

# TOMMY CHOO, MARK GO LLC

Advocates & Solicitors

UEN NO: 201523418E

(a law corporation with limited liability)

51 CHIN SWEE ROAD #03-91

SINGAPORE 160051

TEL : (65) 6532 2455

FAX : (65) 6538 9850 (Services of Court Documents By Fax Not Accepted)

EMAIL: [lhling@tcmg.com.sg](mailto:lhling@tcmg.com.sg)

Our Ref : LLH/rl/1229/0922/MAS

Your Ref : SMK 4703 S

21 SEP 2022

Lim Miao Ling (Lin Miaoling)  
Block 406 Fajar Road  
#13-309  
Singapore 670406

**By Certificate of Posting**  
(For your attention; without enclosures)

AXA Insurance Pte Ltd  
9 North Buona Vista Drive  
#18-01/06 Tower 1 The Metropolis  
Singapore 138588

BY EMAIL  
[motor.doc@axa.com.sg](mailto:motor.doc@axa.com.sg)

**Attn: Motor Claims Department**

Dear Sirs,

**ACCIDENT INVOLVING GBB 9323 A AND SMK 4703 S ON 26 JULY 2022 ALONG PIE TOWARDS TUAS**

We are instructed by **Million Auto Service**, to claim damages against you or your insured, the driver of motor vehicle no. SMK 4703 S, in connection with a road traffic accident on 26<sup>th</sup> day of July, 2022, at about 06:45 hours along PIE towards Tuas, involving our client's motor vehicle no. GBB 9323 A and motor vehicle no. SMK 4703 S driven by your insured at the material time.

We are instructed that the accident was caused by your insured's negligence and/or management of his motor vehicle. As a result of the accident, our client's motor vehicle was damaged and our client had been put to loss and expenses, particulars of which are as follows:

1	Cost of Repairs	\$ 13,642.50 (incl. GST)
2	Loss of Use (\$150 x 12 days)	\$ 1,800.00
3	Loss of Use (Pre-repair) (\$150 x 2 days)	\$ 300.00
4	Survey report fee	\$ 994.00
5	Disbursement (at this stage)	\$ 100.00
6	Legal Cost (at this stage)	\$ 900.00
		<u>\$ 17,736.50</u>

## **TOMMY CHOO MARK GO LLC**

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A copy each of the following supporting documents is enclosed:

1. Copy of LTA search and accident report;
2. Copy of Certificate of Insurance and repair bill;
3. Copy of survey invoice and report; and
4. Colour photographs pertaining to our client's motor vehicle for your perusal;

Our client had on 27<sup>th</sup> July 2022 notified your insurer, M/s AXA Insurance Pte Ltd about the accident and the pre-repair inspection was conducted.

Kindly note that if you are insured and you wish to claim from your insurance policy, you should immediately pass this letter to your insurer.

Please note that you should send us an acknowledgment of receipt of this letter within fourteen (14) days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against your insured without further notice to you or your insured.

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

Yours faithfully,



**LING LEONG HUI (MR)**

enc.

cc. clients

## Enquire Vehicle Owner Details ( As At 26 Jul 2022 / 06:45:00 )

### Vehicle Owner Details

Owner ID Type:

**Singapore NRIC**

Owner ID:

**S8441926E**

Owner Name:

**LIM MIAO LING (LIN MIAOLING)**

Registered Address Type:

**HDB / HUDC**

Registered Block/House No.:

**406**

Registered Street Name:

**FAJAR ROAD**

Registered Unit No.:

**# 13 - 309**

Registered Building Name:

**-**

Registered Postal Code:

**670406**

### Vehicle Insurance Details

Vehicle No.:

**SMK4703S**

Make Description/Model:

**TOYOTA / RAV4 2.0 PREMIUM SUV (AUTO)  
(2WD)**

Insurance Company Name:

**AXA INSURANCE PTE LTD**

Printed on 29 Jul 2022 15:41:13

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## 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	26/07/2022 14:31 (SGT)
Reported by	Driver
Date of Accident	26/07/2022 06:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB9323A
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MILLION AUTO SERVICE
Company Reg No	31741300K
Email Address	GRACE@MILLIONAUTO.COM
Mobile Phone No	(Phone) +65-84301975
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	Manual
CC	1461

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MFL0002383_02

#### DRIVER

Name of Driver	LOKSHMANAPILLAI GNANAPANDITHAN
NRIC No	S2756257D
Date Of Birth	17/03/1957
Occupation	Outdoor

Date Of Driving Pass .....	24/05/2010
Driving experience .....	12 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84301975
Alt. Phone Number .....	-
Email Address .....	MSCHONG@MILLIONAUTO.COM
Address .....	BLK 210 BOON LAY PLACE
Address complement .....	#20-117
Postcode .....	640210
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Raining
Road Surface .....	Wet

#### 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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	wife
Gender .....	Female

#### DETAILS OF POLICE ACTION

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

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMK4703S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

SKETCH PLAN

IMPORTANT NOTICE

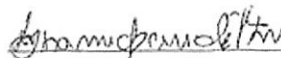
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## SKETCH PLAN

Jalan Besar



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: <u>90B 9323A</u>	ACCIDENT DATE & TIME: <u>26/07/22 06.45</u>
CONTACT NUMBER: <u>84301975</u>	E-MAIL ADDRESS: <u>Pandithanpillai@gmail.com</u>
LOCATION:	
<p><u>On 26/07/22 @ 06.45am I'm travelling P1E (Truck)</u>  <u>by driving 90B 9323A &amp; turned into left side going back</u>  <u>to Boon Lay place where I deliver.</u></p> <p><u>I stopped at the give way sign, to see</u>  <u>on coming vehicle. suddenly the car SMK 47035</u>  <u>hit onto my rear twice.</u></p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

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



Policyholder's Signature  
 Date & Time:

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

[Signature]  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

## 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)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

**All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.**

<b>CERTIFICATE NO.:</b> D20MFL0002383_02	<b>COVER:</b> Third Party Fire & Theft
<p><b>1. Index Mark and Registration Number of Vehicle</b> : GBB9323A</p> <p><b>Chassis No</b> : JN1YBAM20U0003067</p> <p><b>2. Name of Policyholder</b> : MILLION AUTO SERVICE</p> <p><b>3. Effective date of Insurance</b> : 24 Apr 2022</p> <p><b>4. Expiry date of Insurance</b> : 23 Apr 2023</p> <p><b>5. Persons or Classes of Persons entitled to drive*</b></p> <p>Any person who is driving on the Policyholder's order or with their permission. The Hirer.</p> <p>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</p> <p><b>6. Limitations as to use*</b></p> <p>(1) Use in connection with the Policyholder's business or Hirer's business. (2) Use for social, domestic and pleasure purposes and business purposes of the Policyholder or of any person to whom the vehicle is hired.</p> <p><b>The Policy does not cover</b></p> <p>(1) Use for racing, pace-making, reliability trial, or speed-testing. (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. (3) Use for the carriage of passengers for hire or reward. (4) Use for any purpose in connection with the Motor Trade.</p> <p><small>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.</small></p>	
<p><b>Hire Purchase Company</b> : N.A</p> <p>FOR DRIVERS AGED 24 YEARS &amp; ABOVE &amp; WITH MINIMUM 2 YEARS DRIVING EXPERIENCE, AN EXCESS OF S\$1400.00 ON SECTION I (FIRE &amp; THEFT) &amp; S\$1400.00 ON SECTION II FOR SINGAPORE &amp; S\$4000.00 ON SECTION I (FIRE &amp; THEFT) &amp; S\$3000.00 ON SECTION II FOR WEST MALAYSIA WILL BE APPLICABLE.</p> <p>YIED: FOR DRIVERS BETWEEN 22 &amp; BELOW 24 YEARS OLD &amp; WITH MINIMUM 2 YEARS DRIVING EXPERIENCE, AN ADDITIONAL EXCESS OF S\$500.00 ON SECTION I (FIRE &amp; THEFT) &amp; S\$500.00 SECTION II WILL BE APPLICABLE FOR SINGAPORE &amp; WEST MALAYSIA. .</p> <p>YIED: FOR DRIVERS WHO IS 21 YEARS OLD &amp;/OR WITH MINIMUM 1 YEAR DRIVING EXPERIENCE, AN ADDITIONAL EXCESS OF S\$2000.00 ON SECTION I (FIRE &amp; THEFT) &amp; S\$1000.00 ON SECTION II WILL BE APPLICABLE FOR SINGAPORE &amp; WEST MALAYSIA.</p> <p>YIED: FOR DRIVERS WHO IS BELOW 21 YEARS OLD &amp;/OR WITH LESS THAN 1 YEAR DRIVING EXPERIENCE, AN ADDITIONAL EXCESS OF S\$4000.00 ON SECTION I (FIRE &amp; THEFT) &amp; S\$2500.00 ON SECTION II WILL BE APPLICABLE FOR SINGAPORE &amp; WEST MALAYSIA.</p> <p>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).</p> <p>Agent/Broker : B000279/FINANCIAL ALLIANCE PTE LTD Date of Issue : 22/04/2022 17:19:19 M.Z. 301CT - GOODS CARRYING - PM(Company's use)</p> <p style="text-align: right;">For India International Insurance Pte Ltd</p> <div style="text-align: right;">         _____        Authorised Signatory     </div>	

# 萬汽車服務

## MILLION AUTO SERVICE

No. 4 Penjuru Place #01-12, 2.8 Penjuru Tech Hub, Singapore 608782  
Website: <http://www.millionauto.com> Email: [wendy@millionauto.com](mailto:wendy@millionauto.com)  
Tel: 6567 0817, 6264 9091 Fax: 6791 4716  
Reg No: 317413/00-K GST Reg No: M90363176A

AXA Insurance Singapore Pte Ltd  
8 Shenton Way  
No 24-01 AXA Tower  
Singapore 068811

Attention : Motor Claim Department  
Contact : 68804897 Fax No.:68804838

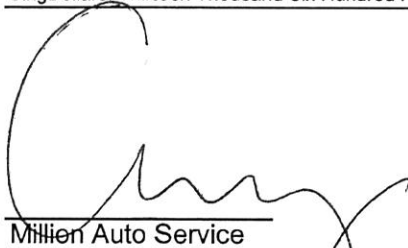
Tax Invoice : 94499

Date : 19/08/2022  
Vehicle Num : GBB9323A  
Make/Model : Nissan NV200  
Chassis/Eng# : JN1YBAM20U0003067  
Accident Date : 26/07/2022  
Claim No.:  
Reference : SMK4703S  
Policy No.:

S/N	Quantity	Particular	Amount S\$
		Lump sum repair cost	12,750.00
		GST @ 7% S\$ :	892.50
			<u>13,642.50</u>

Amount Due S\$ : 13,642.50

SingDollars: Thirteen Thousand Six Hundred Forty-Two And Cents Fifty only



Millien Auto Service

Bank Transfer to DBS Current Account No.: 054-902312-4  
Via PayNow to UEN No.: 31741300KMAS

**QM APPRAISAL PTE LTD**

AUTOMOTIVE APPRAISER / ASSESSOR

COMPANY REGISTRATION NO. 202208848C

ADD: 121 Paya Lebar Way #05-2877 Singapore 381121.

HP: 8353 9169

EMAIL: info@qmtservices.com

Bill To

MILLION AUTO RENTAL PTE LTD

C/O MILLION AUTO SERVICE

NO 4 PENJURU PLACE #01-12, 2-8

PENJURU TECH HUB SINGAPORE 608782

Invoice No: QM000005

Date: 15/8/2022

**INVOICE**

No	Description	Amount (\$\$)
	<b>Automotive Inspection Report - Vehicle No: GBB9323A</b>	
	Survey Fee	
	Reinspection Fee	
	Transport Fee	
	Photographs	
	Our Reference No: IND/GBB9323A/29072022	
	<b>Total:</b>	<b>\$994.00</b>
<b>SINGAPORE DOLLARS NINE HUNDRED AND NINETY FOUR ONLY.</b>		

Note: All cheques payment should be "crossed" and make payable to " QM APPRAISAL PTE LTD "

**Our Payment Details**

Name of Beneficiary: QM Appraisal Pte Ltd.

Name of Bank: OCBC Bank Singapore

Account No: 601805195001

Swift Code:OCBCSGSG

PayNow ID: 202208848C