



JOHN LAW CHAMBERS LLC

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

19 JAN 2023

Your Ref: TO BE ADVISED

Our Ref: JLC.2022.4616.PD(I)

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

WITHOUT PREJUDICE SAVE AS TO COSTS

LIBERTY INSURANCE PTE LTD
51 CLUB STREET
#03-00 LIBERTY HOUSE
SINGAPORE 069428.

BY PDX (8185)

MATTHEW LIM OON SU
2 LI HWAN WALK
SINGAPORE 556866

BY POST

Attn: Motor Claims Department

Dear Sir/Madam,

CLAIMANT: GLOBAL ADVANCE LEASING

ACCIDENT INVOLVING MOTOR VEHICLES NO. SML7016S AND SNG9293J (SCL8668Y) ALONG
CTE TOWARDS TOWN ON 08.09.2022 AT ABOUT 1056 HOURS.

1. We act for **GLOBAL ADVANCE LEASING**, the owner of vehicle No. **SML7016S** involved in the abovementioned road accident, in his/her 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 **SNG9293J (SCL8668Y)**.
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\$ 12,893.50
ii.	Pre-Inspection Days – 2 Days	S\$ 240.00
iii.	Rental / Loss of Use	S\$ 960.00
iv.	Survey Report Fee	S\$ 799.00
v.	LTA and GIA Search Fees	S\$ 38.49
vi.	Incidentals	S\$ 150.00
vii.	Cost Contribution Inclusive of GST (at this stage)	S\$ 1,080.00
viii.	Total	S\$ 16,160.99



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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, **LIBERTY INSURANCE PTE 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: irene@johnlawchambers.com
11. Please revert.

Yours faithfully


JOHN LAW CHAMBERS LLC

cc: Clients

Enquire Vehicle's Insurance Particulars (As At 08 Sep 2022 / 10:56:00)

Vehicle No.:

SNG9293J

Make Description/Model:

MERCEDES BENZ / C 180 BLUEEFFICIENCY

Insurance Company Name:

LIBERTY INS P L

Business Transaction Reference No.:

20221116145311252830

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

Printed on 16 Nov 2022 14:53:14

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You have successfully logged out.
Your last login date and time was 16 Nov 2022, 14:52:02.
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(S\$)	Log Date/Time
1	Vehicle	SCL6668Y	10:19 Enquire Veh Owner Info (Others) by Law Firm	7.49	16 Nov 2022 / 14:53:11

Please do not use your browser's Back or Forward buttons as this may result in information loss.



RECORD MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE

RECORDS MANAGEMENT CENTRE

9 Temasek Boulevard, Suntec City Tower Two #42-01B

Singapore 038989

E-mail: gears-support@shift-technology.com

GST Registration: M400017735

TAX INVOICE

Date of Request: 11/01/2023

Your Ref No: JLC/2022/4616/PD

Dear Sir/Madam,

Date of Accident: 08/09/2022 00:00 (SGT)

Vehicle No: SML7016S

Place of Accident: 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\$)
SCL8668Y	Singapore	(31.00)	1	(28.70)
GST Amount				(2.30)
Total Amount Due (GST Inclusive)				(31.00)

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.

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	08/09/2022 15:49 (SGT)
Reported by	Driver
Date of Accident	08/09/2022 10:56 (SGT)
Exact Location of Accident	Near 5 May Rd, Singapore 328593
Additional Location Information	CTE Towards Town
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML7016S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GLOBAL ADVANCE LEASING
Company Reg No	5XXXX825E
Email Address	zk@gal.com.sg
Mobile Phone No	(Phone) +65-82981957
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
Variant	AUDI / A4 SEDAN 2.0 TFSI S TRONIC (NAV)
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	1984

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	Tan Kok Kheng
NRIC No	SXXXX797Z
Date Of Birth	03/12/1970
Occupation	Indoor

Date Of Driving Pass	04/06/1988
Driving experience	34 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92393636
Alt. Phone Number	-
Email Address	zk@gal.com.sg
Address	52 Florence Road
Address complement	-
Postcode	549506
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

Please 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	SCL8668Y
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Tan Kok Kheng
Gender	Male
Phone No	(Phone) +65-92393636
Address	52 Florence Road
Address Complement	-
Post Code	549506
Approximate Age Years Old	52
Injuries Sustained	Head & Neck was mild pain with discomfort
Injured person in which vehicle?	SML7016S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

On 8/9/22 @ 10:56 hrs. I was driving along CTE towards town. The vehicle in front slow and stopped and I followed too. After few seconds, suddenly there was a great impact from the back. The impact caused my head to hit backwards against the head rest. I realised that vehicle B has banged onto my vehicle. After the accident, I feel a little discomfort, headache and neck was mild pain w discomfort. My vehicle reverse sensors also not working well.

We declare the foregoing particulars are true in every respect.

are true in every respect.



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

Witnessed by Reporting Centre Personnel

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 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' 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 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' 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

Sketch Plan

Veh A: SML 7016S

Veh B: SCL 866BY

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

Witnessed by Reporting Centre Personnel

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	←
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	←
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	←
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	←





















KT GARAGE PTE LTD
AUTOBAY@KAKI BUKIT ENTRANCE A
Blk 1Kaki Bukit Ave 6 #01-04 Singapore 417883
T: +65 6100 0226 | enquiry@ktgroup.com.sg | GST Reg No.: 201906115R

Bill To

Global Advance Leasing
1 Kaki Bukit Ave 6 #01-04
417883
SINGAPORE

TAX INVOICE

Invoice No INV20220658
Invoice Date 02 Nov 2022
Reference SML7016S -TP

Description	Amount
SML7016S	
Accident Date: 08/09/2022	
Case Number: 202209-027-9	
Lumpsum Repair As Recommended By Surveyor	12,050.00
Subtotal	12,050.00
Total GST	843.50
Amount Due	12,893.50

Cheques Payable to : KT Garage Pte Ltd
Bank Transfer : UOB 378-307-147-7
Pay Now : 201906115R
Kindly settle your bill on time. Late payment interest at 24% per annum is applicable on overdue account.

PLEASE PROVIDE PAYMENT REFERENCE. NO OFFICIAL RECEIPT WILL BE ISSUED

E. & O. E.

PAYMENT ADVICE

To KT GARAGE PTE LTD
Auto Bay@ Kaki Bukit Entrance A
BLK 1 Kaki Bukit Ave 6 #01-04
Singapore 417883

Global Advance Leasing
Invoice Number INV20220658
Amount Due 12,893.50

E. & O. E.

WG APPRAISAL SERVICES

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

Email: Winsongkk@hotmail.com Contact: 9747 0063

Company Register No. 53326249J

Our Ref: WG/TP/2022-247
Invoice No: TP/KT/2022-247 Date 29 September 2022
Vehicle No: SML7016S
Attn: GLOBAL ADVANCE LEASING
Company: KT GARAGE
Address: AutoBay@Kaki Bukit (Entrance A).Blk 1 Kaki Bukit Ave 6. #01-04.
Singapore 418883

Invoice

Surveyor Fee:	S\$555
Re-inspection Fee:	S\$80
Transport:	S\$60
Photographs:	S\$104/- (@ \$1 per photo, total 104 photos)
Total:	S\$799

Surveyor: Winson Goh
Signature: 
Date: 29 September 2022



WG APPRAISAL SERVICES

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

Email: winsongkk@hotmail.com Contact: 9747 0063

Company Register No. 53326249J

ACCIDENT DAMAGED VEHICLE INSPECTION REPORT

M/S : GLOBAL ADVANCE LEASING
C/O KT GARAGE
AutoBay@Kaki Bukit (Entrance A).Blk 1 Kaki Bukit Ave 6. #01-04.
Singapore 418883

Date : 28 September 2022
Our Ref : WG/TP/2022-247

REFERENCE PARTICULARS

Date of Accident : 08 September 2022
Date of Inspection : 13 September 2022

Type of Inspection : Third Party Claim
Date of Re-Inspn : 16 September 2022

VEHICLE PARTICULARS

Registration No : SML7016S
Make : AUDI
Model : A4 SEDAN 2.0 TFSI S TRONIC (NAV)
Year : 2018

Engine No : CVK078799
Chassis No : WAUZZZF42KA053109
Odometer : 37924km
Colour : Grey

CONDITION OF VI

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	: Contential	205/60R16	5 mm
Front Off Side	: Contential	205/60R16	5 mm
Rear Near Side	: Contential	205/60R16	5 mm
Rear off Side	: Contential	205/60R16	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\$12,050.00** nett at lump sum basis.(Subject to GST if applicable)

Under normal circumstances, estimated period required for repairs : Seven (07) working days.

Enclosed One Hundred And Four (104) photographs depicting damage to the vehicle.

Inspection conducted at : KT GARAGE
AutoBay@Kaki Bukit (Entrance A).Blk 1 Kaki Bukit Ave 6. #01-04. Singapore 418883

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

VEHICLE NO : SML7016S
MODEL : A4 SEDAN 2.0 TFSI S TRONIC (NAV)

Our Ref : WG/TP/2020-247

ASSESSMENT OF REPAIRS AND SPARE PARTS COSTS

DESCRIPTION OF PARTS AND NATURE OF REPAIRS

		QTY	ASSESSED	ORIGINAL		REVISED
A) SPARE PARTS		PC/SET	CONDITION	QUOTATION		QUOTATION
01	REAR BUMPER	1	DEFORMED/CRACKED	\$	1,910.00	\$ 1,910.00
02	REAR BUMPER CENTRE PAD	1	DEFORMED/CRACKED	\$	211.00	\$ 211.00
03	REAR BUMPER LOWER PAD	1	DEFORMED/CRACKED	\$	215.00	\$ 215.00
04	REAR BUMPER LOWER PAD BRACKET LH	1	NECESSARY	\$	62.00	\$ 62.00
05	REAR BUMPER LOWER PAD BRACKET RH	1	NECESSARY	\$	62.00	\$ 62.00
06	REAR BUMPER REFLECTOR LH	1	GRAZED	\$	32.00	\$ 32.00
07	REAR BUMPER REFLECTOR RH	1	NOT NECESSARY	\$	32.00	\$ -
08	REAR BUMPER PARKING SENSOR	4	MALFUNCTION	\$	1,020.00	\$ 1,020.00
09	REAR BUMPER TOP BRACKET HOLDER	1	CRACKED	\$	389.00	\$ 389.00
10	REAR BUMPER BRACKET LH	1	NECESSARY	\$	98.00	\$ 98.00
11	REAR BUMPER BRACKET RH	1	NECESSARY	\$	98.00	\$ 98.00
12	REAR BUMPER REINFORCEMENT	1	NOT NECESSARY	\$	804.00	\$ -
13	REAR BOOTLID	1	DENTED	\$	2,585.00	\$ 2,585.00
14	REAR BOOTLID LOCK	1	JAMMED	\$	189.00	\$ 189.00
15	REAR BOOTLID LOCK COVER	1	GRAZED	\$	57.00	\$ 57.00
16	REAR BOOTLID WEATHERSTRIP	1	DEFROMED	\$	175.00	\$ 175.00
17	TAILLAMP LH	1	CRACKED	\$	955.00	\$ 955.00
18	TAILLAMP RH	1	NOT NECESSARY	\$	955.00	\$ -
19	TAILLAMP SIDE COVER LH	1	CRACKED	\$	45.00	\$ 45.00
20	TAILLAMP SIDE COVER RH	1	NOT NECESSARY	\$	45.00	\$ -
21	END PANEL OUTER	1	DENTED	\$	1,451.00	\$ 1,451.00
22	END PANEL INNER	1	REPAIR	\$	1,599.00	\$ 1,599.00
23	END PANEL TOP GARNISH	1	NOT NECESSARY	\$	235.00	\$ -
24	KEYLESS ANTENA	1	MALFUNCTION	\$	119.00	\$ 119.00
25	EXHAUST CHROME CUTTER - LH	1	GRAZED	\$	198.00	\$ 198.00
26	EXHAUST CHROME CUTTER - RH	1	GRAZED	\$	198.00	\$ 198.00
				\$	13,739.00	\$ 11,668.00
				Less 10%	\$ 1,373.90	\$ 1,166.80
				\$	12,365.10	\$ 10,501.20
B) <u>S/NETT ITEM</u>						
27	REAR BUMPER CLIP	1 SET	NECESSARY	\$	40.00	\$ 30.00
28	TAILLAMP SIIDE COVER CLIP	1 SET	NECESSARY	\$	40.00	\$ 30.00
29	JOINT SEALANT	1	NECESSARY	\$	150.00	\$ 130.00
				\$	230.00	\$ 190.00
Parts Total :				\$	12,595.10	\$ 10,691.20

C) **LABOUR CHARGES & MISC**

30	CHECK REAR LIGHTNING AND WIRING SYSTEM	\$	100.00	\$	90.00
31	REMOVE, REFIT REAR LINING, TRIM AND GARNISH	\$	200.00	\$	180.00
32	REMOVE AND RENEW REAR REVERSE SENSOR	\$	150.00	\$	120.00
33	REMOVE AND STRAIGHTEN REAR EXHAUST	\$	150.00	\$	130.00
34	DIAGNOSIS CHECK AND CLEAR FAULT CODE	\$	600.00	\$	500.00
35	TRANSFER PARTS, ATTACHMENT FROM OLD BOOTLID TO NEW	\$	200.00	\$	180.00
36	PANEL BEATING ON AFFECTED AREAS AND RENEW DAMAGE PARTS	\$	1,500.00	\$	1,400.00
37	SPRAY PAINTING ON AFFECTED AREAS	\$	2,000.00	\$	1,800.00
Labour Total :		\$	4,900.00	\$	4,400.00

Total Parts and Labour :

\$	17,495.10	\$	15,091.20
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FINAL LUMP SUM ADJUSTMENT

\$	12,050.00
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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 **S\$12,050.00 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



















































