

CROSSBORDERS LLC

Advocates & Solicitors | Commissioner for Oaths | Notary Public

MAIN OFFICE
133 NEW BRIDGE ROAD
#23-03/04/05
CHINATOWN POINT
SINGAPORE 059413

Our Ref: AJ.tk.8007.2022.OZ- PD+PI
Your Ref: SLU1870X

23 JUN 2022

TEL: 6438 1323
FAX: 6438 2313

TO: GRAB RENTALS PTE LTD
6 Battery Road
#38-04
Singapore 049909

**BY CERTIFICATE OF
POSTING**

WITHOUT PREJUDICE

cc: India International Insurance Pte Ltd
(Motor Claims Dept)
64 Cecil Street
#05-02 IOB Building
Singapore 049711

BY PDX

We are in receipt of your letter, which is receiving our attention.
We shall revert shortly. Kindly note that we are preserving our
rights to conduct a medical re-examination on your behalf if
necessary.

WITHOUT PREJUDICE



Dear Sirs

RE : CLAIMANT: XIE YING

**ACCIDENT INVOLVING VEHICLE NO. SJM3663E & SLU1870X ALONG SOUTH
BRIDGE ROAD ON 19.02.2022**

Our Ref:
Name:
Date:

MR 2022000820
Gabriel
29/6/22

We are instructed by the abovenamed to claim damages against you in connection with an accident on 19 February 2022 at about 22:00 hours along South Bridge Road involving our client's vehicle no. SJM3663E and vehicle registration number SLU1870X driven by you at the material time.

We are instructed that the accident was caused by the negligence of you in the driving, management and control of vehicle registration number SLU1870X.

As a result of the accident, our client's motor vehicle no. SJM3663E was damaged and our client suffered personal injuries. Her injuries are set out in the medical reports annexed to this letter. She has been put to loss and expense, particulars of which are as follows:

A. Special Damages

a)	Transport Expenses (Taxi fare to hospital and clinics)	\$ 50.00
b)	Medical Expenses (at this stage)	\$ 80.00
c)	Loss of Income (3 days MC)	To be assessed
d)	Cost of Repairs	\$ 4,600.00
e)	Vehicle Rental (5 days x \$120.00 per day)	\$ 600.00
	Loss of Use (4 days x \$80.00 per day)	\$ 320.00
f)	(inclusive of 1 Sunday and 2 days Pre-Repair Inspection Notice)	

B. General Damages \$ 3,000.00

C. Disbursements

a)	Medical Report Fee	\$ 160.50
b)	GIA Report	\$ 29.00
c)	LTA Search	\$ 7.49
d)	Survey Report	\$ 590.00

D. Legal Cost (including GST) (at this stage) \$ 3,210.00

CONFIDENTIALITY CAUTION

THIS DOCUMENT IS FOR THE ADDRESSEE(S) ONLY AND MAY CONTAIN CONFIDENTIAL INFORMATION AND/OR BE SUBJECT TO LEGAL PRIVILEGE. IF YOU HAVE RECEIVED THIS IN ERROR, PLEASE CONTACT US IMMEDIATELY.

CROSSBORDERS LLC

A LIMITED LIABILITY CORPORATION. REGISTRATION NUMBER 201305284K
GST REGISTRATION NUMBER 201305284K



CROSSBORDERS LLC

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133 NEW BRIDGE ROAD
#23-03/04/05
CHINATOWN POINT
SINGAPORE 059413

Our Ref: AJ.tk.8007.2022.OZ- PD+PI
Your Ref: SLU1870X

23 JUN 2022

TEL: 6438 1323
FAX: 6438 2313

TO: TAN CHER WEI ALVIN
Blk308A Punggol Walk
#14-462
Singapore 821308

**BY CERTIFICATE OF
POSTING**

WITHOUT PREJUDICE

cc: India International Insurance Pte Ltd
(Motor Claims Dept)
64 Cecil Street
#05-02 IOB Building
Singapore 049711

BY PDX

WITHOUT PREJUDICE



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CROSSBORDERS LLC

A LIMITED LIABILITY CORPORATION, REGISTRATION NUMBER 201305284K
GST REGISTRATION NUMBER 201305284K

A copy each of the following supporting documents is enclosed:-

- a) ✓ GIA Report lodged by our client (SJM3663E) with sketch plan together with photographs of our client's vehicle no. SJM3663E;
- b) ✓ GIA Report lodged by you (SLU1870X) with sketch plan together with photographs of your vehicle no. SLU1870X;
- c) ✓ Result of LTA search on your vehicle registration no. SLU1870X;
- d) ✓ Vehicle Rental Agreement from SG Motor Rental & Leasing Pte Ltd;
- e) ✓ Proforma Invoice from One Zone Automotive;
- f) ✓ Vehicle Assessment Report & Invoice from Sincere Appraisal Services Pte Ltd;
- g) ✓ Fifty (50) colour photographs depicting the damage to our clients' motor vehicle no. SJM3663E; ✓
- h) ✓ Vehicle Owner Particulars of our clients' vehicle no. SJM3663E;
- i) ✓ Medical Report dated 12 May 2022 by Dr Chan Hian Kiang from Dawson Place Clinic together with Receipt for the sum of \$160.50 being Medical Report Fees;
- j) ✓ Medical Fees for \$80.00 from Dawson Place Clinic;
- k) ✓ Medical Certificate from Dawson Place Clinic; and
- l) ✓ LTA Receipt & GIA Invoices.

We have on 23 February 2022 notified your insurers India International Insurance Pte Ltd of the accident and pre-repair inspection of our client's vehicle was carried out by your insurer.

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.

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. If you or your insurer wish to have our client examined by your own medical expert, this should be stated in your acknowledgement of receipt. Please also advise **within 14 days** of the acknowledgement of receipt, where and when the examination of our client is to take place so that we may arrange for him to attend.

Should you fail to acknowledge receipt of this letter **within 14 days**, our client can 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 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 6 weeks** of your receipt of this letter.

Yours faithfully

CrossBorders LLC

CrossBorders LLC

Email: corene@crossbordersllc.com (secretary)
Encs

cc: SJM3663E ✓



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	21/02/2022 16:08 (SGT)
Date of Accident	19/02/2022 22:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SOUTH BRIDGE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM3663E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	XIE YING
NRIC No	G1131621U
Email Address	lawrence.lim.altradeind@gmail.com
Mobile Phone No	(Phone) +65-87666028
Alternative Phone No	+65-87666028

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
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
Transmission	Auto
CC	1197

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5111963373-02
Cover Note Number	01/09/21 - 20/08/22

DRIVER

Name of Driver	LIM KOK KOI(LIN GUOJU)
NRIC No	S7428829D

Date Of Birth	06/09/1974
Occupation	Indoor
Date Of Driving Pass	14/04/2008
Driving experience	13 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97479665
Alt. Phone Number	
Email Address	lawrence.lim.altradeind@gmail.com
Address	BLK 14 TAMAN HO SWEE #08-51
Address complement	
Postcode	61014
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Change/cross lane
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WIFE
Gender	Female

PASSENGER 2

Name	DAUGHTER
Gender	Female

PASSENGER 3

Name	DAUGHTER
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 ATTACHED. *THIRD PARTY CLAIM BY ONE ZONE AUTOMOTIVE*

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	DRIVER FORWARD TO REPAIR WORKSHOP.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU1870X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN CHER WEI ALVIN
NRIC No	S7933277A
Contact Number	(Phone) +65-87188586
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM KOK KOI(LIN GUOJU)
Gender	Male
Phone No	(Phone) +65-97479665
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJM3663E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	DAUGHTER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJM3663E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	DAUGHTER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJM3663E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

1 VEHICLE NO SJM3663E
 2 INSURER CO NTUC
 3 ACCIDENT
 DATE & TIME 19/2/22 @ 22:00

IMPORTANT NOTICE

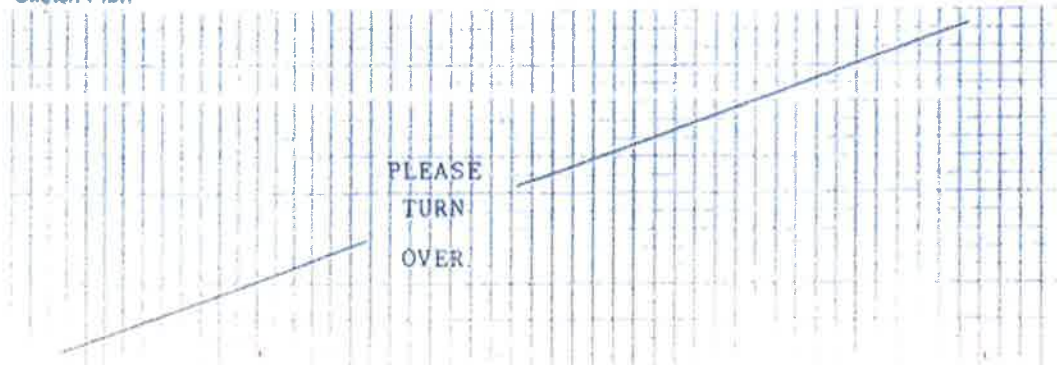
- 1 Please report correctly the details of the accident to speed up the claims process
- 2 This Form must be completed by the Policyholder and/or the Authorised Driver
- 3 Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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' 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 (4s)

Sketch Plan



Sketch Plan

Mohamed
Ali Lane



A- SSM3663E

B- SLU1870X (Alone)

Tan cher Wei Alvin

S 7933 277A

HP- 8718 8586

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

South Bridge Rd
I was moving straight in lane 2 within my lane when suddenly car B at my left cut into my lane abruptly and made an e-brake immediately which has caused the collision to my car front left. My wife and two daughters were onboard during the accident. However, my two daughters and I had slight injury and may consult doctor if necessary.
Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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

Reporting Centre Personnel's Signature
Name
NRIC/IN No

() Claim Own Policy () Claim Third Party () Reporting Only
() Claim BOD/TP at other workshop () See 2 page Automobile







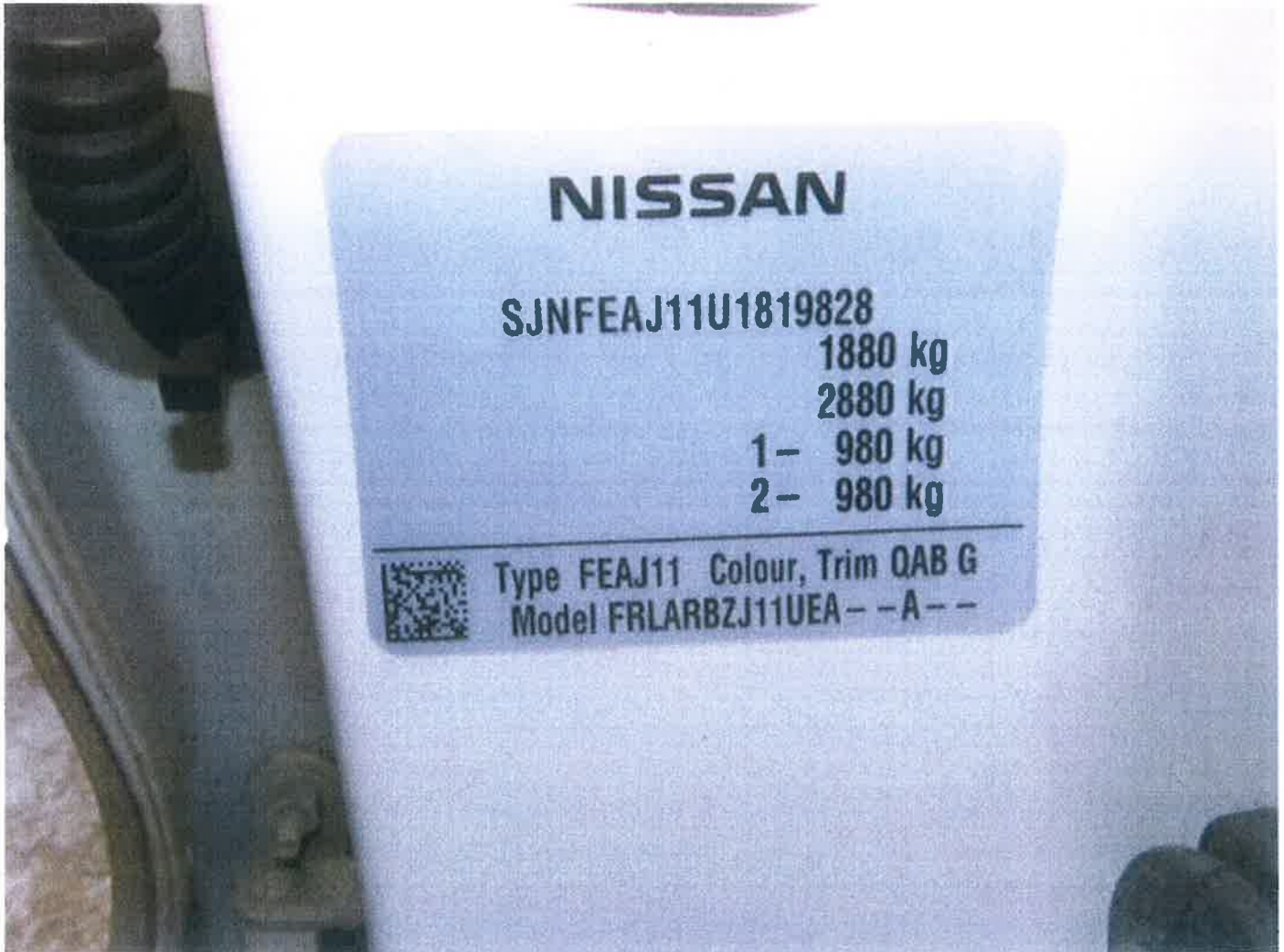












**GENERAL
INSURANCE
ASSOCIATION**

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SC1G222L0004 Vehicle Registration No: SJM3663E
 Name (as shown in NRIC): Lim kok koi (Lin Guojia) NRIC/FIN/Passport No: SXXXX 829D
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 14 Tampas Ho Swee #08-51 Singapore (11014)
 Contact (Tel): _____ Mobile No.: 97479665
 Email Address: lawrence.lin.altradeind@gmail.com
 Date of Accident: 19/02/22 Time of Accident: 22:00
 Place of Accident: South Bridge Road
 Insurance Company: NTUC

(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 amend driver's email address as:-
lawrence.lin.altradeind@gmail.com

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name: S. S. S. S.
 NRIC/FIN No.:
 Date: 22/02/22



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	20/02/2022 12:33 (SGT)
Date of Accident	19/02/2022 22:00 (SGT)
Exact Location of Accident	South Bridge Rd, Singapore
Additional Location Information	heading towards Tanjong Pagar Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU1870X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GRAB RENTALS PTE LTD

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D21MFL0000447_01
Cover Note Number	-

DRIVER

Name of Driver	TAN CHER WEI ALVIN
NRIC No	S7933277A
Address	Blk 308A Punggol Walk #14-462
Address complement	-
Postcode	821308
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions

Collision - Head to Rear
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)	1

CIRCUMSTANCES OF ACCIDENT

ON 19/02/2022, APPROXIMATELY ABOUT 2200HRS, I WAS DRIVING AT SOUTH BRIDGE ROAD HEADING TOWARDS TANJONG PAGAR TO FETCH MY PASSENGER. I WAS DRIVING AT LANE 3 AND LATER, I FILTERED TO LANE 2. ONCE MY VEHICLE WAS FULLY WITHIN LANE 2, MY VEHICLE EMERGENCY BRAKE FUNCTION ACTIVATED. HENCE MY VEHICLE STOPPED INTERMITTENTLY. HOWEVER, VEHICLE SJM3663E CAME FROM THE REAR ALONG LANE 2 AND COLLIDED ONTO MY VEHICLE'S RIGHT REAR PORTION. I WISH TO STATE THAT THERE IS NO INJURY.

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	SJM3663E
Vehicle Manufacturer	Nissan
Vehicle Model	Qashqai
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM KOK KOI (LIN GUOJU)
Insurance Company Name	-

SKETCH PLAN

IMPORTANT NOTICE

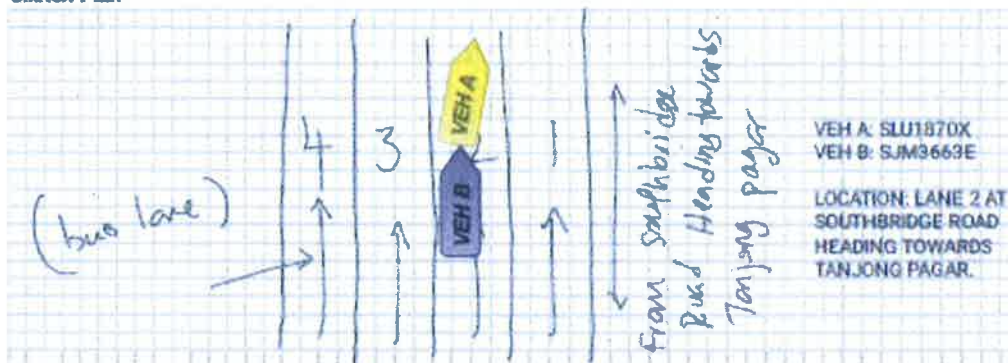
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 8. Consent under the Personal Data Protection Act (PDPA)
- I understand, acknowledge, agree and consent that:
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 - (i) processing, handling and/or dealing with my claims including the settlement of 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



Describe Circumstances of the Accident

ON 19/02/2022 , APPROXIMATELY ABOUT 2200HRS, I WAS DRIVING AT SOUTH BRIDGE ROAD HEADING TOWARDS TANJONG PAGAR TO FETCH MY PASSENGER. I WAS DRIVING AT LANE 3 AND LATER, I FILTERED TO LANE 2. ONCE MY VEHICLE WAS FULLY WITHIN LANE 2, MY VEHICLE EMERGENCY BRAKE FUNCTION ACTIVATED. HENCE MY VEHICLE STOPPED INTERMITTENTLY. HOWEVER, VEHICLE SJM3663E CAME FROM THE REAR ALONG LANE 2 AND COLLIDED ONTO MY VEHICLE'S RIGHT REAR PORTION. I WISH TO STATE THAT THERE IS NO INJURY.

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

Witnessed by Reporting Centre Personnel

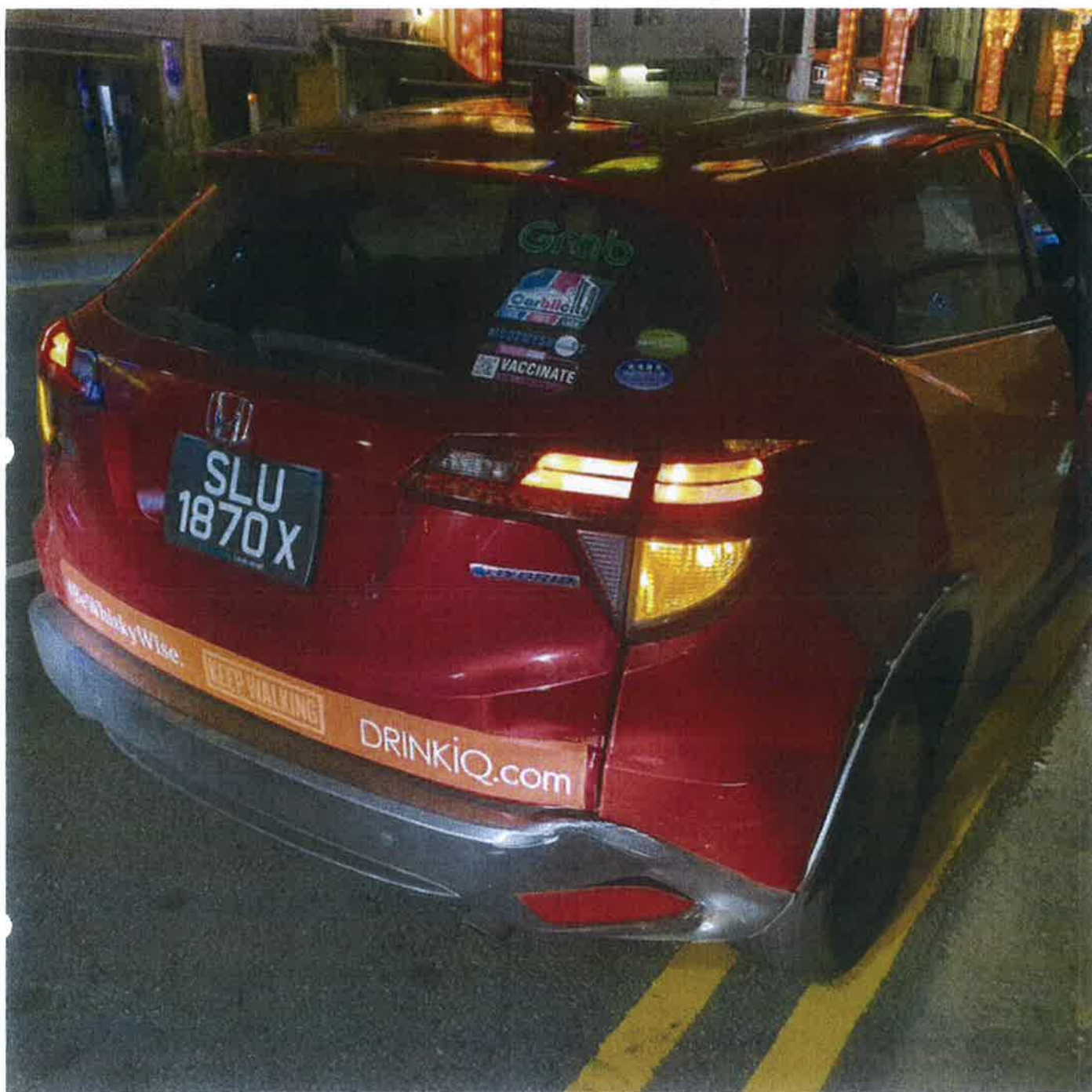
19/02/2022 2345HRS







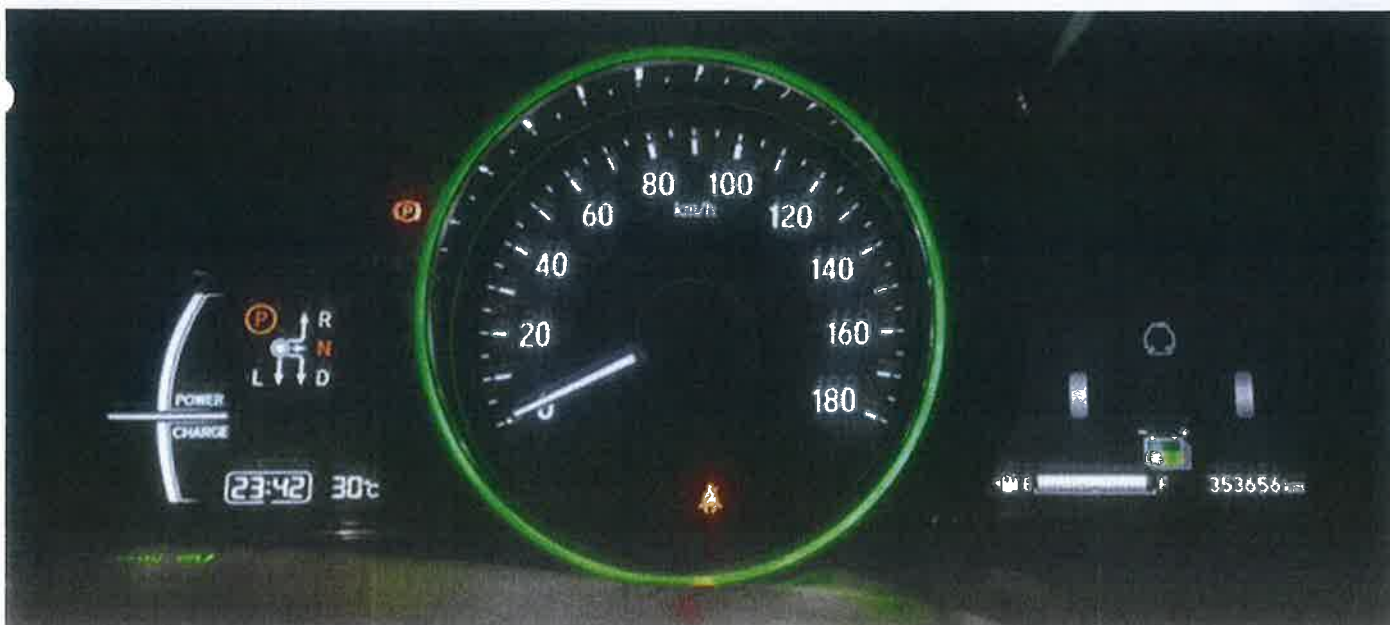






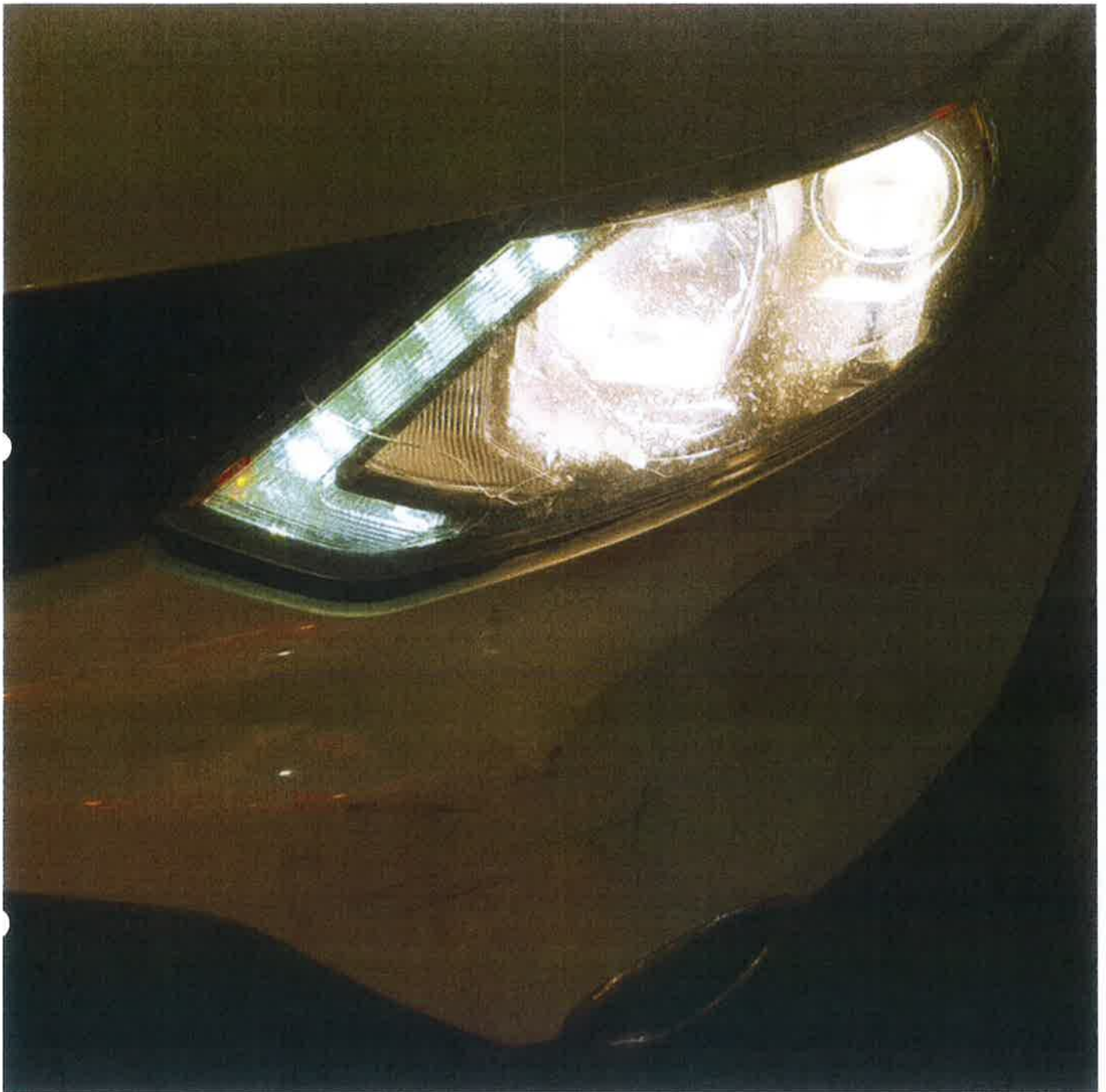












PRIVATE HIRE



Enquire Vehicle's Insurance Particulars (As At 19 Feb 2022 / 22:00:00)

Vehicle No.:

SLU1870X

Make Description/Model:

HONDA / VEZEL HYBRID 1.5X AUTO

Insurance Company Name:

INDIA INT'L INS PTE LTD

Business Transaction Reference No.:

20220223100830336052

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

SG Motor Rental & Leasing Pte Ltd

Block 10 Ang Mo Kio Industrial Park 2A
Ang Mo Kio Auto Point #03-16, Singapore 568047
T : (65) 6483 5434 F : (65) 6484 2124

车辆出租合同 VEHICLE RENTAL AGREEMENT

No: 00620

Date: _____

Owner: _____

Hirer: One Zone Automotive

NRIC / Co ROC no. _____ Contact No. & Email _____

Address: _____

Rental Vehicle Reg No. / Make & Model SJM 1986K Toyota Vios

Owner and Hirer have agreed to enter into this Vehicle Rental Agreement for the motor vehicle described below and upon the terms and conditions contained on both sides of this document. Hirer acknowledges having read and understood all the terms and conditions and signifies acceptance upon signing.

Driver's Particulars

Name: _____ Odometer: _____

Address: _____ Date & Time Out: 23.2.2022

Date & Time In: 28.2.2022

I/C No: _____ Date of Birth: _____

Dr/Licence No: _____ Date of Issue: _____

Occupation: _____

Tools: _____

Spare Tyre: _____

Hour@\$ _____

5 Days @\$ 120/= 600/=

Wks @\$ _____

Mths @\$ _____

Third Party Claim

In respect of each third party insurance claim arising from the date of hire to date of return of the vehicle (both dates inclusive). Hirer unconditionally agrees to pay Owner S\$ _____ comprising excess payable and compensation to Owner for impact of claim on future motor insurance premiums.

Own Vehicle Damage

Hirer is responsible for the first \$ _____ excess for collision/damage to first party, (i.e.) SG MOTOR RENTAL & LEASING PTE LTD (including windscreen) plus loss of earnings while damaged vehicle is under repair.

Authorised Driver

Hirer shall pay additional excess of S\$1500 if the Authorised Driver is below the age of 25 or is above 65 years old or has less than 2 years driving experience.

Driver Not Cover By Insurance

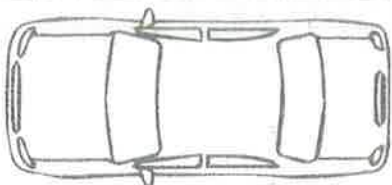
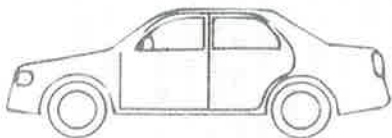
General Exception: Insurance policy does not cover against any driver aged below 22 and/or above 70 years old and/or with driving experience of 1 year and below.

Deposit (Refundable): _____

Sub-Total: 600/=

Balance To Pay: _____

Fuel Type: E 1/8 1/4 1/2 3/4 7/8 F



[Handwritten signature]

Authorised Signature

Hirer's Signature

One Zone Automotive
5 Yishun Industrial Street 1
#01-20 North Spring Bizhub
Singapore 768161

INVOICE

Name: Xie Ying

One Zone Automotive
5 Yishun Industrial Street 1
#01-20 North Spring Bizhub
Singapore 768161

Claim Type: Third Party

Vehicle Reg No: SJM3663E

Vehicle Make/Model: Nissan Qashqai

Date of Accident: 19/2/2022

Claimant: Xie Ying

Description	Amount (S\$)
Lump Sum Repair Cost as per recommendation	4,600.00
Total	4,600.00

Singapore Dollar: Four thousand and six hundred dollars only.



SINCERE APPRAISAL SERVICES PTE LTD Co.Reg no: 201800639R

420 North Bridge Road, #02-05 North Bridge Centre, Singapore 188727

Tel : 6636 4628 E-mail : office@sincereappraisal.com.sg

INVOICE

CrossBorders LLC
133 New Bridge Road
#23-03/04/05 Chinatown Point
Singapore 059413

Invoice No: 010322-48
Our ref: 48/TP/2022
Date: 1/3/2022

Claim Type: Third Party
Vehicle Reg No: SJM3663E
Vehicle Make/Model: Nissan Qashqai

Date of Loss: 19/2/2022
Claimant: Xie Ying

Description	Amount (S\$)
1. Professional Fee (including Transport, 50 Photographs and Miscellaneous charges)	590
Total	590

Singapore Dollar: Five hundred and ninety dollars only.

Cheques should be crossed A/C PAYEE and made payable to Sincere Appraisal Services Pte Ltd



Sincere Appraisal Services Pte Ltd



SINCERE
APPRAISAL SERVICES PTE LTD

VEHICLE DAMAGE INSPECTION REPORT

Our Ref: 48/TP/2022

Date: 1/3/2022

REFERENCE

Date of loss: 19/2/2022

Claimant: Xie Ying

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SJM3663E	Make &	Nissan
Reg date:	21/2/2017	Model	Qashqai
Colour:	White	Engine No:	HRA2352545A
Type:	Motor Car	Chassis No:	SJNFEAJ11U1819828
Type of Claims:	Third Party	Odometer No:	NA
		Engine Cap:	1197cc

CONDITION OF VEHICLE AT THE TIME OF SURVEY (STATIC ONLY)

General Condition:	Good	Steering:	Good	Engine Modification:	Nil
Paint work:	Good	Handbrake:	Good	Pre-accident	
		Footbrake:	Good	Damage:	Nil

CONDITION OF TYRES

Front Left Size:	Arivo 215/65R16 70%	Front Right Size:	Arivo 215/65R16 70%
Rear Left Size:	Arivo 215/65R16 70%	Rear Right Size:	Arivo 215/65R16 70%

The above percentages represent the remaining life of the tyre threads

COST OF REPAIRS

	Repairer S\$	Adjuster S\$
Parts	\$ 5,184.20	\$ 4,386.40
Labour	\$ 1,790.00	\$ 1,350.00
Calculated Cost (S\$) :	<u>\$ 6,974.20</u>	<u>\$ 5,736.40</u>

Recommended Lump Sum Repair Cost (S\$) : \$ 4,600.00

Date of Assignment: 23/2/2022

Date Inspected: 23/2/2022

Est. repair Period: 06 days

Inspected At: One Zone Automotive

5 Yishun Industrial Street 1

#01-20 North Spring Bizhub

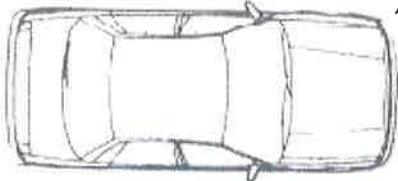
Singapore 768161

SINCERE APPRAISAL SERVICES PTE LTD Co.Reg no: 201800639R

420 North Bridge Road, #02-05 North Bridge Centre, Singapore 188727

Tel : 6636 4628 E-mail : office@sincereappraisal.com.sg

POINT OF IMPACT

Damaged at the left hand front portion.	
---	--

BRIEF CIRCUMSTANCES OF ACCIDENT

The Insured's vehicle collided onto the Third Party's vehicle along South Bridge Road.

GENERAL DESCRIPTION OF DAMAGES

Our visual inspection of the vehicle revealed that the damages noted are at the left hand front portion.

SPECIAL REMARKS

We have inspected the actual damages found on the vehicle and recommend the replacement of parts and repairs accordingly. The estimated repair cost is \$6,974.20. The repairer has agreed to undertake the repairs at our adjusted lump sum amount of \$4,600.00.

We have not authorised the repair. Under normal circumstances, estimated **06** working days are required to repair the vehicle.

We are pleased to advise that the inspection work was carried out accordingly, and hereby submit our Inspection Report and photographs.



Dave Chang
Automotive Appraiser
AUTO. ENG, CAE, CGI
MIRTE, MSAAA, MTM

Automotive Appraiser: Dave Chang

Please note that this report is solely based on our findings at the time and place of inspection. This inspection has been carried out to our best knowledge and ability. Any other liability is hereby excluded.

ANNEX A

REPAIR DETAILS

Recommended Parts

No	Qty	Description	Condition	Repairer's Amount	Adjuster's Amount
1	1	Front bumper assy	grazed/dented	\$ 1,693.00	\$ 1,693.00
2	1	Front bumper reinforcement	repair	\$ 380.00	\$ -
3	1	Front bumper left retainer	necessary	\$ 88.00	\$ 88.00
4	1	Front bumper left bracket	necessary	\$ 83.00	\$ 83.00
5	1	Front bumper inner sponge	cracked	\$ 275.00	\$ 275.00
6	1	Front grille assy	grazed/bent	\$ 395.00	\$ 395.00
7	1	Front grille emblem	necessary	\$ 88.00	\$ 88.00
8	1	Front left headlamp	cracked	\$ 1,830.00	\$ 1,830.00
9	1	Front left headlamp support panel	repair	\$ 273.00	\$ -
10	1	Front left fog lamp	reuse	\$ 189.00	\$ -
11	1	Front left fog lamp chrome cover	warped/grazed	\$ 105.00	\$ 105.00
12	1	Front left fog lamp garnish	bent/necessary	\$ 139.00	\$ 139.00
				<hr/>	<hr/>
				\$ 5,538.00	\$ 4,696.00
Less 10%				\$ 553.80	\$ 469.60
				<hr/>	<hr/>
				\$ 4,984.20	\$ 4,226.40
 <u>Special Nett Items</u>					
1	10	Front bumper clips	necessary	\$ 60.00	\$ 50.00
2	1	Front no plate with garnish	necessary	\$ 100.00	\$ 80.00
3	6	Front grille clips	necessary	\$ 40.00	\$ 30.00
				<hr/>	<hr/>
				\$ 200.00	\$ 160.00
 Total parts				 \$ 5,184.20	 \$ 4,386.40

ANNEX B

REPAIR DETAILS

Recommended Labour

No	Description	Repairer's Amount	Adjuster's Amount
1	Labour for panel beating, cut, weld, straighten front left affected area and replace front left damaged parts.	\$ 800.00	\$ 600.00
2	To putty and spray painting front left portion.	\$ 800.00	\$ 600.00
3	To check wiring and focus front headlamp.	\$ 50.00	\$ 30.00
4	To apply anti rust proofing to front left affected area.	\$ 140.00	\$ 120.00
Total labour :		\$ 1,790.00	\$ 1,350.00

ANNEX C

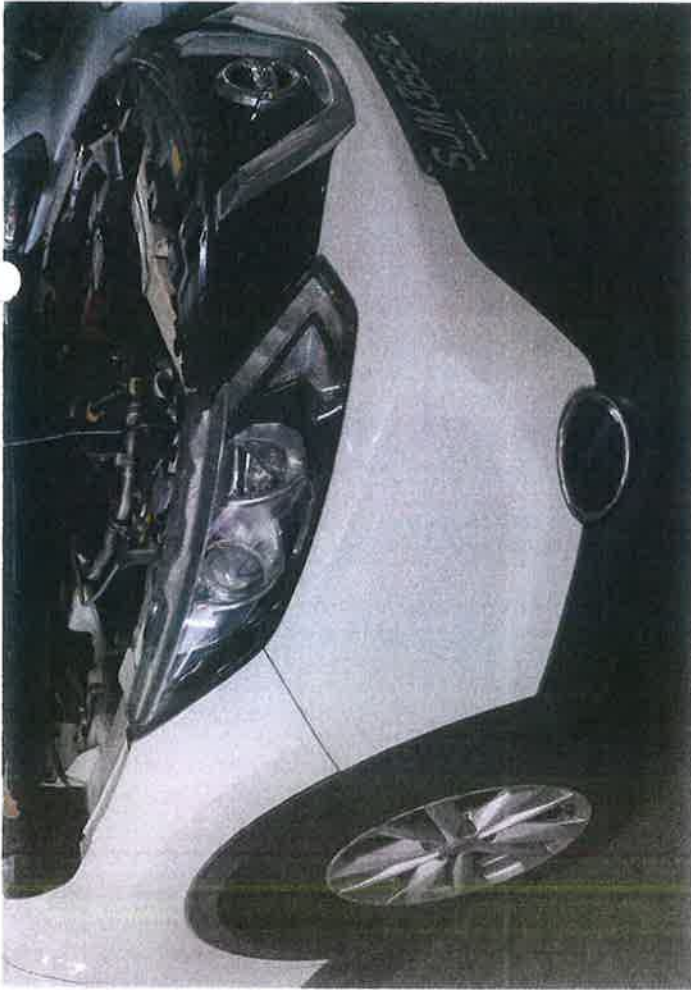
REPAIR DETAILS

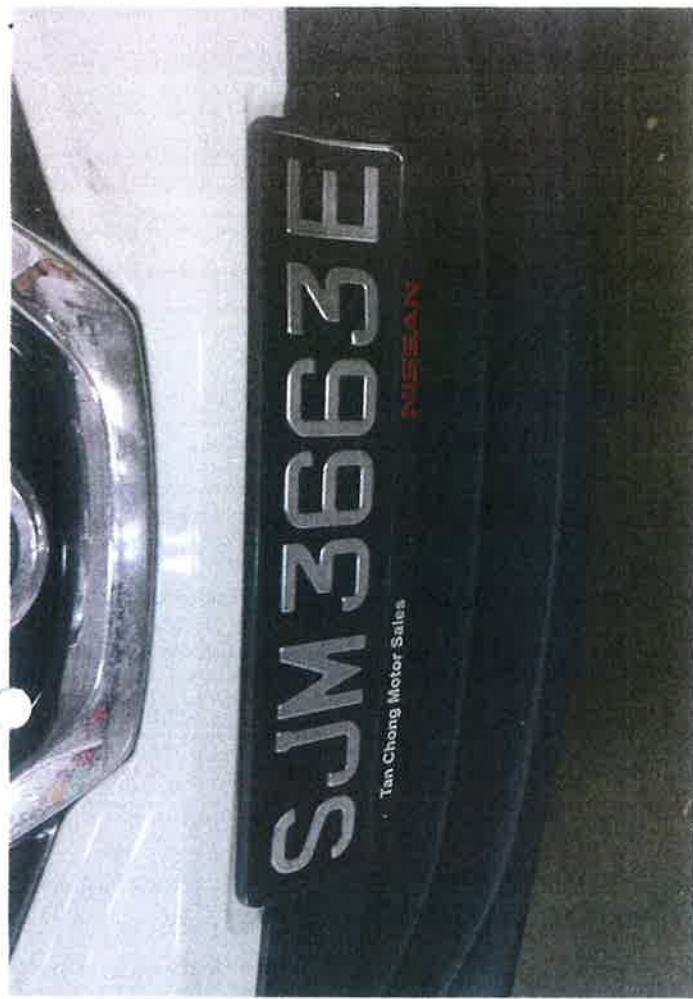
Adjusted Repair Cost

	Repairer's Amount	Adjuster's Amount
Total parts :	\$ 5,184.20	\$ 4,386.40
Total labour :	\$ 1,790.00	\$ 1,350.00
Total repair cost :	\$ 6,974.20	\$ 5,736.40

Adjusted Repair Cost (Lump Sum Repair)

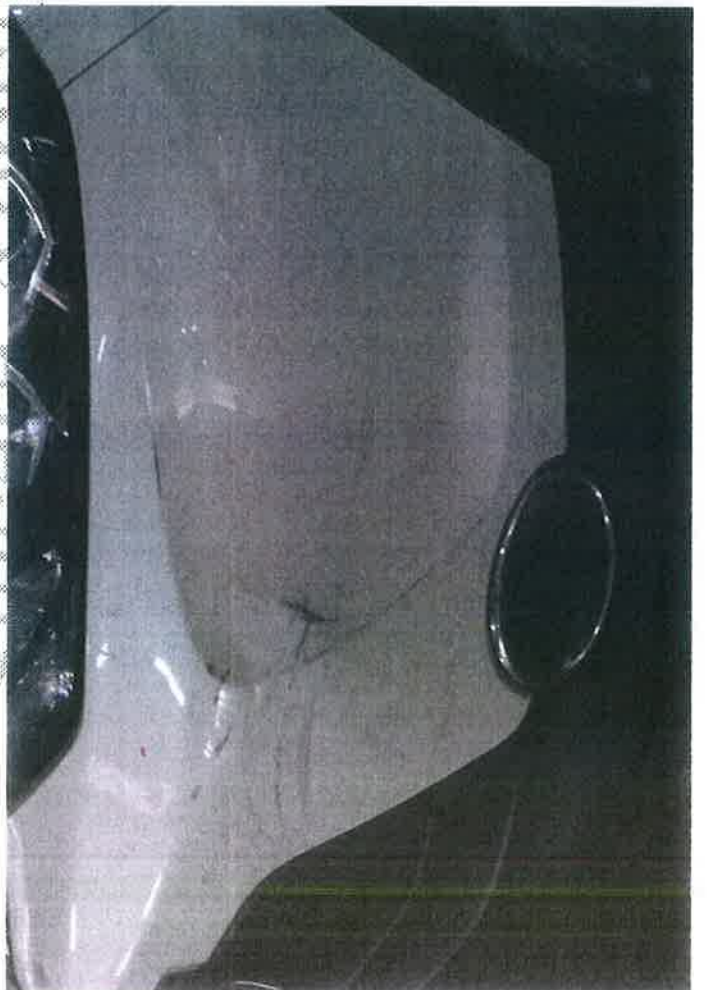
\$ 4,600.00





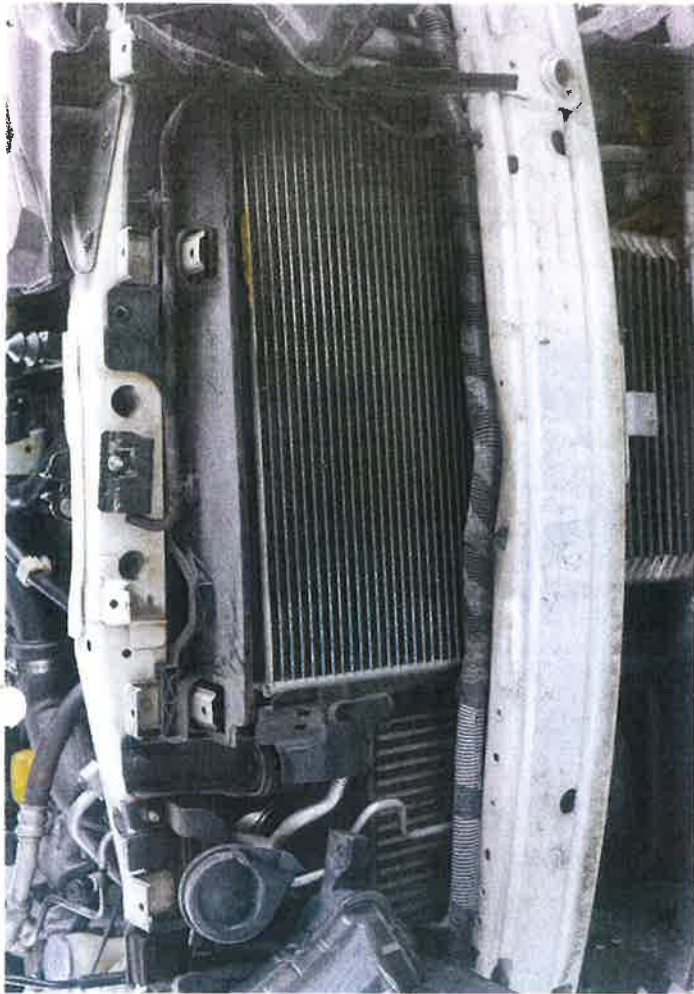


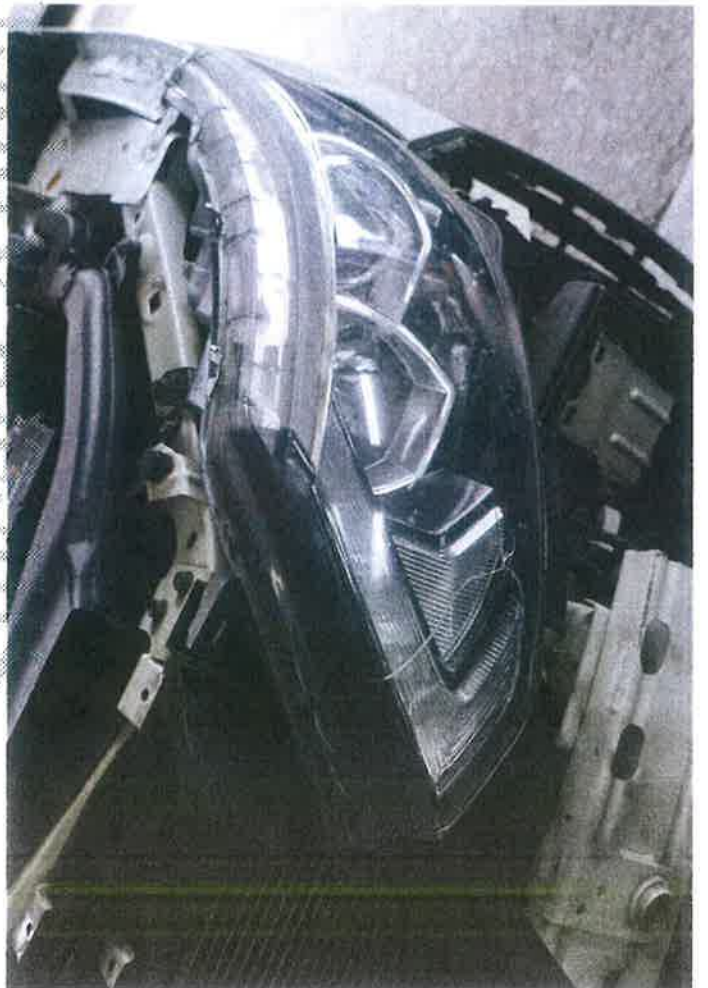
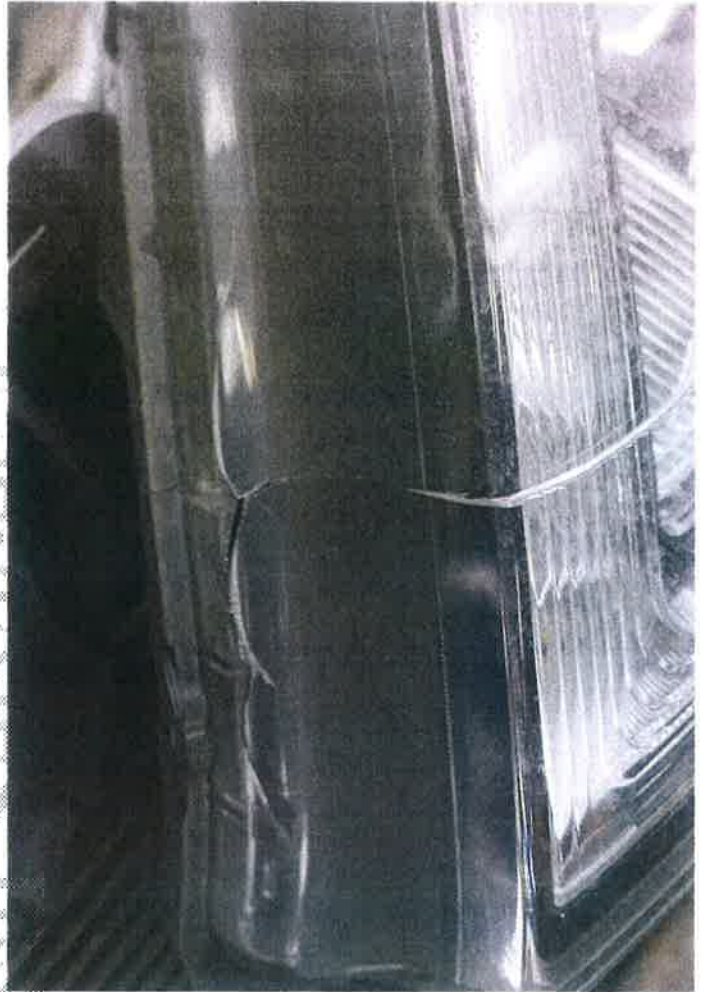


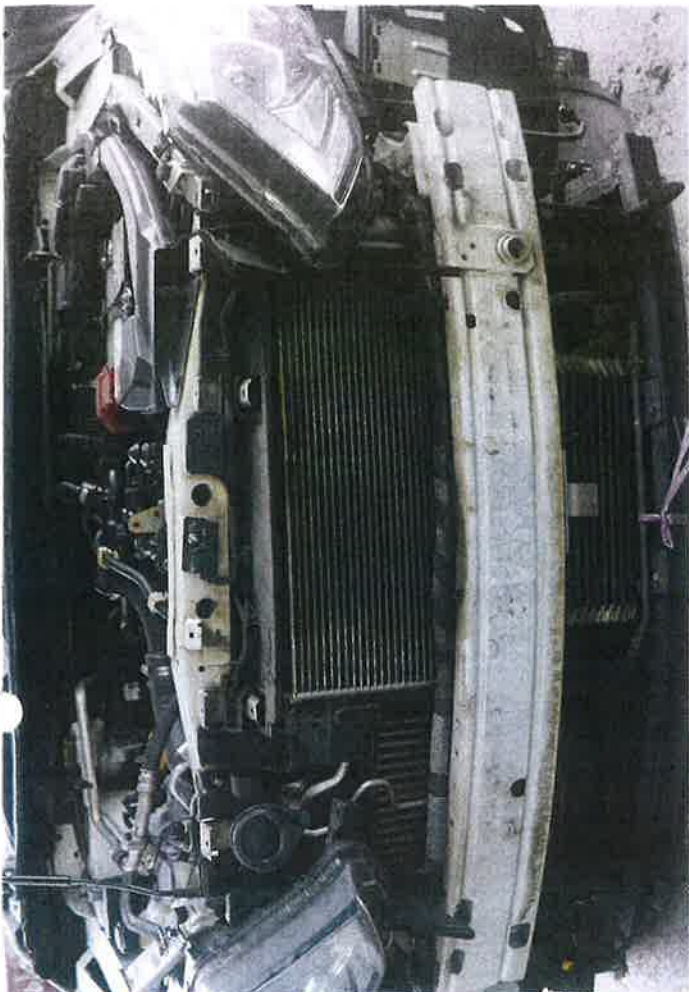


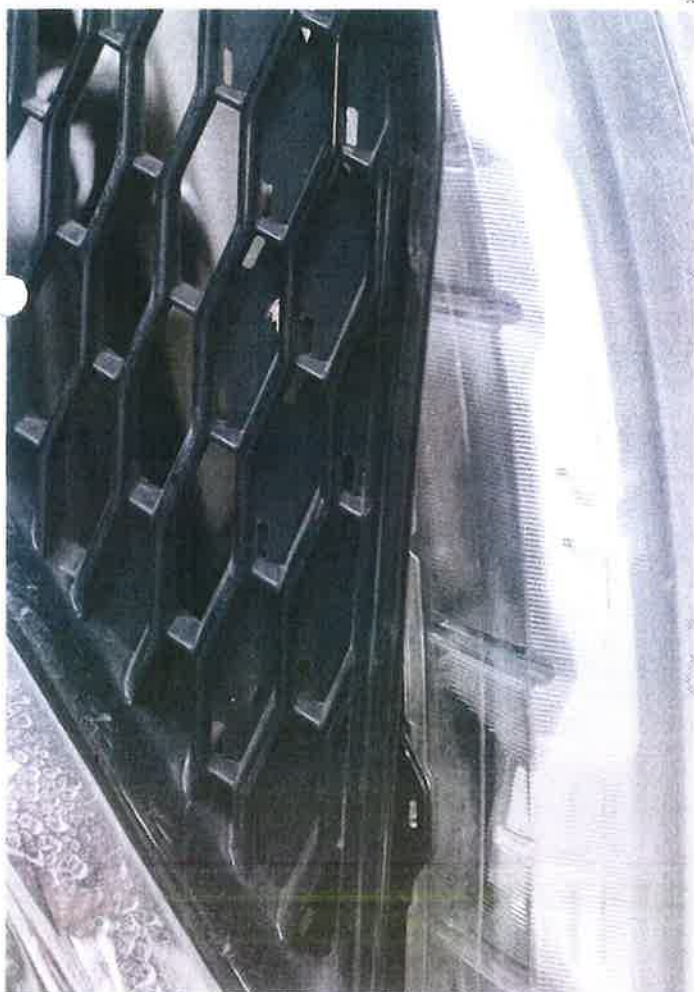


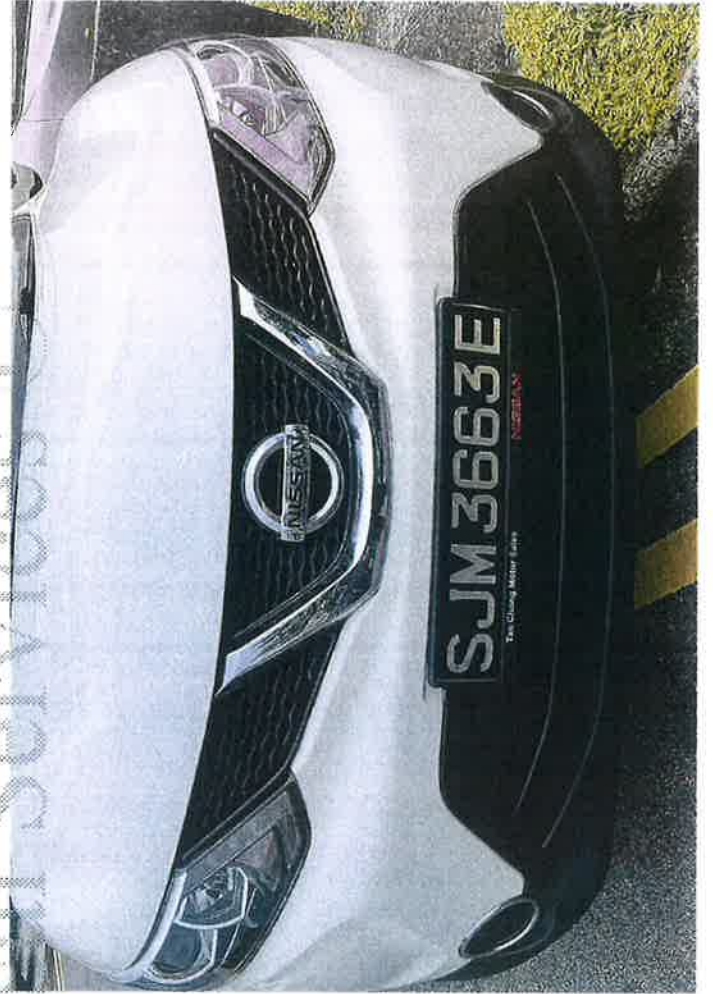














Superior Appraisal Services ©

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

Foreign Identification Number

621U

SJM3663E

Yes

01 Mar 2022

NISSAN

QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR

White

2016

HRA2352545A

SJNFEAJ11U1819828

85.0 kW (113 bhp)

\$18,725.00

21 Feb 2017

21 Feb 2017

1

\$13,725.00

Yes

20 Feb 2027

\$9,607.00

20 Feb 2027

A - Car up to 1600cc & 97kW (130bhp)

10

\$48,401.00

\$24,070.00

\$33,677.00

The information contained herein is correct as at 01 Mar 2022

OK

Dawson Place Clinic

Blk 57 Dawson Road #02-03 Dawson Place Singapore 142057
Tel: 6475 0889 Fax: 6475 6889

Your Ref: AJ.tk.8007A.2022.OZ-PD+PI

12 May 2022

CROSSBORDERS LLC
Advocates & Solicitors
133 New Bridge Road
#23-03/04/05
Chinatown Point
Singapore 059413

Dear Sir/Mdm,

Re: Medical Report for Ms Xie Ying (Fin No. G1131621U)

1. The above-mentioned patient was seen in our clinic on 21st February 2022 at 9pm after she was involved in a road traffic accident on 19th February 2022.
2. When she consulted me, she complained about having lower back pain following the accident.
3. Upon examination, her vital signs were normal. There was an area of tenderness over her lower back (lumbar region). There were no bruises seen and there were no neurological deficits noted. The range of movement of her lower back was normal.
4. The diagnosis of 'lower back strain' was made. Ms Xie was given an analgesic ointment to apply and medical leave for 3 days (21 February 2022 to 23 February 2022). She was advised to return for review and may require an X-ray if her pain does not improve.
5. For your information.

For your information,

Regards,



DR CHAN HIAN KIANG
DAWSON PLACE CLINIC

Dr Chan Hian Kiang
Dawson Place Clinic



DAWSON PLACE CLINIC

57 DAWSON ROAD #02-03 DAWSON PLACE, SINGAPORE 142057

Tel1: 64750889 Tel2: 69194677 Fax: 64756889

GST Reg No: 200605093H

Co Reg No: 53006188X

TAX INVOICE

CROSS BORDERS LLC

133 NEW BRIDGE ROAD

23-03/04/05 CHINA TOWN POINT

SINGAPORE 059413

Account No. : CROSS

Invoice No. : 439245

Credit Terms :

Date : 17 May 2022

NO	DATE	NAME	EMP NO	CHIT NO	REMARKS	TOTAL	CO-PAY
1	17/05/22	XIE YING				\$150.00	\$0.00

Sub Total \$150.00

Add GST 7.0% \$10.50

Grand Total \$160.50

All cheque should be crossed and made payable to : DAWSON PLACE CLINIC

Items not exchangeable, not refundable.

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

E. & O.E.





Dawson Place Clinic

Blk 57 Dawson Road #02-03 Dawson Place Singapore 142057
Tel: 6475 0889 Fax: 6475 6889

Dr Chan Hian Kiang

GST Reg No : 200605093H

Co Reg No : 53006188X

TAX INVOICE

XIE YING

14 TAMAN HO SWEE

#08-51 BUKIT HO SWEE VIEW

S(161014)

Invoice No. : 433614

Our Reference : 37912

Date : 21 Feb 2022

Patient : XIE YING(G1131621U)

Attending Doctor : DR CHAN HIAN KIANG

DESCRIPTION	QTY	FEE
THERMALGESIC CR	1.00 tube	\$20.00
AFTER HOURS CONSULTATION		\$60.00
CONSULTATION		\$0.00
Total Amount Payable		\$80.00
Receipt No. 518265 - CASH Payment Received		\$80.00
Outstanding Balance		\$0.00

Inclusive of GST 7.0% : \$5.23

All Cheques should be crossed and made payable to :

DAWSON PLACE CLINIC

All items not exchangeable, not refundable.

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



Dawson Place Clinic

Blk 57 Dawson Road #02-03 Dawson Place Singapore 142057
Tel: 6475 0889 Fax: 6475 6889

Dr Chan Hian Kiang

Medical Certificate

Date : 21 Feb 2022

MC No. : 0000108955

This is to certify that :

Name : XIE YING

NRIC : G1131621U

is Unfit for Duty / Work / School for 3 days
from 21 Feb 2022 to 23 Feb 2022 inclusive.

DR CHAN HIAN KIANG

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



Thank you

Amerjeet Singh has successfully logged out.

Your last login date and time was 23 Feb 2022, 10:07:50.

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(\$\$) 	Log Date/Time 
1	Vehicle	SLU1870X -		18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	23 Feb 2022 / 10:08:30



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: 25/02/2022

Your Ref No: oz

Dear Sir/Madam,

Date of Accident: 19/02/2022 00:00 (SGT)

Vehicle No: SJM3663E

Place of Accident: South Bridge Rd, 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\$)
SLU1870X	South Bridge Rd, 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.