

# CROSSBORDERS LLC

Advocates & Solicitors | Commissioner for Oaths | Notary Public

Our Ref : AJ.tk.8011.2022.EMS (PD+PI)  
Your Ref: SLL9820K

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 client where necessary.

Our Ref:  
Name  
Date

India International Insurance Pte Ltd

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

TEL: 6438 1323  
FAX: 6438 2313

TO: **MOHAMED SHAH BIN MOHAMED SAID**  
Blk104C Canberra Street  
#07-523  
Singapore 753104

BY CERTIFICATE OF  
POSTING

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

WITHOUT PREJUDICE

BY PDX

WITHOUT PREJUDICE



FROM CROSSBORDERS LLC  
PDX Box No. 8038

Dear Sirs

**RE : CLAIMANT: TIN WAI LEONG**  
**ACCIDENT INVOLVING VEHICLES NO. SJY4323S & SLL9820K ALONG HOLLAND ROAD TOWARDS NORTH BUONA VISTA ROAD ON 01.04.2022**

We are instructed by the abovenamed to claim damages against you in connection with an accident on 01 April 2022 at about 18:40 hours along Holland Road towards North Buona Vista Road involving our client's vehicle no. SJY4323S and motor vehicle registration no. SLL9820K 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 SLL9820K.

As a result of the accident, our client's motor vehicle no. SJY4323S was damaged and our client suffered personal injuries. He injuries are set out in the medical report annexed to this letter. His 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)	\$	81.64
c)	Loss of Income (5 days MC)		To be assessed
d)	Cost of Repairs (Inclusive GST)	\$	12,840.00
e)	Loss of Rental (11 days x \$130.00 per day)	\$	1,430.00
	Loss of Use (1 day x \$120.00 per day)	\$	120.00
f)	(inclusive of 1 Sunday and 2 days Pre-Repair Inspection Notice)		

**B. General Damages** \$ **3,500.00**

## C. Disbursements

a)	Medical Report Fee	\$	174.40
b)	GIA Report	\$	58.00
c)	LTA Search	\$	7.49
d)	Surveyor Fee	\$	840.00
D.	<b>Legal Cost (including GST) (at this stage)</b>	\$	<b>3,210.00</b>

## CONFIDENTIALITY CAUTION

THIS DOCUMENT IS FOR THE ADDRESSEE(S) ONLY AND MAY CONTAIN CONFIDENTIAL INFORMATION AND/OR MAY 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

Advocates & Solicitors | Commissioner for Oaths | Notary Public

20 JUL 2022

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

Our Ref : AJ.tk.8011.2022.EMS (PD+PI)  
Your Ref: SLL9820K

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

WITHOUT PREJUDICE

Dear Sirs

RE : CLAIMANT: TIN WAI LEONG

ACCIDENT INVOLVING VEHICLES NO. SJY4323S & SLL9820K ALONG HOLLAND  
ROAD TOWARDS NORTH BUONA VISTA ROAD ON 01.04.2022

We are instructed by the abovenamed to claim damages against you in connection with an accident on 01 April 2022, at about 18:40 hours along Holland Road towards North Buona Vista Road, involving our client's vehicle no. SJY4323S, and motor vehicle registration no. SLL9820K, 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 SLL9820K.

As a result of the accident, our client's motor vehicle no. SJY4323S was damaged and our client suffered personal injuries. His injuries are set out in the medical report annexed to this letter. His 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)	\$	81.64
c)	Loss of Income (5 days MC)		To be assessed
d)	Cost of Repairs (Inclusive GST)	\$	12,840.00
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	(inclusive of 1 Sunday and 2 days Pre-Repair Inspection Notice)		

**B. General Damages** \$ 3,500.00

**C. Disbursements**

a)	Medical Report Fee	\$	174.40
b)	GIA Report	\$	58.00
c)	LTA Search	\$	7.49
d)	Surveyor Fee	\$	840.00

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

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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 and Traffic Police Report lodged by our client (SJY4323S) with sketch plan together with photographs of vehicle no. SJY4323S;
- b) ✓ GIA Report lodged by you (SLL9820K) with sketch plan together with photographs of your motor vehicle no. SLL9820K;
- c) ✓ Result of LTA search on your vehicle registration no. SLL9820K;
- d) ✓ Vehicle Rental Agreement and Invoice from E Rental;
- e) ✓ Repair Proforma Invoice from E M Solution Pte Ltd;
- f) ✓ Vehicle Assessment Report & Invoice from Sincere Appraisal Services Pte Ltd;
- g) ✓ Seventy-Six (90) colour photographs depicting the damage to our client's motor vehicle no. SJY4323S;
- h) ✓ Vehicle Owner Particulars of our client's vehicle no. SJY4323S;
- a) ✓ Medical Report dated 19 Jun 2020 by Dr Leon Neoh from Mount Alvernia Hospital together with Tax Invoice for the sum of \$174.40 being Medical Report Fees;
- b) ✓ Medical Fees for \$81.64 from Mount Alvernia Hospital;
- c) ✓ Medical Certificate from Mount Alvernia Hospital; and
- d) ✓ LTA Receipt & GIA Invoices.

We have on 04 April 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.