of the following documents for your consideration: -

1. GIA lodged by our client;
2. LTA receipt(s);
3. Warrant to Act of our client;
4. Surveyor's report & invoice from M/s KM Auto Assessors Pte Ltd; (via WeTransfer)
5. 164 coloured photographs depicting the damages to motor vehicle SJN 5049K; and
6. Repair bill from M/s Omega Auto Pte Ltd.

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.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim herein is quantified based on supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

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.

Please be reminded that if you fail to respond with an offer after 8 weeks and 10 days, i.e when an acknowledgement is made by you, pursuant to the protocol, we shall issue a Writ of Summons against you without any further notice, as it is deemed that a notice has been sufficiently given to you after 8 weeks and 10 days and that you have breached the Protocol we will commence proceedings within the requisite 14 days without any further notice.

iii

If you have any queries, please call our Ms Jeanny at 6513 2808 or email her at jeanny@legaloptions.biz and quote the above reference number.

Kindly mail all future correspondence to our **Accident Claims Document Support Address at 23 Kaki Bukit Avenue 4 #01-01 South Wing, Singapore 415933.**

Thanks and regards,

Yenny

Junior Legal Secretary

LEGAL OPTIONS LLC

(GST Registration/UEN No. 201203825R)

Tel (65) 6513-2800 DID (65) 6513-2805 Fax (65) 6438-8275

Disclaimer

Information in this message is confidential and may be legally privileged. It is intended solely for the person(s) to whom it is addressed. If you are not the intended recipient, please delete the message and any other record of it from your system, and notify the sender immediately.

OMEGA AUTO PTE. LTD.

160 Sin Ming Drive #06-06 Sin Ming Autocity Singapore 575722

Tel : (65) 6543 9807 Fax: (65) 6543 9805

Business Reg. No.: 200205188K GST Reg. No.: 200205188K

PROFORMA INVOICE

Vehicle No. : SJN5049K
Make & Model : Toyota Corolla Avio 1.5 Auto
Date of accident : 17 March 2021
Invoice No. : CL/21-Apr-01
Date : 5 April 2021

M/s: Omega Auto Leasing Pte Ltd.
33 Ubi Ave 3
#04-71 Vertex
Singapore 408868

S/No	Description	Total Amount
1.	Lump Sum Repair	5,300.00

Sub Total :	5,300.00
Add GST 7% :	371.00
Amount Due :	5,671.00

(Singapore Dollars: Five thousand six hundred seventy one only)

Omega Auto Pte. Ltd.

Authorised Signature

LEGAL OPTIONS LLC

ADVOCATES & SOLICITORS
COMMISSIONERS OF OATHS & NOTARY PUBLIC
GST REGISTRATION NUMBER : 201203825R

151 Chin Swee Road #07-02 Manhattan House, Singapore 169876
Tel : 6438 8039 Fax : 6438 8275

WARRANT TO ACT

In the matter of accident involving SJN 5049K & SLP 8874R at the junction of Hougang Avenue 3 towards Hougang on 17/03/2021

I Omega Auto Leasing (Name/Company Name) 2020 107 24 W

(NRIC/Passport/Registration Number) hereby authorize and appoint **M/S LEGAL OPTIONS LLC**, Advocates and solicitors, to be my solicitors to act for me in relation to the above matter and other matters incidental thereto including representing me in Court, bringing or defending or discontinuing any proceedings including any appeals therefrom. I hereby further authorize:-

- M/S ("my repairers") to give instructions to you on my behalf in relation to the above matter if the matter involved only for my property damage claim;
- you to apply for my medical records and consent my doctor to release my medical report to you directly and authorize you to apply all other reports, conduct all searches, and forward my claim to the Third Party or their insurers;
- you to have the settlement monies paid in your favour, ie, in the name of **M/S LEGAL OPTIONS LLC**;
- you to release the balance of the settlement monies to me after deducting your legal fees and disbursements, money due to my repairers including outstanding repair costs, survey fees, rental and incidentals (if the vehicle is owned by me). I also understand and accept that my minimum Solicitor and Client costs (ie, costs over and above the Party and Party costs paid by the Third Party or their insurers) is \$642.00 (inclusive of 7% GST); or if my General Damages exceeds \$5,000.00, 15% or more of the Party & Party costs as approved by the Public Trustee's Office, and will be deducted from the compensation sum due to me for my claim for personal injury.

You are entitled to withdraw from representing me on any grounds set out in Rule 42 of the Legal Professional (Professional Conduct) Rules and discharge yourselves as my solicitors without. Upon the termination or discharge of your services, by either party for any reason whatsoever, you shall have lien over all documents held by you payment of your legal fees and disbursements. Any monies held by you on my account may be applied at your discretion and towards or in satisfaction of any costs described in your note of costs and disbursements/invoice which may be rendered in this matter. Any note of costs and disbursements/invoice which may be rendered by you is understood to be without prejudice to your right to the full costs that you are entitled to in the event taxation is necessary.

IMPORTANT NOTICE :-

Fees in contentious cases : A client is responsible for his own solicitor and client costs in full regardless of any order of costs made against the opponent. Even if a client wins, the opponent may be ordered to pay only a fraction of the Party and Party costs and the opponent may not be capable of paying what is ordered. In the event a client loses a case, he will have to pay his opponents costs as well as his own.

Dated this 19 day of MARCH 2021

Client's / authorized signature:

(Signature and / or Company Stamp)

Mobile Phone No : 92718287

Home Phone No : _____

E-mail : _____

Witnessed By :

(Signature of Witness)

Name : JEANNY PNC

Position : Legal Manager

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	18/03/2021 16:32 (SGT)
Date of Accident	17/03/2021 12:40 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 3, Singapore
Additional Location Information	TRAFFIC JUNCTION OF ANG MO KIO AVENUE 3 TOWARDS HOUGANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN5049K
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	OMEGA AUTO LEASING PTE LTD
Company Reg No	2XXXXX724W
Email Address	simjojo3354@gmail.com
Mobile Phone No	(Phone) +65-90024371
Alternative Phone No	(Office) +65-90024371

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
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	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118867310
Cover Note Number	-

DRIVER

Name of Driver	LIM HWEE PENG
NRIC No	SXXXX171J
Date Of Birth	21/10/1967

Occupation	Outdoor
Date Of Driving Pass	25/04/2006
Driving experience	14 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-86081231
Alt. Phone Number	-
Email Address	lim.ann10@yahoo.com
Address	APT BLOCK 106 SERANGOON NORTH AVENUE 1 #07-731
Address complement	-
Postcode	550106
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 TO ATTACHED ; REMARKS : TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP8874R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEUNG KA MUN
Contact Number	(Phone) +65-91333452
Address	-
Address complement	-
Postcode	-

Insurance Company Name	-
Nature Of Damage	REFER TO ATTACHED
Details of property damaged in accident	REFER TO ATTACHED
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM HWEE PENG
Address	APT BLOCK 106 SERANGOON NORTH AVENUE 1 #07-731
Address Complement	-
Post Code	550106
Approximate Age Years Old	53
Injuries Sustained	REFER TO ATTACHED ; MC 2 DAYS
Injured person in which vehicle?	SJN5049K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 willful 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 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.

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.

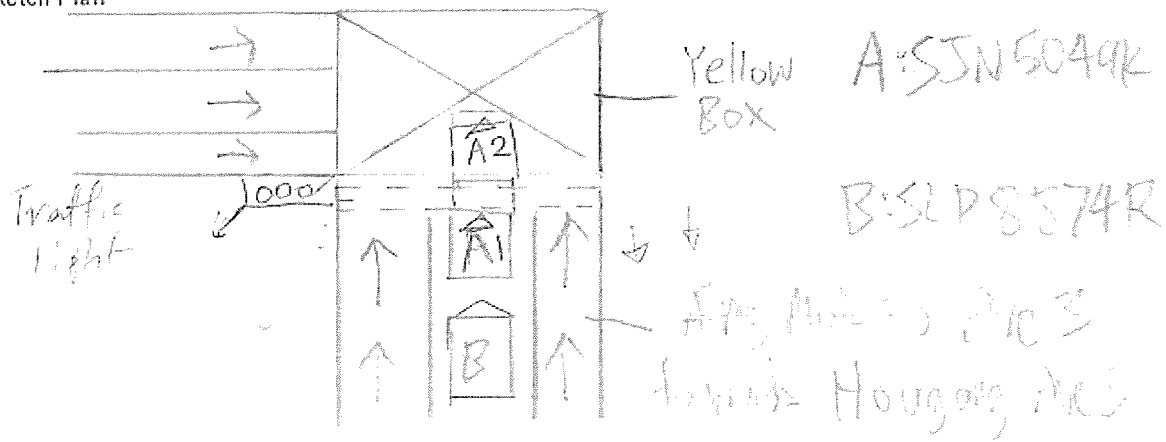


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 17/3/21 12:45, I was My vehicle stop at a traffic light, Suddenly my vehicle was hit by a car a cause my vehicle to move forward into the yellow box I went to a nearby clinic to and was given 2 days of MC.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel









