

CPc

C PAGLAR & CO

ADVOCATES & SOLICITORS

UEN NO. 53130985A

GST REGISTRATION NO. M90371275E

50 Chin Swee Road
#05-03 Thong Chai Building
Singapore 169874
Telephone: (65) 6536 5456
Facsimile: (65) 6536 8706

Email: constance@cpaglar.com.sg

SERVICE OF COURT DOCUMENTS BY FACSIMILE WILL NOT BE ACCEPTED

PLEASE QUOTE OUR FILE REFERENCE WHEN REPLYING

Our Ref : CP/8403/21/PD(HL).sc

Your Ref : SKJ 4696H

19 AUG 2021

AXA INSURANCE PTE LTD

8 Shenton Way

#27-01

Singapore 068811

ATTENTION: MOTOR CLAIMS DEPARTMENT

**"WITHOUT PREJUDICE"
BY EMAIL**

ZHENG LUKA

3 Siglap Road

#07-27

Singapore 448907

CERTIFICATE OF POSTING
{For your information only}

Dear Sir,

CLAIMANT : NG HAP HUAT

PROPERTY DAMAGE CLAIM ARISING FROM A ROAD TRAFFIC ACCIDENT ON 12TH MARCH 2021 INVOLVING MOTOR VEHICLES NO. SGD 5595M, SLR 3734J, SLU 3344K AND SKJ 4696H ALONG PIE TOWARDS CHANGI (BEFORE BKE EXIT) AT ABOUT 1630 HOURS

We act for **NG HAP HUAT**, who was the owner and driver of motor vehicle no. SGD 5595M.

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on 12th March 2021 along PIE towards Changi (before BKE exit) involving our client's vehicle registration number SGD 5595M and vehicle registration number SKJ 4696H driven by you/your insured at the material time.

We are instructed that the accident was caused by you/your insured's negligent driving and/or management of your/your insured vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

1. Cost of Repair	\$14,000.00
2. Rental	\$ 1,260.00
3. Survey report fees	\$ 1,068.00
4. GIA search & LTA fees	\$ 109.47 (incl. GST)
5. Photocopy charges	\$ 21.40 (incl. GST)
6. Incidentals	\$ 85.60 (incl. GST)
7. Cost Contribution (at this stage)	\$ 1,070.00 (incl. GST)
	<u>\$17,614.47</u>

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C PAGLAR & CO
Advocates & Solicitors

Our Ref: CP/8403/21/PD(HL).sc

Date: 19 AUG 2021

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

- (a) GIA reports lodged by drivers of SGD 5595M, SKJ 4696H, SLR 3734J and SLU 3344K;
- (b) LTA Search of motor vehicle no. SKJ 4696H, SLR 3734J and SLU 3344K;
- (c) Nine (9) coloured accident scene photos;
- (d) Rental Agreement and Rental Invoice from Good Way Rent-A-Car Pte Ltd;
- (e) Final Repair Bill;
- (f) Invoice no. 0041-21-HLm & Surveyor's report no. 0041-21-HLm; and
- (g) **143 original photographs** depicting the damages to motor vehicle SGD 5595M.

[All attachments, including original photos will be forwarded to insurance company only]

The demand herein is in respect of our client's claim for damages pertaining to his motor vehicle and any settlement following or subsequent to this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to his personal injuries.

Please note that we have on 15th March 2021 notified your insurer of the accident and a pre-repair inspection of our client's vehicle was carried out by your insurer.

Please also note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim herein is quantified based on supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Please note that this demand is made without prejudice to our client's right to claim for personal injury damages arising out of the same accident.

Please note that the Letter of demand is also sent to insurer and driver as follows:-

Vehicle No	: SLR 3734J
Name of Insurer	: NTUC Income Insurance Co-operative Limited
Name of Driver	: Chew Wei Loon

Vehicle No	: SLU 3344K
Name of Insurer	: FWD Singapore Pte Ltd
Name of Driver	: Elaine Ong Wei Bee

C PAGLAR & CO
Advocates & Solicitors

Our Ref: CP/8403/21/PD(HL).sc

Date:

19 AUG 2021

Yours faithfully,

C PAGLAR & CO

Enc.

cc. Client (By Fax: 6266 8605 only) – SGD 5595M

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	13/03/2021 13:50 (SGT)
Date of Accident	12/03/2021 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE Towards Changi (B/F BKE Exit)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD5595M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG HAP HUAT
NRIC No	SXXXX666D
Email Address	windguy666@hotmail.com
Mobile Phone No	(Phone) +65-96222870
Alternative Phone No	+65-96222870

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
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	5117768694 (CLASSIC)
Cover Note Number	-

DRIVER

Name of Driver	NG HAP HUAT
NRIC No	SXXXX666D
Date Of Birth	16/07/1982
Occupation	Indoor

Date Of Driving Pass	25/07/2001
Driving experience	19 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96222870
Alt. Phone Number	+65-96222870
Email Address	windguy666@hotmail.com
Address	Blk 808D Choa Chu Kang Avenue 1 #05-616
Address complement	-
Postcode	684808
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TRICIA NG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to Sketch Plan

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	SKJ4696H
Vehicle Manufacturer	Mercedes
Vehicle Model	E250
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLR3734J
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLU3344K
Vehicle Manufacturer	Mazda
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)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment 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:

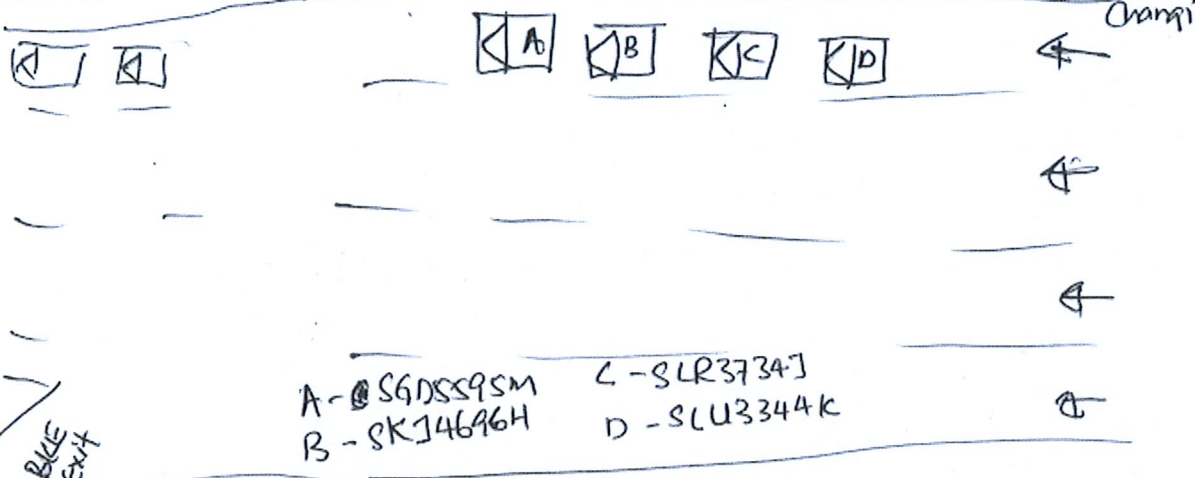
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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:

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

IDAC SIN MING (VAC)
385 Sin Ming Drive
Singapore 575713
Tel: 6455 8888 (IC)
Fax: 6455 8888
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards Changi on lane 1. Front vehicles came to a sudden stop due to an accident ahead.

I ~~was~~ managed to stop in time. However there was a huge impact from the rear, I felt at least 2 knocks. When I came out of my car, I realised that there was a chain collision behind my car. I was the first car of a 4 car collision.

I had my daughter, Tricia Ng Lin Thee, in my car when the accident happened.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

IDAC SIN MING (VAC)
385 Sin Ming Drive
Singapore 575718
Tel: 6455 5358 (ARC)

Reporting Officer's Signature
Name:
NRIC/FIN No.:





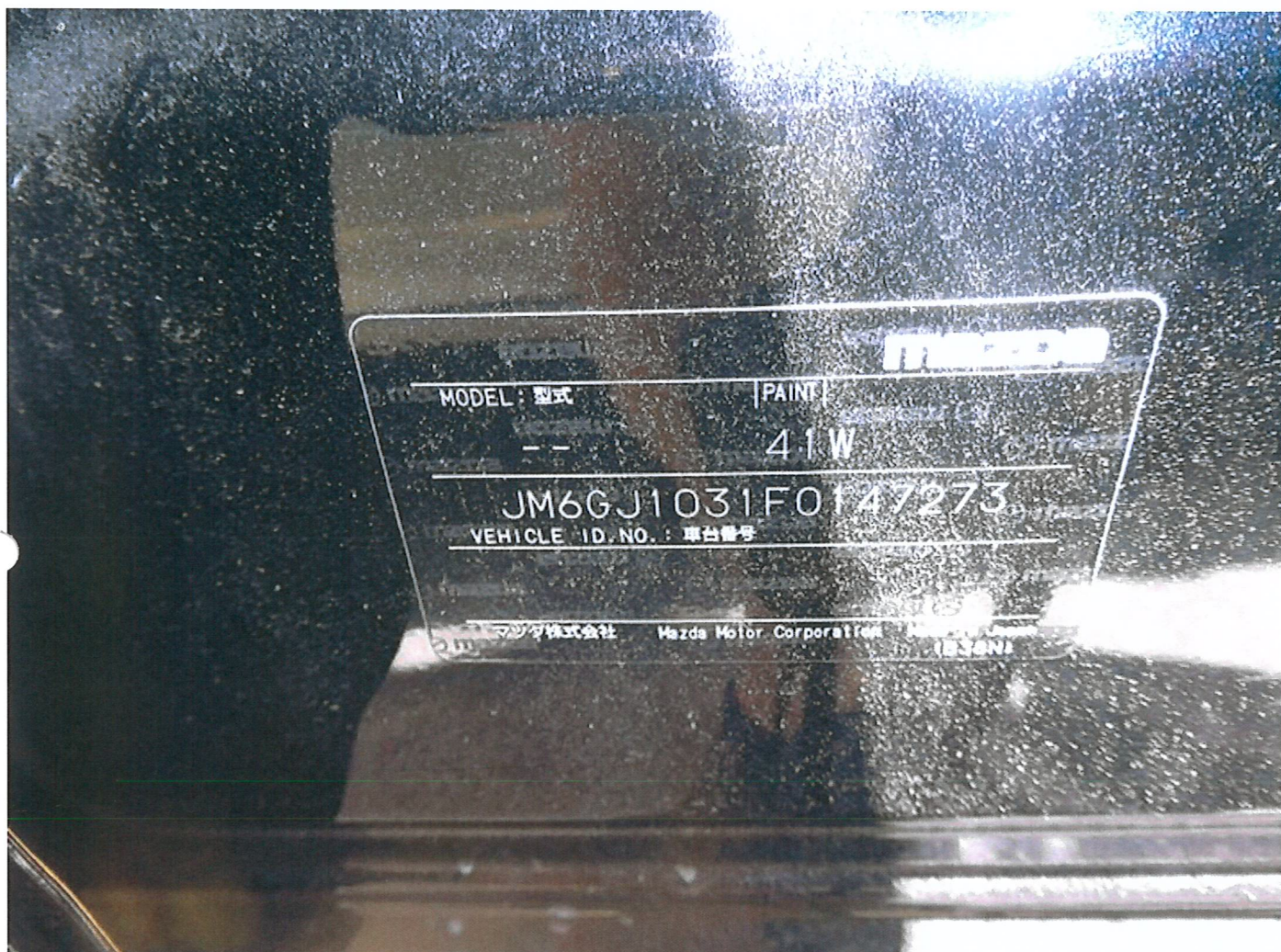














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SV0M213D0006 Vehicle Registration No: SGD5595M
Name (as shown in NRIC) : NG HAP HUAT NRIC/FIN/Passport No : -
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : - Singapore (-)
Contact (Tel) : - Mobile No. : 96222870
Email Address : -
Date of Accident : 12-03-2021 Time of Accident : 16:30
Place of Accident : PIE Towards Changi (B/F BKE Exit)
Insurance Company : NTUC INCOME

(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:

TO INDICATE POLICY NUMBER IN REPORT

FILED BY IFAH

Policyholder / Driver's Signature
Date: 13-03-2021

IDAC VICOM SIN MING

Reporting Centre Personnel's Signature
Name: IFAH
NRIC/FIN No.:
Date: 13-03-2021

GIARMAC addendumform_v3



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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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	13/03/2021 13:48 (SGT)
Date of Accident	12/03/2021 16:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS (CHANGI AIRPORT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ4696H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZHENG MINHAO

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
Variant	-
Vehicle Category	Private car
Transmission	Auto
CC	1796

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA397271
Cover Note Number	-

DRIVER

Name of Driver	ZHENG LUKA
NRIC No	S9670736C
Address	3 SIGLAP ROAD #07-27
Address complement	-
Postcode	448907
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT



Type of Accident	Chain Collision
Weather Conditions	Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Was anybody injured in the Accident?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACH
STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	SLR3734J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Insurance Company Name	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGD5595M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Insurance Company Name	-

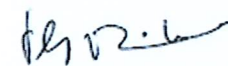
DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLU3344K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Insurance Company Name	-

SKETCH PLAN

IMPORTANT NOTICE

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time



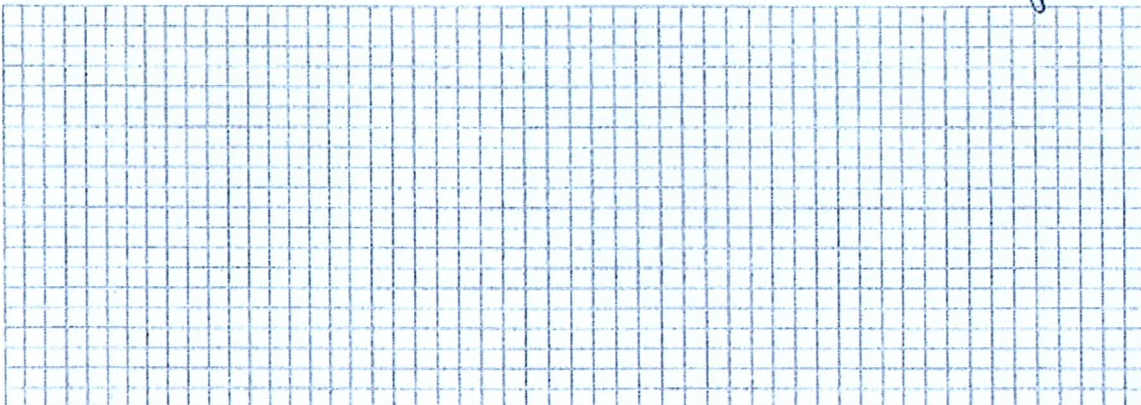
Driver's Signature (If driver is not the policyholder) / Date & Time

13 March 2021 0941



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

refer to attach -

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

by 12.12

Policyholder's Signature / Date &
Time



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

en (14) days clause whereby the
insurer for more details.





















