# 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: <a href="mailto:lhling@tcmg.com.sg">lhling@tcmg.com.sg</a>

Our Ref:

LLH/rl/1327/1122/SWM

Your Ref:

XF 329 S

0 5 DEC 2022

By Certificate of Posting

(For your attention: without enclosures)

Buildmate (S) Pte Ltd 3 Eunos Avenue 8A Eunos Industrial Estate Singapore 409458

Lonpac Insurance Berhad 300 Beach Road #17-04/07 The Concourse Singapore 199555 BY EMAIL
mt\_claim@lonpac.com

Attn: Motor Claims Department

Dear Sirs,

# ACCIDENT INVOLVING WC 2018 Z AND XE 329 S ON 28 SEPTEMBER 2022 ALONG NEAR 15A JURONG PORT ROAD INFRONT LAMP POLE 36

We are instructed by Say Wah Welding & Construction Pte Ltd, to claim damages against you or your insured, the owner/driver of motor vehicle no. XE 329 S, in connection with a road traffic accident on 28<sup>th</sup> day of September, 2022, at about 22:35 hours along near 15A Jurong Port Road infront lamp pole 36, involving our client's motor vehicle no. WC 2018 Z and motor vehicle no. XE 329 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	\$ 25,800.00
2	Loss of Use (\$300 x 10 days)	\$ 3,000.00
3	Loss of Use (Pre-repair) (\$300 x 3 days)	\$ 900.00
4	Survey fees	\$ 1,257.00
5	Disbursement (at this stage)	\$ 100.00
6	Legal Cost (at this stage)	\$ 900.00
		\$ 31,957.00

### 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;

We had on 30<sup>th</sup> September 2022 notified your insurer, M/s Lonpac Insurance Berhad about the accident.

Please 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)

encl.

cc. client



# Enquire Vehicle Owner Details (As At 28 Sep 2022 / 22:35:00)

Vehicle Owner Details

Owner ID Type:

Company

Owner Name:

BUILDMATE (S) PTE LTD

Registered Block/House No.:

3

Registered Unit No.:

\_

Registered Postal Code:

409458

Owner ID:

197801401G

Registered Address Type:

Private Residential (Condo Apt or House) /

Shopping / Office Complexes

Registered Street Name:

**EUNOS AVENUE 8A** 

Registered Building Name:

**EUNOS INDUSTRIAL ESTATE** 

## Vehicle Insurance Details

Vehicle No.:

Make Description/Model:

XE329S

ISUZU / CYH52T

Insurance Company Name:

LONPAC INSURANCE BHD

Printed on 29 Nov 2022 16:51:32

Copyright © Land Transport Authority of Singapore 2022

SC1R229U0004 / ComfortDelGro Engineering Pte Ltd [579701] ENTRY DATE & TIME: 30/09/2022 15:32 (SGT) SUBMITTED BY: Cray Tan Chia Loong VERSION: 1 (30/09/2022 15:32 (SGT))



# 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 witholding 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 15:32 (SGT) Reported by Driver Date of Accident 28/09/2022 22:35 (SGT) **Exact Location of Accident** Near 15A Jurong Port Rd, Singapore 619120 Additional Location Information **INFRONT LAMP POLE 36** Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number WC2018Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SAY WAH WELDING & CONSTRUCTION PTE LTD Company Reg No 201508801Z **Email Address** saywahmachinery@gmail.com Mobile Phone No (Phone) +65-84240554 Alternative Phone No.

VEHICLE PARTICULARS

Manufacturer Nissan Model Cgb45clsmnb Variant Exact purpose for which vehicle was being used at time of **Employment** accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission CC

No - Claiming third party Commercial vehicle Manual 13074

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number B 400001560 MKF

DRIVER

Name of Driver LI XIAOPENG Work Permit No. G3035120M Date Of Birth 27/03/1979 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	14/03/2015 7 YEARS AND 6 MONTHS Male (Phone) +65-84240554 - saywahmachinery@gmail.com 13 JALAN TERUSAN - 619293 No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface OTHER INFORMATION	Side Swipe Clear Dry
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID  Translator's phone number  Translator's email  Original language used in the statement	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACH	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes Yes
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	XE329S - - -

Commercial vehicle

Name of Driver Contact Number

Vehicle Colour

Vehicle Category

Address	-
Address complement	100
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	90-

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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 fodgement 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.
- Consent under the Personal Data Protection Act (PDPA)

lunderstand, 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
- (ii) investigating the accident and/or my claims;
- (ii) 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.

Policyholder's Signature / Date & Time

LI XIao peng

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

Wilnessed by Reporting Centre Personnel

Sketch Plan

	\$0.00
On the right of 28	Spotember 2012, ground 10: 20 m along Jalan
Ternson, I was reaching	The traffy both discharge while the traffy that
has allen and there	THE MATTER HAM TO A STATE THAT
my while to some	as no executed results that the T Zloved down
vertice 16 prepare	to turn vight. Just at the jun (tion, the
venicle XE3245 behind	me suddenly cut the lane from the right which
was against the traffic ,	and hit my vehicle on the right side.
No one was injured	September 2012, around 10:30pm along Jalan the traffic light junction which the traffic light ras no orcoming vehicle. Therefore, I sloved down to turn right. Just at the junction, the me suddenly cut the lane from the right which and hit my vehicle on the right side. and photo and video was talan on the
spot.	
-1	

\* 多

HIMOSPOST

and driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel





MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co.Reg No. 200412212G GST Reg. No. 20-0412212G
A Member of WSXAXD INSURANCE GROUP

#### CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA) THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA) THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE) THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

#### COMMERCIAL VEHICLE Comprehensive

B 400001560 MKF Certificate No. -

Excess: SGD1 500

Windscreen Excess: SGD100

Index Mark and Registration Number of Vehicle 1. WC2018Z

2. Name of Policyholder

Say Wah Welding & Construction Pte Ltd

- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 01/07/2022
- 4. Date of Expiry of Insurance 30/06/2023
- 5. Persons or Classes of Persons entitled to drive\*

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

- \*Provided that the person driving is permitted in accordance with the licensing or other laws or 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.
- 6. Limitations as to Use \*

Use in connection with the Policyholder's business. Whilst the Motor Vehicle is being so used the carriage of passengers is permitted. The Policy does not cover

- (1) Use for racing pace-making reliability trial or speed-testing.
- (2) Use for the carriage of passengers for hire or reward.
- (3) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- \* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189)

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) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Chief Executive Officer

SGSGJLGS202207051844

# **INVOICE / CASH**

NO: 3240

# SW MOTOR TRADING

Factory Address: No. 211 Kranji Road Singapore 739461
Mailing Address: Blk 209 Boon Lay Place #08-259 Singapore 640209
H/P: 9863 1300, 8101 4656

Email: saywahmachinery@gmail.com

Cash				MODEL: CASh  DATE: 08 Oct 2022			
	角 要 Particulars			银 Amount 额 \$ cts			
To Supply parts and	repair, Spray parating	lump Sum		\$25,800	$\alpha$		
				** \$1.50 **			
			总计 TOTAL	\$ 25,80	000		