

LAWRENCE LEE & CO

Advocates & Solicitors

李伟平律师楼

UEN: 53159236K

133 New Bridge Road #13-10
Chinatown Point Singapore 059413
tel: 6533 3680 fax: 6533 3689
email: info@lawrencelee.com.sg

Your ref: (please advise)
Our ref: LWP/QAS/4630/21/wt

6 July 2021

This is a letter of claim issued pursuant to
the Non-Injury Motor Accident Practice
Direction of the State Courts

Peng Chuan Engineering Construction Pte. Ltd.
421 Tagore Industrial Ave
#04-06 Tagore 8
Singapore 787805

CERTIFICATE OF POSTING

Dear Sirs

ACCIDENT ALONG TUAS WEST RD ON 10.02.21 INVOLVING GBG4910L & XD8152L

We act for UKA Leasing Pte Ltd, owner of the above vehicle GBG4910L.

We are instructed to claim against you in connection with the above accident involving our client's vehicle and vehicle XD8152L owned by you and driven by your servant/agent one Sonaimuthu Sekar at the material time.

We are instructed that the accident was caused by your servant/agent's negligent driving, management and/or control of your 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:-

Particulars

1. Cost of repairs	\$ 3,317.00	(\$3,100 plus GST)
2. Loss of use (10 days x \$120 pd)	\$ 1,200.00	

Disbursements

3. Survey fee	\$ 444.00	
4. LTA fee	\$ 7.49	
5. Legal costs	\$ 700.00	
6. Miscellaneous	\$ 100.00	

A copy of each of the following documents is enclosed:

1. LTA search with receipt;
2. Our client's LTA online enquiry;
3. Our client's GIA report;
4. Pro-Forma Invoice No. E210202 from QAS Auto Pte Ltd; and

5. Original Survey Report Ref 133/TP/2021 with 24 color photographs and Invoice No. 160621-133 from Sincere Appraisal Services Pte Ltd.

Please note that:

- a. If you are insured and you wish to claim under your insurance policy, you should immediately pass this letter to your insurer.
- b. You or your insurer should send 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.
- c. If you have any witnesses or photographs of the accident scene, please send to us the witnesses' names/addresses/contact nos. or the photographs within 14 days of your receipt of this letter.
- d. 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.

In the event that your vehicle had been driven by someone not in the capacity as your servant/agent, please inform us in writing within 14 days otherwise we will name you as a defendant in the Writ that may be issued and you may be liable for legal costs.

Yours faithfully



LEE WEE PENG LAWRENCE
Paralegal: Ms Tay Wan Ting
Email: wanting@lawrencelee.com.sg

Encs by email only

Cc Lonpac Insurance Bhd
(Insurer of XD8152L)
300 Beach Road
#17-04 The Concourse
Singapore 199555

POST/EMAIL

Cc Client

Enquire Vehicle Owner Details

Enquire Vehicle Owner Details (As At 10 Feb 2021 / 19:15:00)

Vehicle Owner Details

Owner ID Type:

Company

Owner ID:

200304394R

Owner Name:

PENG CHUAN ENGINEERING CONSTRUCTION PTE. LTD.

Registered Address Type:

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

Registered Block/House No.:

421

Registered Street Name:

TAGORE INDUSTRIAL AVENUE

Registered Unit No.:

04 - 06/07

Registered Building Name:

TAGORE 8

Registered Postal Code:

787805

Vehicle Insurance Details

Vehicle No.:

XD8152L

Make Description/Model:

ISUZU / FXZ77M

Insurance Company Name:

LONPAC INSURANCE BHD

Save as PDF

OK →

Print

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	072Z
Vehicle Details	
Vehicle No.:	GBG4910L
Vehicle to be Exported:	Yes
Intended Deregistration Date:	18 Feb 2021
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 150 5MT
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	1KD2737128
Chassis No.:	JTFAT35Y30K208686
Maximum Power Output:	-
Open Market Value:	\$26,436.00
Original Registration Date:	23 Aug 2017
First Registration Date:	23 Aug 2017
Transfer Count:	0
Actual ARF Paid:	\$1,322.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	22 Aug 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$30,021.00
COE Rebate Amount:	\$19,545.00
Total Rebate Amount:	\$19,545.00

The information contained herein is correct as at 18 Feb 2021

OK

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 17/02/2021 15:39 (SGT)
Date of Accident 10/02/2021 19:15 (SGT)
Exact Location of Accident Tuas West Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG4910L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner UKA LEASING PTE LTD
Company Reg No 2XXXXX072Z
Email Address QASAUTO2011@GMAIL.COM
Mobile Phone No (Phone) +65-67429983
Alternative Phone No +65-88096074

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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 Goods vehicle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdPartyFireTheft
Fleet Policy Yes
Policy Number 5111756805
Cover Note Number -

DRIVER

Name of Driver WANG CUIYAN
Passport No/FIN GXXXX323W
Date Of Birth 24/02/1973
Occupation Outdoor

Date Of Driving Pass	07/09/2015
Driving experience	5 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88096074
Alt. Phone Number	-
Email Address	QASAUTO2011@GMAIL.COM
Address	NA
Address complement	-
Postcode	-
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	Wet

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?	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

I STOPPED BEFORE THE TRAFFIC LIGHT ON LANE 2 DUE TO RED LIGHT. VEHICLE B SUDDENLY SWERVED FROM LANE 3 AND IT HIT ONTO MY VEHICLE REAR LEFT SIDE. DUE TO THE HEAVY IMPACT IT PUSHED MY VEHICEL TO THE FRONT AND HIS SWERVED TO THE RIGHT ON LANE 1.

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	XD8152L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SONAIMUTHU SEKAR
Passport No/FIN	GXXXX753L
Contact Number	-
Address	-

Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (including Driver) -

C

C

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the incident to speed up the claim 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 false or 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 lodging 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:

Christan

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12/2/21



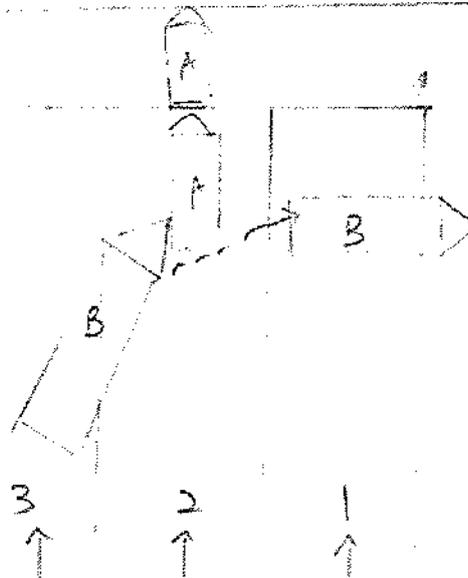
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Tues West Rd

A: GBG 4910L

B: XD 8152L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped before the traffic light on lane 2 due to red light. Vehicle 'B' suddenly swerved from lane 3 and it hit onto my vehicle rear left side. Due to heavy impact it pushed my vehicle to the front and it swerved to the right on lane 1.

DECLARATION

I hereby declare the foregoing particulars are true in every respect



Police Officer's Signature
Date & Time

[Signature]

Driver's Signature
(if driver is not the policyholder)
Date & Time 17/2/21



Reporting Centre Personnel's Signature
Name
NAIC/EN No



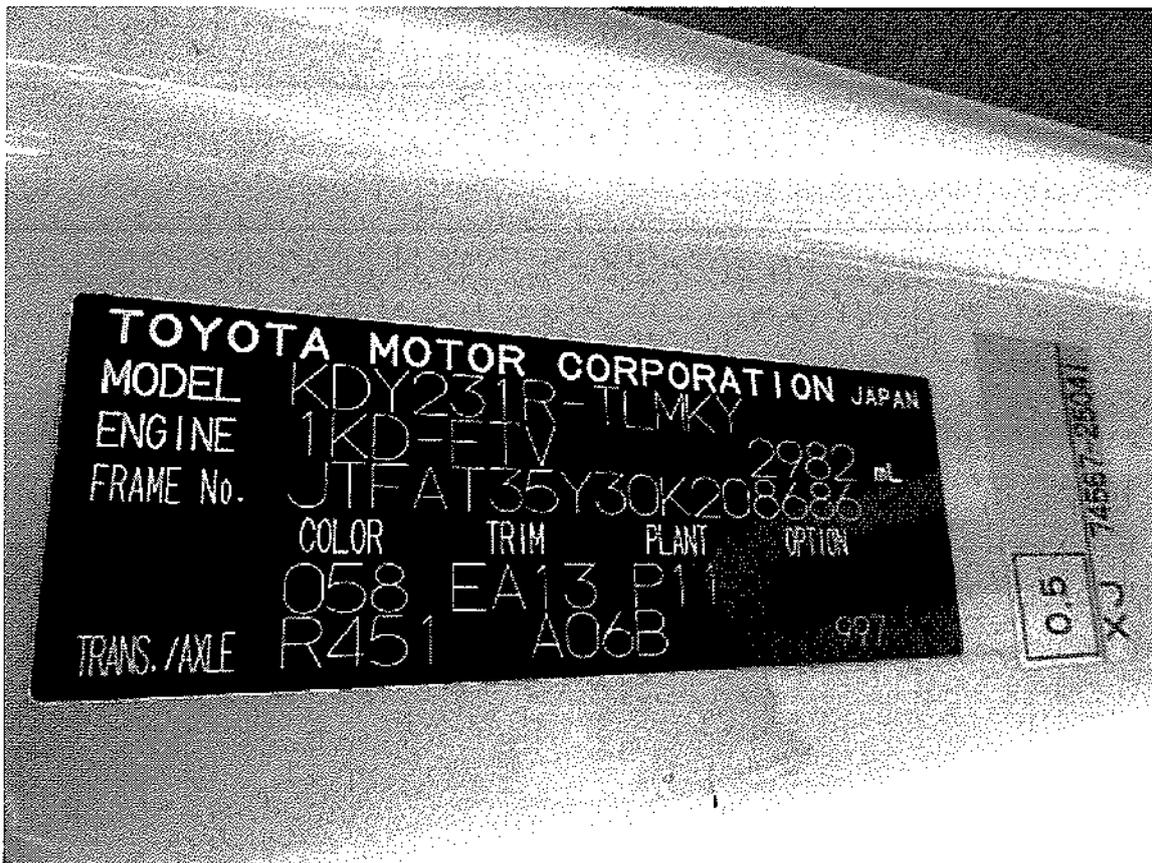














GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE
138 Robinson Road #07-09
The Corporate Office
Singapore 068906
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS

Original Report No : _____ Vehicle Registration No : GBG4910L

Name(as shown in NRIC) : UKA LEASING PTE LTD

[*Vehicle Driver/Vehicle Owner] (*Please delete as appropriate)

NRIC/Passport No : 201105072Z

Address : Blk 3018A Ubi Road 1 #01-23 Singapore 408711

Contact (Tel) : 67429983

(HIP) : _____

(Email) : gasauto2011@gmail.com

Date Of Accident : 10/02/2021

Time Of Accident : 19:15

Place Of Accident : TUAS WEST ROAD

Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:-

I wish to amend the other vehicle number to "XD8152L".

af



SIGNATURE OF VEHICLE OWNER/DRIVER
DATE: 22/02/2021





QAS Auto Pte Ltd
3018A Ubi Road 1 #01-23
Singapore 408711
+65 67429983
qasauto2011@gmail.com
GST Registration No. : 201027141K

ADDRESS

UKA Leasing Pte Ltd
3018A Ubi Road 1 #01-23
Singapore 408711

PROFORMA E210202

INVOICE NO.

DATE 16/06/2021

VEHICLE NO.

GBG4910L

MAKE & MODEL

Toyota Dyna 150 5MT

NO	DESCRIPTION	QTY	GST	AMOUNT
1	Lump sum repair (Accident on 10/02/2021 / XD 8152 L Along Tuas West Road)	1	7% SR	3,100.00

SUBTOTAL 3,100.00
GST TOTAL 217.00
TOTAL S\$3,317.00

Cheque should be made payable to "QAS Auto Pte Ltd".
Please write Invoice Number(s) on the back of the cheque.



SINCERE APPRAISAL SERVICES PTE LTD Co.Reg no: 201800639R
420 North Bridge Road, #02-05 North Bridge Centre, Singapore 188727
Tel : 6636 4628 E-mail : office@sincereappraisal.com.sg

INVOICE

Uka Leasing Pte Ltd
C/O QAS Auto Pte Ltd
Blk 3018A
Ubi Road 1 #01-23
Singapore 408711

Invoice No: 160621-133
Our ref: 133/TP/2021
Date: 16/6/2021

Claim Type: Third Party Vehicle Reg No: GBG4910L Vehicle Make/Model: Toyota Dyna 150 5MT	Date of Loss: 10/2/2021 Claimant: Uka Leasing Pte Ltd
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Description	Amount (S\$)
1. Professional Fee (including Transport, 24 Photographs and Miscellaneous charges)	444
Total	444

Singapore Dollar: Four hundred and forty four dollars only.

Cheques should be crossed A/C PAYEE and made payable to Sincere Appraisal Services Pte Ltd



Sincere Appraisal Services Pte Ltd



VEHICLE DAMAGE INSPECTION REPORT

Our Ref: 133/TP/2021

Date: 16/6/2021

REFERENCE

Date of loss: 10/2/2021
Claimant: Uka Leasing Pte Ltd

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	GBG4910L	Make &	Toyota
Reg date:	23/8/2017	Model	Dyna 150 5MT
Colour:	White	Engine No:	1KD2737128
Type:	Lorry	Chassis No:	JTFAT35Y30K208686
Type of Claims:	Third Party	Odometer No:	131526km
		Engine Cap:	2982cc

CONDITION OF VEHICLE AT THE TIME OF SURVEY

(STATIC ONLY)

General Condition:	Good	Steering:	Good	Engine Modification:	Nil
Paint work:	Good	Handbrake:	Good	Pre-accident	
		Footbrake:	Good	Damage:	Nil

CONDITION OF TYRES

Front Left Size:	Nexen 195R15C 70%	Front Right Size:	Nexen 195R15C 70%
Rear Left Size:	Aplus 155R12C 70%	Rear Right Size:	Aplus 155R12C 70%

The above percentages represent the remaining life of the tyre threads

COST OF REPAIRS

	Repairer S\$	Adjuster S\$
Parts	\$ 3,200.00	\$ 2,550.00
Labour	\$ 1,720.00	\$ 1,300.00
Calculated Cost (S\$) :	<u>\$ 4,920.00</u>	<u>\$ 3,850.00</u>

Recommended Lump Sum Repair Cost (S\$) : \$ 3,100.00

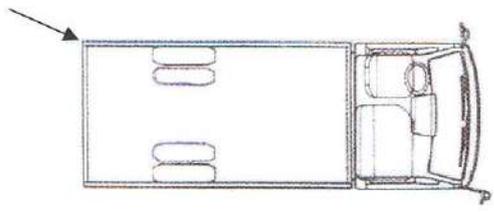
Date of Assignment:	3/6/2021	Inspected At:	QAS Auto Pte Ltd
Date Inspected:	3/6/2021		Blk 3018A
Est. repair Period:	10 days		Ubi Road 1 #01-23
			Singapore 408711

SINCERE APPRAISAL SERVICES PTE LTD Co.Reg no: 201800639R

420 North Bridge Road, #02-05 North Bridge Centre, Singapore 188727

Tel : 6636 4628 E-mail : office@sincereappraisal.com.sg

POINT OF IMPACT

Damaged at the left hand rear portion.	
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BRIEF CIRCUMSTANCES OF ACCIDENT

The Insured's vehicle collided onto the Third Party's vehicle along Tuas West Road.

GENERAL DESCRIPTION OF DAMAGES

Our visual inspection of the vehicle revealed that the damages noted are at the left hand rear portion.

SPECIAL REMARKS

We have inspected the actual damages found on the vehicle and recommend the replacement of parts and repairs accordingly. The estimated repair cost is \$4,920.00. The repairer has agreed to undertake the repairs at our adjusted lump sum amount of \$3,100.00.

We have not authorised the repair. Under normal circumstances, estimated **10** working days are required to repair the vehicle.

We are pleased to advise that the inspection work was carried out accordingly, and hereby submit our Inspection Report and photographs.



Dave Chang
Automotive Appraiser
AUTO. ENG, CAE, CGI
MIRTE, MSAAA, MTM

Automotive Appraiser: Dave Chang

Please note that this report is solely based on our findings at the time and place of inspection stated herein. This inspection has been carried out to our best knowledge and ability. Any other liability is hereby excluded.

ANNEX A

REPAIR DETAILS

Recommended Parts

No	Qty	Description	Condition	Repairer's Amount	Adjuster's Amount	
<u>Special Nett Items</u>						
1	1	Rear left upper aluminium side panel	bent/grazed	\$ 1,200.00	\$ 1,000.00	700
2	1	Rear left outer aluminium side panel	bent/grazed	\$ 1,500.00	\$ 1,200.00	900
3	1 set	Rear left door sticker	necessary	\$ 500.00	\$ 350.00	250
				<u>\$ 3,200.00</u>	<u>\$ 2,550.00</u>	
Total parts				\$ 3,200.00	\$ 2,550.00	1850

ANNEX B

REPAIR DETAILS

Recommended Labour

No	Description	Repairer's Amount	Adjuster's Amount
1	Labour for panel beating, cut, weld, straighten rear left affected area and replace rear left damaged parts.	\$ 800.00	\$ 600.00
2	To putty and spray painting rear left portion.	\$ 800.00	\$ 600.00
3	To apply anti rust proofing to rear left affected area.	\$ 120.00	\$ 100.00 80
Total labour :		\$ 1,720.00	\$ 1,300.00

1280

ANNEX C

REPAIR DETAILS

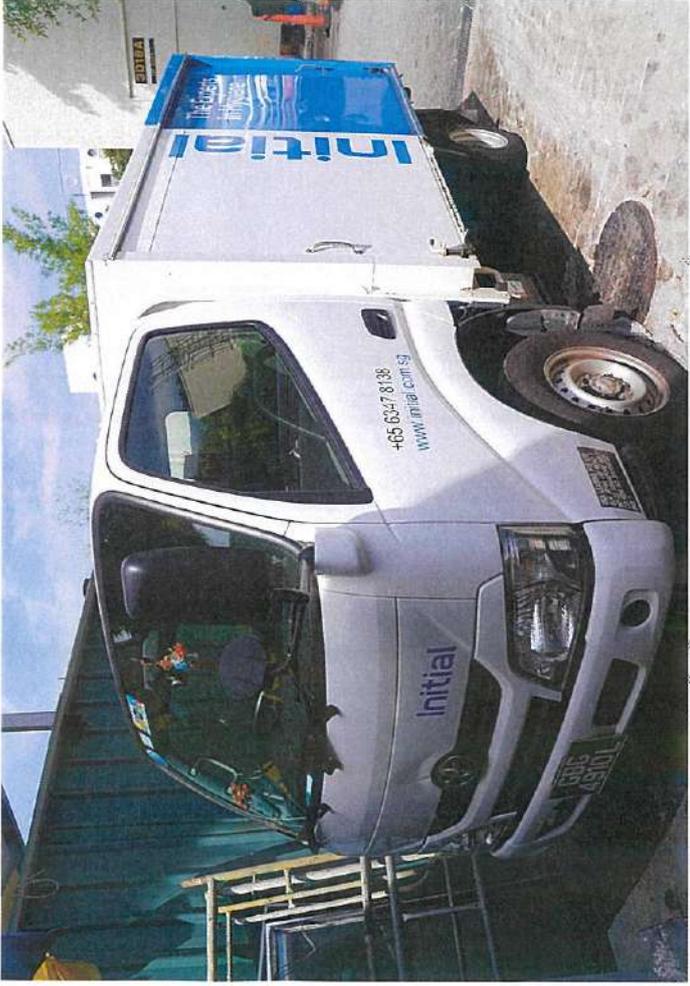
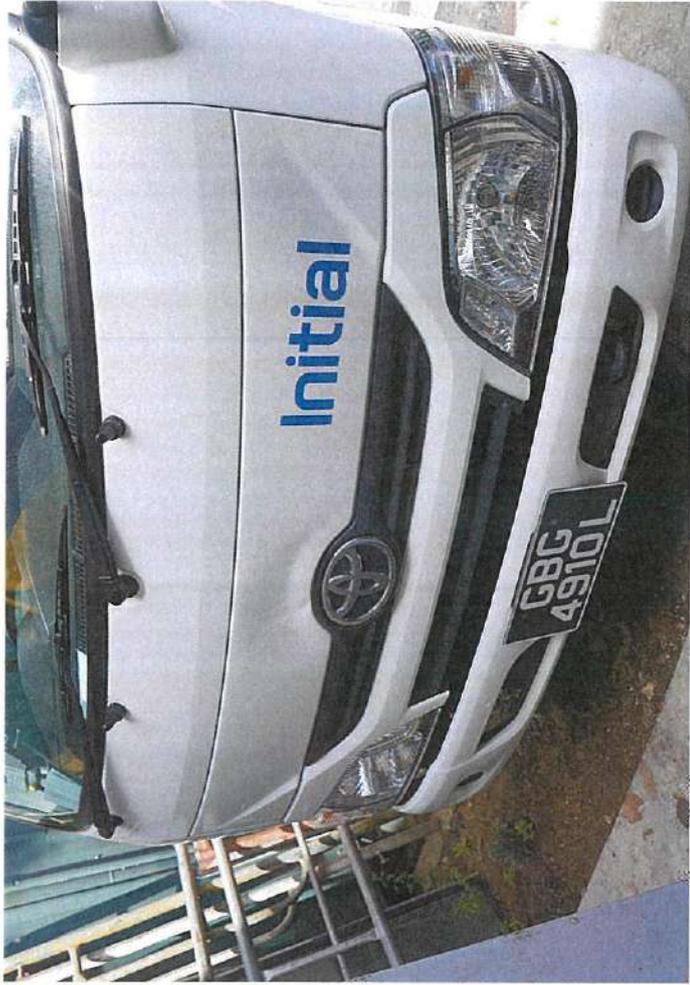
Adjusted Repair Cost

	Repairer's Amount	Adjuster's Amount
Total parts :	\$ 3,200.00	\$ 2,550.00
Total labour :	\$ 1,720.00	\$ 1,300.00
Total repair cost :	\$ 4,920.00	\$ 3,850.00

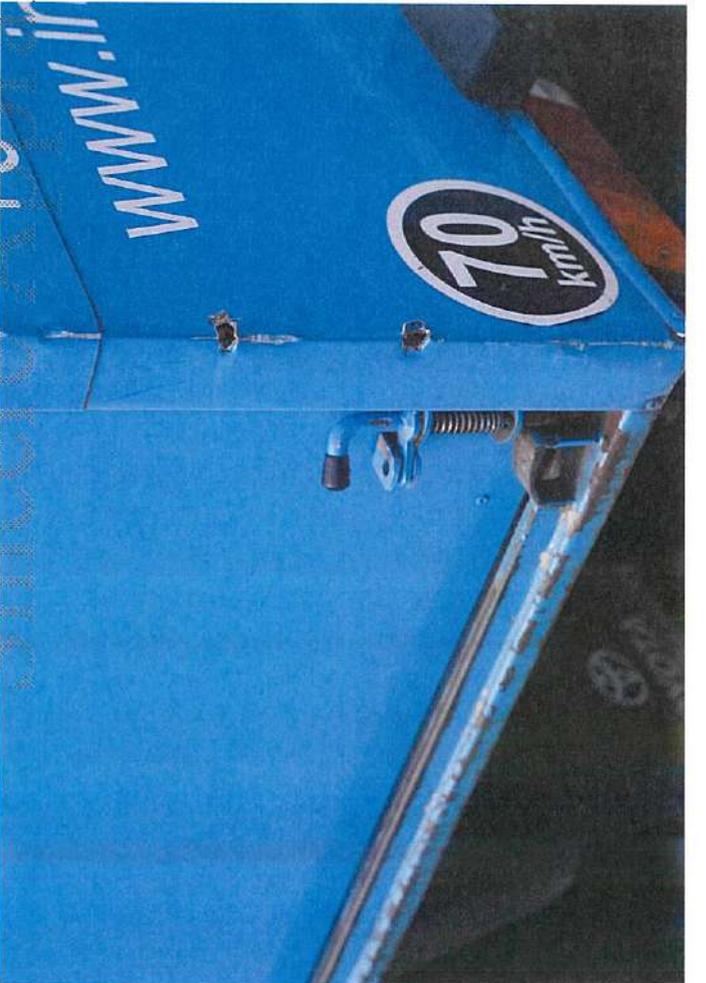
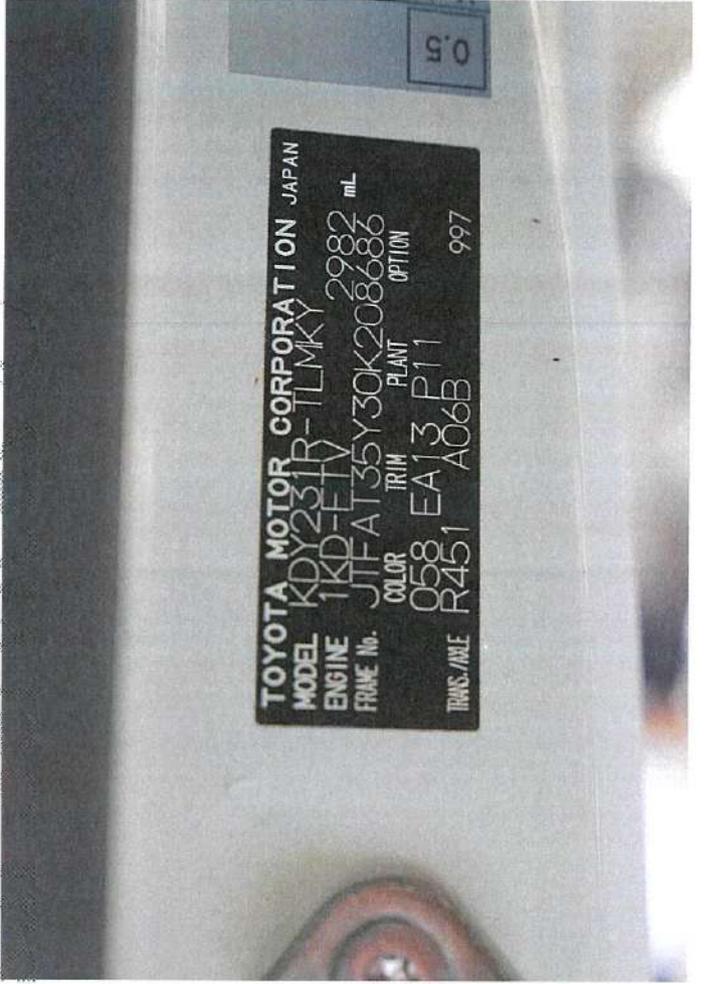
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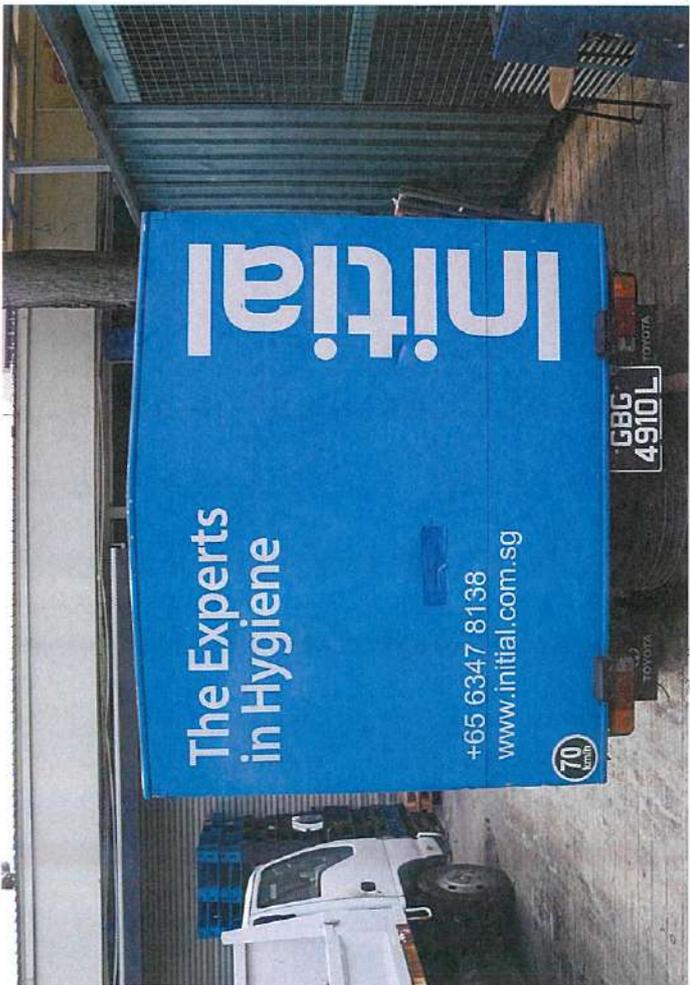
L/\$2500, 8 DAYS.

Adjusted Repair Cost (Lump Sum Repair)	\$ 3,100.00
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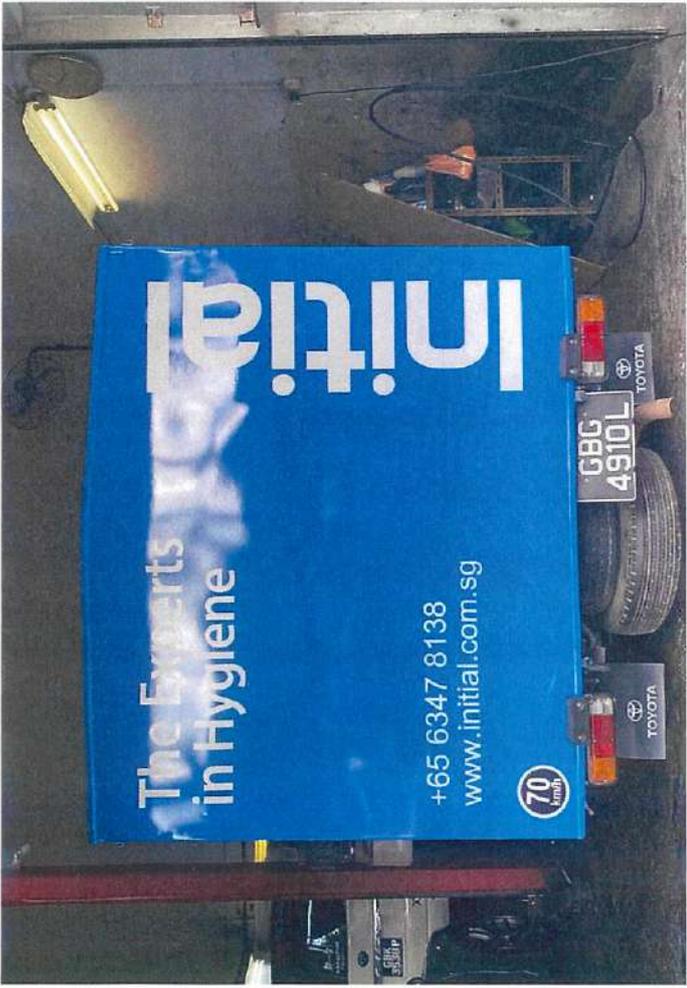
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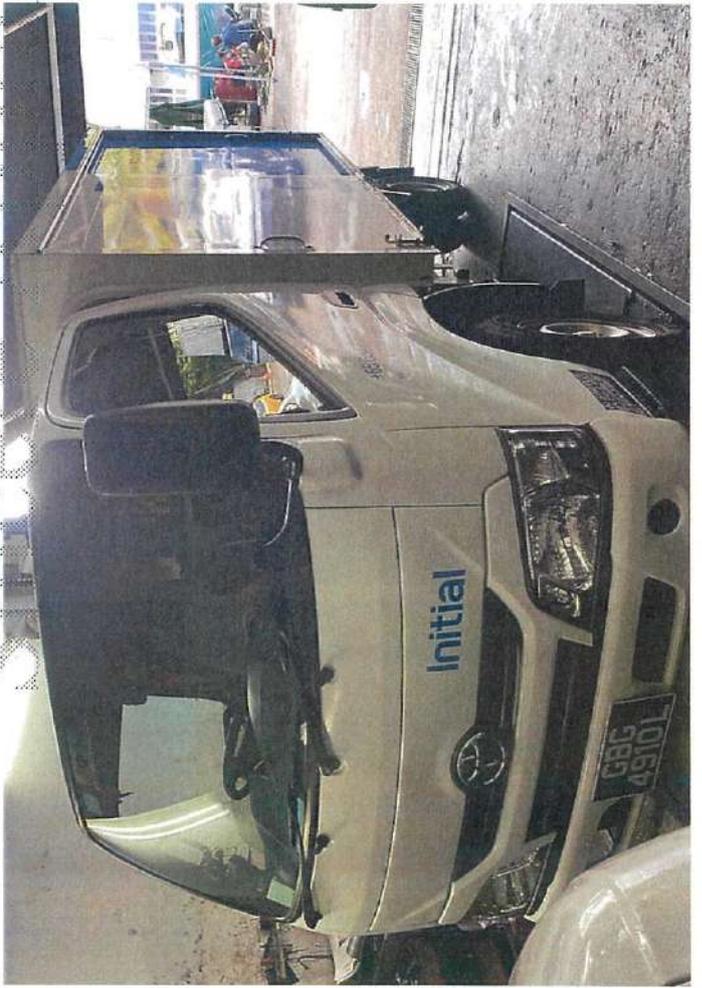




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