

R I A Z

ADVOCATES AND SOLICITORS
COMMISSIONER FOR OATHS

ACRA NUMBER : 200911678H

GST REGISTRATION NUMBER: 200911678H

(DIRECTOR)

RIAZ QAYYUM (LLB HONS) NUS

Your Reference:
Our Reference:

Your Insured (SLQ 774T)

RA.517478.D

(ASSOCIATE)

ABDUL HALIM BIN ROSALAN (LLB HONS) UTAS

24 June 2021

MUHD RIDHWAN ABDUL RAHIM (LLB HONS) LEEDS

IRFAN NASRULHAQ BIN HAMDAN (LLB HONS) SMU

INDIA INTERNATIONAL INSURANCE PTE LTD

64 Cecil Street

#04/#05 IOB Building Singapore 049711
Attention: Motor Claim Department

BY EMAIL

WITHOUT PREJUDICE

TAN TIAN SOON DAVID

Blk 2 Teck Whye Avenue #10-192 Singapore 680002

BY POST

WITHOUT ENCLOSURES

Dear Sirs,

ACCIDENT INVOLVING MOTOR VEHICLES SLL 6826P AND SLQ 774T ON 17 JANUARY 2021 ALONG SERANGOON AVENUE 2

We act for **KAM WEI HENG**, the owner and driver of motor vehicle **SLL 6826P** involved in the captioned accident.

We are instructed by the abovenamed to claim damages against you in connection with the road traffic accident involving motor vehicles SLL 6826P AND SLQ 774T ON 17 JANUARY 2021 ALONG SERANGOON AVENUE 2.

We are instructed that the accident was caused by your negligence in driving and/or management of your vehicle. As a result of the accident, our client suffered personal injuries. His injuries are set out in the medical report[s] annexed hereto. He has been put to loss and expense, particulars of which are as follows; We quantify our client's claim as follows:-

1. General Damages Pain & Suffering

	a.	1 all a building	
		-Whiplash neck injury Grade 1	\$ 7,000.00
		-Lower back strain	\$ 2,000.00
		•	
2.		Special Damages	
	a.	Medical expenses	\$ 202.24
	b.	Transport expenses	\$ 60.00
	C.	Loss of income	\$to be reserved
	d.	Cost of repair	\$ 9,844.00
	e.	Loss of use (11 days x \$100.00)	\$ 1,100.00



Page 2

Please note that the above quantification on damages is subject to client's confirmation upon receiving your offer. Should client's condition worsen or further claims arise, we also reserve the right to add to the quantification.

In compliance with the Pre-Action protocol for Personal Injury Claims, we disclose the following, we forward copies of the following documents for your perusal and considerations: -

- a) Medical tax invoices/bills and certificates;
- b) Medical Report of our client;
- c) GIA/Police Report of our possession;
- d) LTA search extract;
- e) Photographs;
- f) Video footage;
- g) Repair & rental bills;
- h) Survey report

We also in compliance with the pre-action protocol under the State Court's Direction 38, we propose use one of the following medical experts as a single joint expert:-

- 1. Dr Ho Li Chin from Mount Alvernia Hospital
- 2. Dr Soong Yi Wei Daniel from Unihealth Clinic (Bedok)

Please note that you should send to us an acknowledgement of receipt to us within 14 days of the receipt of this letter. Please also inform us, within 14 days of your acknowledgement of receipt of this letter, whether you have any objections to our proposed medical experts or whether you wish to propose other medical experts.

Should you fail to acknowledge receipt of this letter within 14 days, our client may commence Court proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim against our client arising our of the accident, you are 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.

We propose costs \$2,675.00 (including GST) at this stage.

Page 3

In the event that an amicable settlement is reached, we render below a list of disbursements incurred.

DISD	oursements incurred as to date:-	
a)	Medical Report fee x2	\$ 495.40
b)	LTA Search fee	\$ 7.49
c)	Survey report fee	\$ 839.00
d)	Incidentals (including GST)	\$ 160.50

Yours faithfully

Enquire Vehicle Owner Details

Enquire Vehicle Owner Details (As At 17 Jan 2021 / 10:40:00)

Owner ID Type:	
Company	
Owner ID:	
201617200G	
Owner Name:	
GRAB RENTALS PTE. LTD.	
Registered Address Type:	
Private Residential (Condo Apt or House) / Shopping / Office Complexes	
Triate residential (estato / prof riodse)/ Shopping/ Office estaplexes	
Registered Block/House No.:	
6	
Registered Street Name:	
BATTERY ROAD	
Registered Unit No.:	
# 38 - 04	
Registered Building Name:	
Registered Postal Code:	
Registered Postal Code: 049909	
049909	
049909	
hicle Insurance Details	
hicle Insurance Details Vehicle No.:	
hicle Insurance Details Vehicle No.: SLQ774T	
hicle Insurance Details Vehicle No.: SLQ774T Make Description/Model: HONDA / VEZEL HYBRID 1.5X AUTO Insurance Company Name:	
hicle Insurance Details Vehicle No.: SLQ774T Make Description/Model: HONDA / VEZEL HYBRID 1.5X AUTO	
hicle Insurance Details Vehicle No.: SLQ774T Make Description/Model: HONDA / VEZEL HYBRID 1.5X AUTO Insurance Company Name: MSIG INSURANCE (SINGAPORE) PTE LTD	
hicle Insurance Details Vehicle No.: SLQ774T Make Description/Model: HONDA / VEZEL HYBRID 1.5X AUTO Insurance Company Name: MSIG INSURANCE (SINGAPORE) PTE LTD Insurance Company Name:	
hicle Insurance Details Vehicle No.: SLQ774T Make Description/Model: HONDA / VEZEL HYBRID 1.5X AUTO Insurance Company Name: MSIG INSURANCE (SINGAPORE) PTE LTD	
hicle Insurance Details Vehicle No.: SLQ774T Make Description/Model: HONDA / VEZEL HYBRID 1.5X AUTO Insurance Company Name: MSIG INSURANCE (SINGAPORE) PTE LTD Insurance Company Name:	



For security reasons, please CLEAR YOUR CACHE after each session.

Session Trans	saction History				
S/No.14	Asset Type	Asset ID	Asset Owner ID	Transaction Type	Transaction Amount(S\$)
1	Vehicle	SJK5111D	2/	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49
2	Vehicle	SMU7906B		18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49
3	Vehicle	SLW9998Z		18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49
4	Vehicle	SKU8002B		18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49
5	Vehicle	SLQ774T		18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49
6	Vehicle	SJK1372T		18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49

(

SN092111000G / National Assessment Centre Services [408933] ENTRY DATE & TIME: 18/01/2021 16:43 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (18/01/2021 16:43 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process. 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

18/01/2021 16:43 (SGT) 17/01/2021 10:40 (SGT)

Serangoon Ave 2, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLL6826P

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

KAM WEI HENG

SXXXX072Z

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Volkswagen

Golf

Private use

No - Claiming third party

Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

NTUC

Comprehensive

5117494297

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

KAM WEI HENG

SXXXX072Z

31/12/1990

Indoor

Date Of Driving Pass Driving experience Gender

Mobile Number

Alt. Phone Number Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No Alt. Police Station Phone No.

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210118/7110

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category

Name of Driver Contact Number

DETAILS OF OTHER VEHICLE PROPERTY 1

Private car

14/05/2011

9 YEARS AND 8 MONTHS

Male

Yes

No

Collision - Head to Rear

Clear Dry

> No 2

Yes No

Yes

No

Yes

Traffic Police

(Phone) +65-65470000

(Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

No

SLQ774T

Yes

Yes

Accident report SN09211I000G

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	KAM WEI HENG
Address	-
Address Complement	*
Post Code	-
Approximate Age Years Old	
Injuries Sustained	BODY
Injured person in which vehicle?	SLL6826P
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 completely by the Policyholder and/ or the Authorised Driver
- 3) Information provided must be as truthful and accurate as passible. Any wilful misrepresentation or withholding of material fact 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 as investigation.
- 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 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) Niy 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ law firms, the Monetary Authority of Singapore and any relevant government agency/ authority (such as the police), for the purpose(s) of:
 - Processing, handling and/or dealing with my claims including 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring delivery of the same as well as on the external cover of envelopes/mail packages; and/ or
 - Complying with applicable law in administering, processing, handling and/ or dealing with my claims.
 (Collectively the "Purposes")
- all insurer(s) who have insured vehicle(s) involved in this accident and the insurer's lawyers/ law firms, may/ are
 permitted to collect, use or disclose and/ or process my Personal Information for one or more of the above Purposes;
- 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 lawyer/ 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:
 - 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 purposed stated, or:
 - For complying with the requirements under any regulations, law or court orders.

Policyholder's Signature

Date & Time:

Oriver's Signature (If driver is not policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/ FIN No:

	loveny chann c	SKETCH PLAN		
	·		Veh B SLE 828P Veh B SLQ 774L	
	Sources Ave 2	A		
	Refer to police po	epot 7/70210118/7	110	
(
	DECLARATION I/ We declare the foregoing partic	culars are true in every respect.		
	AA		Reporting Centre Personnel's Signature	
	Policyholder's Signature Date & Time:	Driver's Signature (If driver is not policyholder) Date & Time:	Name: NRIC/ FIN No:	



















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20210118/7110

Date/Time Report Made: 18/01/2021 13:24			Vide Report No.:	Station Diary No.	
Informar	nt's Particu	ilars			
Name of Informant: KAM WEI HENG ID Type / ID No.: NRIC NO / S9051072Z Nationality. SINGAPORE CITIZEN			Address		
			Contact No. Home/Office: Mobile		
			Smail		
Sex: Male	Age:	Date of Birth: 31/12/1990	Type of Informant: Driver		
Race: Chinese			Language: Institution / School Name English		
Occupat	ion:		Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/01/2021 10:40	Type of Location Filter lane towards lorong chuan
Location: SERANGOOI	N AVENUE 2			
Weather		Road Surface.		Road Speed Limit: 60 Km/h

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLL6826P	Car	VOLKSWAGO N	NEW GOLF 1.4 AT 5K13G5	Silver		0
SLQ774T	Car					0



Details of Vehicle Insurance



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No T/20210118/7110

Expiry Date

CONTINUATION OF REPORT

Insurance No

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL6826P	NTUC Income Insurance Co-Operative Limited	5117494297	18/05/2020	24/05/2021
	erson involved			
Any Pedestr	ian Involved: No			
No. of Pede	strians Injured: NIL	Jse of Pedestrian (rossing: NA	
Driver			00054070	•
Name	KAM WEI HENG	ID No.	\$90510722	2

Contact No. SLL6826P (Car) Related Vehicle Class: 3 Class of NIL Hospital/Clinic Date of Expiry: NIL Driving Licence & Expiry Date 18/01/2021 18/01/2021 Date Slight No. of Days granted Medical Leave Degree of

Brief Details On the stated time and date, I was driving my vehicle SLL8626P on Serangoon ave 2 exiting lorong chuan filter lane. As I was about to check clear to move off to main road I felt an huge impact from my rear Lalighted my vehicle and realised vehicleSLQ774T had rear ended my vehicle. We exchange particular and left the scene shortly morning I wake up I felt pain at my back of head neck and back I went to see a doctor at uni health bedok and received 3 days mc.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 Report No. T/20210118/7110

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report Not applicable

Signature Of Interpreter. Not applicable

Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

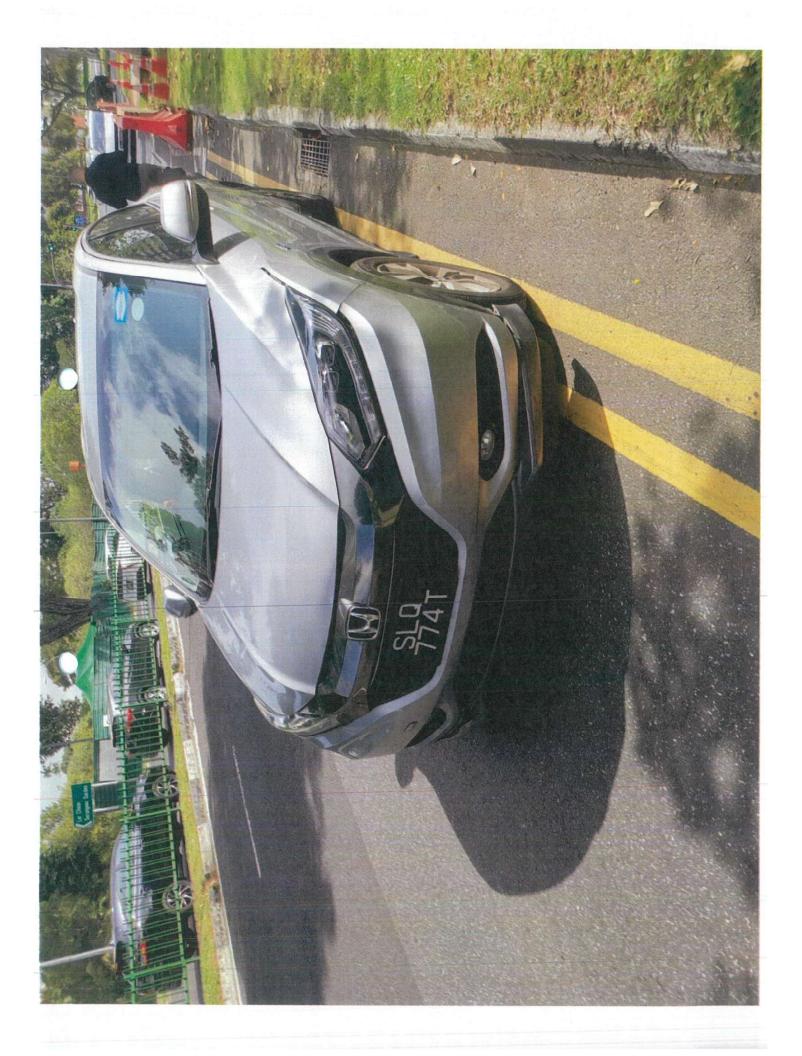
Date/Time: 18/01/2021 13:24

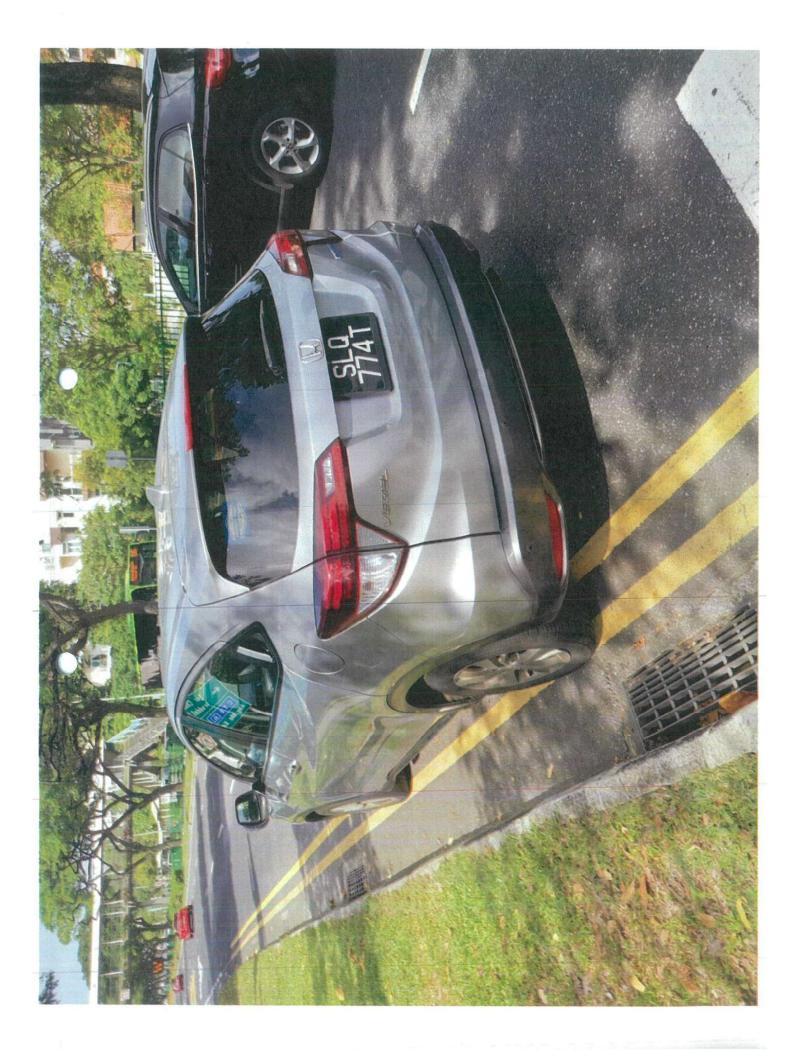
Classification Of Case:

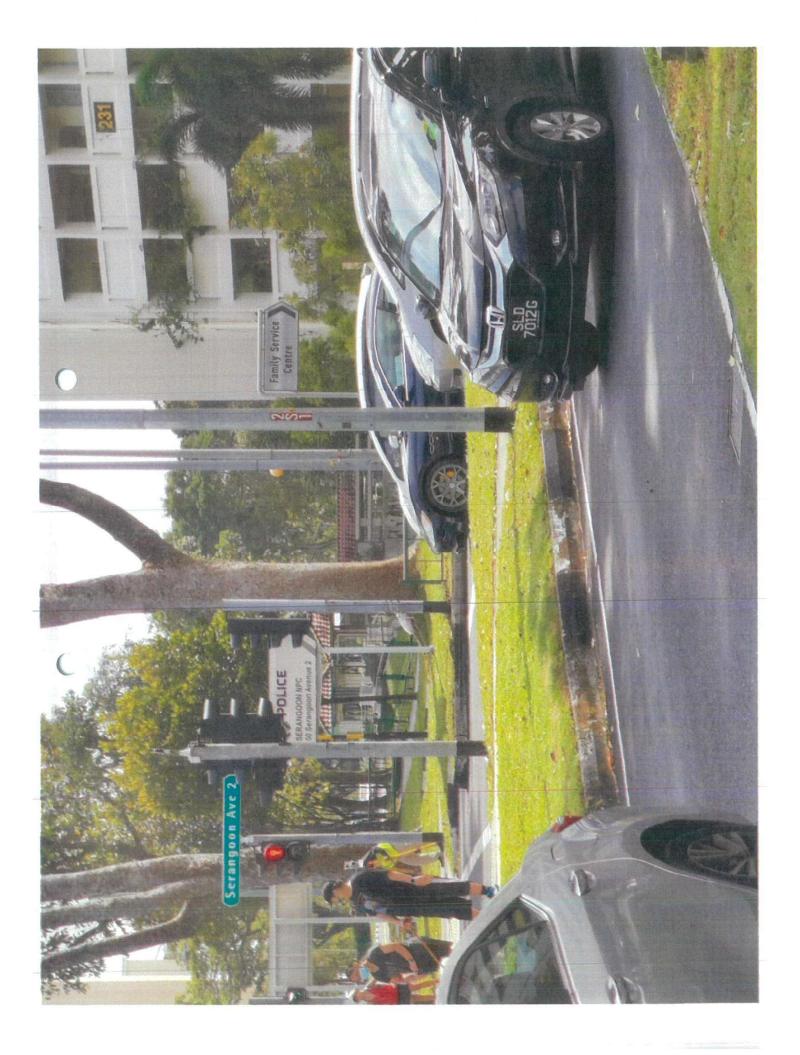














Our Ref: MAH/MR/20210330/0426

Your Ref: RA.517478.D

Dated: Tuesday, March 30, 2021

Riaz LLC 133 New Bridge Rd #09-09 Chinatown Point Singapore 059413

Dear Sir/Madam,

RE: Medical Report of KAM WEI HENG (\$9051072Z)

According to our medical records, on 17th January 2021 Mr KAM WEI HENG was driving when his vehicle sustained a rear-end collision by a car.

During the impact, there was a sudden jerk of his neck and his head hit the steering wheel.

After the accident, he felt pain at his posterior neck and lower back.

He experienced pain at his posterior neck radiating to his upper back.

There was no syncope and no loss of consciousness.

He went to see his family clinic on 18th January 2021 but was not better after treatment.

He came to our 24 hours Walk-in & Emergency Outpatient Department at Mount Alvernia Hospital for consultation on 20th January 2021 at 1457 hours.

On examination, his vital signs were stable & he was alert & conscious.

There was tenderness at his trapezius muscles;

His neck movements were limited by pain.

There were no neurological deficits at his upper & lower limbs:

Deep tendon reflexes, muscular strength of his upper & lower limbs were normal and there were no sensory deficits.

Palpation of the muscles at his right lower back elicited tenderness, there was also restriction of his lumbar spinal movements due to muscle spasm.

Signs & symptoms of nerve root tension were not observed.

His pupils were equal & reactive & there were no signs of intracranial head injuries.

X ray was not done.

24HR WALK-IN CLINIC/EMERGENCY DEPT TEL: 6347-6210 FAX: 6354-5517 820 THOMSON ROAD SINGAPORE 574623



Our Ref: MAH/MR/20210330/0426

Your Ref: RA.517478.D

Dated: Tuesday, March 30, 2021

Riaz LLC 133 New Bridge Rd #09-09 Chinatown Point Singapore 059413

The diagnosis of the injuries sustained due to the road traffic accident was Whiplash neck injury (severity Grade 1, Quebec TAsk Force Classification) and lower back strain.

Ketorolac injection was given and he was discharged home with Arcoxia tablets to relief his pain No physiotherapy appointment was given.

3 days Outpatient Medical leave was given from 20th to 22nd January 2021.

The injuries sustained were consistent to that of a road traffic accident. There were no permanent disabilities.

For your information,

With best regards, Yours sincerely

Ho Li Chin MBBS (SINGAPORE)

MCR: 06147F

24HR WALK-IN CLINIC/EMERGENCY DEPT TEL: 6347-6210 FAX: 6354-5517 820 THOMSON ROAD SINGAPORE 574623

Page 2 of 2



MOUNT ALVERNIA HOSPITAL

820 THOMSON ROAD, SINGAPORE 574623 MAIN LINE, 6347 6688 WEBSITE, www.mlalvema.sg GST REGN NO. M4-0003321-8

Receipt No. : Customer Name :

M210036221 KAM WEI HENG (SXXXX072Z)

05/04/2021 Date: Page:

Item

MEDICAL REPORT

Total Charges

162.99 Amount (\$)

162.99

11.41

GST @ 7%

174.40

Paid

CHEQUE Mode of Payment:

Reference No.: 006302

This is a computer generated official receipt, no signature is required.

Report ID: PY00150R



Unihealth Holdings Pte. Ltd.

Reg No 201836325H

Blk 214 Bedok North Street 1, #01-171, Singapore 460214

Tel: 69043488 Fax: 62419388

Your ref: LIM.517478.D

7th April 2021

RIAZ LLC 133 New Bridge Road #09-09 Chinatown Point Singapore 059413

Dear Sir/Madam,

Re: Medical report of Mr Kam Wei Heng (S9051072Z)

The above patient consulted us at our clinic on 18th January 2021 after being involved in a road traffic accident. He was the driver of a vehicle involved in rear end impact from another vehicle which happened on 17th January 2021. During the impact, he was wearing safety belt. He complained of neck pain subsequently. There was no complaint of any focal weakness or numbness. No headache, giddiness or blurring of vision was noted. No chest pain or breathing difficulties were noted either.

On examination, his vitals was stable. The range of motion of his neck was full with tenderness over his bilateral paracervical muscles. The range of motion of his back was full with no localised tenderness. No focal neurological deficits was noted. No swelling, open wounds or bruising was noted on his examination. His vision and hearing were unremarkable. His gait was unremarkable. The rest of his systemic examination was otherwise unremarkable.

His diagnosis was determined as:

1) Neck strain injury

He was given oral and topical analgesia for pain relief. No X-ray or medical imaging was done during his visit. He was given medical leave of 3 days duration from 18th January 2021 to 20th January 2021. He was advised for rest and advised to return for review if persistent symptoms were noted. There was no visit after 18th January 2021.

For your information please.

Regards,

Dr Soong Yi Wei Daniel Medical Director Unihealth Clinic (Bedok)

UNIHEALTH HOLDINGS PTE. LTD.

Blk 214 Bedok North Street 1 #01-171 Singapore 460214 T +65 6904 3488 E. bedok@unihealthclinic.com W. www.unihealthclinic.com.sg

Co. Reg. No. 201836325H

GST Reg. No. 201836325H

TAX INVOICE

RIAZ LLC

133 New Bridge Road

#09-09

Chinatown Point Singapore 059413 Invoice No.

UCB20210411

Invoice Date Payment Terms: Due Date

7-Apr-21 30 Days

Page No.

7-May-21 1 of 1

Date	Description	QTY	Rate (S\$)	Total Amount (S\$)
7-Apr-21	Ref: RA.517478.D Medical Report for Mr.Kam Wei Heng (NRIC No.S9051072Z)	1	300.00	300.00

Invoice Sub-Total:	300.00
GST (7%)	21.00
Invoice Total:	321.00

Please note

1. Cheque should be made payable to UNHEALTH HOLDINGS PTE. LTD, and crossed Account Payee only. Please quote out invaice number on the reverse side of the cheque

2 Bank details for telegraphic transfer -

Account Name
Account Number
Name of Bank
Bank Code
Brank Code nsfer -Unihealth Holdings Pte. Ltd. 0720049659 DBS Bank Ltd 7171 072

Swift Code DBSSSGSG
Flease indicate out invoice number in the telegraphic transfer instruction.

This is a computer generated document. No signature is required

(BEDOK)

Unihealth Clinic (Bedok)
214 BEDOK NORTH STREET 1 #01-171 , SINGAPORE 460214
Tel1: 69043488 Fax: 62419388

Medical Certificate

Date : 18 Jan 2021

MC No.

: 0000013600

This is to certify that:

Name

KAM WEI HENG

NRIC

S9051072Z

is Unfit for Duty for 3 days

from 18 Jan 2021 to 20 Jan 2021 inclusive.

LOCUM

MBBS (Singapore)

*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.



Mount Alvernia Hospital Medical Certificate

24-Hour Walk-in Clinic and Emergency Department

No: M21000055761

This is to certify that KAM WEI HENG, S9051072Z, is granted Outpatient Sick Leave for 3 day(s) from 20-Jan-2021 to 22-Jan-2021. Remark :

A&E / 24-HOUR WALK-IN CLINIC
Mount Alvemia Hospital
820 Thomson Road
Singapore 574623
Tel: 63476210

This medical pertificate is not valid for absence from Court or judicial proceeding unless specifically stated.

20/01/2021

Date

CET. He Han Loong

MCR: 60455J

Unihealth Clinic (Bedok)

214 BEDOK NORTH STREET 1 #01-171, SINGAPORE 460214

Tel1: 69043488 Fax: 62419388

GST Reg No : 201886325H

Co Reg No : 201836325H

TAX INVOICE

KAM WEI HENG

Invoice No. : 11884 Our Reference : 67241 : 18 Jan 2021

Date

: KAM WEI HENG(S9051072Z) Patient

Attending Doctor : LOCUM

Criang Device	NAME OF TAXABLE PARTY OF TAXABLE PARTY.	FEI
DESCRIPTION	QTY	
ANAREX	20.00 tabs	\$8.0
SODEN 275MG	20.00 tabs 10.00 cap	\$10.00 \$12.00
ZENPRO 20MG KENHANCER PLASTER	1.00 pkts	. \$7.00
COGESIC MAX CREAM 25G	1.00 tube	\$7.00 \$25.00
CONSULTATION	Sub-Total	\$69.00
	Add GST 7.0%	\$4.83
	Rounding Adjustment	-\$0.03
	Total Amount Payable	\$73.80 \$73.80
Receipt No. 1	7604 - CASH Payment Received	
	Outstanding Balance	\$0.00

All Cheques should be crossed and made payable to: Unihealth Clinic (Bedok)

This is a computer generated invoice which does not require a signature



820 THOMSON FOAD, SINGAPORE 574623 MAIN LINE: 6347 6688 WEBSITE: www.mtalvernia.sg GST REGN NO: M4-0003321-8

Patient Name: KAM WEI HENG ID No. : \$9051072Z Account No. : 0210701225

: 210006617 : 20/01/2021 : 1 of 1 Receipt No. Date Page

1 Amount	1 EA 25.14 1 EA 25.14	1 EA 39.00	120.04	8.40	128.44	128.44 Reference No. :
SUPP / ETC	TORADOL) CE					Referen
Item ADMINISTRATION OF INJ / SUPP / ETC ARCOXIA TAB 120MG	KETOROLAC INJ 30MG/AMP (TORADOL) OUTPATIENT NURSING SERVICE	RMO CONSULTATION FEE	lotal Charges	GST @ 7%	Paid:	VISA BY KAM WEI HENG Mode of Payment : VISA

This is a computer generated official receipt, no signature is required.

GARAGE 13 PTE LTD

8 KAKI BUKIT AVE 4 #03-46 PREMIER@KB SINGAPORE 415875 TEL: 9666 4445

PROFORMA INVOICE

To: Kam Wei Heng

Invoice No.

G13/20313

Date

08/06/2021

Vehicle No.

SLL6826P

No.	Description	Qty	Unit Price		Amount	
1	Repair cost	1	\$	9,200.00	\$	9,200.00
				Cub Total	•	0.200.00

Sub-Total \$ 9,200.00 GST 7% \$ 644.00 Total: \$ 9,844.00

Payment by cheque should be crossed and made payable to 'Garage 13 Pte Ltd'

Issued By:

Authorised Signature



Practicing Management Consultant (PMC) of SBACC
Approved Training Organisation (ATO) of Workforce Singapore

No.25 Kaki Bukit Road 4 #06-46 Synergy @KB Singapore 417800 Hotline: 6385 1171

Our reference:

21-7367

Date:

29/1/2021

INVOICE NO. 7367

Kam Wei Heng

c/o Garage 13 Pte Ltd 8 Kaki Bukit Ave 4 #03-46 Premier@KB Singapore 415875

Registration No.

SLL6826P

We enclose our fee note for your kind attention, which remains payable irrespective of the outcome of this case.

S/No.	Description of Services Provided	Qty	Amount
1	Being vehicle damage assessment report, inspection, photographs, transport and miscellaneous.	1	\$839.00
		Total amount	\$839.00

Please kindly cross all cheques made payable to "Impact Analysis Consultant",

We thank you in anticipation for your prompt payment.



L. L. Tan (Ms)

Principal Consultant

Subsidiaries of Impact Analysis Consultant:

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• IA Accounting & Consultancy Pte Ltd • Infoknights International Services (Philippines) • IABN Pte Ltd www.iaconsultingsg.com



No.25 Kaki Bukit Road 4 #06-46 Synergy @KB Singapore 41780 Hotline: 6385 1171

Practicing Management Consultant (PMC) of SBACC
Approved Training Organisation (ATO) of Workforce Singapore

Our reference:

21-7367

Date:

29/1/2021

c/o Garage 13 Pte Ltd 8 Kaki Bukit Ave 4 #03-46 Premier@KB Singapore 415875

examine the vehicle on

Dear Sirs

RE:

Road Traffic Accident on 17/1/2021

Kam Wei Heng

In accordance with your instructions received in this office or

19/1/2021 , we made arrangements to

19/1/2021 at a

at above-mentioned address. The following data was

recorded:

Vehicle details

Make	Volkswagen	Registration	SLL6826P
Model	Golf	Chassis	WVWZZZ1KZAW346378
Colour	Light Grey	Gearbox	Auto
Odometer	224043km	Paintwork	Good
Steering	In order	Brakes	In order
Condition	Good		

Tyre Depths

Front left	225/40ZR18	85% Habilead
Front right	225/40ZR18	85% Habilead
Rear left	225/40ZR18	85% Habilead
Rear right	225/40ZR18	85% Habilead

Status	REPAIRABLE		
Magnitude	Medium		
Legal status	Unroadworthy		

Impact Direction & Area of Damage:



Following our examination of the accident damage, we have calculated repair times and method, which are detailed on page 2 & 3. We would recommend a sum of \$9,200.00 and 7 working days for repair, which is sufficiently lower than the pre accident value to render the vehicle an economically and physically reliable proposition.

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#06-46 Synergy @KB Singapore 41780

No.25 Kaki Bukit Road 4

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Our reference

21-7367

Date

29/1/2021

Page

2

Section A: Damaged Parts Assessment

Part's Description	Qty	Condition As inspected	Repairer's Estimate	Our Adjustment
<u>List Items</u> :				
Tail gate	1	crushed	1854.00	1854.00
Tail gate reflector @\$255.65	2	rh cracked lh split	511.30	511.30
Tail gate top lock	1	bent-in/jammed	224.00	224.00
Tail gate shock absorber @\$168.54	2	stiffened	337.08	337.08
Tail gate outer handle	1	cracked	214.00	214.00
Tail gate top inner garnish	1	damaged	185.40	185.40
Tail gate weather strip	1	ripped/nec	253.00	253.00
Tail gate inner trim board	1	deformed	428.70	428.70
Rear number plate lamp @\$65.00	set	cracked	130.00	130.00
Rear bumper	1	deformed	1185.40	1185.40
Rear bumper inner center guide rail	1	cracked	145.80	145.80
Rear bumper side retainer @\$38.00	2	necessary	76.00	76.00
Rear bumper reinforcement	1	bent	584.00	584.00
Rear bumper lower lid	1	damaged	485.80	485.80
Rear bumper reflector @\$68.00	2	holder broken	136.00	136.00
Tail lamp @\$356.00	2	Ih holder broken rh cut	712.00	712.00
Rear end panel	1	multiple dented	918.00	918.00
Rear bumper reverse sensor @\$215.00	2	malfunction	430.00	430.00
Rear end panel top garnish	1	deformed	202.30	0.00
Rear exhaust pipe *see labour cost	1	rebuilt	624.50	0.00
Driver centre console housing assy	1	damaged	351.20	351.20
	9988.48	9161.68		
Percentage	10%	998.85	916.17	
Sub	ts for parts	8989.63	8245.51	

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Date

29/1/2021

Special Nett Items:

	Sub-Total cos	ts for parts	1472.50	972.50
Rear end panel top garnish clips	set	necessary	20.00	20.00
Tail gate inner trim board clips	set	necessary	30.00	30.00
Tail gate windsreen sealant	1	necessary	60.00	60.00
Rear end panel sealant	1	necessary	50.00	50.00
Audio amplifier (5mo.0353.570.B)	1	malfunction/damaged	800.00	300.00
Reverse camera	1	malfunction	342.50	342.50
Rear number plate	1	cracked	120.00	120.00
Rear bumper clips @\$5.00	10	necessary	50.00	50.00

Parts Repair

Sub- Total costs
Total costs for parts

10462.13	9218.01
0.00	0.00
0.00	0.00

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Consultant

Practicing Management Consultant (PMC) of SBACC

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Date

29/1/2021

Page

3

Section B: Labour Cost Calculation

	Но	urly rate	Manhr. Req.	Total
To dismantle, replace, cut, weld, knock out dents to straighten accident parts as-mentioned on the 'Parts Repair' column inclusive of replacement parts.	\$	45.00	19	\$ 855.00
Putty & Spray painting to adjacent panels. Job allowance. Paint / material.		Sub-contract work.		\$ 850.00
Apply rust proofing on the adjacent panels.		Sub-con	tract work.	\$ 50.00
Remove and refix tailgate rear windscreen glass. (2-man job)	\$	45.00	3.5	\$ 157.50
Remove and replace rear bumper reverse sensor & conduct distance safety setting.	\$	45.00	1.7	\$ 76.50
Remove and replace rear reverse camera & conduct distance safety setting	\$	45.00	1.7	\$ 76.50
Transfer of existing front door mechanism to new door.	\$	45.00	2	\$ 90.00
Remove and rebuilt rear exhaust system	\$	45.00	1	\$ 45.00
Specialist charges - Commissioing of audio amplifier system				\$ 100.00
Conduct water leak test for rear portion associated repair works	\$	45.00	1	\$ 45.00
Wiring / bulb checking (inclusive of re-focus / re-adjust on angle of light intensity.)	\$	45.00	0.8	\$ 36.00
	1	Total la	bour cost	\$ 2,381.50

Manhour rate and the number of manhours required for each repairing task are formulated based on individual workshop's operating cost and in-house@ IA Research Guidelines respectively.

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Date

29/1/2021

Section C: Summary Table of Total Repair Cost

De	scription	Cost		
Damaged Parts Assessment (See section A)		\$9,218.01		
	ost Calculation section B)	\$2,381.50		
Total cost		\$11,599.51		
Further discount 20%		\$2,319.90		
Total Repair Cost		\$9,200.00		

We would recommend a sum of	\$9,200.00	and	7	working days for repair.
No further items will be approved	without our expr	essed written agre	ement. Any si	gnificant additional
items will be subject to a suppleme	entary report.			

Mechanical Engineer, Accident Expert Witness, Licensed Appraiser (Automobile)

B.Eng. (Hons, NUS)

Diploma.Medhanical Engineering

NTC-2 Automovite Technology

Sr.MIES, Institution of Engineers, Singapore (#20100091)

MATAI, Maryland Association of Traffic Accident Investigators

IAARS, International Association of Accident Reconstruction Specialists

PMC of Singapore Business Advisors & Consultants Council

ACTA certified Trainer, Singapore

Enterprise Singapore - Recognised Certification for Management Consultants

IMI Professional Certificate In Vehicle Accident Damage Assessment (UK)

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