

KURUP & BOO

UEN 53130914B

ADVOCATE & SOLICITOR

COMMISSIONER FOR OATHS

NOTARY PUBLIC

111 North Bridge Road
#15-03 Peninsula Plaza
Singapore 179098
Tel. No. 6223 3343
6221 8623
Fax. No. 6225 7248
Writer's e-mail :
boo@kurupnboo.com.sg
kurup@singnet.com.sg

3019995490-5

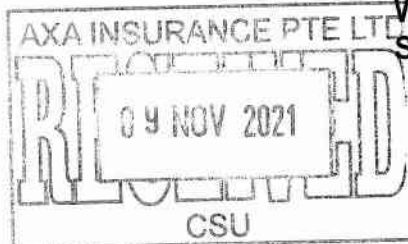
Our Ref : BMC.3700.21.wh
Your Ref : S1M03GBW

8 November 2021



60214979

AXA Insurance Pte Ltd
8 Shenton Way
#B1-01 AXA Tower
Singapore 068811



WITHOUT PREJUDICE
SAVE AS TO COSTS

BY HAND

Dear Sirs

ACCIDENT INVOLVING VEHICLE NOS. XE 3058D AND SHC 7034X AT CTE ON 21 AUGUST 2021

1. We act for Gim Tian Logistics Pte Ltd, the owner of vehicle no. XE 3058D which was involved in the above accident with your insured vehicle SHC 7034X.
2. We have today written to your insured driver, Mr Chew Soon Leng of Block 471 Ang Mo Kio Avenue 10, #08-784, Singapore 560471. A copy of this letter together with all the attachments including colour copies of photographs of our client's damaged vehicle are now enclosed for your attention.
3. Please take notice that should you wish to negotiate this claim on behalf of your insured and/or your insured driver with our firm, you should send to us an **acknowledgment letter** within **14 days** upon your receipt of this letter. If you fail to do so by then, our client will have no alternative but to commence proceedings against your insured and/or your insured driver without further notice to you.
4. Kindly acknowledge receipt on the duplicate copy of this letter.

Yours faithfully

BOO MOH CHEH

encs

cc client

KURUP & BOO

UEN 53130914B
ADVOCATE & SOLICITOR
COMMISSIONER FOR OATHS
NOTARY PUBLIC

111 North Bridge Road
#15-03 Peninsula Plaza
Singapore 179098
Tel. No. 6223 3343
6221 8623
Fax. No. 6225 7248
Writer's e-mail :
boo@kurupnboo.com.sg
~~kurup@singnet.com.sg~~

Our Ref.: BMC.3700.21.wh

8 November 2021

*WITHOUT PREJUDICE
SAVE AS TO COSTS*

Mr Chew Soon Leng
Driver of vehicle no. SHC 7034X)
Block 471 Ang Mo Kio Avenue 10
#08-784
Singapore 560471

CERTIFICATE OF POSTING

Dear Sir

CLAIMANT'S FULL NAME : GIM TIAN LOGISTICS PTE LTD
CLAIMANT'S ADDRESS : 24 LOYANG CRESCENT
LOYANG INDUSTRIAL ESTATE
SINGAPORE 508987

1. We are instructed by the above named to claim damages against you in connection with a road traffic accident on 21 August 2021 at CTE involving our client's vehicle no. XE 3058D and vehicle no. SHC 7034X driven by you at the material time.

2. We are instructed that the accident was caused by your negligent driving and/or management of vehicle SHC 7034X. 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 repairs to our client's vehicle	\$36,112.50
(2)	Loss of use (11 days x \$150.00 from 21.08.21 to 31.08.21)	1,650.00
(3)	GIA search fee / report	29.00
(4)	LTA search fee	7.49
(5)	Survey fee	1,228.00
Balance c/f		<u>\$39,026.99</u> =====



KURUP & BOO

Our Ref.: BMC.3700.21.wh
8 November 2021

- 2 -

	Balance b/f	\$39,026.99
(6)	<u>Photocopying charges</u>	
	a) For insurers only	
	Colour photographs	
	5 pages @ \$1.00 per page	5.00
	b) Supporting claim documents	
	For Insurers – 20 pages @ 0.15 per page	3.00
	For insured/insured driver – 25 pages @ 0.15 per page	3.75
(7)	Transport, postage and other charges	30.00
(8)	Our costs at this stage	900.00
		<hr/>
		\$39,968.74
		=====

3. A copy of each of the following supporting documents is enclosed :

- (1) GIA reports lodged by the drivers of vehicle involved in the accident together with tax invoices for search and report fee
- (2) The repairer's tax invoice
- (3) Survey report issued by Carlink Consultancy with 5 pages of photographs and tax invoice for survey fee.

If there is a need for additional photographs, we provide these upon request.



KURUP & BOO

Our Ref.: BMC.3700.21.wh
8 November 2021O

- 3 -

(4) One LTA search document

4. Kindly note that our client has yet to make payment to the repairers for the cost of repairs.

5. 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 insurer.

6. Please note that you or your insurer should send to us an **Acknowledgment Letter** to acknowledge receipt of this letter within 14 days. If you or your insurer failed to do so, then our client will have no alternative but to commence proceedings against you without further notice to you or your insurer.

7. Please also note that if you have a counterclaim against our client arising out 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.

Yours faithfully



BOO MOH CHEH

encs

cc : AXA Insurance Pte Ltd
8 Shenton Way
#B1-01 AXA Tower
Singapore 068811

cc : client

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	23/08/2021 16:34 (SGT)
Date of Accident	21/08/2021 23:45 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS PIE TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7034X
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
Variant	-
Vehicle Category	Taxi
Transmission	Auto
CC	1685

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419140
Cover Note Number	-

DRIVER

Name of Driver	CHEW SOON LENG (ZHOU SHUNLONG)
NRIC No	S7626623I
Address	APT BLK 471 ANG MO KIO AVENUE 10 #08-784
Address complement	-
Postcode	560471
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Was anybody injured in the Accident?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1

CIRCUMSTANCES OF ACCIDENT

ON THE 21/08/2021 AT AROUND 2345HRS, I WAS DRIVING MY VEHICLE A SHC7034X ALONG CTE TOWARDS PIE TUAS. I WAS AT THIRD LANE GOING UP THE SLOPE AND I TOOK A GLANCE AT NDP BUT WHEN I TURN TO LOOK FORWARD SUDDENLY VEHICLE B WAS STATIONERY AT THE PEAK OF THE SLOPE. I COULD NOT BRAKE IN TIME AND REAR ENDED VEHICLE B. THERE IS DAMAGE ON THE FRONT OF VEHICLE A. I WAS CONVEYED TO THE HOSPITAL AS I SUFFERED NECK AND SPINE INJURIES.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	KUMAR MURUGESAN
Insurance Company Name	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHEW SOON LENG (ZHOU SHUNLONG)
Gender	Male
Phone No	(Phone) +65-81822368
Injured person in which vehicle?	SHC7034X

Image As per Original
-CSU-

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 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

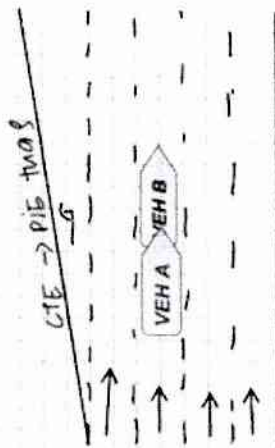
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 23/6/21 1250

Witnessed by Reporting Centre Personnel Sayat

Sketch Plan

A: SHL 7034X
B: -



Describe Circumstances of the Accident

ON THE 21/08/2021 AT AROUND 2345HRS, I WAS DRIVING MY VEHICLE A SHC7034X ALONG CTE TOWARDS PIE TUAS. I WAS AT THIRD LANE GOING UP THE SLOPE AND I TOOK A GLANCE AT NDP BUT WHEN I TURN TO LOOK FORWARD SUDDENLY VEHICLE B WAS STATIONERY AT THE PEAK OF THE SLOPE. I COULD NOT BRAKE IN TIME AND REAR ENDED VEHICLE B. THERE IS DAMAGE ON THE FRONT OF VEHICLE A. I WAS CONVEYED TO THE HOSPITAL AS I SUFFERED NECK AND SPINE INJURIES.

Declaration

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

Policyholder's Signature / Date &
Time

7 / 9

Driver's Signature (If driver is not the policyholder) / Date
& Time 23/8/21 1250

Witnessed by Reporting Centre
Personnel Sayyaf

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	23/08/2021 20:26 (SGT)
Date of Accident	21/08/2021 23:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE3058D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GIM TIAN LOGISTICS PTE LTD
Company Reg No	199400038D
Email Address	LOGISTICS@GIMTIAN.COM.SG
Mobile Phone No	(Phone) +65-62910909
Alternative Phone No	(Office) +65-62910909

VEHICLE PARTICULARS

Manufacturer	Hino
Model	LORRY
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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	0

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCG21007016
Cover Note Number	-

DRIVER

Name of Driver	KUMAR MURUGESAN
NRIC No	G8490451T

Date Of Birth	15/09/1984
Occupation	Indoor
Date Of Driving Pass	29/02/2016
Driving experience	5 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81886294
Alt. Phone Number	-
Email Address	LOGISTICS@GIMTIAN.COM.SG
Address	C/O NIL
Address complement	-
Postcode	-
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?	Yes
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	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapor Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER SKETCH PLAN AND POLICE REPORT.

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	SHC7034X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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	TAXI DRIVER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC7034X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

Image As per Original
--CSU--

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**.
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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

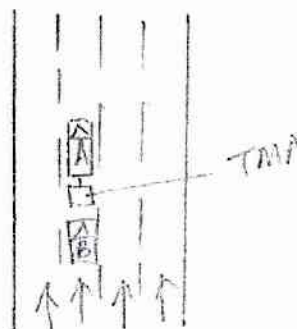
[Signature]
Policyholder's Signature / Date & Time

Sketch Plan

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

23/8@
10Am

[Signature]
Witnessed by Reporting Centre Personnel



A. XE 3058D
B. SHC 7034 X

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT.


TP CLAIM: OTHER WORKSHOP.

Declaration

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

23/8/02
10am



 Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210822/2015

1 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20210822/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/08/2021 02:09		Vide Report No.: E/20210822/0005		Station Diary No.: 28	
Informant's Particulars					
Name of Informant: KUMAR MURUGESAN			Address: 329A UPPER PAYA LEBAR ROAD QUEMOY BUILDING SINGAPORE 534948		
ID Type / ID No.: FIN NO / G8490451T			Contact No.: Home/Office: Mobile: 81886294		
Nationality: INDIAN			Email:		
Sex: Male	Age: 36	Date of Birth: 15/09/1984	Type of Informant: Driver		
Race: Tamil			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,3,4,5		Date of Expiry: 27/05/2024

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/08/2021 23:55	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7034X	Car				Seriously Damaged	0
XE3058D	Lorry				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210822/2015

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

2 of 3

Report No. T/20210822/2015

CONTINUATION OF REPORT

Driver			
Name	CHEW SOON LENG	ID No.	S76266231
Related Vehicle	SHC7034X (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	KUMAR MURUGESAN	ID No.	G8490451T
Related Vehicle	XE3058D (Lorry)	Contact No.	81886294
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: 27/05/2024
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21/08/2021 at about 2330hrs, I parked my vehicle (XE3058D) attached with the truck mounted attenuator (TMA), along the third lane of Central Expressway 8.5km, to shield the workers who were doing road works repairing the potholes. There were cones and signals placed behind the vehicle to warn the oncoming vehicles. After the workers were done with the road works, I made a u-turn and drove the vehicle and parked behind the cones and signals, so that the workers could collect the cones and signals safely.

At about 2355hrs, while my vehicle was stationary awaiting the workers to finish collecting the cones, a yellow coloured taxi (SHC7034X) collided into the back of my TMA. I contacted EMAS who activated the ambulance and police. I managed to exchange contact details with the taxi driver and I observed that the taxi driver did not have any visible injuries. The taxi driver was later conveyed to hospital due to neck pain.

I did not sustain any injuries from this accident however the crash attenuator of my vehicle sustained some dents. I wish to state that there is camera at the back of my vehicle.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999



T/20210822/2015

3 of 3

Report No. T/20210822/2015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

A /
Sgt 2 POH YING XUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/08/2021 02:09

Officer In Charge Of Case:

TP / GIT /
Sgt 3 ABDUL MUHAIMIN BIN HUSSAIN
Contact No.: 65476090

Classification Of Case:

Authentication Stamp

SINGAPORE
POLICE FORCE

SIGNATURE



SINGAPORE
POLICE FORCE
SAFEGUARDING EVERYDAY

CASE CARD

Report Number: E/20210822/0005
 Traffic Accident along CTE (AYE) 8.57m
 Involving vehicles: SHE 7034X X XE 3053D
 On 27/8/2021 at about am / pm

With reference to the above, you are advised to lodge a traffic accident report online via the Police E-Services website (<https://eservices.police.gov.sg>) within 24 hours.

NP319E (2019)

You are required to be present at Traffic Police on
 at am / pm to meet the Investigation Officer to assist in the investigation.

Please bring along your -

- a) Identity Card / Passport / Work Pass
- b) Driving License / Vocational License
- c) Vehicle Insurance / Medical Certificate
- d) Any other relevant documents (e.g. Video footages)

If you are unable to keep to the appointment, please contact:

IC: S. P. 400 TEL: 6547 6247
 Investigation Branch: 6547 6361 Email: S/PF_TP_Invest_Branch@spf.gov.sg

NP319E (2019)



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Date of Request: 01/11/2021

Your Ref No: BMC.3700.21.wh

Dear Sir/Madam,

Date of Accident: 21/08/2021 00:00 (SGT)

Vehicle No: XE3058D

Place of Accident: CTE, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SHC7034X	CTE, Singapore	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.



INOPAVE GROUP PTE LTD
No: 96, Lorong M, Telok Kurau
Singapore 425401
Tel: 65-6284 8551 Fax: 65-6285 8106
<http://www.inopave.com>

Co. Reg. No. : 200302075 E
GST Reg. No.: 20-0302075-E


TAX INVOICE NO.: IN/LI/0305/0717

GIM TIAN LOGISTICS PTE LTD 24 Loyang Crescent, Loyang Industrial Estate. Singapore 508987 Tel : 6291 2396 , Fax: 6292 6737 Attention: Mr. Ang				
Your Reference		Term		Date
-		COD		31/08/2021
Item	Description	Qty	Unit Prices (SGD)	Amount (SGD)
	Supply & Install Scorpion Model 10,000 Truck Mounted Attenuator for Truck XE 3058D . (S/N: 07171)			
1	Module A Energy Absorber (damaged unit S/N: 36448, new unit S/N : 103686)	01	11,500.00	11,500.00
2	Cartridge Tube Assembly (Left / Right)	02	7,300.00	14,600.00
3	Rear Cartridge Diaphragm	01	2,500.00	2,500.00
4	Top Angle	01	500.00	500.00
5	Bottom Angle	01	600.00	600.00
6	Tail Lamp (L/R) with brackets	02	250.00	500.00
7	Side Marker with bracket	02	100.00	200.00
8	Beacon warning light comply to R65 standard	01	350.00	350.00
9	Mechanical Seal for Diameter 3 inch Hydraulic Cylinder	01	500.00	500.00
10	Full Labour Cost , dismantling, removing, installation, repairing, re-alignment	-	2,500.00	2,500.00
SGD: Thirty-Six Thousand, One Hundred, Twelve & Cent Fifty Only.				

Sub-Total : \$33,750.00
7% GST : \$ 2,362.50
Total : \$ 36,112.50

E. & O.E

ANY COMPLAINTSON ON THE INVOICE SHOULD BE LODGED WITHIN 7 DAYS.
INTEREST AT 2% PER MONTH WILL BE CHARGED ON OVERDUE ACCOUNT
Payment to be made payable to " **INOPAVE GROUP PTE LTD**"


Authorized Signature

Louis Chia
Admin Executive

Enquire Vehicle Owner Details (As At 21 Aug 2021 / 23:55:00)

Vehicle Owner Details

Owner ID Type:

Company

Owner Name:

CITYCAB PTE LTD

Registered Block/House No.:

383

Registered Unit No.:

-

Registered Postal Code:

575717

Owner ID:

199502839G

Registered Address Type:

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

Registered Street Name:

SIN MING DRIVE

Registered Building Name:

GAS BUILDING

Vehicle Insurance Details

Vehicle No.:

SHC7034X

Insurance Company Name:

AXA INSURANCE PTE LTD

Make Description/Model:

HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG
4DR

Printed on 02 Nov 2021 16:09:28

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Bmr. 3 Nov 21

CARLINK CONSULTANCY

60 Hillside Drive, Singapore 549009

Fax: 62874788 Tel: 62856178


INVOICE

M/S Gim Tian Logistics Pte Ltd
24 Loyang Crescent, Loyang Industrial Estate
Singapore 508987

Invoice No: CL 12149 TP
Our Ref: CL 12149 XE 3058 D
Date: 28th October 2021

S/N	DESCRIPTION	QTY	UNIT PRICE (\$)	AMOUNT (\$)
1	<u>Vehicle No: XE 3058 D (Truck mounted attenuator)</u> Charges for accident vehicle inspection and appraisal report, transportation, photographs and etc*** (photographs - 108 copies)			\$1,228.00
			Total:	\$1,228.00

We thank you for the opportunity to serve you and assure you of our best at all times


Automotive Engineer Assessor
MIMI, MIRTE, LCGI, I ENG, LAE, CGLI FTC.

Note: Payment by cheque should be crossed and made payable to "CARLINK CONSULTANCY"

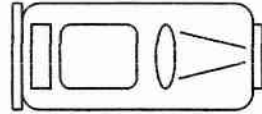
CARLINK CONSULTANCY

60 Hillside Drive
Singapore 549009

Tel : 62856178
Fax : 62874788

ACCIDENT VEHICLE INSPECTION / ASSESSMENT REPORT

Our Ref: CL 12149 XE 3058 D

1 REFERENCE			
Date of request	: 23rd August 2021		
Requested by	: M/S Gim Tian Logistics Pte Ltd 24 Loyang Crescent, Loyang Industrial Estate Singapore 508987		
Type of claim	: Third party		
Place of Survey	: Braddell Heavy Vehicle Carpark		
Date of survey	: 23rd August 2021		
Accident date	: 21st August 2021		
Date of re-survey (After repair)	: On 31rd August 2021 at M/S Eng Soon Huat Engineering Works at Eunus Avenue 7		
2 DETAILS OF VEHICLE			
Registration No.	: XE 3058 D		
Make & Model	: Hino FS1EKMD-KAS		
Year of registration	: 12th June 2017		
Engine No.	: E13CWA11551		
Chassis No.	: FS1EKM10032		
Transmission	: Manual		
Speedometer reading	: 108648 Km		
Colour	: White		
3 STATIC CHECK			
Steering	: In order	Paintwork	: Good
Footbrake	: In order	Modification	: Nil
Handbrake	: In order	General condition	: Good
4 TYRE CONDITION			
	<u>Nearside/Make</u>	<u>Offside/Make</u>	<u>Size</u>
Front axle	: 9mm/Falken	9mm/Falken	: 295/60 R22.50
Centre axle	: 8mm/Golden Crown	8mm/Golden Crown	: 295/60 R22.50
Rear axle	: 8mm/Golden Crown	8mm/Golden Crown	: 295/60 R22.50
5 POINT OF IMPACT			
See Annex(es) and Motor Accident Reports			
The point of impact was onto the truck mounted attenuator ("TMA") that was mounted onto the rear of the truck no. XE 3058 D. The TMA was badly damaged due to the force of the impact			
6 DETAILS OF THE TRUCK MOUNTED ATTENUATOR ("TMA")			
The damaged TMA was mounted onto the rear side of the truck registration no. XE 3058 D			
The damaged TMA was a "Scorpion" brand Scorpion 10,000 Model TMA.			
The Land Transport Authority ("the LTA") has approved the use of the TMA model 10,000 for use in Singapore as a piece of road safety equipment since the year 2001.			
The LTA has issued a Code of Practice - Traffic Control at Work Zone. This code includes a section on the proper use and maintenance of a truck mounted attenuator.			
The "Scorpion" brand Scorpion Model 10,000 TMA ("TMA Model 10,000") has been manufactured by a company named Traffix Devices Inc. of California, USA.			
Traffix Devices Inc. has appointed TMA Systems Pte Ltd as the approved distributor and named Eng Soon Huat Engineering Works as the approved installer of the TMA Model 10,000.			
TMA Systems Pte Ltd has appointed Inopave Group Pte Ltd to be the sole authorised dealer of the TMA Model 10,000 in Singapore.			

Annex A : Assesement / Adjustment on Spare Parts

XE 3058 D

Item	Vehicle Parts Description	Condition	Qty	W/shop Est. (\$)	Disc (%)	Adjusted Cost (\$)
S/Nett Items						
	Supply & install Scorpion Model 10,000 truck mounted attenuator for truck XE 3058 D (S/N:07171)					
1	Module A Energy Absorber (damaged unit S/N: 36448, new unit S/N: 103686)	Buckled/cracked	1	\$11,500.00		\$11,500.00
2	Cartridge Tube Assembly (Left/Right)	Bent/cracked	2	\$14,600.00		\$14,600.00
3	Rear cartridge Diaphragm	Distorted/dented	1	\$2,500.00		\$2,500.00
4	Top Angle	Bent	1	\$500.00		\$500.00
5	Bottom Angle	Bent	1	\$600.00		\$600.00
6	Tail lamp (L/R) with brackets	Bent/cracked	2	\$500.00		\$500.00
7	Side Marker with bracket	Bent	2	\$200.00		\$200.00
8	Beacon warning light comply to R65 standard	Distorted/faulty	1	\$350.00		\$350.00
9	Mechanical Seal for Diameter 3 inch	Distorted/cut	1	\$500.00		\$500.00
Total for Spare Parts :				\$31,250.00		\$31,250.00

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XE 3058 D

Annex C: Recommendation

We have inspected thoroughly the actual damages found on the vehicle/TMA and our assessment is appended in the Annex(es) attached. The condition and age of the vehicle/TMA was considered before we reached our recommendation as to whether the parts need replacement or repair.

I have reviewed the items and the sums stated in this tax invoice. I am of the professional view that the sum of **S\$33,750.00** stated by M/S Inopave Group Pte Ltd is fair and reasonable.

The repairer took between 21 August 2021 and 31 August 2021 to complete the full replacement of the damaged TMA Model 10,000 with a new one. In our opinion, this period of Fourteen (14) working days is fair and reasonable.

Yours faithfully,
CARLINK CONSULTANCY



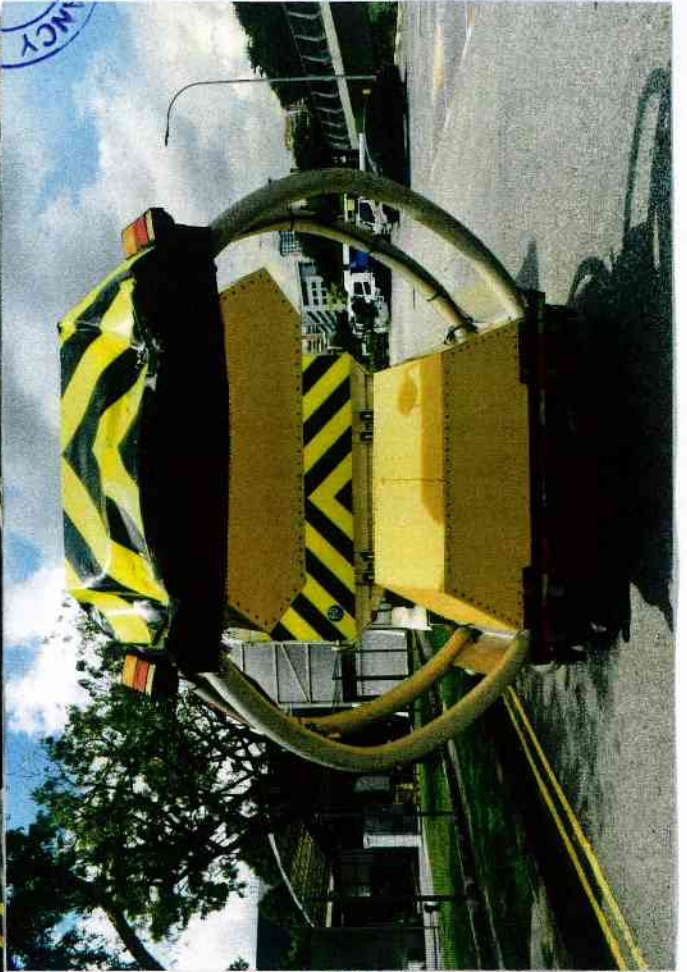
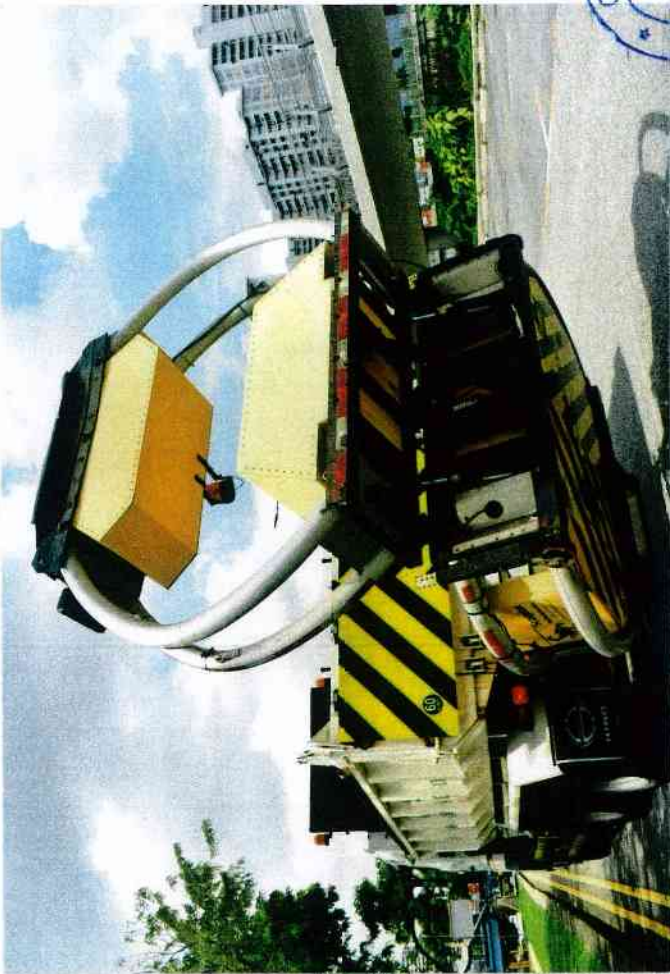
PATRICK NG
Automotive Engineer Assessor
MIMI, MIRTE, LCGI, I ENG, LAE, CGLI FTC.

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AXA 2

BLINK CONSULTING



CARLTON CONSULTING



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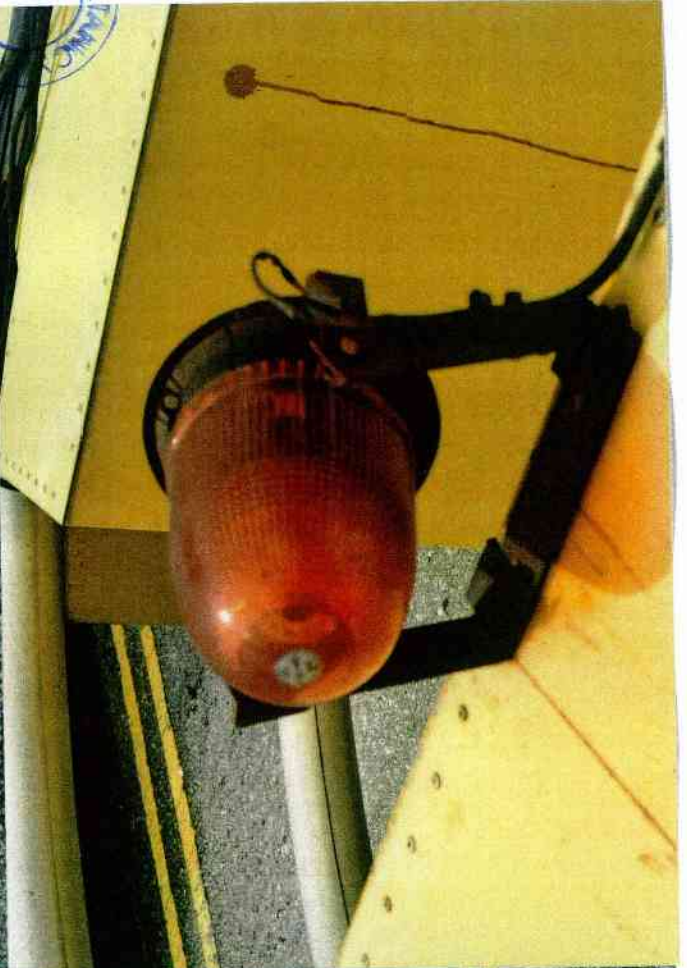


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AXA 4

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