R I A Z
L.L.C
ADVOCATES AND SOLICITORS
COMMISSIONER FOR OATHS

ACRA NUMBER : 200911678H GST REGISTRATION NUMBER : 200911678H

(DIRECTOR)
RIAZ QAYYUM (LLB HONS) NUS

(ASSOCIATE)
ABDUL HALIM BIN ROSALAN (LLB HONS) UTAS

MUHD RIDHWAN ABDUL RAHIM (LLB HONS) LEEDS

IRFAN NASRULHAQ BIN HAMDAN (LLB HONS) SMU

Your Reference: Your Insured (SLQ 774T)
Our Reference: RA.517478.D

24 June 2021

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**		
a.	Pain & Suffering		
	-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

133 NEW BRIDGE ROAD #09-09 CHINATOWN POINT SINGAPORE 059413
TEL: 65340110 FAX: 65340220 EMAIL: RIAZ@JUSTICE.COM.SG
(PLEASE NOTE THAT OUR FAX IS NOT FOR SERVICE OF COURT DOCUMENTS)
WWW.INJURYCLAIMS.SG

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.

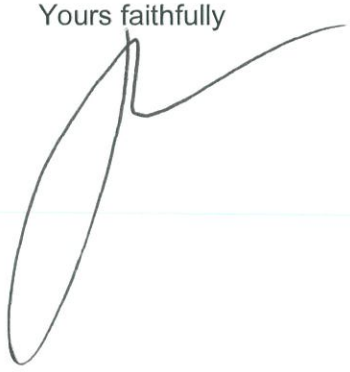
We propose costs $2,675.00 (including GST) at this stage.

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

Disbursements 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)

Vehicle Owner Details

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

Registered Block/House No.:
6

Registered Street Name:
BATTERY ROAD

Registered Unit No.:
 # 38 - 04

Registered Building Name:
-

Registered Postal Code:
049909

Vehicle 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:
INDIA INT'L INS PTE LTD

Disclaimer message:
Your search is displaying 2 records as there is an overlap in the period covered by the insurance policies. You may wish to contact the insurance companies for more information.

Save as PDF

OK →

Thank you

Fun Lynn has successfully logged out.

Your last login date and time was 02 Mar 2021, 08:45:11.

To return to ONE.MOTORING, please click **here**

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

Session Transaction History

S/No.	Asset Type	Asset ID	Asset Owner ID	Transaction Type	Transaction Amount(S$)
1	Vehicle	SJK5111D	-	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

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 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	18/01/2021 16:43 (SGT)
Date of Accident	17/01/2021 10:40 (SGT)
Exact Location of Accident	Serangoon Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL6826P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KAM WEI HENG
NRIC No	SXXXX072Z
Email Address	[redacted]
Mobile Phone No	[redacted]
Alternative Phone No	[redacted]

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117494297
Cover Note Number	-

DRIVER

Name of Driver	KAM WEI HENG
NRIC No	SXXXX072Z
Date Of Birth	31/12/1990
Occupation	Indoor

Date Of Driving Pass	14/05/2011
Driving experience	9 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	[redacted]
Alt. Phone Number	[redacted]
Email Address	[redacted]
Address	[redacted]
Address complement	-
Postcode	[redacted]
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	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?	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

REFER TO POLICE REPORT T/20210118/7110

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	SLQ774T
Vehicle Manufacturer	-
Vehicle Model	-
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	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 possible**. 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.**
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 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:

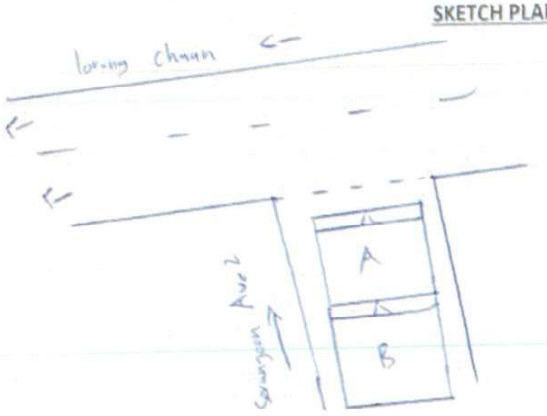
a) My insurer, my workshop and the General Insurance Association of Singapore ("**GIA**") may/ are permitted to collect, use, disclose and/ or process my personal data/ personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively 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) 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:
   i. 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
   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 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; 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 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:
   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 purposed stated, or;
   ii. For complying with the requirements under any regulations, law or court orders.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/ FIN No:

SKETCH PLAN #2

SKETCH PLAN



Veh A: SLG8826P
Veh B: SLQ774L

Refer to police report T/20210118/7110

DECLARATION

I/ We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

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

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7


VOLKSWAGEN AG
WVWZZZ1KZAW346378
1850 kg
3180 kg
1 - 1020 kg
2 - 0880 kg
Typ 1K
CAXA 1796
1135417

SINGAPORE POLICE FORCE

T/20210118/7110

Report No. T/20210118/7110

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
18/01/2021 13:24		

Informant's Particulars

Name of Informant: KAM WEI HENG			Address: [redacted]	
ID Type / ID No.: NRIC NO / S9051072Z			Contact No.: Home/Office:	Mobile: [redacted]
Nationality: SINGAPORE CITIZEN			Email: [redacted]	
Sex: Male	Age: 30	Date of Birth: 31/12/1990	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: It			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

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:
SERANGOON AVENUE 2

Weather: Clear	Road Surface: Dry	Road Speed Limit: 60 Km/h
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance: No

Details of Vehicle Involved

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

SINGAPORE POLICE FORCE

T/20210118/7110

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

Report No: T/20210118/7110

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL6826P	NTUC Income Insurance Co-Operative Limited	5117494297	18/05/2020	24/05/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	KAM WEI HENG		ID No.	S9051072Z
Related Vehicle	SLL6826P (Car)		Contact No.	[redacted]
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	18/01/2021		Date	18/01/2021
No. of Days granted Medical Leave	03		Degree of	Slight

Bnef 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 I alighted 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.

SINGAPORE POLICE FORCE

T/20210118/7110

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

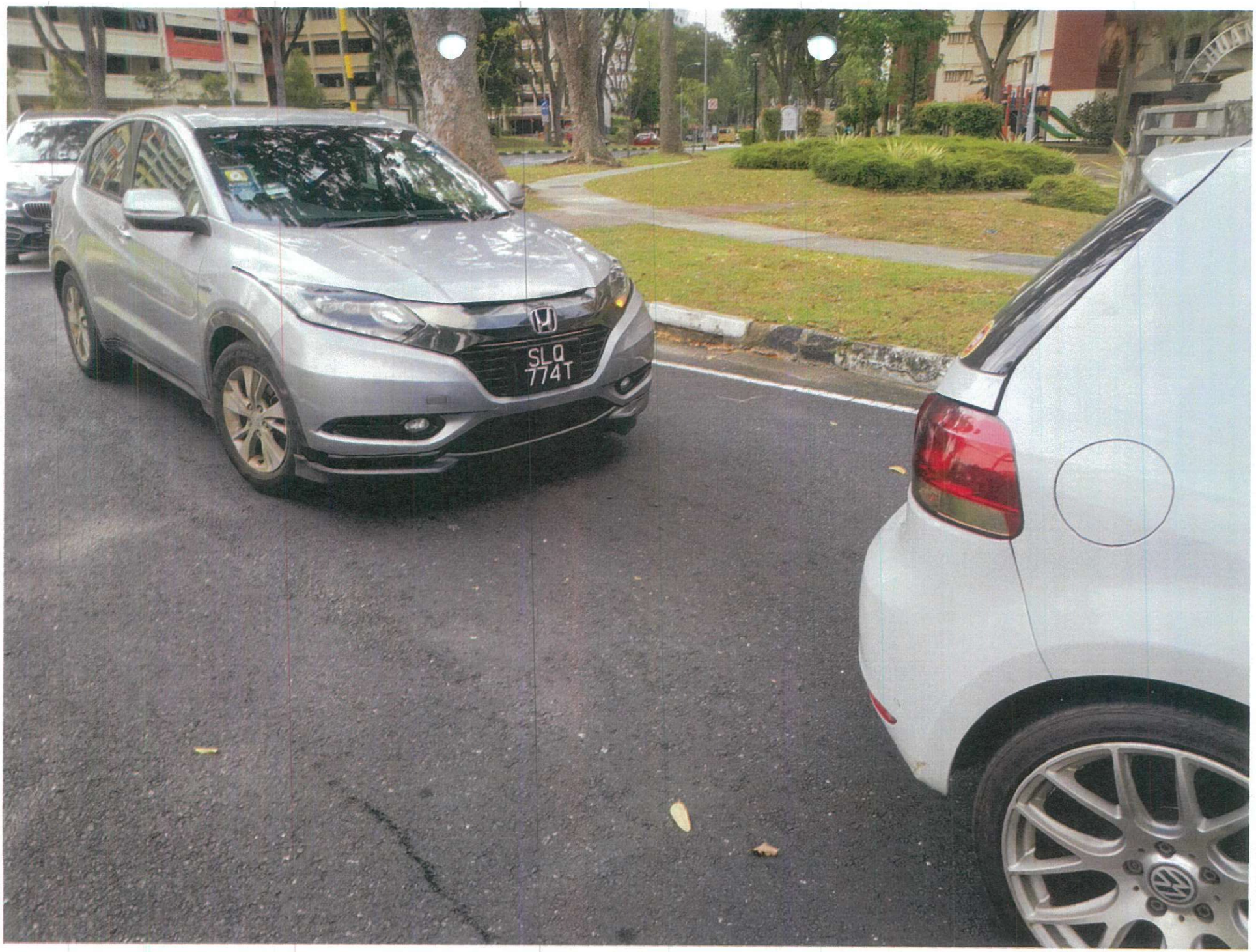
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/01/2021 13:24
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

Authentication Stamp

NP168


SLL6826P


SLL 6826P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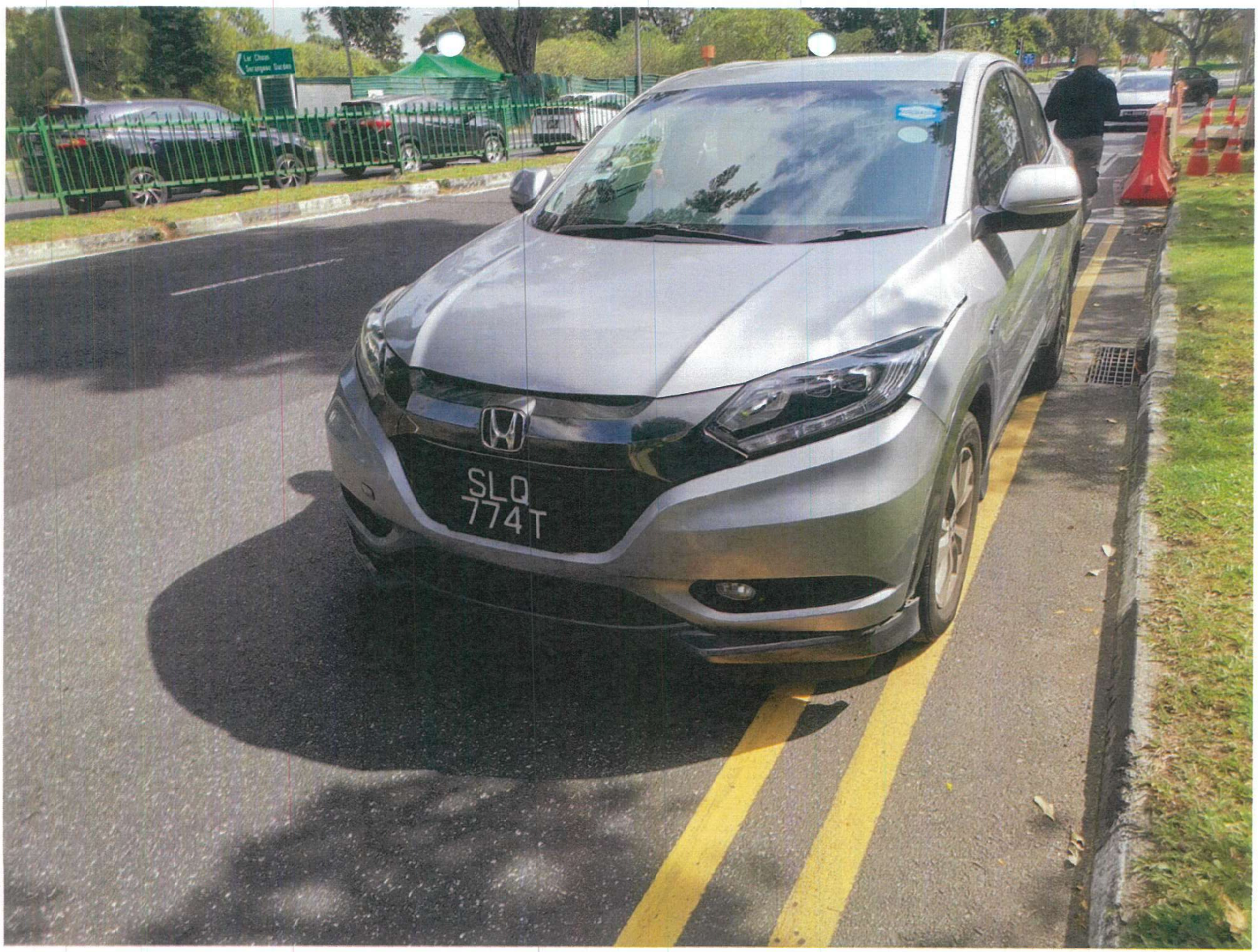
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774T


Serangoon Ave 2
POLICE
SERANGOON NPC
50 Serangoon Avenue 2
231
Family Service Centre
SLD 7012G

MOUNT ALVERNIA HOSPITAL

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 (S9051072Z)

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.

MOUNT ALVERNIA HOSPITAL

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

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

Receipt No. : M210036221 **Date :** 05/04/2021
Customer Name : KAM WEI HENG (SXXXX072Z) **Page :** 1

Item	Amount ($)
MEDICAL REPORT	162.99
Total Charges	**162.99**
GST @ 7%	11.41
Paid	**174.40**

Mode of Payment : CHEQUE **Reference No. :** 006302

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

Report ID : PY00150R

UNIHEALTH CLINIC
(BEDOK)

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 para-cervical 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	:	7-Apr-21
Payment Terms	:	30 Days
Due Date	:	7-May-21
Page No.	:	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 UNIHEALTH HOLDINGS PTE. LTD. and crossed Account Payee only. Please quote out invoice number on the reverse side of the cheque

2. Bank details for telegraphic transfer -

Account Name	Unihealth Holdings Pte. Ltd.
Account Number	0720049659
Name of Bank	DBS Bank Ltd
Bank Code	7171
Branch Code	072
Swift Code	DBSSSGSG

Please indicate out invoice number in the telegraphic transfer instruction.

This is a computer generated document. No signature is required.

UNIHEALTH CLINIC
(BEDOK)

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

Medical Certificate

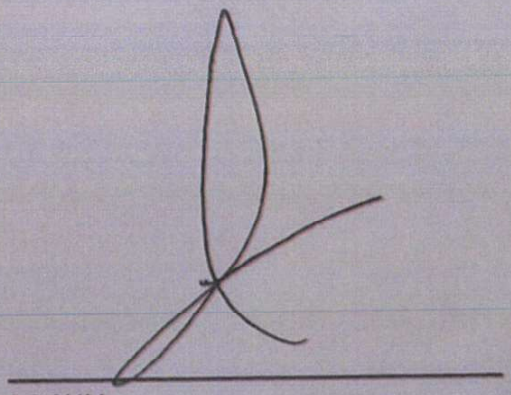
Date : **18 Jan 2021**

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 Alvernia Hospital
820 Thomson Road
Singapore 574623
Tel: 63476210

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

Dr. Ho Han Loong

MCR : 60455J

20/01/2021

Date

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
[redacted]

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

Patient : KAM WEI HENG(S9051072Z)
Attending Doctor : LOCUM

DESCRIPTION	QTY	FEE
ANAREX	20.00 tabs	$8.00
SODEN 275MG	20.00 tabs	$10.00
ZENPRO 20MG	10.00 cap	$12.00
KENHANCER PLASTER	1.00 pkts	$7.00
COGESIC MAX CREAM 25G	1.00 tube	$7.00
CONSULTATION		$25.00
	Sub-Total	$69.00
	Add GST 7.0%	$4.83
	Rounding Adjustment	-$0.03
	Total Amount Payable	$73.80
Receipt No. 17604 - CASH	**Payment Received**	$73.80
	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

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

Patient Name : KAM WEI HENG
ID No. : S9051072Z
Account No. : O210701225

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

Item	Qty	UOM	Amount ($)
ADMINISTRATION OF INJ / SUPP / ETC	1	EA	13.40
ARCOXIA TAB 120MG	5	EA	19.50
KETOROLAC INJ 30MG/AMP (TORADOL)	1	EA	25.14
OUTPATIENT NURSING SERVICE	1	EA	23.00
RMO CONSULTATION FEE	1	EA	39.00
Total Charges			120.04
GST @ 7%			8.40
			128.44

Paid:
VISA BY KAM WEI HENG 128.44
Mode of Payment : VISA

Reference No. : ---

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
			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

Impact Analysis Consultant
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

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

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

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

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 examine the vehicle on **19/1/2021** 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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Hotline: **6385 1171**

Our reference 21-7367

Date 29/1/2021

Section A: Damaged Parts Assessment

Part's Description	Qty	Condition As inspected	Repairer's Estimate	Our Adjustment	
List Items :					
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	192.30
Tail gate shock absorber @$168.54	2	stiffened	337.08	337.08	Xnn
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	350.40
Rear number plate lamp @$65.00	set	cracked	130.00	130.00	
Rear bumper	1	deformed	1185.40	1185.40	1088.40
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	494.70
Rear bumper lower lid	1	damaged	485.80	485.80	400.90
Rear bumper reflector @$68.00	2	holder broken	136.00	136.00	
Tail lamp @$356.00	2	lh holder broken rh cut	712.00	712.00	
Rear end panel	1	multiple dented	918.00	918.00	755.10
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	XR
Driver centre console housing assy	1	damaged	351.20	351.20	
		Sub- Total cost	9988.48	9161.68	8280.50
		Percentage discount : 10%	998.85	916.17	7452.45
		Sub-Total costs for parts	**8989.63**	**8245.51**	

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Our reference 21-7367

Date 29/1/2021

Special Nett Items:

Rear bumper clips @$5.00	10	necessary	50.00	50.00	30
Rear number plate	1	cracked	120.00	120.00	45
Reverse camera	1	malfunction	342.50	342.50	280
Audio amplifier (5mo.0353.570.B)	1	malfunction/damaged	800.00	300.00	250
Rear end panel sealant	1	necessary	50.00	50.00	40
Tail gate windsreen sealant	1	necessary	60.00	60.00	
Tail gate inner trim board clips	set	necessary	30.00	30.00	
Rear end panel top garnish clips	set	necessary	20.00	20.00	
	Sub-Total costs for parts		**1472.50**	**972.50**	755

Parts Repair

*	*	*	0.00	0.00	
	Sub- Total costs		**0.00**	0.00	
	Total costs for parts		**10462.13**	**9218.01**	

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Our reference 21-7367

Date 29/1/2021

Section B: Labour Cost Calculation

	Hourly 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	800
Putty & Spray painting to adjacent panels. Job allowance. Paint / material.	Sub-contract work.		$ 850.00	800
Apply rust proofing on the adjacent panels.	Sub-contract work.		$ 50.00	40
Remove and refix tailgate rear windscreen glass. (2-man job)	$ 45.00	3.5	$ 157.50	120
Remove and replace rear bumper reverse sensor & conduct distance safety setting.	$ 45.00	1.7	$ 76.50	30
Remove and replace rear reverse camera & conduct distance safety setting	$ 45.00	1.7	$ 76.50	30
Transfer of existing front door mechanism to new door.	$ 45.00	2	$ 90.00	60
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	30
Wiring / bulb checking (inclusive of re-focus / re-adjust on angle of light intensity.)	$ 45.00	0.8	$ 36.00	30
		Total labour cost	**$ 2,381.50**	2085

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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Our reference 21-7367

Date 29/1/2021

Section C: Summary Table of Total Repair Cost

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

10292.45
L/S$8200
7 DAYS

We would recommend a sum of ***$9,200.00*** and ***7*** working days for repair.
No further items will be approved without our expressed written agreement. Any significant additional items will be subject to a supplementary report.

Mechanical Engineer, Accident Expert Witness, Licensed Appraiser (Automobile)
B.Eng. (Hons, NUS)
Diploma.Mechanical 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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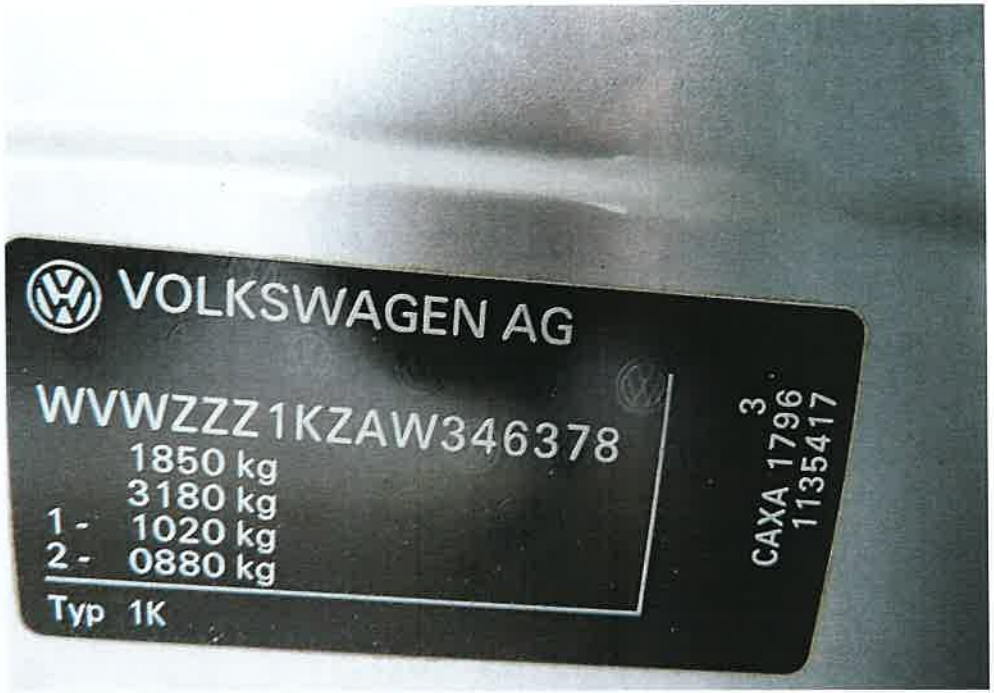
VOLKSWAGEN AG
WVWZZZ1KZAW346378
1850 kg
3180 kg
1 - 1020 kg
2 - 0880 kg
Typ 1K
CAXA 1796
1135417


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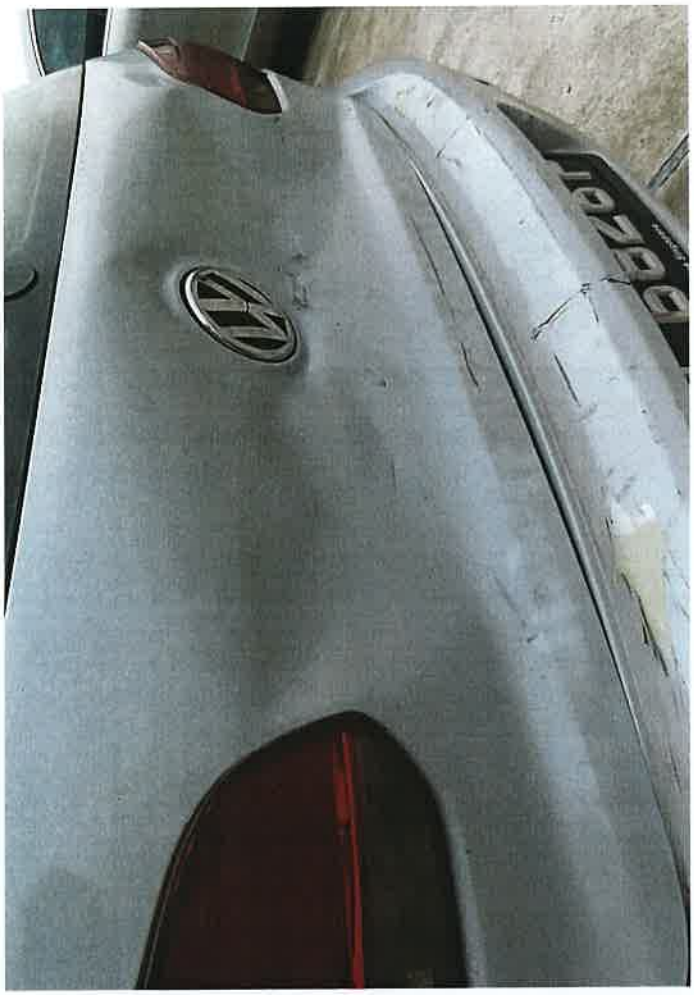

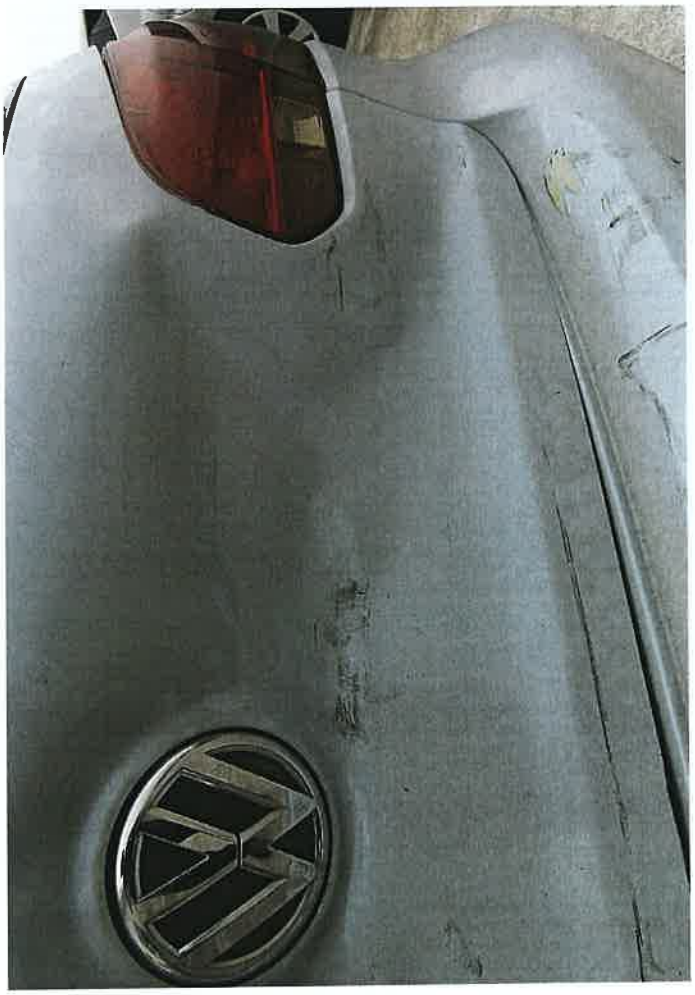


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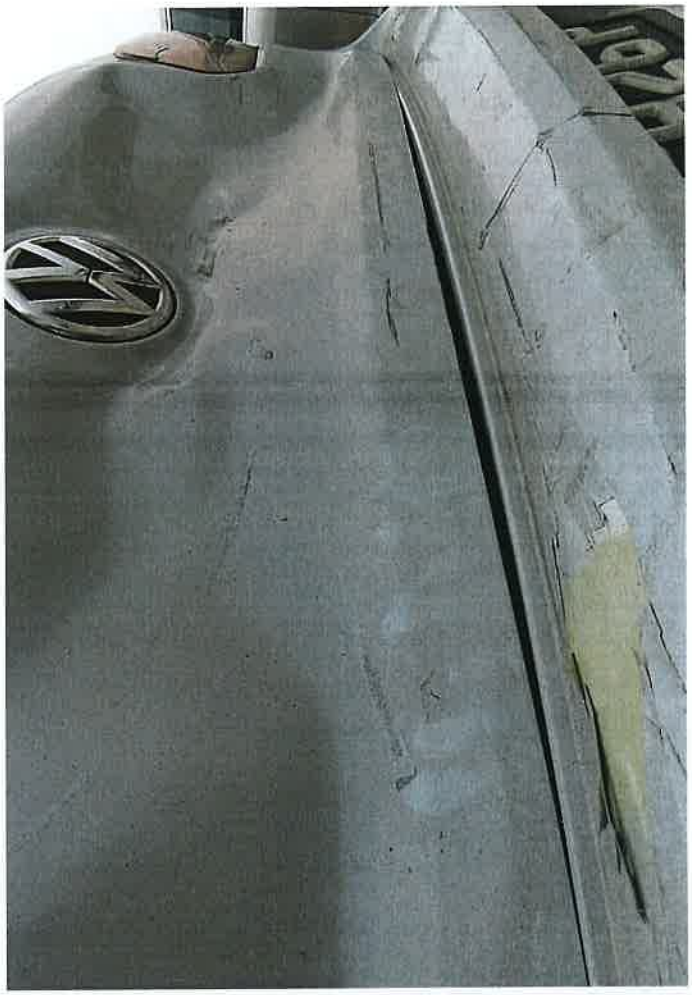
SLL68
Volkswagen Centre Sin

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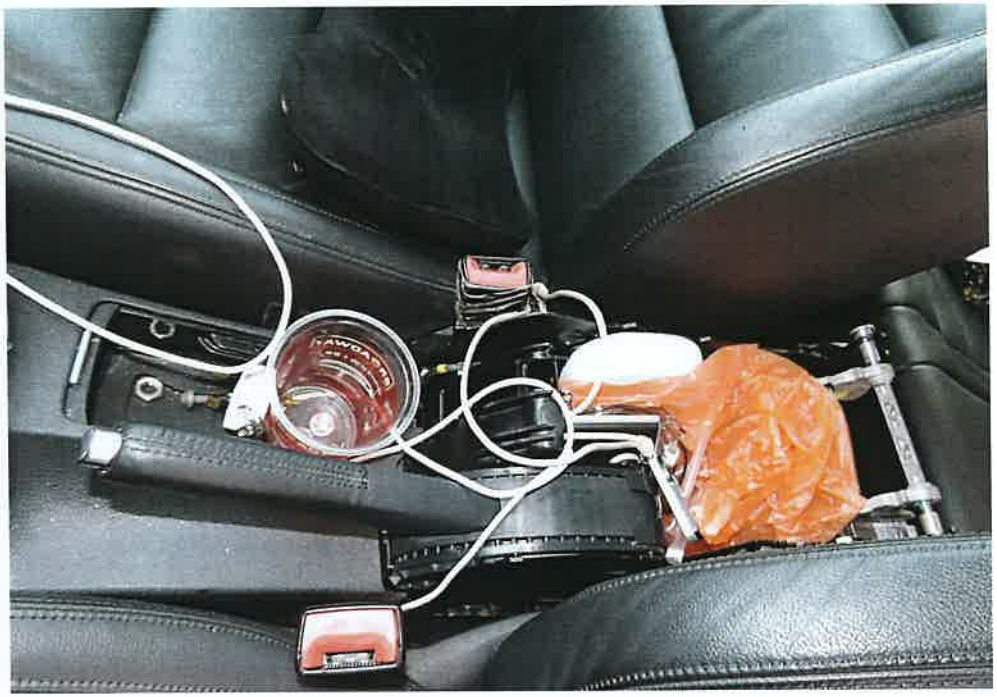

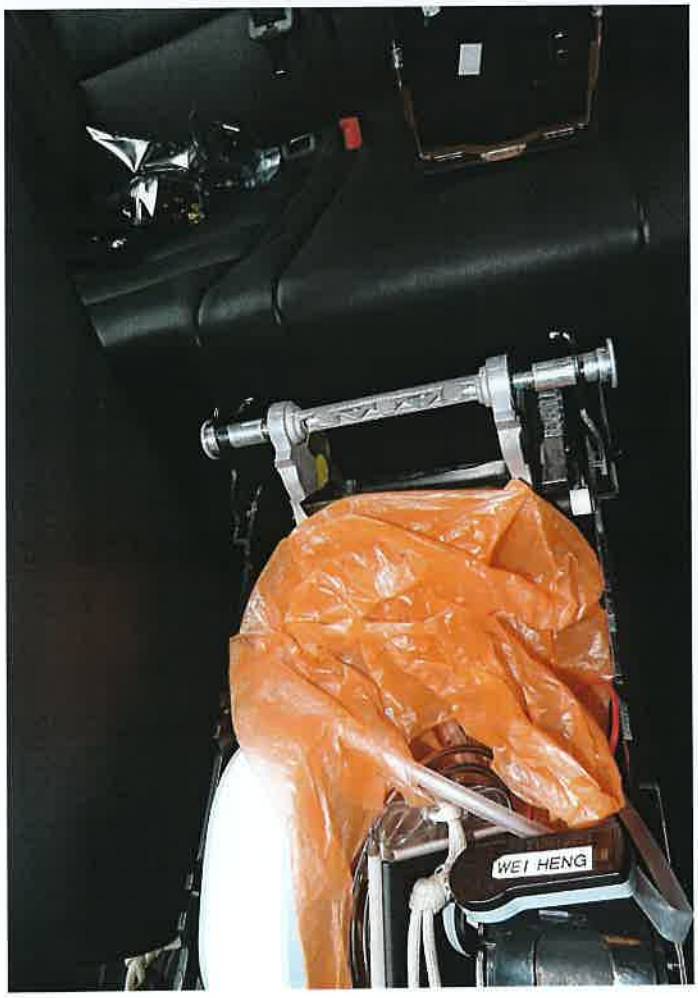
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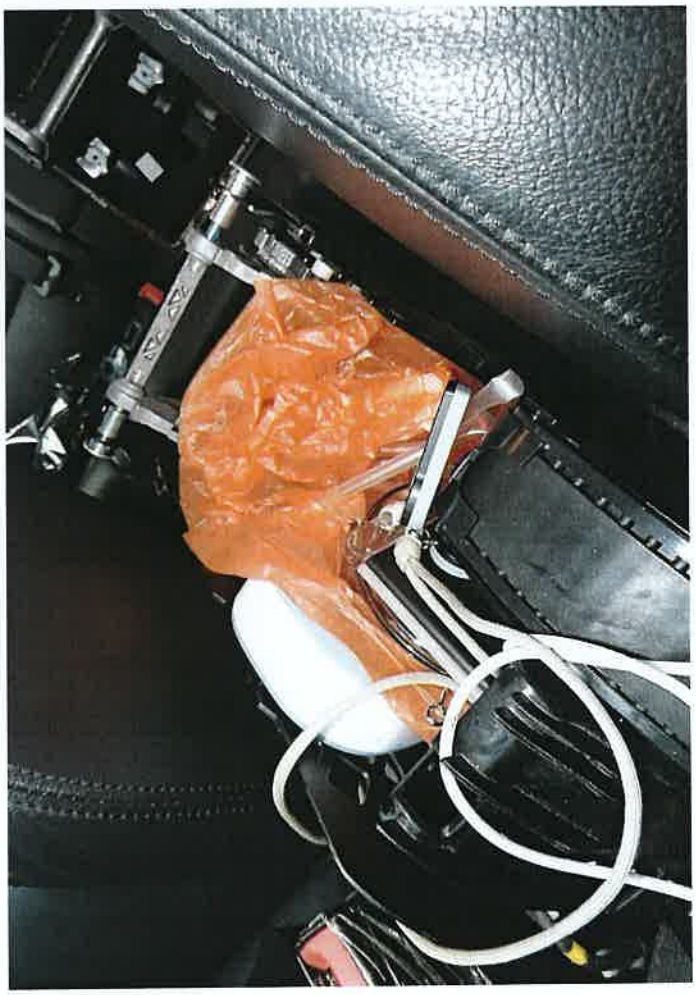


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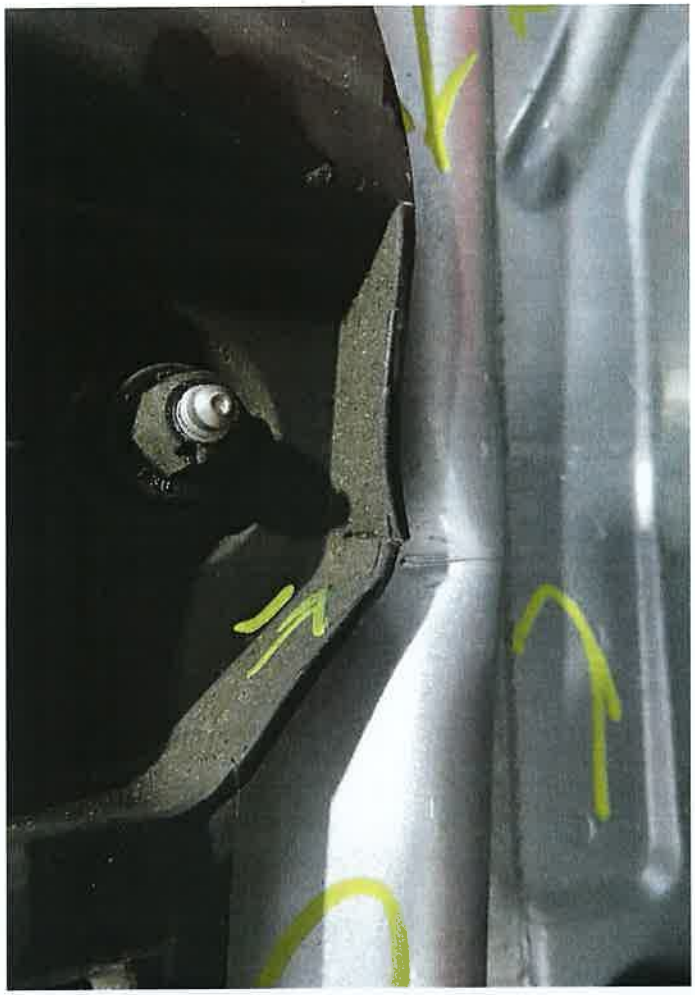

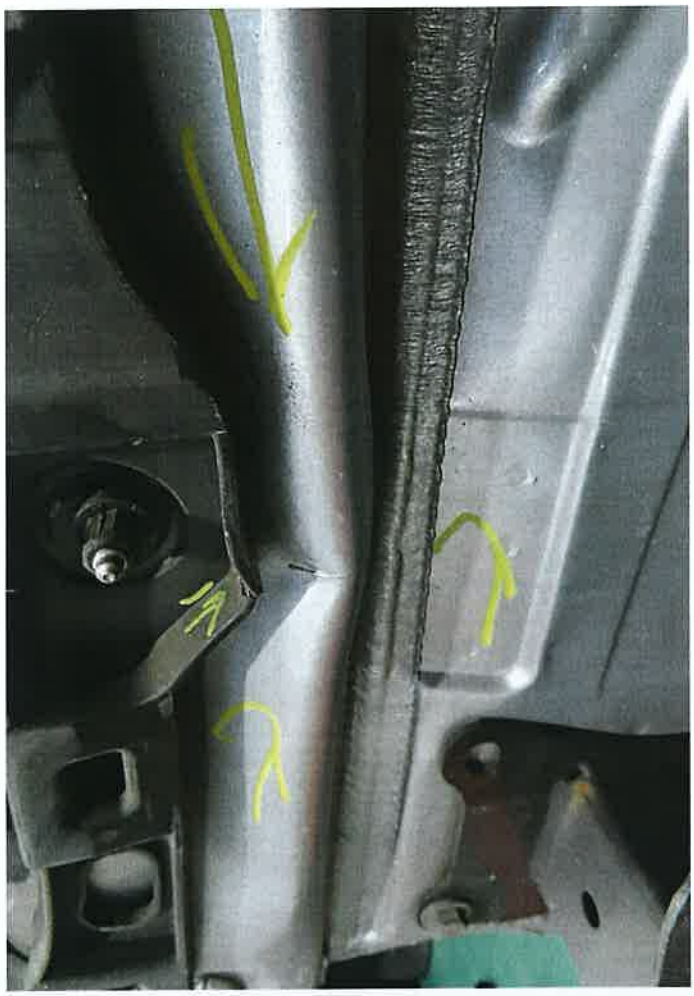

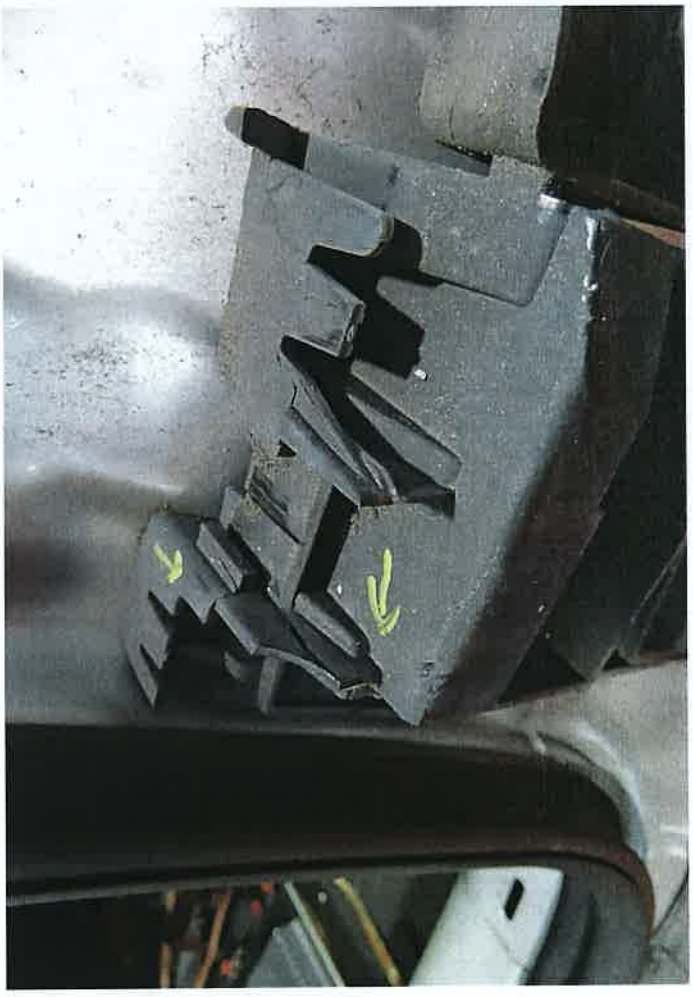

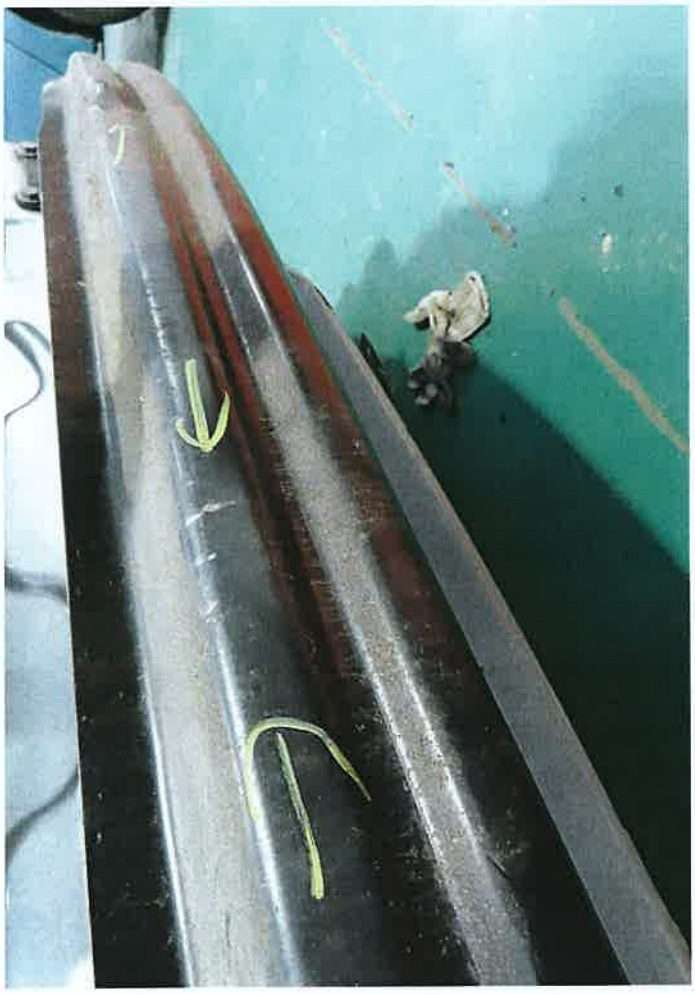

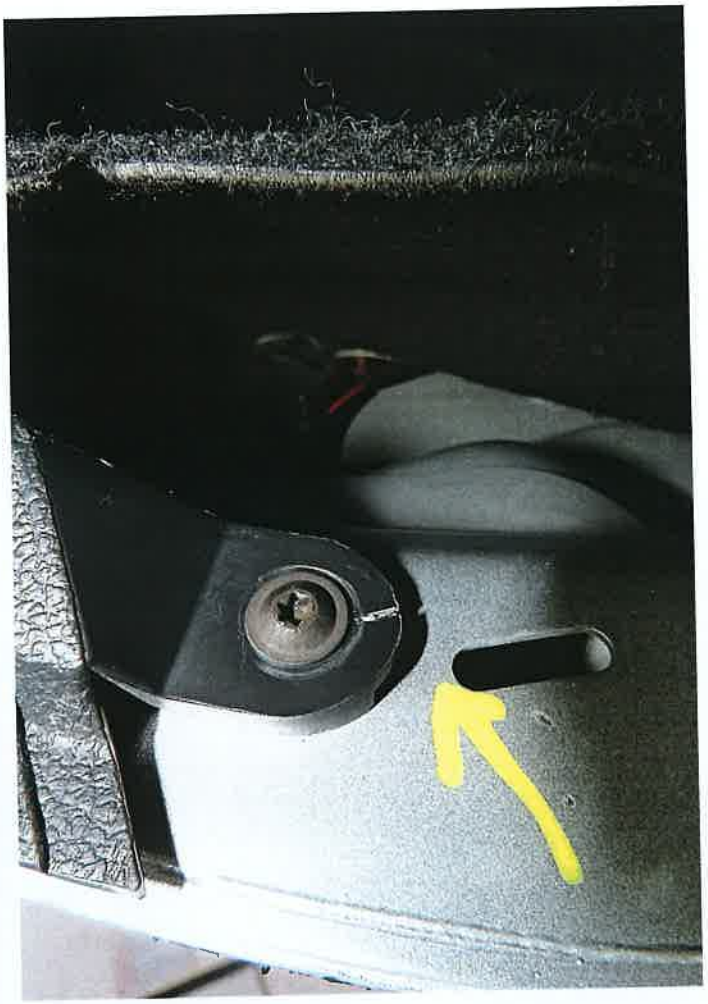


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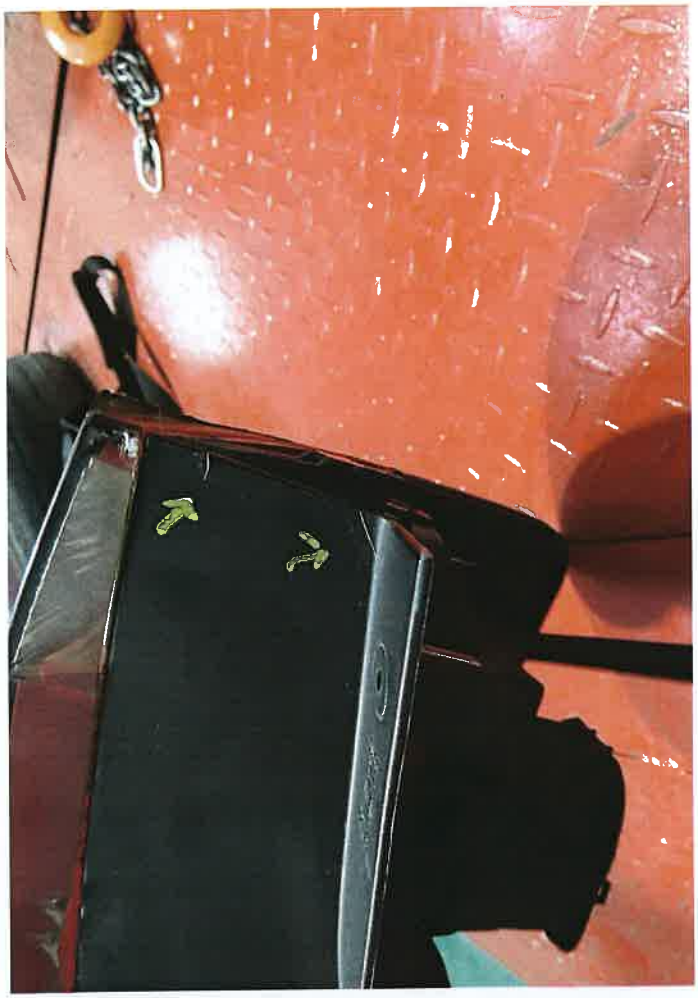


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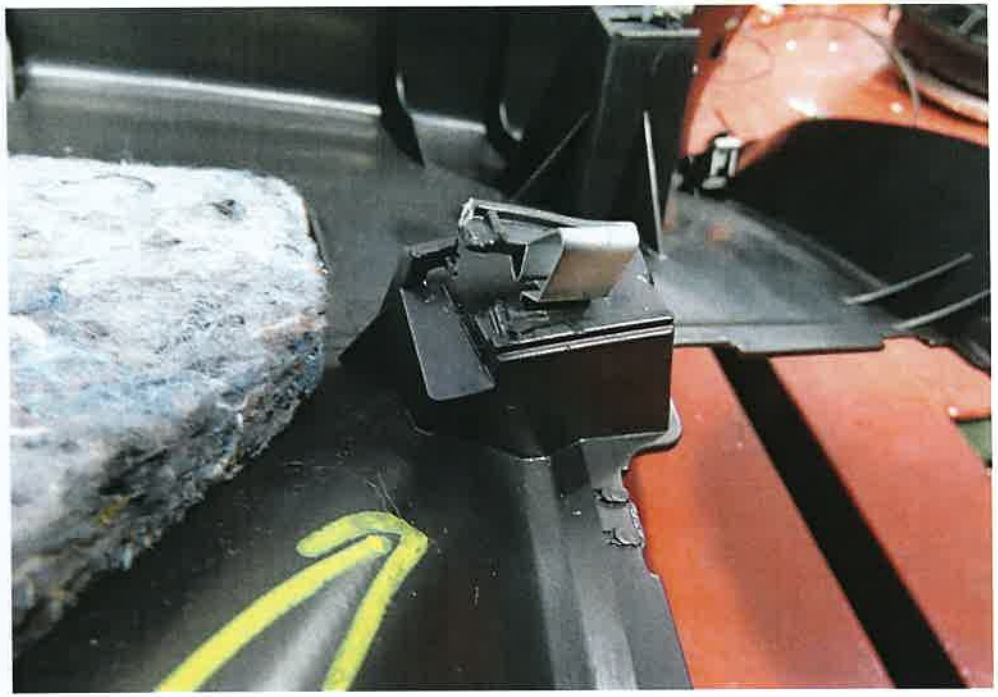


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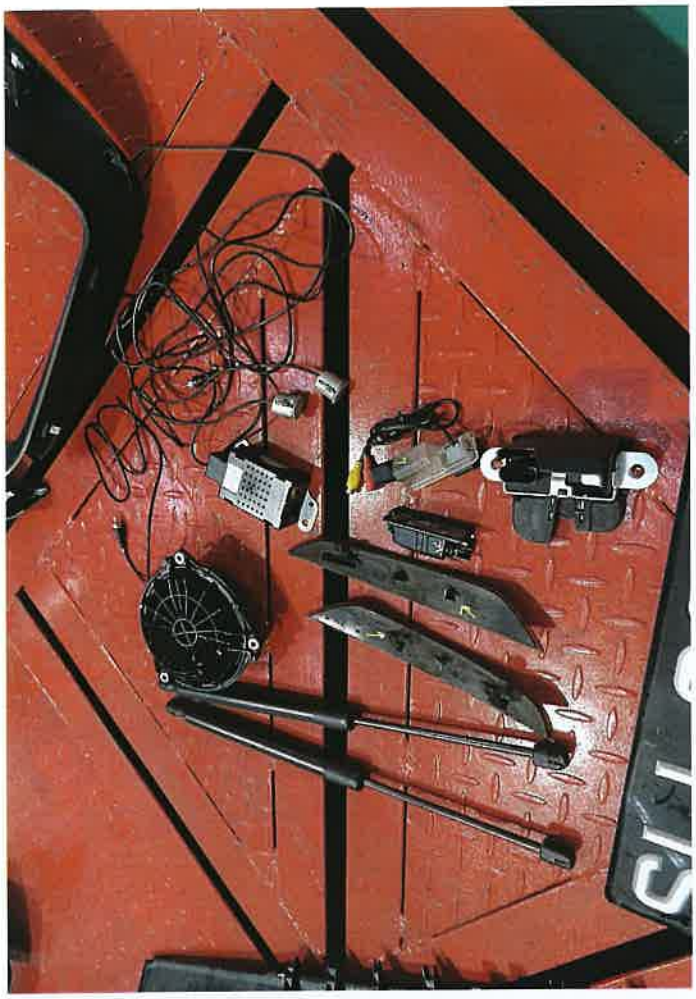

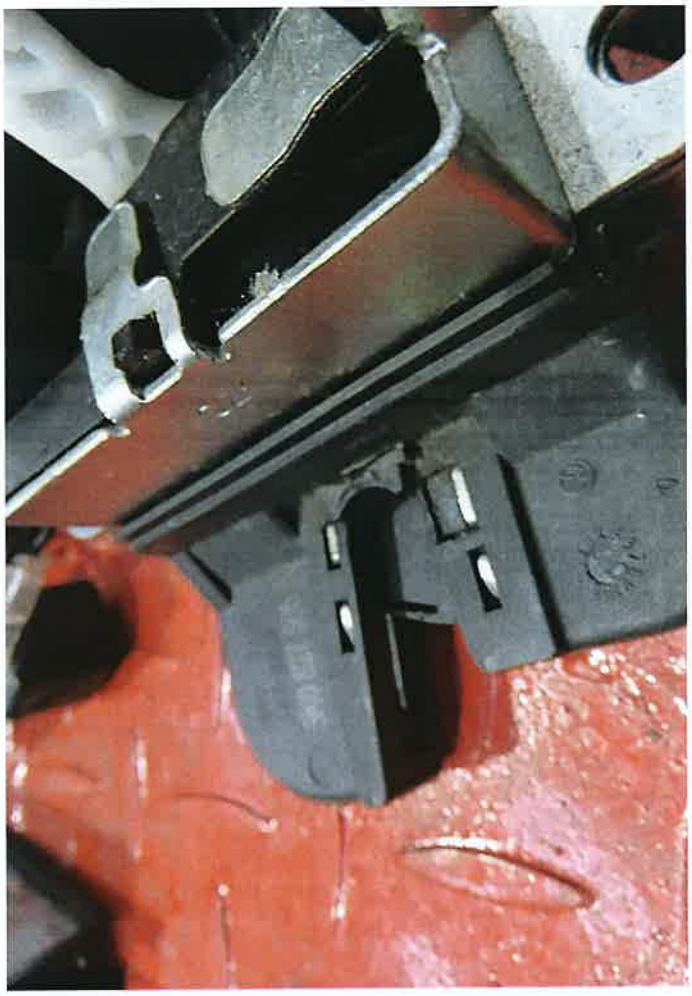

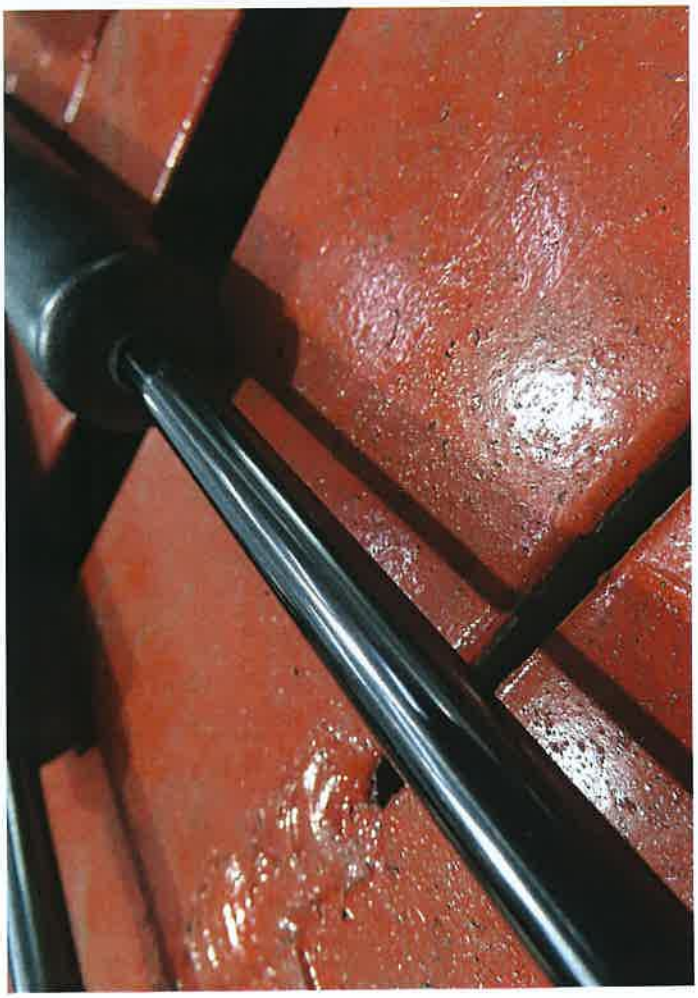

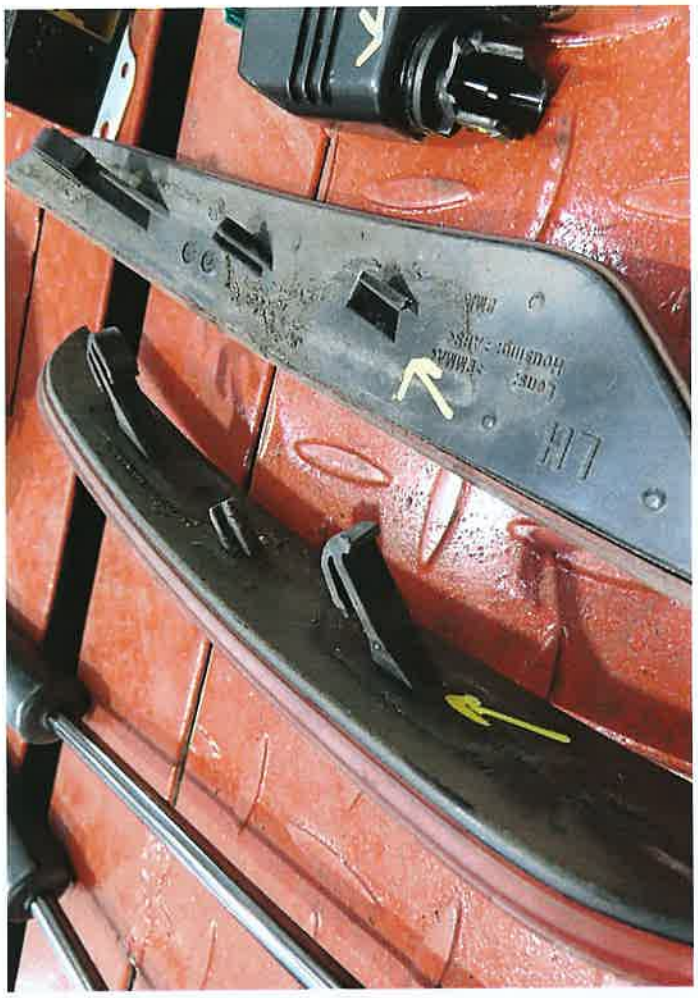
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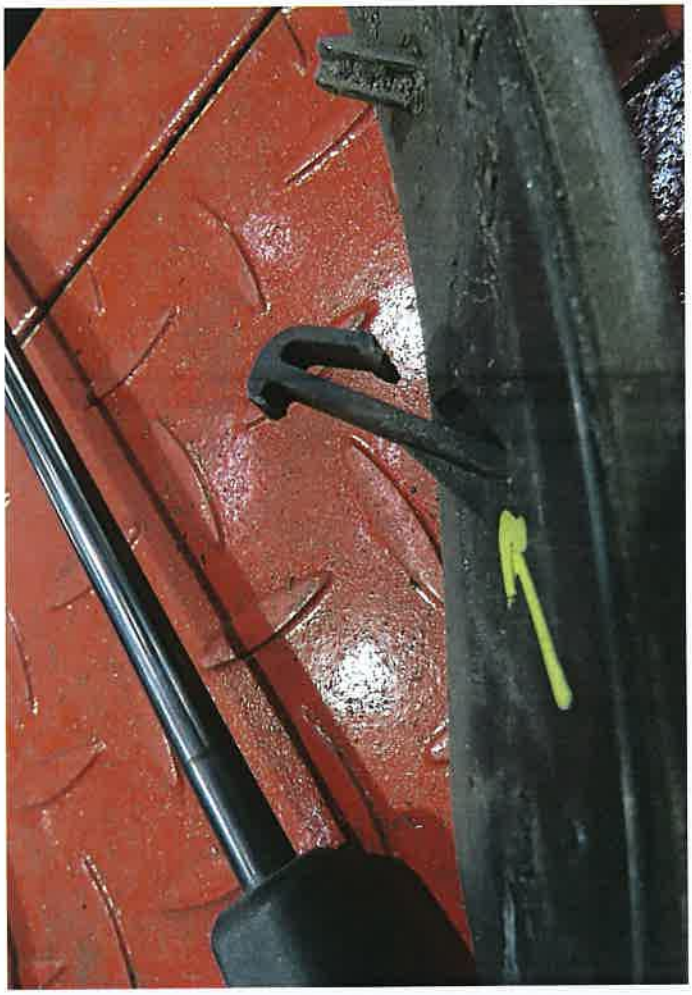


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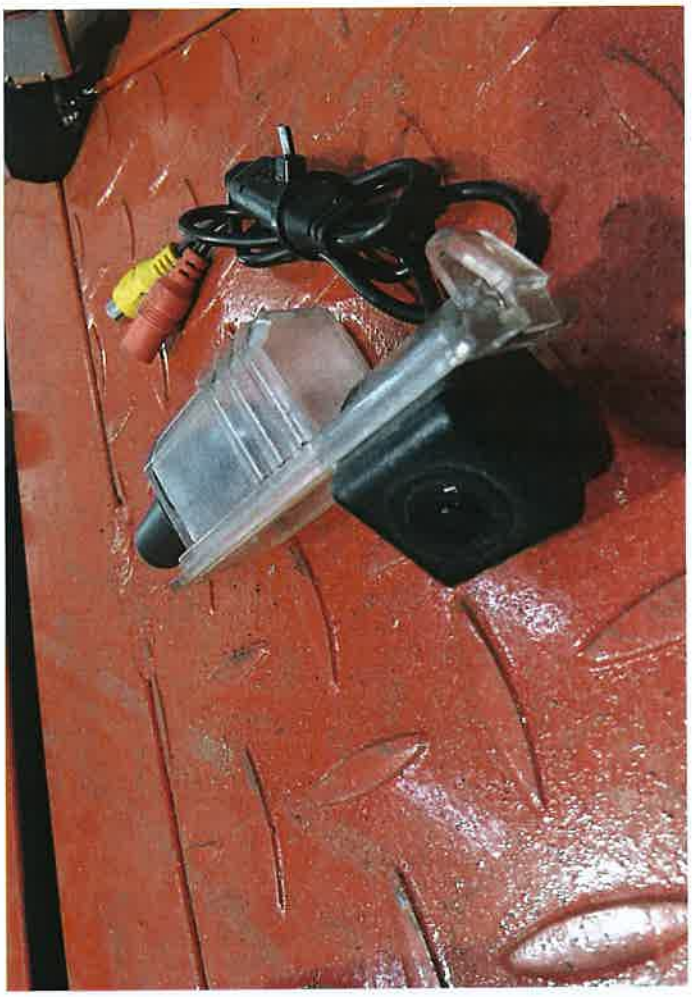

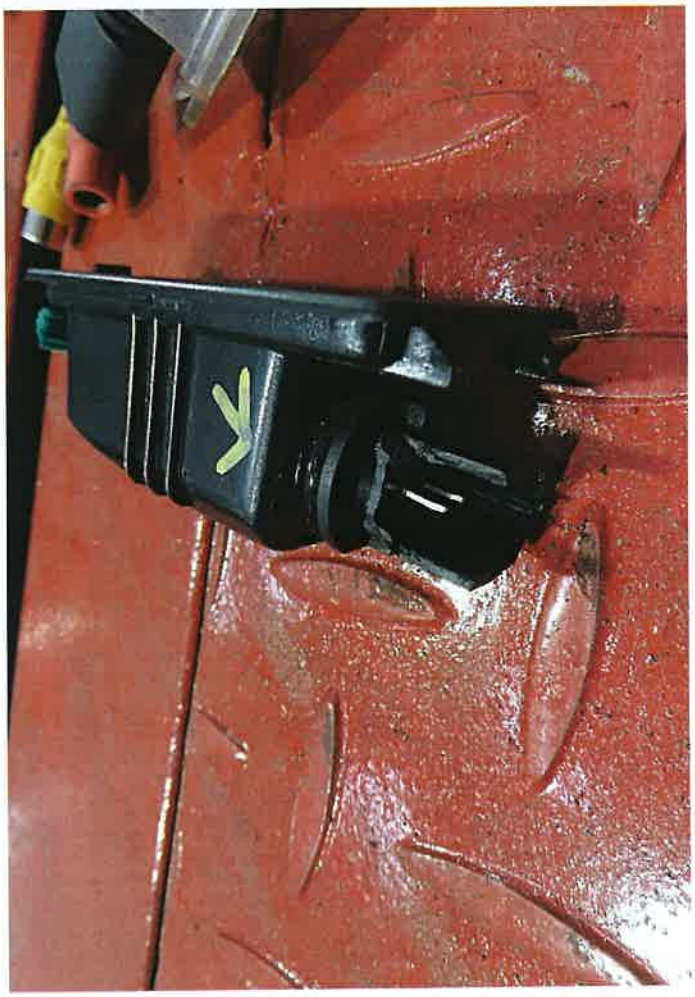

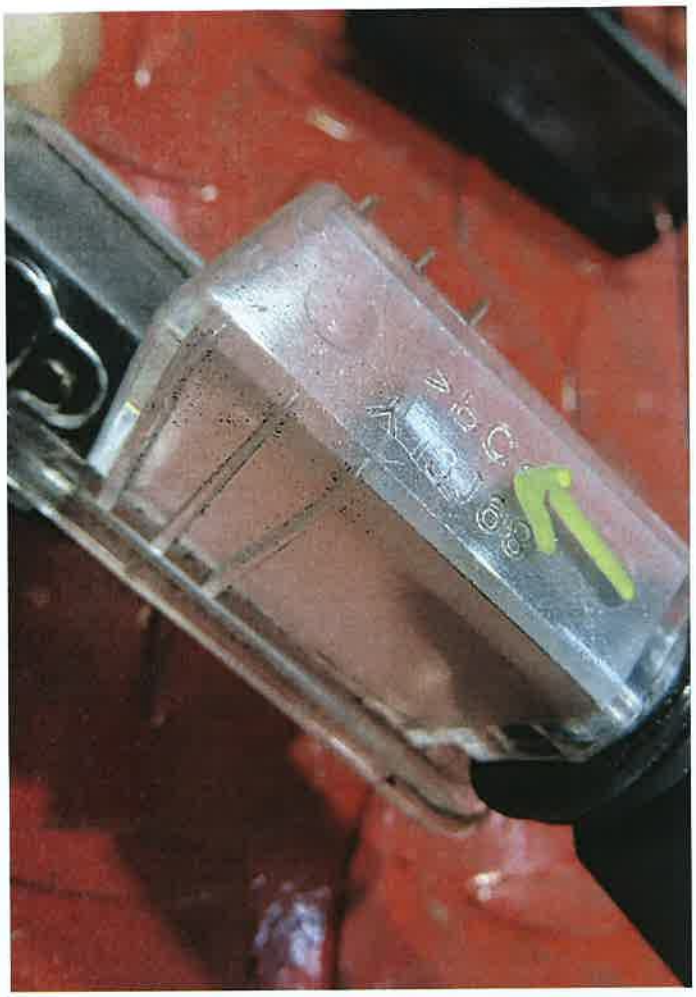


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Made inTunisia
BBT 17/02/10


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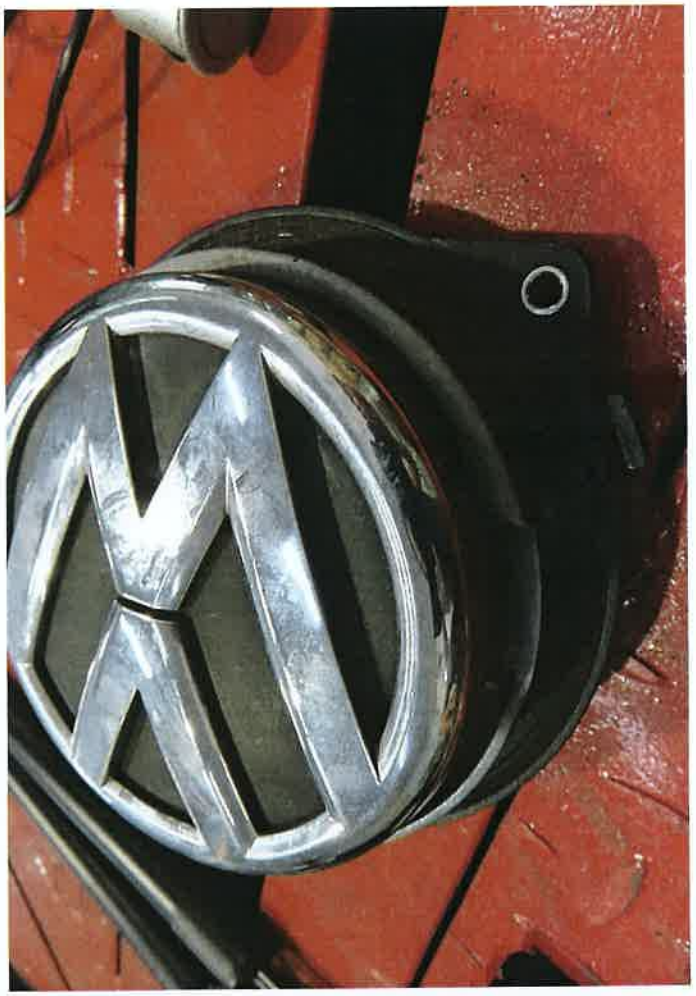
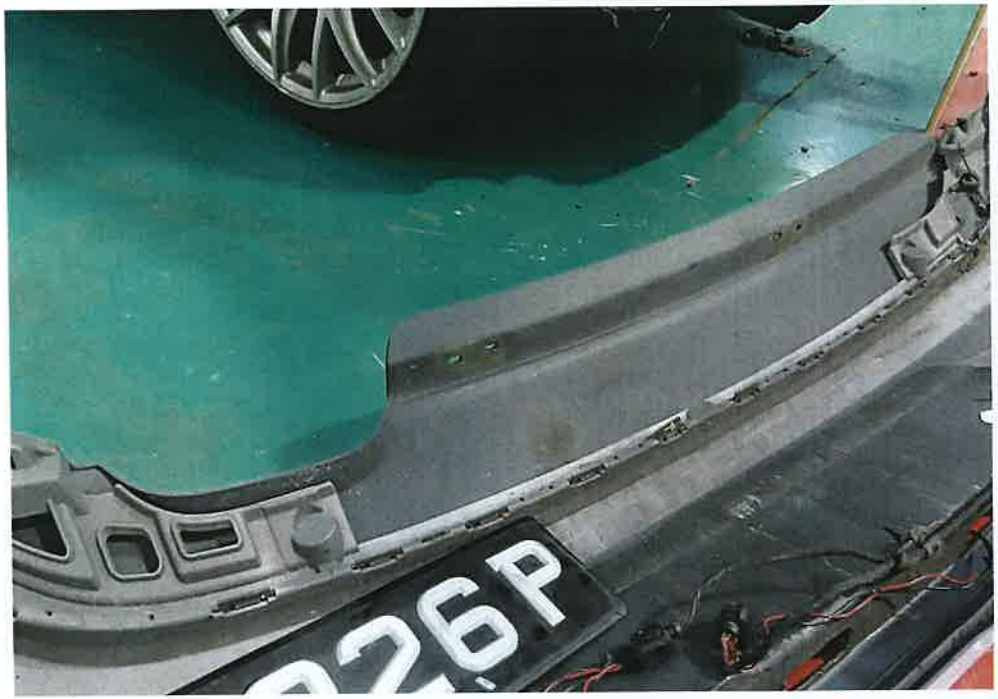
BBT 17/02/10

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