



# JOHN LAW CHAMBERS LLC

Advocates & Solicitors  
Commissioner For Oaths and Notary Public  
UEN/GST REG. NO. 201938836C

04 NOV 2022

Your Ref: TO BE ADVISED

Our Ref: JLC.2022.4432.PD(G)

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

**WITHOUT PREJUDICE SAVE AS TO COSTS**

**MS FIRST CAPITAL INSURANCE LTD**

36, ROBINSON ROAD,  
#16-01 CITY HOUSE  
SINGAPORE 068877.

**BY PDX (8002)**

**Attn: Motor Claims Department**

Dear Sir/Madam,

**CLAIMANT: EXPRESS OIL (SINGAPORE) LLP**

**ACCIDENT INVOLVING MOTOR VEHICLES NO. GBH9492M AND SHD6166A ALONG PATERSON HILL ON 29.09.2022 AT ABOUT 0830 HOURS.**

1. We act for **EXPRESS OIL (SINGAPORE) LLP**, the owner of vehicle No. **GBH9492M** involved in the abovementioned road accident, in his claim for damages of the consequential property losses and expenses incurred as a result of the said accident.
2. We are instructed that the accident was caused solely or contributed by your / your authorized driver's / your insured's authorized driver's negligent driving, use and/or management of motor vehicle No. **SHD6166A**.
3. Copies of the following supporting documents are enclosed herewith for your perusal: -

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

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

i.	Cost of Repair	S\$ 4,500.00
ii.	Pre-Inspection Days – 2 Days	S\$ 240.00
iii.	Rental / Loss of Use	S\$ 600.00
iv.	Survey Report Fee	S\$ 395.00
v.	LTA and GIA Search Fees	S\$ 7.49
vi.	Incidentals	S\$ 150.00
vii.	Cost Contribution Inclusive of GST (at this stage)	S\$ 1,070.00



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Total :	S\$ 6,962.49
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5. **To the Defendants**, please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurers.
6. The demand herein is in respect of our client's claim for damages pertaining to his motor vehicle and any settlement following or subsequent to this demand shall not prejudice our clients claims in respects of damages and consequential loss in relation to his personal injuries.
7. Please note that you or your insurers should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter.
8. Please note that if you have a counterclaim against our client arising out of the accident, you/your insured are required to send us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 6 weeks of your receipt of this letter.
9. **To the Insurers**, pursuant to the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), we hereby give your Insurers/you, **MS FIRST CAPITAL INSURANCE LTD**, notice that we have our client's instructions to commence court proceedings against you/your insured driver without further notice should you fail to acknowledge receipt of this letter within 14 days and/or fail to reply substantively to the same within 8 weeks and/or to preserve our client's claim from being time-barred.
10. You may acknowledge receipt of this letter by email to:  
**executive@johnlawchambers.com**
11. Please revert.

Yours faithfully

JOHN LAW CHAMBERS LLC

cc: Clients

# Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars ( As At 29 Sep 2022 / 08:30:00 )

## Vehicle Insurance Details

Vehicle No.:

SHD6166A

Make Description/Model:

TOYOTA / PRIUS HYBRID 1.8 CVT

Insurance Company Name:

MS FIRST CAPITAL INSURANCE LIMITED

Business Transaction Reference No.:

20221006163637092931

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

Save as PDF

Print

OK →



Thank you

You have successfully logged out.

Your last login date and time was 06 Oct 2022, 16:35:31.

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	Transaction Type	Transaction Amount
1	Vehicle	SHD6166A	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49

## 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 Actual 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	30/09/2022 12:58 (SGT)
Reported by	Driver
Date of Accident	29/09/2022 08:30 (SGT)
Exact Location of Accident	Paterson Hill, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9492M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	EXPRESS OIL (SINGAPORE) LLP
Company Reg No	T18LL1537E
Email Address	EXPRESSOIL@OUTLOOK.SG
Mobile Phone No	(Phone) +65-63679266
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	3000

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210117663

### DRIVER

Name of Driver	PICHAIPPILLAI KOLANCHINATHAN
Passport No/FIN	G6799030M
Date Of Birth	16/12/1983
Occupation	Outdoor



Date Of Driving Pass	10/02/2015
Driving experience	7 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83058152
Alt. Phone Number	-
Email Address	EXPRESSOIL@OUTLOOK.SG
Address	215 UBI AVE 4
Address complement	-
Postcode	408809
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?	No
Was any injured conveyed to hospital by ambulance?	-
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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

TRAFFIC LIGHT TURNED AMBER AND I PROCEED TO STOP MY VEHICLE WHEN SUDDENLY, VEHICLE B COLLIDED INTO MY VEHICLE REAR PORTION.

#### 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	SHD6166A
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	VEHICLE B
No. Of Passenger (Including Driver)	-

## SKETCH PLAN

### 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 Actual Driver.
3. Information provided must be as true and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The assured 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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 lodging 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.

#### 6 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 be 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 be 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 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 (Name as in NRIC/D card)

#### Sketch Plan



Describe Circumstance of the Accident

While light down today and I found to see my vehicle  
when suddenly vehicle I accident into my vehicle now  
from

**Declaration**

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



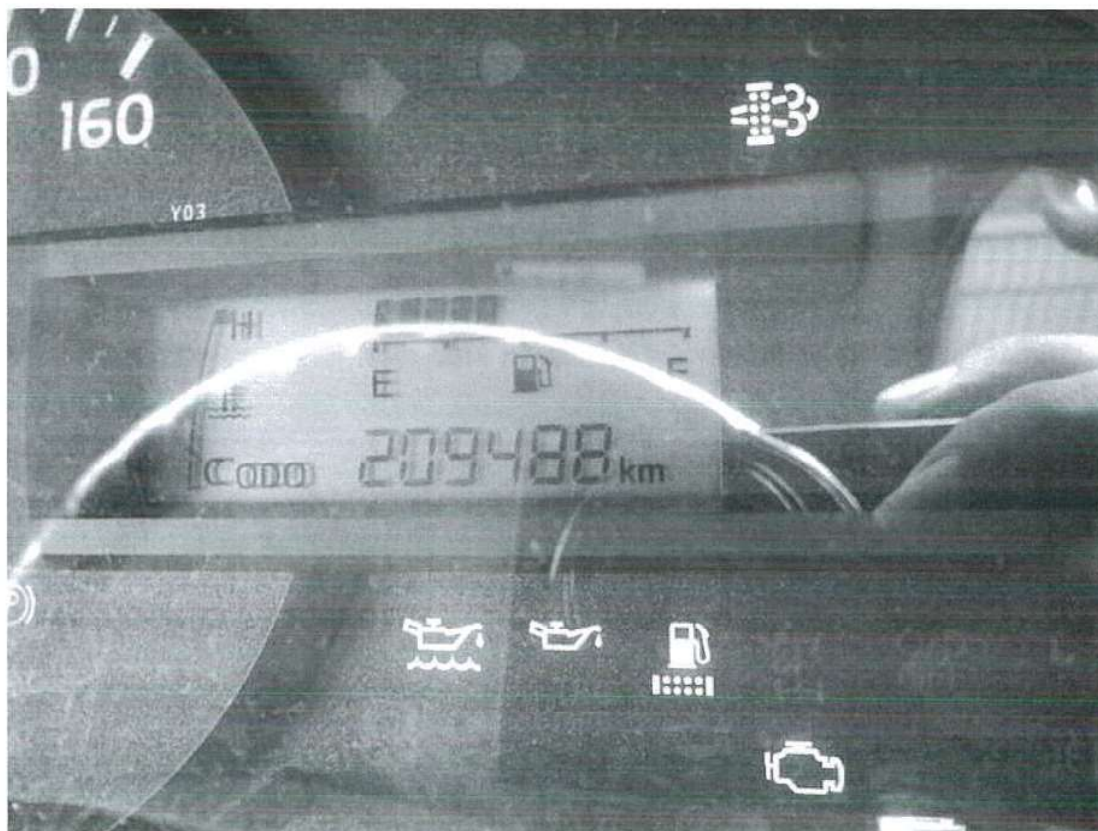
Policyholder's Signature / Date & Time

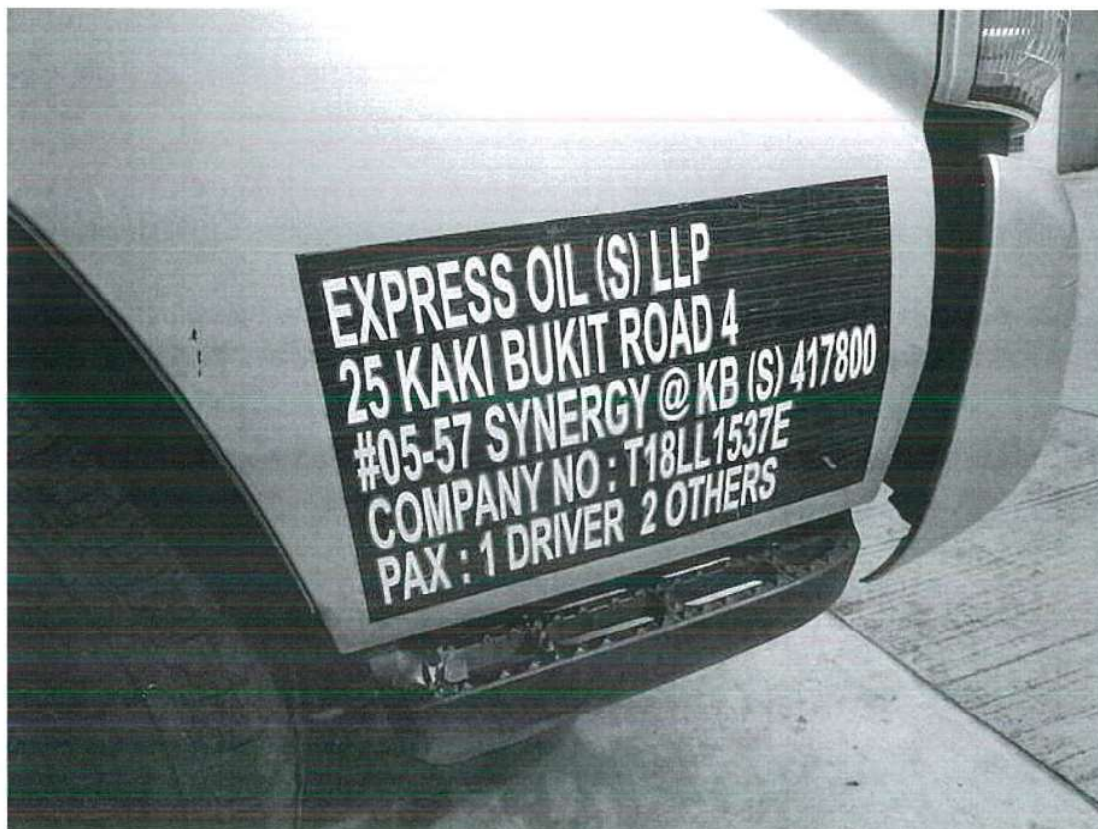
*[Signature]*

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Control Personnel  
(Name in in NRGLD card)

IMAGES





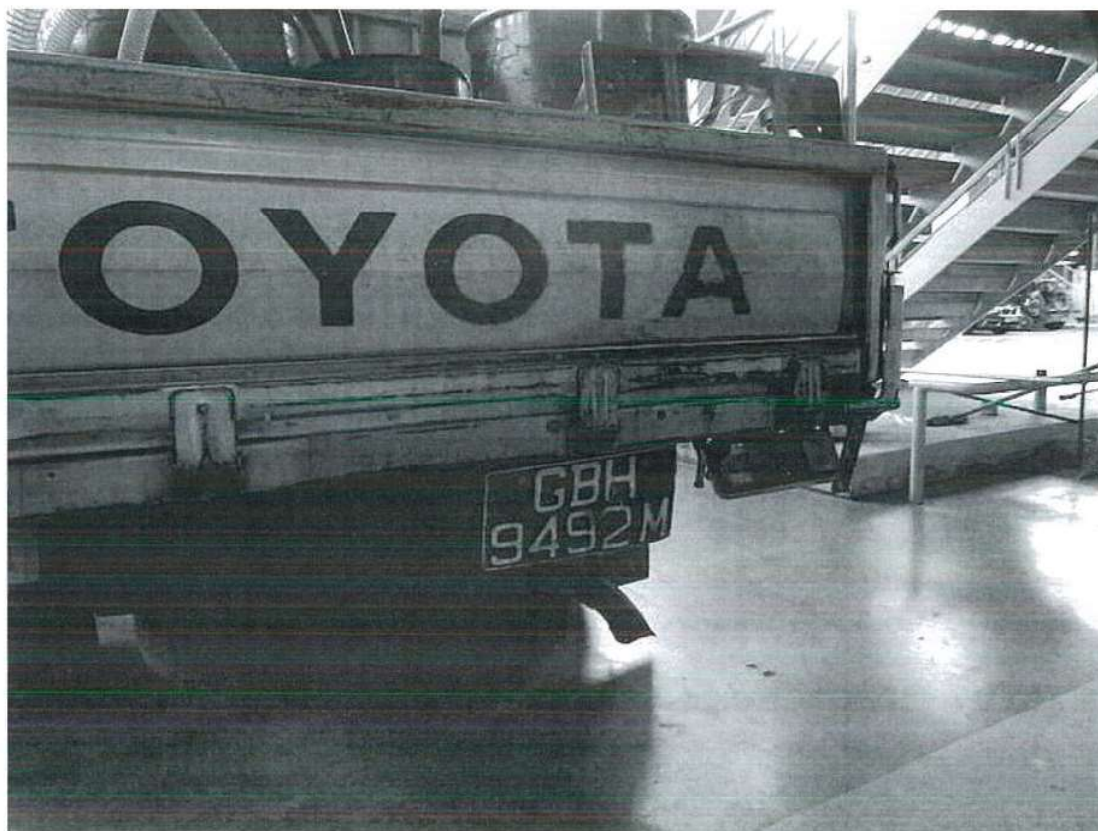
IMAGES #3







IMAGES #6







### ABOUT THE POLICYHOLDER

Occupation/Nature of Business: Motor Trade/Motor Repair Activities

## ABOUT THE VEHICLE

## ABOUT THE COVER

Person or Classes of Persons Entitled to Drive

Age Condition      A0 Age Condition

Limitation as to use

#### Other Key Policy Benefits

**EXCESS**

Section 2

Frequency (Hz) = 50

Winterszenen: 5100

**PREMIUM**

GST (7%)	\$	76.22
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Total	\$	1,165.61
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Total	\$	1,165.61
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Your Premium includes the following discount(s):  
No Claim Discount - 20%

**LIAN HONG SENG MOTOR WORKS ( UEN : 4639 2600E )**

Blk 5035 Ang Mo Kio Industrial Park 2, #01-345

Singapore 569538.

Tel: (65) 6843683 Fax: (65) 66127495

email: lhsMotorWorks@hotmail.com

**M/S : EXPRESS OIL (SINGAPORE) LLP****Inv No. : ARTC-2022/023****Date : 24.10.2022****REF No. : WG/TP/2022-269****Veh No. : GBH9492M****Model : Toyota****Model : Dyna****Job Sheet :****Terms : COD**Attn: The Account Dept.

S/No	Particulars	Amount (S\$)
	Accident Repair - Total Lump Sum	\$ 4,500.00
	Sin Dollars: Four Thousand Five Hundred Only	
	<b>Total Amount Due :</b>	<b>\$ 4,500.00</b>

*All Cheques should be crossed and made payable To :***LIAN HONG SENG MOTOR WORKS****A/C : 018-905 024 - 7 ( DBS Bank )****Acknowledge Receipt By :****LIAN HONG SENG MOTOR WORKS**\_\_\_\_\_  
Authorised Signature\_\_\_\_\_  
Authorised Signature

# WG APPRAISAL SERVICES

Blk 224B, Compassvale Walk, #07-647. Singapore 542224

Email: Winsongkk@hotmail.com Contact: 9747 0063

Company Register No. 53326249J

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Our Ref:	WG/TP/2022-269	
Invoice No:	TP/LHS/2022-269	Date 24 October 2022
Vehicle No:	GBH9492M	
Attn:	EXPRESS OIL ( SINGAPORE ) LLP	
Company:	LIAN HONG SENG MOTOR WORKS	
Address:	Blk 5035 Ang Mio Kio Industrial Park 2 #01-345. Singapore 569538	

## Invoice

Surveyor Fee:	S\$300
Re-inspection Fee:	Na
Transport:	S\$60
Photographs:	S\$35/- (@ \$1 per photo, total 35 photos)
Total:	S\$395

Surveyor:	Winsong Goh
Signature:	
Date:	4 October 2022



# WG APPRAISAL SERVICES

Blk 224B, Compassvale Walk, #07-647, Singapore 542224

Email: [winsongkk@hotmail.com](mailto:winsongkk@hotmail.com) Contact: 9747 0063

Company Register No. 53326249J

## ACCIDENT DAMAGED VEHICLE INSPECTION REPORT

M/S : EXPRESS OIL ( SINGAPORE ) LLP  
C/O LIAN HONG SENG MOTOR WORKS  
Blk 5035 Ang Mio Kio Industrial Park 2  
#01-345, Singapore 569538

Date : 24 October 2022  
Our Ref : WG/TP/2022-269

### REFERENCE PARTICULARS

Date of Accident : 29 September 2022  
Date of Inspection : 13 October 2022

Type of Inspection : Third Party Claim  
Date of Re-Inspn : Na

### VEHICLE PARTICULARS

Registration No : GBH9492M  
Make : TOYOTA  
Model : DYNA 150 5MT  
Year : 2018

Engine No : 1KD2825015  
Chassis No : JTFAT35Y60K211579  
Odometer : 211701km  
Colour : Silver

### CONDITION OF VEHICLE (STATIC CHECKS AT TIME OF INSPECTION ONLY)

Engine condition : Good  
Foot Brake : Serviceable  
Hand Brake : Serviceable

General Body Work : Good  
Steering : Serviceable  
Lightings : Serviceable

### TYRE CONDITION (Remaining estimated life of tyre in mm)

	<u>Make</u>	<u>Size</u>	<u>Thread Balance</u>
Front Near side	: Maxmile	195R15C	5 mm
Front Off Side	: Maxmile	195R15C	5 mm
Rear Near Side	: Maxmile	195R15C	5 mm
Rear off Side	: Maxmile	195R15C	5 mm

### GENERAL DESCRIPTION OF DAMAGES

The vehicle sustained damage at the rear portions.  
For details, refer to assessment for repairs and photographs attached.

### ASSESSMENT SUMMARY

Our assessment of the repair costs to pre-accident condition was **SS\$4,500.00** nett at lump sum basis.(Subject to GST if applicable)

Under normal circumstances, estimated period required for repairs : Five ( 05 ) working days.

Enclosed Thirty-Five ( 35 ) photographs depicting damage to the vehicle.

Inspection conducted at : LIAN HONG SENG MOTOR WORKS

Blk 5035 Ang Mio Kio Industrial Park 2 #01-345, Singapore 569538

In accordance to your instruction, we have **not authorise** repairs and inspection was conducted strictly on a "**WITHOUT PREJUDICE BASIS**".



VEHICLE NO : GBH9492M  
MODEL : DYNA 150 5MT

Our Ref : WG/TP/2022-269

ASSESSMENT OF REPAIRS AND SPARE PARTS COSTS

DESCRIPTION OF PARTS AND NATURE OF REPAIRS

A)	SPARE PARTS	QTY PC/SET	ASSESSED CONDITION		ORIGINAL QUOTATION	REVISED QUOTATION
01	TAILGATE	1	DENTED	\$	1,719.00	\$ 1,719.00
02	TAILGATE HINGE	4	BENT	\$	210.00	\$ 210.00
03	TAILGATE LOWER BRACKET LH	1	BENT	\$	124.00	\$ 124.00
04	TAILGATE LOWER BRACKET RH	1	BENT	\$	124.00	\$ 124.00
05	TAILGATE STOPPER	2	NECESSARY	\$	60.00	\$ 60.00
06	TAILLAMP LH	1	CRACKED	\$	175.00	\$ 175.00
07	TAILLAMP RH	1	CRACKED	\$	175.00	\$ 175.00
08	TAILLAMP PANEL LH	1	BENT	\$	211.00	\$ 211.00
09	TAILLAMP PANEL RH	1	BENT	\$	211.00	\$ 211.00
10	SPARE TYRE CARRIER	1	DENTED	\$	385.00	\$ 385.00
11	REAR EXHAUST SILENCER	1	BENT	\$	850.00	\$ 850.00
12	REAR EXHAUST MOUNTING	2	NECESSARY	\$	60.00	\$ 60.00
13	TAILGATE EMBLEM LOGO ( TOYOTA )	1	NECESSARY	\$	155.00	\$ 144.00
				\$	4,459.00	\$ 4,448.00
				Less 25%	\$ 1,114.75	\$ 1,112.00
				\$	<b>3,344.25</b>	<b>\$ 3,336.00</b>

**B) S/NETT ITEM**

14	REAR NUMBER PLATE	1	BENT	\$	100.00	\$ 90.00
15	70KM/H STICKER	1	NECESSARY	\$	70.00	\$ 60.00
				\$	<b>170.00</b>	<b>\$ 150.00</b>

**Parts Total :**

\$	<b>3,514.25</b>	\$	<b>3,486.00</b>
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**C) LABOUR CHARGES & MISC**

16	CHECK REAR WIRING AND LIGHTING SYSTEM	\$	90.00	\$	80.00
17	TRANSFER PARTS, ATTACHMENT FROM OLD TAILGATE TO NEW	\$	250.00	\$	180.00
18	PANEL BEATING AND RENEW DAMAGE PARTS ON AFFECTED AREAS	\$	1,000.00	\$	900.00
19	SPRAY PAINTING ON AFFECTED AREAS	\$	1,000.00	\$	900.00
20	APPLY ANTI RUST ON AFFECTED AREAS	\$	120.00	\$	100.00

**Labour Total :**

\$	<b>2,460.00</b>	\$	<b>2,160.00</b>
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**Total Parts and Laboure :**

\$	<b>5,974.25</b>	\$	<b>5,646.00</b>
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**FINAL LUMP SUM ADJUSTMENT**

\$	<b>4,500.00</b>
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#### **POINT OF IMPACT**

The impact was confined to the rear portion of the vehicle.  
The damages appeared to be consistent as per the accident report statement.  
Please refer the attached schedule and photographs for details.

#### **ADJUSTMENT/RECOMMENDATIONS**

We have thoroughly inspected each and every item on the repairer's estimates against the actual damaged found on the vehicle. We have listed the breakdown of our findings and recommendations as per assessment above.

#### **CONCLUSION**

The repairer has agreed to undertake repair the vehicle at a lump sum basis of **SS\$4,500.00 nett** corresponding to replacement of parts, spray painting and labour charges. We now revert for your decision on the above claim.

Yours faithfully,  
WG APPRAISAL SERVICES



\_\_\_\_\_  
Winson Goh  
Automotive Appraiser







