



JOHN LAW CHAMBERS LLC

Advocates & Solicitors

UEN 201938836C

13 April 2021

Your Ref: TO BE ADVISED

Our Ref: JLC.2167.2021.PD(A)

We Do Not Accept Service of Court Documents by Fax or Email.

WITHOUT PREJUDICE SAVE AS TO COSTS

INDIA INTERNATIONAL INSURANCE

64 CECIL ST,
#05-00 IOB BUILDING
SINGAPORE 049711.

BY PDX (8172)

Attn: Motor Claims Department

Dear Sir/Madam,

CLAIMANT: SHAWA HONG YEOW (CAI HONGYAO)

ACCIDENT INVOLVING MOTOR VEHICLES NO. SKA507U & SLP4338Z ALONG TANGLIN ROAD ON 01.04.2021 AT ABOUT 0920 HOURS AT ABOUT 2255 HOURS.

1. We act for **SHAWA HONG YEOW(CAI HONGYAO)**, the owner of vehicle No. **SKA4338Z** involved in the abovementioned road accident, in his/her claim for damages of the consequential property losses and expenses incurred as a result of the said accident.
2. We are instructed that the accident was caused solely or contributed by your / your authorized driver's / your insured's authorized driver's negligent driving, use and/or management of motor vehicle No. **SLP4338Z**.
3. Copies of the following supporting documents are enclosed herewith for your perusal: -

a.	Singapore Accident Statement / Police Report
b.	GIA / LTA
c.	Survey Report and Invoice
d.	Rental Agreement and Invoice

4. As a result of the accident, our client has been put to loss and expenses, particulars of which are as follows.

i.	Cost of Repair	S\$ 5,400.00
ii.	Pre-Inspection Days (2 Days)	S\$ 200.00
iii.	Rental / Loss of Use	S\$ 898.80
iv.	Survey Report Fee	S\$ 544.00
v.	LTA and GIA Search Fees	S\$ 36.49
vi.	Incidentals	S\$ 150.00
vii.	Cost Contribution (at this stage)	S\$ 1,000.00
viii.	Total :	S\$ 8,229.29



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5. **To the Defendants**, 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 insurers.
6. 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 clients claims in respects of damages and consequential loss in relation to his personal injuries.
7. Please note that you or your insurers should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter.
8. Please note that if you have a counterclaim against our client arising out of the accident, you/your insured are required to send us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 6 weeks of your receipt of this letter.
9. **To the Insurers**, pursuant to the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), we hereby give your Insurers/you, **INDIA INTERNATIONAL INSURANCE**, notice that we have our client's instructions to commence court proceedings against you/your insured driver without further notice should you fail to acknowledge receipt of this letter within 14 days and/or fail to reply substantively to the same within 8 weeks and/or to preserve our client's claim from being time-barred.
10. You may acknowledge receipt of this letter by email to: **admin@johnlawchambers.com**
11. Please revert.

Yours faithfully


JOHN LAW CHAMBERS LLC

cc: Clients

DATE : 21.04.2021

LOD Ref No : MAX/21/0003/1002TP

Our Ref No : SKA 507U

Your Ref No: SLP 4338Z

M/s India International Insurance Pte Ltd

64 Cecil Street

#05-01 IOB Building

Singapore 049711

Dear Sir/Mdm,

ACCIDENT INVOLVING SKA 507U AND SLP 4338Z ALONG TANGLIN ROAD ON 01.04.2021

Please refer to the above mentioned accident.

We are writing in on the behalf of **SHAWA HONG YEOW** the registered owner of motor vehicle number **SKA 507U** which was involved in the above accident.

We are instructed that the above accident caused solely and completely by the negligence of your insured's vehicle number plate **#REF!**

As a result of which, our client have suffered loss and expenses.

We are instructed by our client to claim for :

1)	Lump Sum Repair Cost	\$	5,400.00
2)	Loss of Rental (07 days x \$ 128.40)	\$	898.80
3)	Pre repair inspection (2 days x \$100/-)	\$	200.00
4)	Survey Fees	\$	544.00

Total Amount : \$ 7,042.80

We enclosed hereby the following documents for your consideration :

- (A) Proforma Invoice
- (B) Letter of Authority
- (C) Surveyor Report Fees
- (D) Rental Agreement
- (E) Rental Invoice



Ms Nicole Chong

HP : 9791 6119

email : nicole@maxmotors.com.sg

DATE : 21.04.2021

Proforma Ref No : PI/21/0003/1002TP

M/s India International Insurance Pte Ltd
64 Cecil Street
#05-01 IOB Building
Singapore 049711

Vehicle No : SKA 507U
Vehicle Model : TOYOTA ALTIS

Accident Date : 01.04.2021

<u>PROFORMA INVOICE</u>	
Lump Sum Repair Cost	\$ 5,400.00
TOTAL AMOUNT :	\$ 5,400.00

SGD Dollars : Five Thousand Four Hundred Only.



Ms Nicole Chong
Admin Clerk



友立旅遊服務私人有限公司
UNIQUE TOURIST SERVICE (PTE) LTD

1, Rochor Road, #02-574,
Rochor Centre Singapore 180001
Tel: 6292 7656 Fax: (65) 6293 972
E-mail: unigtour@singnet.com.sg
STB LIC TA/00076

Co. Reg. No.: 197401067R
GST Reg. No.: M2-0019671-6

Mr Shawn Hong Yeow
Blk 276 Yishun Street 22
11-260
Singapore 760276

20, Sin Ming Lane,
#08-51, Midview City
Singapore 573968
Tel: 6292 7656

TAX INVOICE

NO. **WP/201902**

Singapore, **10.04.2021** 20

DATE	PARTICULARS	@	\$	cts
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Rental of one unit Toyota Corolla Altis 1.6 Auto
Registration no. SJK 1048 E self driven
as from 02.04.2021 to 09.04.2021.

7 days at \$120.00 per day

Add GST at 7%
Amount Due

\$	840.00
\$	840.00
\$	58.80
\$	<u>898.80</u>

(SIN DOLLARS: EIGHT HUNDRED NINETY EIGHT AND EIGHTY CENTS ONLY)

Standard Rated Supplies:\$	840.00
Total Amount of GST:\$	58.80


AUTHORISED SIGNATURE

SKA 507U



UNIQUE TOURIST SERVICE (PTE) LTD.

20, Sin Ming Lane, #08-51, Midview City, Singapore 573968

TEL: 6292 7656 EMAIL: uniqtour@singnet.com.sg

COMPANY REG NO: 197401067R

GST REG NO: M2-0019671-6

CAR RENTAL AGREEMENT

VEHICLE NO.

SJK 1048E

MAKE/MODEL

TOYOTA COROLLA AUTIS

RA No. 22940

NAME OF HIRER Shawn Hong Yeow
ADDRESS BLK 276 Yishun St 22 #11-260
SINGAPORE 760276
OFFICE TEL _____ RES TEL _____ HP 96343461
NAMED DRIVER MR. SHAWN HONG YEOW
OCCUPATION _____ NATIONALITY SPOREAN
PASSPORT / NRIC S8708838B DATE OF BIRTH 15/09/1987
DRIVING LIC NO. S8708838B
PLACE OF ISSUE SINGAPORE DATE PASS/EXPIRY INDEFINITE

ADDITIONAL NAMED DRIVER _____
ADDRESS _____
SINGAPORE _____
OFFICE TEL _____ RES TEL _____ HP _____
OCCUPATION _____ NATIONALITY _____
PASSPORT / NRIC _____ DATE OF BIRTH _____
DRIVING LIC NO _____
PLACE OF ISSUE _____ DATE PASS/EXPIRY _____

BY INITIATING MARK "X" HIRER AGREE TO PAY THE FOLLOWINGS
A. COLLISION DAMAGE WAIVER (CDW) AT \$ _____ PER DAY / WEEK / MONTH "X"
B. SURCHARGE OF \$ _____ FOR USE IN MALAYSIA FROM _____ TO _____ "X"
• THE HIRER IS RESPONSIBLE FOR ANY DAMAGES UP TO THE EXTENT OF TOTAL LOSS OF CAR, LOSS OF INCOME AND COST OF RECOVERY OF VEHICLE IF THE CAR IS DRIVEN INTO MALAYSIA WITHOUT PRIOR CONSENT FROM THE COMPANY.

DATE OUT 020421 TIME OUT 1415HRS
PETROL OUT E 1/4 1/2 3/4 F
DATE IN 090421 TIME IN 1800HRS
PETROL IN E 1/4 1/2 3/4 F
RENTAL RATES: \$ _____ C
MONTHLY @\$ _____
WEEKLY @\$ _____
DAILY 7 @\$ 120f 840 00
C.D.W. FEE _____
PETROL CONSUMPTION _____
DELIVERY CHARGE _____
COLLECTION CHARGE _____
SUB-TOTAL _____
GST @ 7 % 58 80
RENTAL DEPOSIT _____
TOTAL: 898 80

DEPOSIT REFUND _____
PAYMENT BY: BILL CO / CREDIT CARD / CASH _____
ATTENDED BY: _____
OF UNIQUE TOURIST SERVICE (PTE) LTD

COMPULSORY EXCESS, DOLLAR \$ 1200f

NOTE: HIRER IS LIABLE FOR ALL PARKING & TRAFFIC VIOLATIONS.
YOUR ATTENTION IS DRAWN TO TERMS & CONDITIONS
PRINTED OVERLEAF.

FOR SINGAPORE DRIVE ONLY

REPLACEMENT VEHICLE NO:
1. _____ ON _____ TIME _____
2. _____ ON _____ TIME _____
3. _____ ON _____ TIME _____

DATE: _____
SIGNATURE OF HIRER _____

DATE: _____
SIGNATURE OF HIRER _____

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	05/04/2021 14:48 (SGT)
Date of Accident	01/04/2021 22:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TANGLIN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA507U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHAWA HONG YEOW (CAI HONGYAO)
NRIC No	SXXXX838B
Email Address	shawa87@hotmail.com
Mobile Phone No	(Phone) +65-96343461
Alternative Phone No	+65-96343461

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	TOYOTA / COROLLA ALTIS 1.6 AUTO
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5121104340
Cover Note Number	-

DRIVER

Name of Driver	SHAWA HONG YEOW (CAI HONGYAO)
NRIC No	SXXXX838B

Date Of Birth	12/09/1987
Occupation	Indoor
Date Of Driving Pass	20/01/2021
Driving experience	3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96343461
Alt. Phone Number	+65-96343461
Email Address	shawa87@hotmail.com
Address	BLK 276 YISHUN STREET 22 #11-260
Address complement	-
Postcode	760276
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Side Swipe
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ALVIN QUAH CHENG JUN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20210402/7011;

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	SLP4338Z
Vehicle Manufacturer	Mazda

Vehicle Model	MAZDA / MAZDA3 SEDAN 1.5 AT EU6
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SHAWA HONG YEOW (CAI HONGYAO)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKA507U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ALVIN QUAH CHENG JUN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKA507U
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 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 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:


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

SKETCH PLAN

