

23 SEPTEMBER 2021  
Your Ref: To Be Advised  
Our Ref: JLC.2021.2621.PD(I)

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

**WITHOUT PREJUDICE SAVE AS TO COSTS**

**CHINA TAIPING INSURANCE (S) PTE LTD**  
3 ANSON RD,  
#16-00 SPRINGLEAF TOWER,  
SINGAPORE 079909.

**BY PDX(8178)**

I/We hereby acknowledge receipt of  
original of the letter and its enclosure(s)

**Attn: Motor Claims Department**

Dear Sir/Madam,

\_\_\_\_\_  
Date / Signature / Co. Stamp

**CLAIMANT: GOLDEN TRANSPORT & TRADING**

**ACCIDENT INVOLVING MOTOR VEHICLES NO. PC7998U & PC604C ALONG JURONG ISLAND  
ON 10.08.2021 AT ABOUT 1622 HOURS.**

1. We act for **GOLDEN TRANSPORT & TRADING**, the owner of vehicle No. **PC7998U** involved in the abovementioned road accident, in his/her claim for damages of the consequential property losses and expenses incurred as a result of the said accident.
2. We are instructed that the accident was caused solely or contributed by your / your authorized driver's / your insured's authorized driver's negligent driving, use and/or management of motor vehicle No. **PC604C**.
3. Copies of the following supporting documents are enclosed herewith for your perusal: -

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

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

i.	Cost of Repair	S\$ 29,250.00
ii.	Pre-Inspection Days – 2 Days	S\$ 240.00
iii.	Rental / Loss of Use	S\$ 2,100.00
iv.	Towing Fee	S\$ 150.00
v.	Survey Report Fee	S\$ 1,532.00
vi.	LTA and GIA Search Fees	S\$ 7.49
vii.	Incidentals	S\$ 150.00
viii.	Cost Contribution (at this stage)	S\$ 1,000.00



**JOHN LAW CHAMBERS LLC**  
Advocates & Solicitors  
UEN 201938836C

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Total:	S\$ 34,429.49
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5. **To the Defendants**, please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurers.
6. The demand herein is in respect of our client's claim for damages pertaining to his motor vehicle and any settlement following or subsequent to this demand shall not prejudice our clients claims in respects of damages and consequential loss in relation to his personal injuries.
7. Please note that you or your insurers should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter.
8. Please note that if you have a counterclaim against our client arising out of the accident, you/your insured are required to send us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 6 weeks of your receipt of this letter.
9. **To the Insurers**, pursuant to the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), we hereby give your Insurers/you, **CHINA TAIPING INSURANCE (S) PTE LTD**, notice that we have our client's instructions to commence court proceedings against you/your insured driver without further notice should you fail to acknowledge receipt of this letter within 14 days and/or fail to reply substantively to the same within 8 weeks and/or to preserve our client's claim from being time-barred.
10. You may acknowledge receipt of this letter by email to: **irene@johnlawchambers.com**
11. Please revert.

Yours faithfully

**JOHN LAW CHAMBERS LLC**

cc: Clients

# Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars ( As At 10 Aug 2021 / 16:22:00 )

## Vehicle Insurance Details

Vehicle No.:

**PC604C**

Make Description/Model:

**KING LONG / XMQ6996K**

Insurance Company Name:

**CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD**

Business Transaction Reference No.:

**20210811145654570276**

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Save as PDF

Print

OK →

**CARSMITH PRIVATE LIMITED**

BARTLEY BIZ CENTRE

13 KAKI BUKIT ROAD 4 #01-20

Singapore 417807

+65 90910000

info@carsmith.biz

# Estimate

**ADDRESS**

A2108-03-PC7998U

**ESTIMATE NO.** 1099**DATE** 03/09/2021

DATE	SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
	LUMP SUM FOR REPAIR		1	29,250.00	29,250.00

PC7998U

**TOTAL****S\$29,250.00**

Accepted By

Accepted Date

Company Registration No. 201910097E  
Bank Account Details: DBS Bank : 07-2009261-9  
All payments are transacted in Singapore dollars only.  
All payments are non-refundable or exchangeable.  
Thanks for your patronage.





LEON

TRUST TOWING

Biz. Reg. No.: 53380183D

H/P: 8776 8868



CASH SALE  
JOB ORDER

No.: 18109

CARSMITH

Date: 10/8/24

Vehicle No.	PC 7998 U.	Model	TYPEA HSR
Destination	JURONG ISLANDS HUSBYER MENDON RD TO KPR B&Z CIR #61-28		
Time In	1834	Time Out	2000
Remarks	Amount \$ 150		
<div><input checked="" type="checkbox"/> Accident</div> <div><input type="checkbox"/> Loaded With Goods</div> <div><input type="checkbox"/> After 2359</div> <div><input type="checkbox"/> Crane Up / Winch Out</div> <div><input type="checkbox"/> Open Door</div> <div><input checked="" type="checkbox"/> Using King Dolly (Extra Trailer)</div> <div><input type="checkbox"/> Change Battery</div> <div><input type="checkbox"/> Basement / Multi Carpark</div> <div><input type="checkbox"/> Change Spare Tyre / Jumpstart</div> <div><input type="checkbox"/> Dismantle Shaft / Brake / Equipment</div> <div><input type="checkbox"/> Lowered Bodykit / Suspension</div>			

Seng

Trust Towing Staff / Vehicle

Received By

**Certificate of Insurance**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number** : 5108682930-02

**Cover** : Comprehensive

- |   |                              |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : PC7998U                    |
| Chassis Number  | : GDH2012001298              |
| 2. Name of Policyholder   | : GOLDEN TRANSPORT & TRADING |
| 3. Effective Date of Insurance  | : 12 Apr 2021                |
| 4. Expiry Date of Insurance   | : 11 Apr 2022                |
| 5. Persons or Classes of Persons entitled to drive*   |                              |
| (a) The Policyholder.   |                              |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                              |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                              |
| 6. Limitations as to Use*   |                              |
| (a) Use for the carriage of passengers in connection with the Policyholder's business.  |                              |
| (b) Limited to carry 13 passengers  |                              |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: S\$2,000
EXCESS (SECTION II)	: S\$3,000
WINDSCREEN EXCESS	: S\$500
INSURE WITH COE	: NO
HIRE PURCHASE COMPANY	: HITACHI CAPITAL ASIA PACIFIC PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/ PARF VALUE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : CAR INSURANCE AGENCY PTE. LTD. (00000573840)  
Date of Issue : 23 Mar 2021 16:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

## 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 ..... 31/08/2021 18:07 (SGT)  
Date of Accident ..... 10/08/2021 16:22 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JURONG ISLAND (AYER MARBAU)  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC7998U

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GOLDEN TRANSPORT & TRADING  
Company Reg No ..... 5XXXX326J  
Email Address ..... VISAKAN2003@YAHOO.COM  
Mobile Phone No ..... (Phone) +65-84686944  
Alternative Phone No ..... (Home) +65-84686944

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 2982

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5108682930-02  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... DURAISAMY THANGAPANDI  
NRIC No ..... SXXXX342C



Date Of Birth .....	13/03/1974
Occupation .....	Indoor
Date Of Driving Pass .....	24/02/1997
Driving experience .....	24 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84686944
Alt. Phone Number .....	-
Email Address .....	VISAKAN2003@YAHOO.COM
Address .....	BLK 823 JURONG WEST ST 81 #03-462
Address complement .....	-
Postcode .....	640823
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 vehicle 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 ATTACHED

#### 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 .....	PC604C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle



Name of Driver .....	WU SHAOCHANG
Work Permit No .....	GXXXX676R
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 .....	DURASAMY THANGAPANDI
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	PC7998U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

IMPORTANT NOTICE

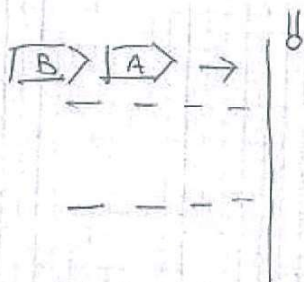
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.
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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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = PC7998U

B = PC604C

