

Carine Kek Phei Ser

From: Jacqui Wong <jacquiwong@visionlawllc.com>
Sent: Thursday, April 29, 2021 10:05 AM
To: III (Letter of Demand); Zuhaidah Samsuri
Cc: III (Letter of Demand); Zuhaidah Samsuri
Subject: [EXTERNAL] - Our Ref: AW1-jgv-ins-V1-115141-2021(jw)
Attachments: Client's GIA Report JW.pdf; Rental HIring Agreement.pdf; RENTAL Agreement.pdf; Coloured survey poto.pdf; REpari bill rental survey report.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Our Ref : AW1-jgv-ins-V1-115141-2021(jw)
Your Ref : SLX 781 K

29th April 2021

**WITHOUT PREJUDICE
BY EMAIL ONLY**

INDIA INTERNATIONAL INSURANCE PTE LTD
64 Cecil Street
#04/06-00
IOB Building
Singapore 049711

[Attention : Motor Claims Department]

Dear Sir,

CLAIMANT : V TECH AUTO SERVICE
ACCIDENT INVOLVING SLQ 6033 J & SJL 2671 T, SLX 781 K & SGW 7588 X ON 1st MARCH 2021 AT ALONG AYE (CITY) NEAR TO ALEXANDRA EXIT AT ABOUT 17:40 HOURS

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on **1st MARCH 2021 AT ALONG AYE (CITY) NEAR TO ALEXANDRA EXIT AT ABOUT 17:40 HOURS** involving our client's vehicle registration number **SLQ 6033 J** and vehicle registration number **SLX 781 K** driven by you/your insured at the material time.

We are instructed that the accident was caused by you/your insured's negligent driving and /or management of your/your insured vehicle. 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:-

01. Cost of Repair	\$12,305.00
02. Rental Fee for 12 days at \$120.00 per day	\$ 1,440.00
03. Pre Repair Loss of Use (2 Days)	\$ 240.00
04. Survey report fees	\$ 550.00
05. GIA & LTA search / report fees	\$ 67.00
06. Cost Contribution (at this stage)	\$ 1,000.00
07. Disbursements (at this stage)	\$ <u>200.00</u>
TOTAL	<u>\$15,802.00</u>

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

- (a) Police & GIA report lodged by driver of SLQ 6033 J;
- (b) LTANet Search;
- (c) Photographs of Scene (Upon Request);
- (d) Rental agreement & rental receipt from Ann Automotive;
- (e) Final Repair Bill from V-tech Auto Service;
- (f) Surveyor's report & invoice; and
- (g) **Coloured photographs** depicting the damages to motor vehicle SLQ 6033 J.

We hereby give you notice of our client's claim, please revert if you request re-inspection within 14 days of this letter. We have notified you on 2nd March 2021 and given you the pre-repair inspection notice.

Take notice that you must also provide us with a copy of your insured's GIA report.

The demand herein is in respect of our client's claim for damages pertaining to his motor vehicle and any settlement following or subsequent to this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to his personal injuries. As our client's injury has not stabilised, we are now filing our client's damages pertaining to his motor vehicle only and shall forward his claim for damages and consequential loss in relation to his personal injuries later.

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 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.

Thank you.

Jacqui Wong (JW)
(Secretary)

VISION LAW LLC
133 New Bridge Road
#18-01/02
Chinatown Point
Singapore 059413
Tel: 65342811 [Ext 126]

VISION LAW LLC
Advocates & Solicitors
(Incorporated with limited liability)
Unique Entity No. 200721148H
Address : 133 New Bridge Road #18-01/02 Chinatown Point, Singapore 059413

DISCLAIMER:

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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 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. 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	02/03/2021 16:23 (SGT)
Date of Accident	01/03/2021 17:40 (SGT)
Exact Location of Accident	Blk 503, West Coast Drive, Ayer Rajah Food Centre, Singapore 120503
Additional Location Information	ALONG AYE TOWARDS CITY NEAR ALEXANDRA- EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ6033J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	V- TECH AUTO SERVICE
Company Reg No	5XXXX600W
Email Address	vtech.autoservice@gmail.com
Mobile Phone No	(Phone) +65-98606215
Alternative Phone No	+65-98606215

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
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	5108792682-01
Cover Note Number	-

DRIVER

Name of Driver	WONG CHEE BOON
NRIC No	SXXXX341F
Date Of Birth	09/06/1980

Occupation	Outdoor
Date Of Driving Pass	23/11/2003
Driving experience	17 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98606215
Alt. Phone Number	-
Email Address	vtech.autoservice@gmail.com
Address	BLK 105 JALAN BUKIT MERAH #07-1942
Address complement	-
Postcode	160105
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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 ATTACHED

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	SJL2671T
Vehicle Manufacturer	Honda
Vehicle Model	Stream
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JORDAN
Contact Number	(Phone) +65-88183760
Address	-
Address complement	-
Postcode	-

Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	REAR AND FRONT PORTION
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLX781K
Vehicle Manufacturer	Honda
Vehicle Model	Vezei
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	SALEH B MAMAT
NRIC No	SXXXX975E
Contact Number	(Phone) +65-91079420
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	FRONT AND REAR PORTION
No. Of Passenger (Including Driver)	-

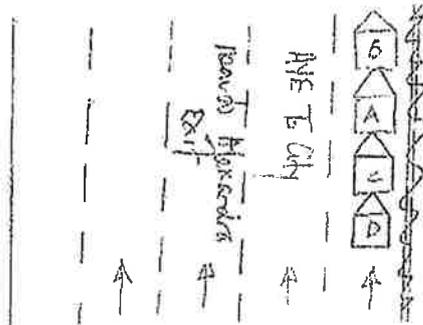
DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SGW7588X
Vehicle Manufacturer	Honda
Vehicle Model	Accord
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ADREN TAY
NRIC No	SXXXX522E
Contact Number	(Phone) +65-94507799
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	FRONT PORTION
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WONG CHEE BOON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER REPORT
Injured person in which vehicle?	SLQ6033J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



- (A) SJL 6033J
- (B) SJL 2671T
- (C) SLX 781K
- (D) SSW 7588X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1/3/2021 about 5:40pm. I am travelling along AYE heading Jolimont Merula (City)

I am driving follow traffic. Suddenly the car in front of me brake. I managed to stop my car but the car behind slam me to the rear of my car with such force that pushes me forward to hit the car in front of me.

Cars

My Rear portion badly smashed. Both of my wrists pain and my spine also pain.

We exchange particulars and file report.

DECLARATION

I/we declare the facts stated are true in every respect

Witness
 Date & Time: 2/3/21



Driver's Signature
 (if driver is not the policy holder)
 Date & Time

Reporting Constable's Signature
 Name
 VCC/Case No.

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 Parties/Police and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any error or discrepancy in the information provided may allow insurers to compromise or negate policy liability.
4. The report and certificate of this report by insurance companies, upon submission of policy liability on the part of the insurance companies.
5. Any false report may be referred to the Police for investigation.
6. The report will be forwarded by the Insurer of the GSA Accidents Management Centre established by the General Insurance Association of Singapore (GIAS) for settling 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 in copies of the report being made available wherever.
8. Consent under the Personal Data Protection Act (PDPA)
 - (a) Understand, acknowledge, agree and consent that:
 - (i) My Insurer, my workshop and the General Insurance Association of Singapore ("GIAS") may be 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 with Personal Information to its insurer(s) and 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) complying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the sending of correspondence, statements, notices, reports or notices to me, while it 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/extra 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 be 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 GIAS to their third party service providers or agents (including their lawyers/law firms), which may be situated outside of Singapore, for one or more of the above Purposes;
 - (d) my Personal Information will also be stored and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
 - (e) my personal details collected to support my claim may be shared with third parties:
 - (i) to all insurers and/or any government authority that are in contact with, or may assist in handling or managing the claim, regulatory, law enforcement and government agencies as reasonably required for the purposes stated above;
 - (ii) for complying with requirements under any regulations, laws or court orders.

WTF


Policyholder's Signature
 Date & Time: 2/3/2021


 Driver's Signature
 Date & Time: 2/3/2021


 Insured Person's Signature
 Date & Time: 2/3/2021

