

# CROSSBORDERS LLC

Advocates & Solicitors | Commissioner for Oaths | Notary Public



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

Our Ref: AJ.tk.8028.2022.Z (PD+PI)  
Your Ref: SHA8253J

60221547  
23 JUN 2022

TEL: 6438 1323  
FAX: 6438 2313

**TO: CITYCAB PTE LTD**  
383 Sin Ming Drive  
Gas Building  
Singapore 575717

**BY CERTIFICATE OF POSTING**

**WITHOUT PREJUDICE**

**cc: AXA Insurance Singapore Pte Ltd**  
(Motor Claims Dept)  
9 North Buona Vista Drive  
#18-01/06 The Metropolis Tower 1  
Singapore 138588

**BY PDX**

**WITHOUT PREJUDICE**

Dear Sirs

3019995532 - 10

**RE: CLAIMANT: KENNETH YEO DUN KAI**  
**ACCIDENT INVOLVING VEHICLES NO. SMR2688D & SHA8253J ALONG RACE**  
**COURSE ROAD ON 08.04.2022**

We are instructed by the abovenamed to claim damages against you in connection with an accident on 08 Apr 2022 at about 15:50 hours along Race Course Road involving our client's vehicle no. SMR2688D and motor vehicle registration no. SHA8253J driven by you at the material of time.

We are instructed that the accident was caused by the negligence of you in the driving, management and control of vehicle registration number SHA8253J.

As a result of the accident, our client's motor vehicle no. SMR2688D was damaged and our client suffered personal injuries. His injuries are set out in the medical report annexed to this letter. He 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)	\$	74.75
c)	Loss of Income (2 days MC)	\$	To be assessed
d)	Cost of Repairs (Inclusive GST)	\$	12,733.00
	Loss of Use (10 days x \$80.00 per day)	\$	800.00
f)	(inclusive of 1 Sunday and 1 Holiday and 2 days Pre-Repair Inspection Notice)		

**B. General Damages**

AXA INSURANCE PTE LTD \$ 4,000.00

**C. Disbursements**

a)	Medical Report Fee	\$	160.50
b)	Surveyor Report	\$	984.00
b)	GIA Report	\$	31.00
c)	LTA Search	\$	7.49
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

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#23-03/04/05  
CHINATOWN POINT  
SINGAPORE 059413

Our Ref: AJ.tk.8028.2022.Z (PD+PI)  
Your Ref: SHA8253J


23 JUN 2022

TEL: 6438 1323  
FAX: 6438 2313

**TO: SOH THIAM POH**  
507 West Coast Drive  
#07-233  
Singapore 120507

**BY CERTIFICATE OF  
POSTING**

**WITHOUT PREJUDICE**

 **cc: AXA Insurance Singapore Pte Ltd**  
(Motor Claims Dept)  
9 North Buona Vista Drive  
#18-01/06 The Metropolis Tower 1  
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We are instructed that the accident was caused by the negligence of you in the driving, management and control of vehicle registration number SHA8253J.

As a result of the accident, our client's motor vehicle no. SMR2688D was damaged and our client suffered personal injuries. His injuries are set out in the medical report annexed to this letter. He 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)	\$	74.75
c)	Loss of Income (2 days MC)	\$	To be assessed
d)	Cost of Repairs (Inclusive GST)	\$	12,733.00
	Loss of Use (10 days x \$80.00 per day)	\$	800.00
f)	(inclusive of 1 Sunday and 1 Holiday and 2 days Pre-Repair Inspection Notice)		

**B. General Damages** **\$ 4,000.00**

**C. Disbursements**

a)	Medical Report Fee	\$	160.50
b)	Surveyor Report	\$	984.00
b)	GIA Report	\$	31.00
c)	LTA Search	\$	7.49

**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 lodged by our client (SMR2688D) with sketch plan together with photographs of motor vehicle no. SMR2688D;
- b) ✓ GIA Report lodged by you (SHA8253J) with sketch plan together with photographs of your motor vehicle no. SHA8253J;
- c) ✓ Result of LTA search on your vehicle registration no. SHA8253J;
- d) ✓ Repair Invoice from Z-ONE Automotive Pte Ltd ;
- e) ✓ Vehicle Assessment Report & Invoice from Pal's Appraiser Pte Ltd;
- f) ✓ Eighty-Four (84) colour photographs depicting the damage to our clients' motor vehicle no. SMR2688D;
- g) ✓ Certificate of Insurance of our clients' vehicle no. SMR2688D;
- h) ✓ Vehicle Owner Particulars of our client's vehicle no. SMR2688D;
- i) ✓ Memo dated on 08 Apr 2022;
- j) ✓ Medical Report dated 18 May 2022 by Dr Lim Wooi Tee from Raffles Medical Group together with letter for the sum of \$160.50 being Medical Report Fees;
- k) ✓ Medical Fees for \$74.79 from Raffles Medical Group;
- l) ✓ Medical Certificate from Raffles Medical Group; and
- m) ✓ LTA Receipt & GIA Invoices.

We have on 11 Apr 2022 notified your insurers AXA Insurance Singapore 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.

Yours faithfully

*CrossBorders LLC*

CrossBorders LLC

Email: corene@crossbordersllc.com (secretary)

encs

cc: SMR2688D

## 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	11/04/2022 14:11 (SGT)
Date of Accident	08/04/2022 15:50 (SGT)
Exact Location of Accident	Race Course Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR2688D
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KENNETH YEO DUN KAI
NRIC No	S8920628F
Email Address	yeokenn@gmail.com
Mobile Phone No	(Phone) +65-88186161
Alternative Phone No	+65-88186161

#### VEHICLE PARTICULARS

Manufacturer	Volvo
Model	V40
Variant	-
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	1498

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00089142101
Cover Note Number	-

#### DRIVER

Name of Driver	KENNETH YEO DUN KAI
NRIC No	S8920628F

Date Of Birth	18/06/1989
Occupation	Indoor
Date Of Driving Pass	24/08/2009
Driving experience	12 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88186161
Alt. Phone Number	+65-88186161
Email Address	yeokenn@gmail.com
Address	513 YIO CHU KANG RD #01-41
Address complement	-
Postcode	787067
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Major/Minor Rd
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

#### 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 SKETCH.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA8253J
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 -  
No. Of Passenger (Including Driver) -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person KENNETH YEO DUN KAI  
Gender -  
Phone No -  
Address -  
Address Complement -  
Post Code -  
Approximate Age Years Old -  
Injuries Sustained -  
Injured person in which vehicle? -  
Were seat belts worn? -  
Was this injured conveyed to hospital by ambulance? -


## SKETCH PLAN


Image As per Original  
--CSU--**IMPORTANT NOTICE**

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2. This Form must be completed by the Policyholder and/or the Authorized 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:





中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1E

R SN

AN0055A

Cov. Type C

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1963  
Road Transport Act, 1967 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMPCSNW000R142101	Engine No.	04154751337641
		Chassis No.	YV1M V2EH032294257
1. Index Mark and Registration Number of Vehicle	SMR25580	AUTOSAFE	*****
2. Name of Policy Holder	KENNETH YEO DUN KAI		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	27/05/2021 (00:00:00)	Named Drivers Ex Sect. I	\$5500.00
4. Date of Expiry of Insurance	26/05/2022	Additional Ex Other than Named Drivers	
		Ex Sect. I - Age <= 25	\$53,000.00
		Ex Sect. I - Age >= 26	\$5500.00
		* Age as at date of accident	
		EX ON WINDSCREEN	\$5100.00
5. Persons or Classes of Persons entitled to drive*			
(a) The Policyholder			
(b) Any other person who is driving on the Policyholder's order or with his permission			
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.			
6. Limitations as to use*			
Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade. Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first \$51,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.			
HIRE PURCHASE CO. HONG LEONG FINANCE LTD AS HP OWNER			
* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1967 (Malaysia), are not to be included under these headings.			

Image As per Original  
--CSU--

**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, 1967 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:   
COWELL INSURANCE AGENCY PTE LTD  
Authorised Officer

  
Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

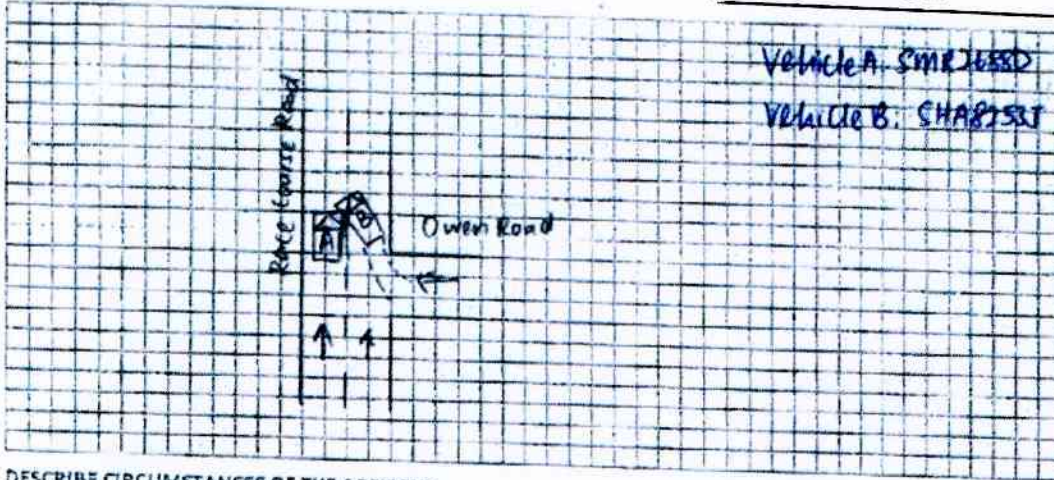
☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com

Image As per Original  
--CSU--

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08/04/2023 at about 3:50pm, I was travelling straight on my rightful lane along Race Course Road. Suddenly, I felt an impact on the right portion of my vehicle. Vehicle B had made a turn from Owen Road towards my vehicle & collided onto my vehicle causing damages to it.

I have an in-car camera footage of the accident. Due to the collision, I felt pain on my back & neck so I went to see the doctor.

DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time:

*[Signature]*  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

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



















## 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
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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	08/04/2022 17:22 (SGT)
Date of Accident	08/04/2022 15:50 (SGT)
Exact Location of Accident	Race Course Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8253J
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
Variant	-
Vehicle Category	Taxi
Transmission	Auto
CC	1685

#### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419140
Cover Note Number	-

#### DRIVER

Name of Driver	SOH THIAM POH
NRIC No	S6843944B
Address	507 WEST COAST DRIVE #07-233
Address complement	-
Postcode	120507
Does Driver Own Other Vehicles?	No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....  
Weather Conditions .....

Side Swipe  
Clear

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? ..... No  
Was anybody injured in the Accident? ..... No  
Was any other vehicle or property damaged? ..... Yes  
Number of Passengers (Including Driver) ..... 1

#### CIRCUMSTANCES OF ACCIDENT

ON 08/04/2022 AT ABOUT 15:50HRS. I WAS DRIVING VEHICLE A, SHA8253J TRAVELLING ALONG OWEN ROAD. I STOPPED AT THE STOP LINE TO FOR CHECK ONCOMING TRAFFIC. ONCE CLEARED, I TURNED RIGHT TOWARDS RACE COURSE ROAD THEN WHEN I WAS ABOUT TO ENTER TO THE LEFT LANE. SUDDENLY I FELT AN IMPACT COMING FROM MY LEFT SIDE OF THE VEHICLE AND I REALISED VEHICLE B ON THE LEFT LANE HAS HIT ONTO MY VEHICLE.

#### ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes  
Reasons for not uploading a video of the accident ..... FILE IS NOT SUITABLE  
Was there any audio recorded? ..... No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SMR2688D  
Vehicle Manufacturer ..... Volvo  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... -  
Insurance Company Name ..... -

## SKETCH PLAN

### IMPORTANT NOTICE

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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.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 17:00 08.04.22

Witnessed by Reporting Centre Personnel MONARIN



A-SHA8253J

B-SMR2688D



## Describe Circumstances of the Accident

ON 08/04/2022 AT ABOUT 15:50HRS. I WAS DRIVING VEHICLE A, SHA8253J TRAVELLING ALONG OWEN ROAD. I STOPPED AT THE STOP LINE TO FOR CHECK ONCOMING TRAFFIC. ONCE CLEARED, I TURNED RIGHT TOWARDS RACE COURSE ROAD THEN WHEN I WAS ABOUT TO ENTER TO THE LEFT LANE. SUDDENLY I FELT AN IMPACT COMING FROM MY LEFT SIDE OF THE VEHICLE AND I REALISED VEHICLE B ON THE LEFT LANE HAS HIT ONTO MY VEHICLE.

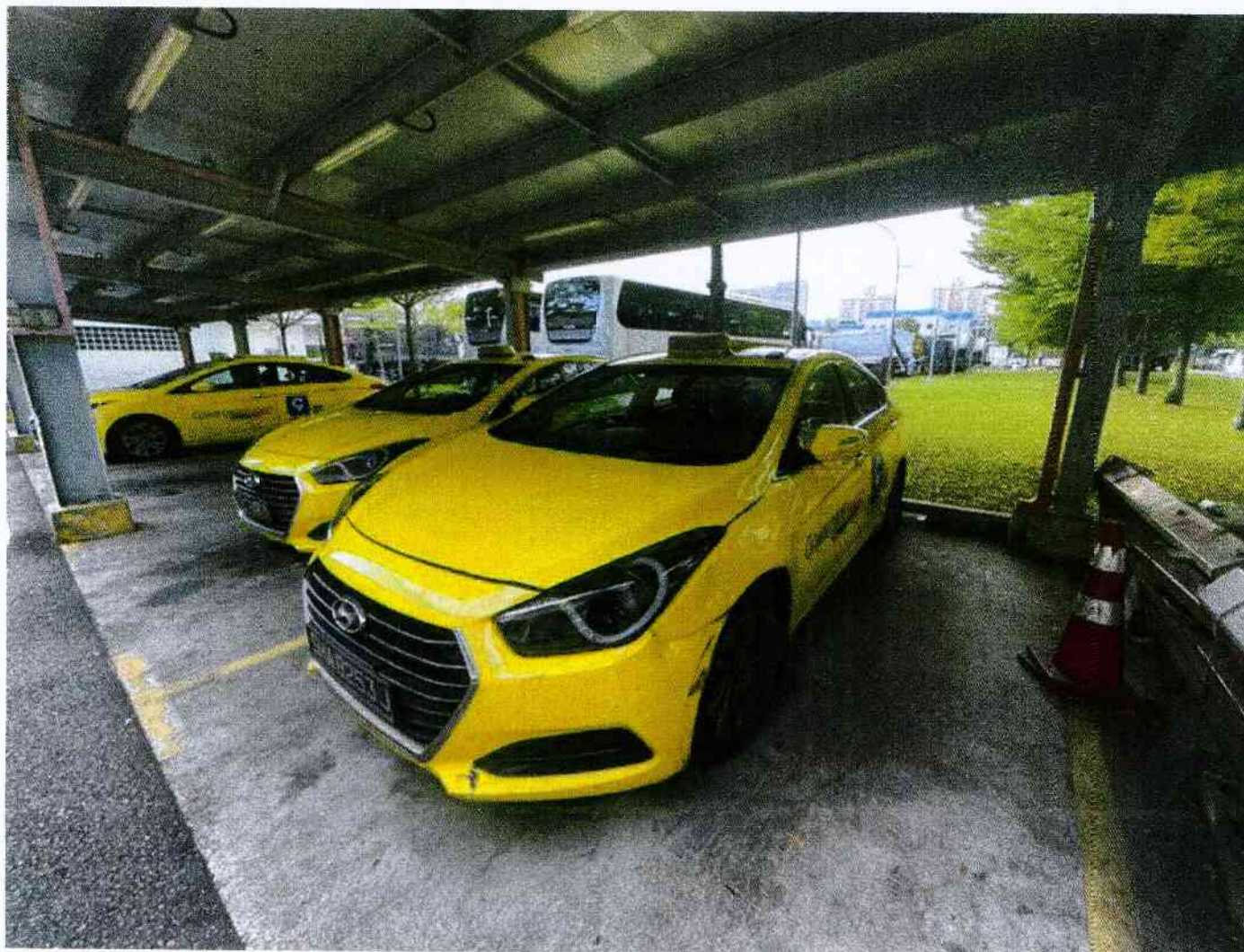
## Declaration

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

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 17:00 08 04 22

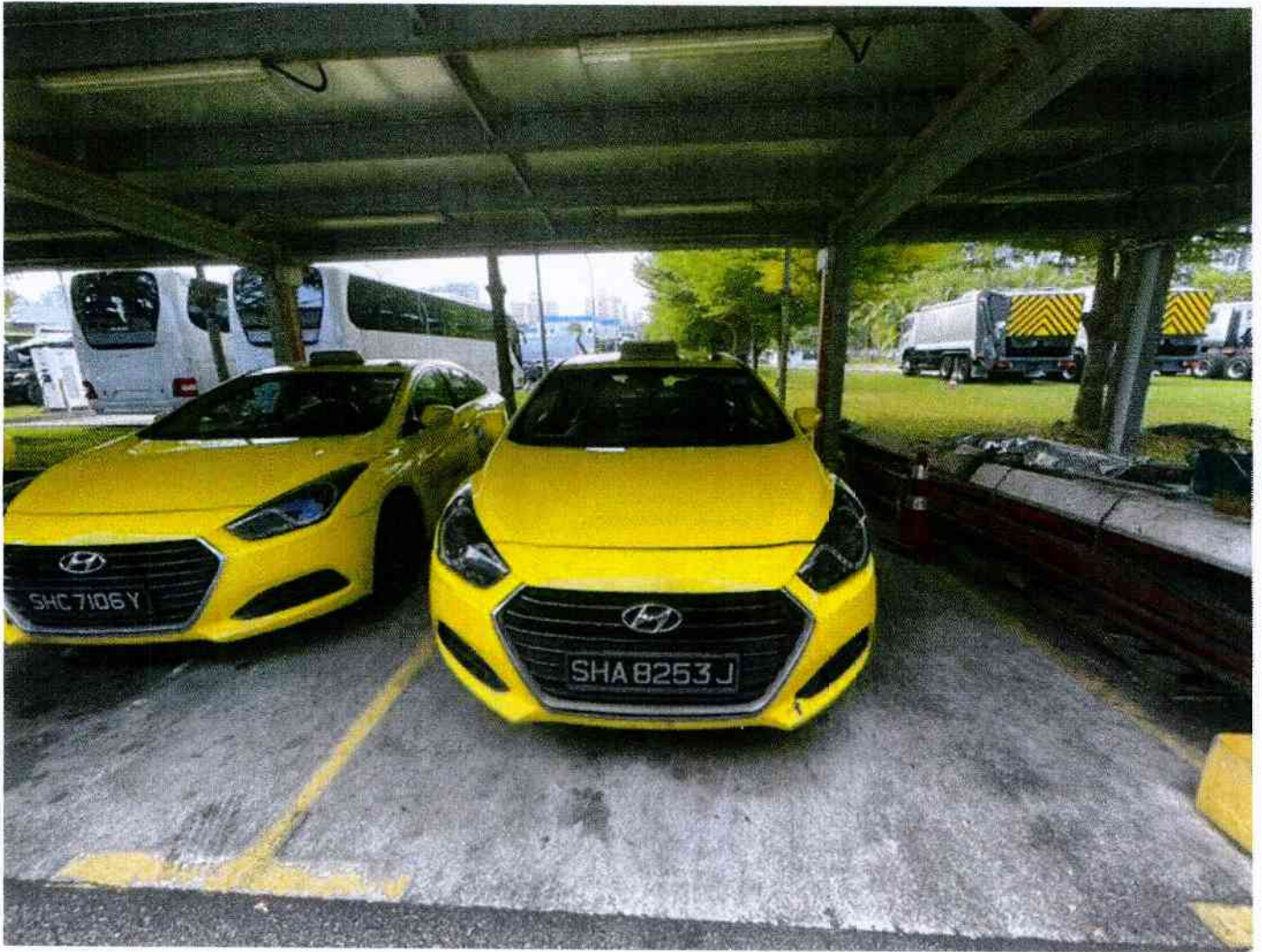
Witnessed by Reporting Centre Personnel MD NAZQIN



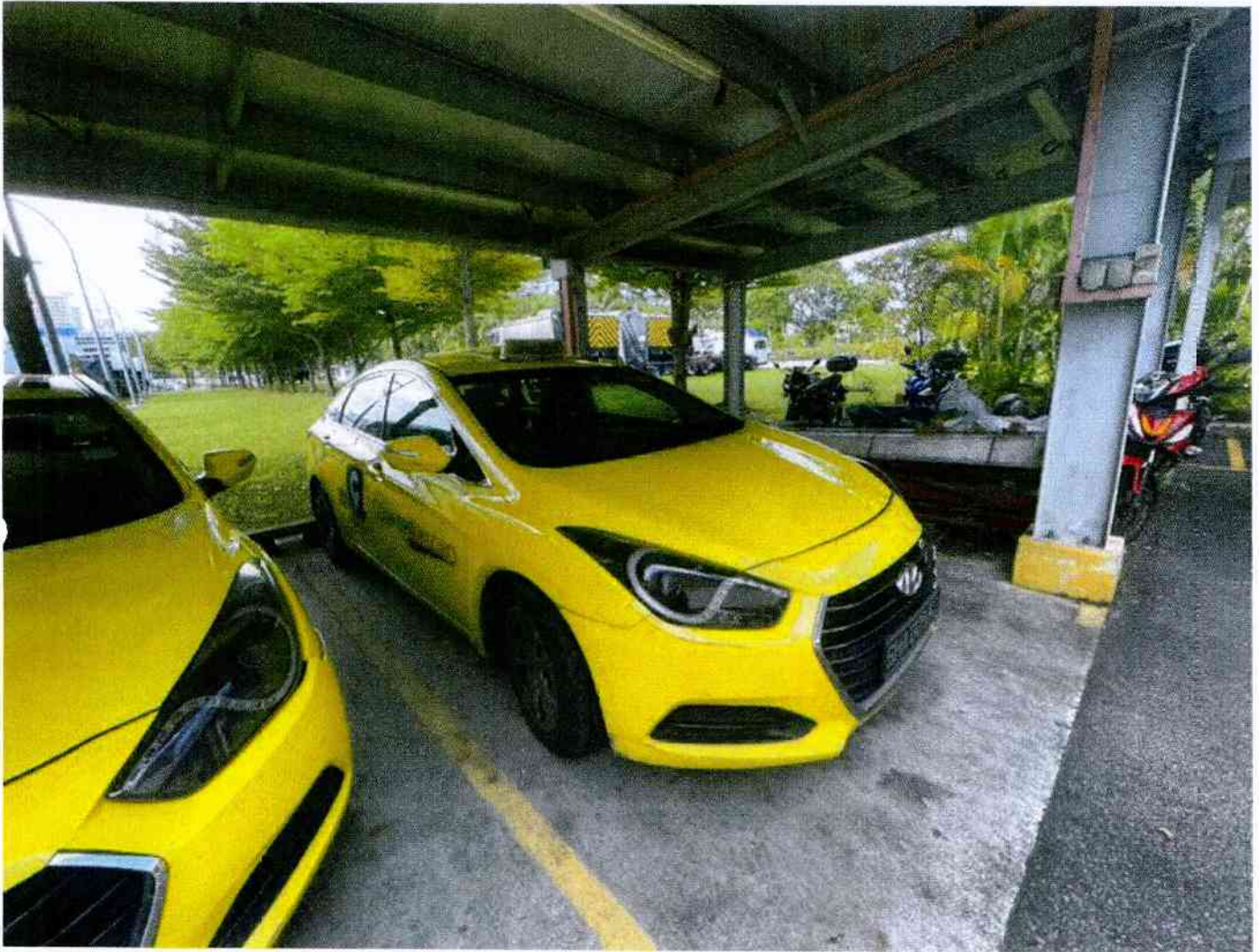




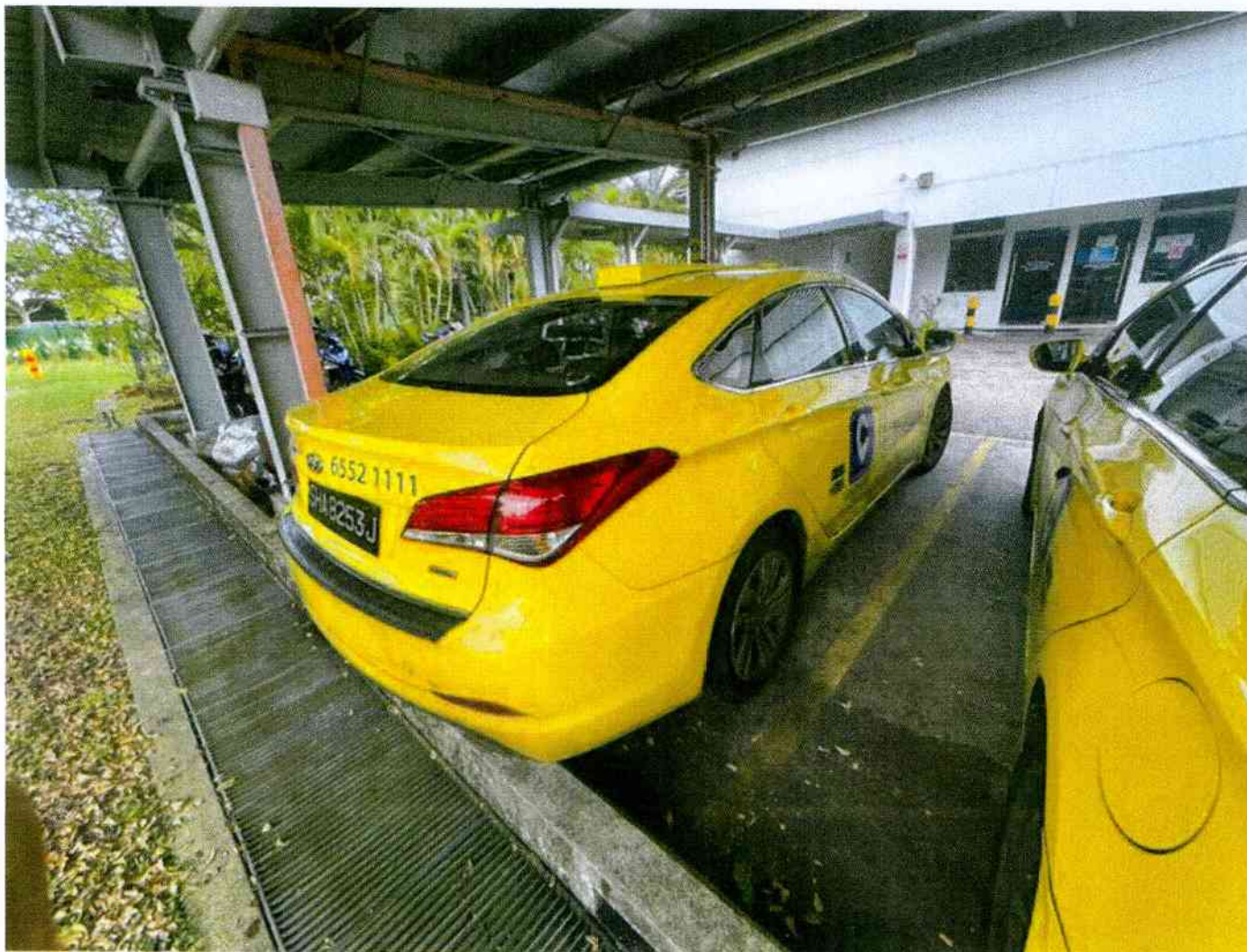




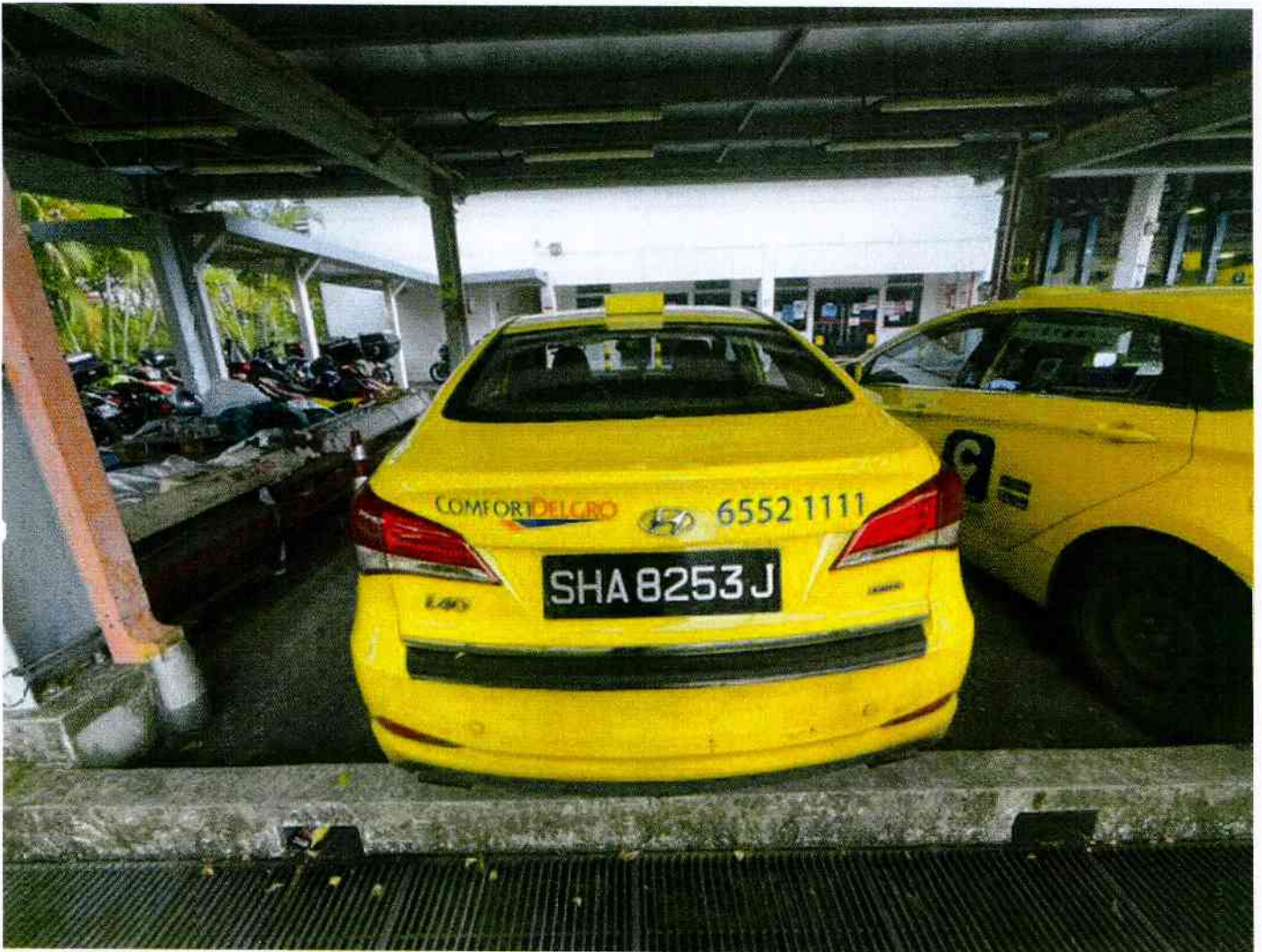




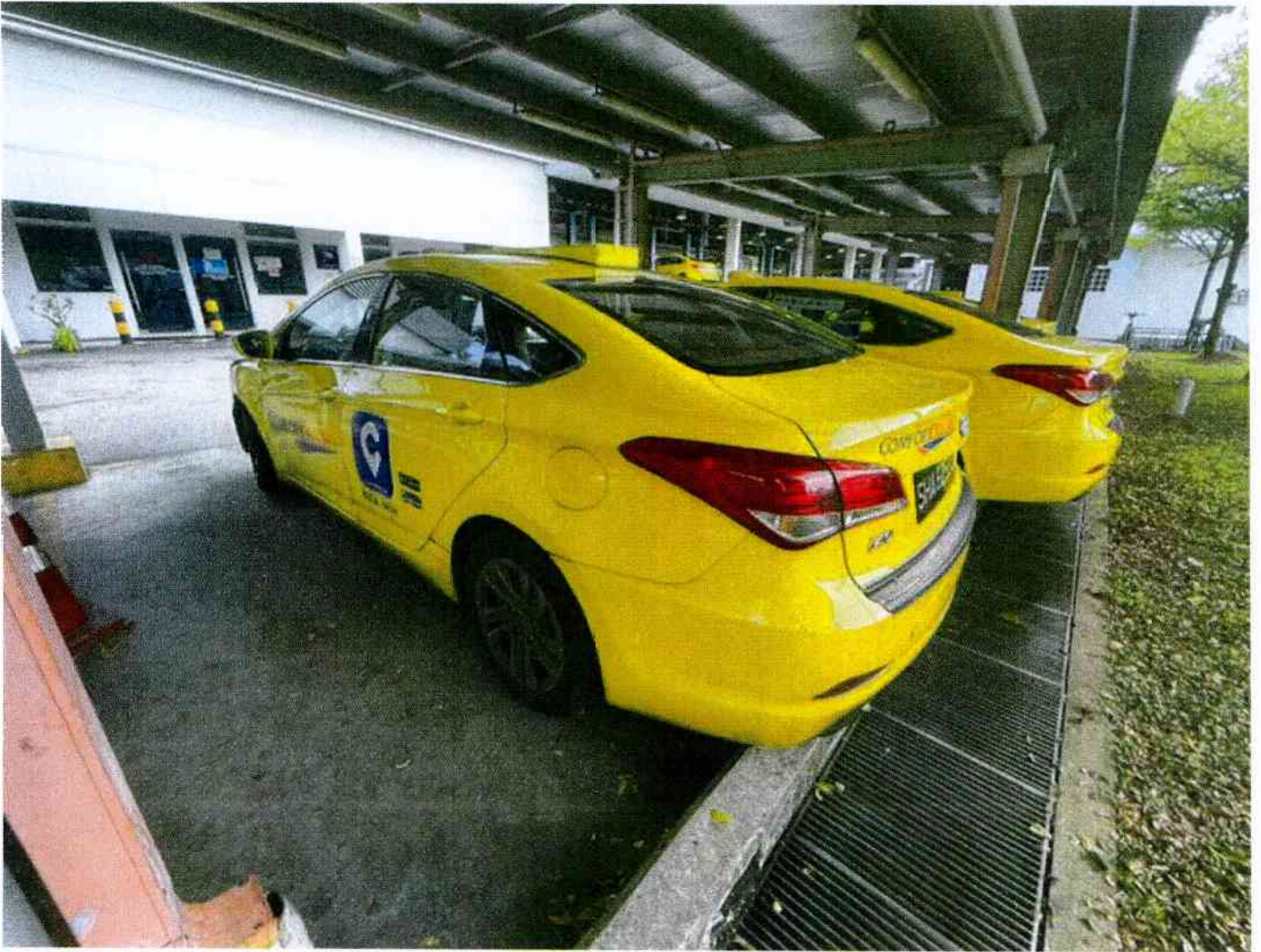




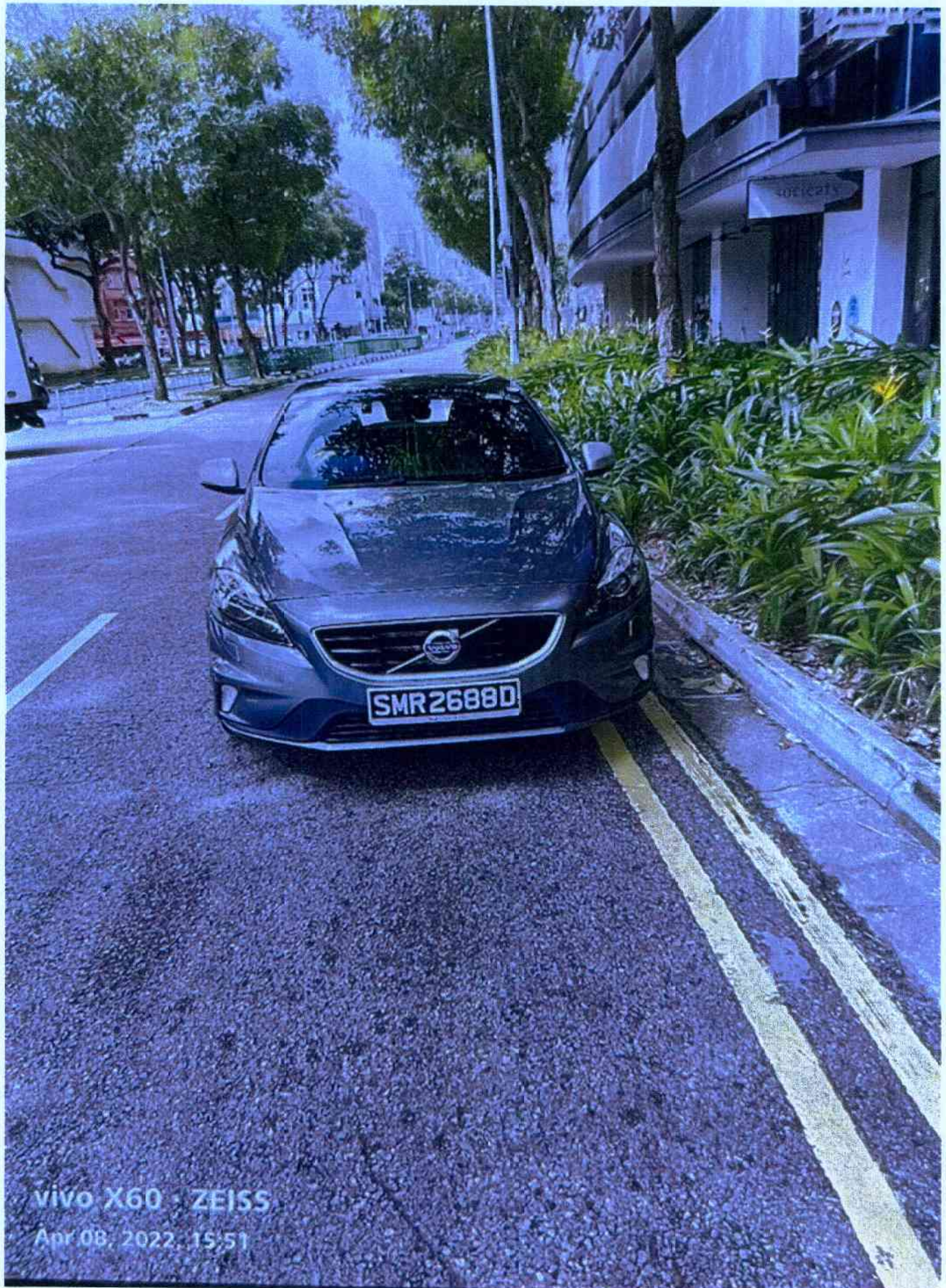




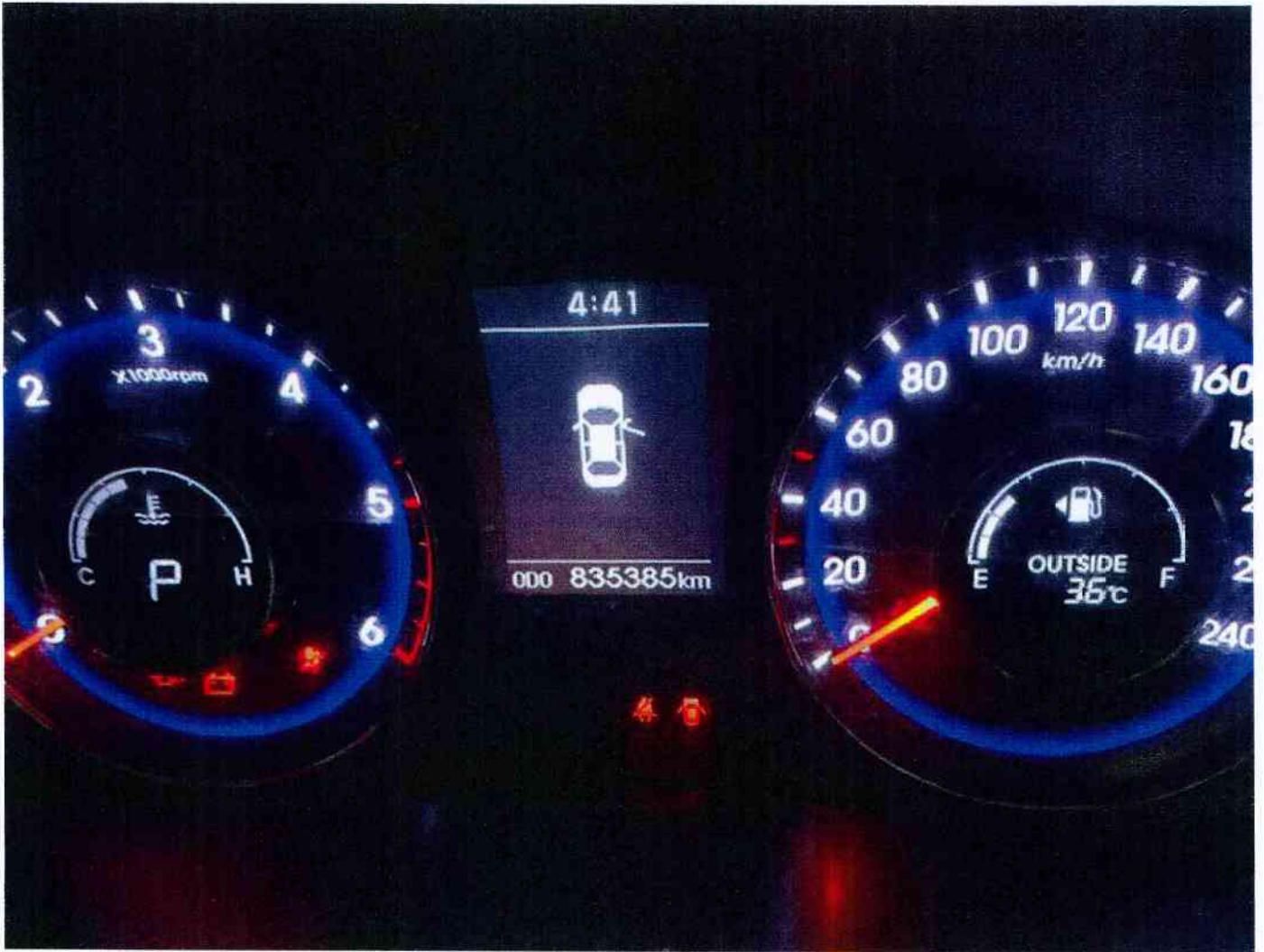












# Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars ( As At 08 Apr 2022 / 15:50:00 )

## Vehicle Insurance Details

Vehicle No.:

**SHA8253J**

Make Description/Model:

**HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR**

Insurance Company Name:

**AXA INSURANCE PTE LTD**

Business Transaction Reference No.:

**20220411170113028328**

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

Save as PDF

OK →

Print





# Z-ONE AUTOMOTIVE PTE LTD

1 Kaki Bukit Ave 6, Blk D #01-85/87, Autobay@Kaki Bukit Singapore 417883

Tel: [62502115/66342112](tel:6250211566342112) Fax: [66342122](tel:66342122)

Email: [service@z-one.com.sg](mailto:service@z-one.com.sg); [enquiry@z-one.com.sg](mailto:enquiry@z-one.com.sg)

AUTOMOTIVE • PERFORMANCE

Company Registration No. 201118055N

Kenneth Yeo Dun Kai  
513 Yio Chu Kang  
#01-41  
Singapore 787067  
Contact : 88186161

## PERFORMA INVOICE

Date : 17/5/2022

Date in : 18/04/2022

Vehicle Num. : SMR2688D

Make/Model : VOLVO V40 T2 R-DESIGN (A) SR-2015

Chassis/Eng# : YV1MV28H0G2296267/B4154T51337641

Accident Date : 08/04/2022

Claim No : C102035

Reference :

Policy No. : DMPCSNW00089142101 (26/05/2022)

LUMPSUM REPAIR BILL  
AS PER SURVEYOR REPORT  
DATED 17/05/2022  
BY Pal's Appraiser Pte Ltd

Amount \$  
11,900.00



Z-ONE AUTOMOTIVE PTE LTD

E. & O.E.	Sub \$ :	11,900.00
Add GST ( 7% )	\$ :	833.00
Total Amount \$ :		12,733.00

# PAL'S

APPRAISER PTE LTD

No. 1 Kaki Bukit Ave 6 #01-53 AutoBay @ Kaki Bukit Singapore 417883  
Tel: 81818802 Fax: 67471017 Registration No: 201000268D

Invoice No 04-22004/DY

Billing Name & Address  
Kenneth Yeo Dun Kai  
Blk 513 Yio Chu Kang Road  
#01-41  
Singapore 787067

Date 17 May 2022

Vehicle No : SMR 2688 D

Model : Volvo V40

Item	Descriptions	Amount S\$
1	Date of inspection : <u>18 Apr 2022</u> A copy of the inspection / survey report Correspondence, postages and etc.	
2	Photography Services - Purchase of films, develop negatives - Storage of negatives - Submission of photographs <u>84</u> copies	
3	Transportation Charges	
4	2nd Inspection & Final Inspection	
	Total	<u>\$ 984.00</u>
	SDLS : NINE HUNDRED AND EIGHTY-FOUR ONLY	

Notes :

1. All cheque payment should be "Crossed" and made payable to "Pal's Appraiser Pte. Ltd."
2. All cheque should have our "Invoice No." written on the reverse side of the cheque
3. For further enquiries on this invoice, please feel free to contact us



Official Stamp



# PAL'S

APPRAISER PTE LTD

No. 1 Kaki Bukit Ave 6 #01-53 AutoBay @ Kaki Bukit Singapore 417883  
Tel: 81818802 Fax: 67471017 Registration No: 201000268D

Report Reference : TP / 04-22004/DY / 2022  
Date of Report : 17 May 2022

Kenneth Yeo Dun Kai  
Blk 513 Yio Chu Kang Road  
#01-41  
Singapore 787067

## THIRD PARTY SURVEY ACCIDENT HAPPENED ON 8 Apr 2022

As per your instruction dated 18 Apr 2022 with regard to the above matter. We have carried out a physical inspection on the said vehicle SMR 2688 D. We enclosed herewith our report and findings as follows:

### 1. VEHICLE PARTICULARS

Registration No : SMR 2688 D  
Model : Volvo V40  
Year / Capacity : 2015/1498  
Chassis No : YV1MV28H0G2296267  
Engine No : B4154T51337641  
Mileage : 104195  
Colour : Silver

### 2. TYRES CONDITION

			<u>Size</u>	<u>Made</u>	<u>Balance</u>		<u>Rim</u>
FRONT	O/S	:	225/40 R18	Michelin	6.00	mm	Sport
REAR	O/S	:	225/40 R18	Bridgestone	5.00	mm	Sport
FRONT	N/S	:	225/40 R18	Michelin	6.00	mm	Sport
REAR	N/S	:	225/40 R18	Bridgestone	5.00	mm	Sport

# PAL'S

APPRAISER PTE LTD

No. 1 Kaki Bukit Ave 6 #01-53 AutoBay @ Kaki Bukit Singapore 417883

Tel: 81818802 Fax: 67471017 Registration No: 201000268D

## 3. DESCRIPTION OF DAMAGES

At the time of inspection, we noted that the vehicle has sustained an impact damages on the front o/s portion(s). For more detail of the damages, please see photograph attached.

4. Workshop Address : Z-One Automotive Pte Ltd  
No.1 Kaki Bukit Ave 6, Blk D  
#01-87 AutoBay@Kaki Bukit  
Singapore 417883

5. Estimated normal period of repair : 6 working days to complete.

6. Enclosed number of photograph : 84 copies.

7. In accordance to your instruction, we have **Not Authorised** repair to the vehicle and the survey was done on a **"Without Prejudice"** basis. We hope that this report will be of assistance to you in dealing with the matter.

8. Should you discover any discrepancy in the report, please kindly notify us **within 2 weeks**, or the report will be treated as correct.

### Disclaimer

The rates and assessment of damages as stated in this report is to be used solely for legal proceedings in relation to the surveyed vehicle and the accident in which the surveyed vehicle was involved in. The rates and assessment of damages must not be used in any circumstances for comparison with other vehicles and/or other accidents in other legal proceedings.



Vehicle No: **SMR 2688 D**  
 Report No: **TP/ 04-22004/DY / 2022**

**SPARE PARTS**

Qty	Parts Description	Condition	Workshop's Estimation	Our Revised Estimation
<u>List Items</u>				
1	Bonnet	Damage	\$ 2856.00	\$ 2856.00
2	Bonnet hinges	Intact	\$ 610.80	\$
1	Bonnet lock	Intact	\$ 285.50	\$
2	Front headlamps	O/S Damage	\$ 3824.40	\$ 1912.20
1	Front headlamp lower bracket	Damage	\$ 167.10	\$ 167.10
1	Front grille	Intact	\$ 777.50	\$
1	Front bumper	Damage	\$ 1865.70	\$ 1865.70
2	Front bumper brackets	O/S Damage	\$ 334.20	\$ 167.10
1	Front bumper clip (1 set)	Necessary	\$ 82.00	\$ 82.00
1	Front bumper fog lamp	Intact	\$ 404.20	\$
1	Front bumper reinforcement	Damage	\$ 1496.20	\$ 1496.20
2	Front bumper side retainers	O/S Damage	\$ 215.80	\$ 107.90
1	Front fender	Damage	\$ 1262.80	\$ 1262.80
1	Front fender bracket	Damage	\$ 107.90	\$ 107.90
1	Front fender inner shield	Damage	\$ 253.00	\$ 253.00
1	Front wheel hub with bearing	Damage	\$ 576.20	\$ 576.20
1	Front sport rim	Damage	\$ 1060.90	\$ 1060.90
1	Front shock absorber	Damage	\$ 356.20	\$ 356.20
1	Front knuckle arm	Damage	\$ 1103.70	\$ 1103.70
1	Front lower arm	Damage	\$ 430.10	\$ 430.10
1	Front door	Repair	\$ 2422.00	\$
			\$ 20492.20	\$ 13805.00
	Discount	10.0%	\$ 2049.22	\$ 1380.50
			\$ 18442.98	\$ 12424.50
<u>Special Nett Items</u>				
1	Front tyre (Depreciation)	Damage	\$ 450.00	\$ 270.00
			\$ 450.00	\$ 270.00

**Spare Parts Total**      \$ 18892.98      \$ 12694.50

Vehicle No: SMR 2688 D  
Report No: TP/ 04-22004/DY / 2022


**LABOUR COST**

S/No	Job Descriptions	Workshop's Estimation	Our Revised Estimation
	Spare Parts Total c/f	\$ 18892.98	\$ 12694.50
1	To remove and refit damage parts, test for proper functioning and focus of headlamps.	\$ 60.00	\$ 40.00
2	To remove and refit front undercarriage.	\$ 380.00	\$ 250.00
3	To check and re-adjust (Computerized) all wheel alignment.	\$ 180.00	\$ 120.00
4	To remove and replace the above damaged parts, straighten, knock out, realign and repair including cut and weld body panels. To re-adjust to the original position using power tools.	\$ 1100.00	\$ 750.00
5	To spray paint on the replaced and repaired parts, prepare spray such as masking tape the unaffected areas with paper, cleaning and sanding of surfaces, final polishing and waxing are also available.	\$ 1300.00	\$ 1000.00
Total		\$ 21912.98	\$ 14854.50

The repairer has agreed to undertake the repair under a Lump Sum Basis. We have further adjusted the amount to a Lump Sum Repair Contract of:

\$ 11900.00

SDLS: ELEVEN THOUSAND NINE HUNDRED ONLY

  
Qualified Appraiser













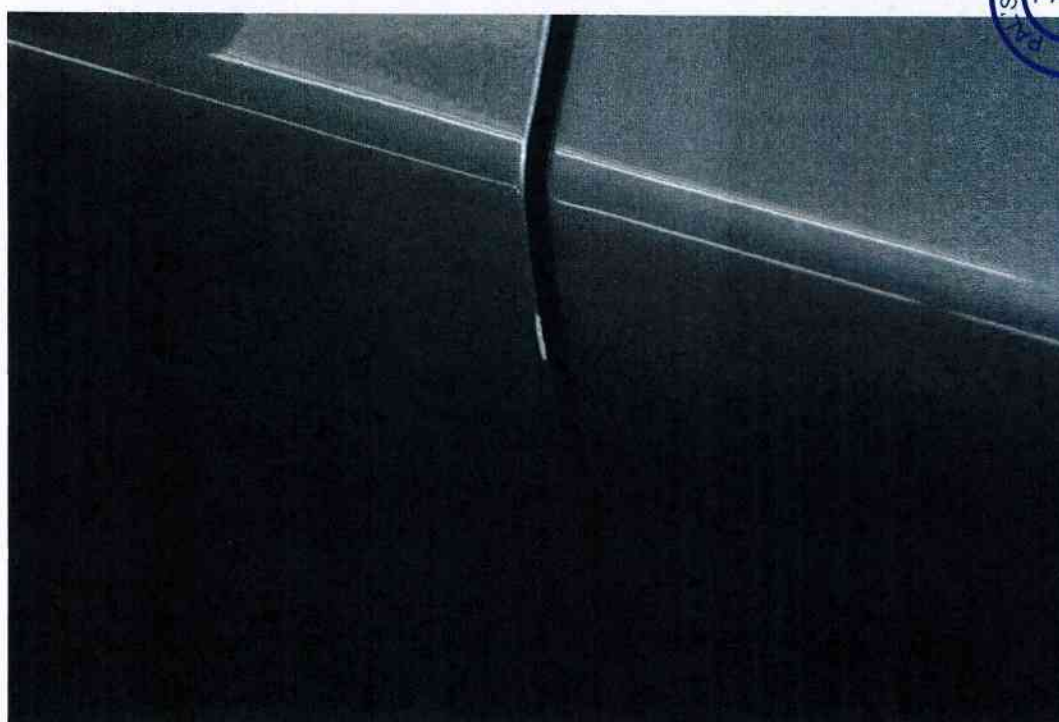
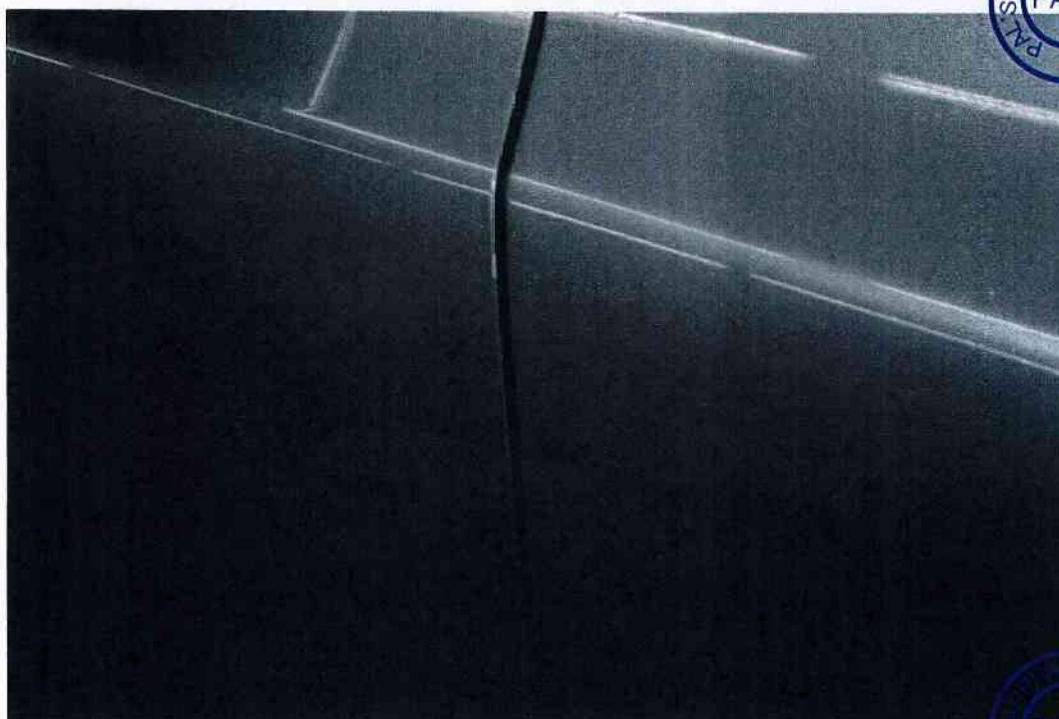






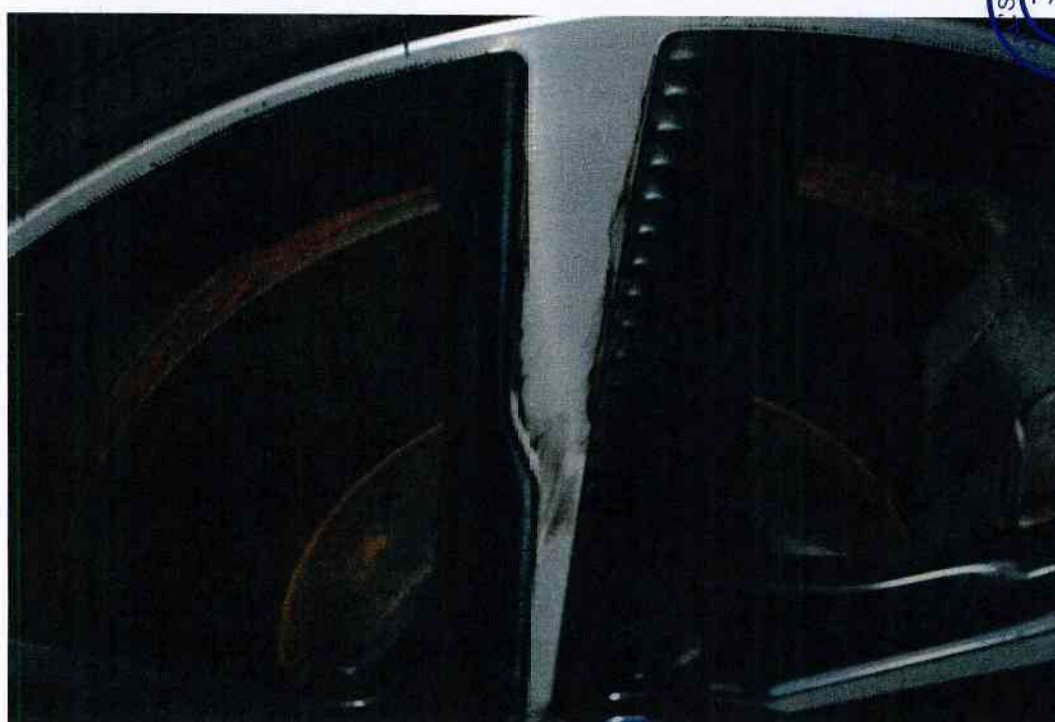


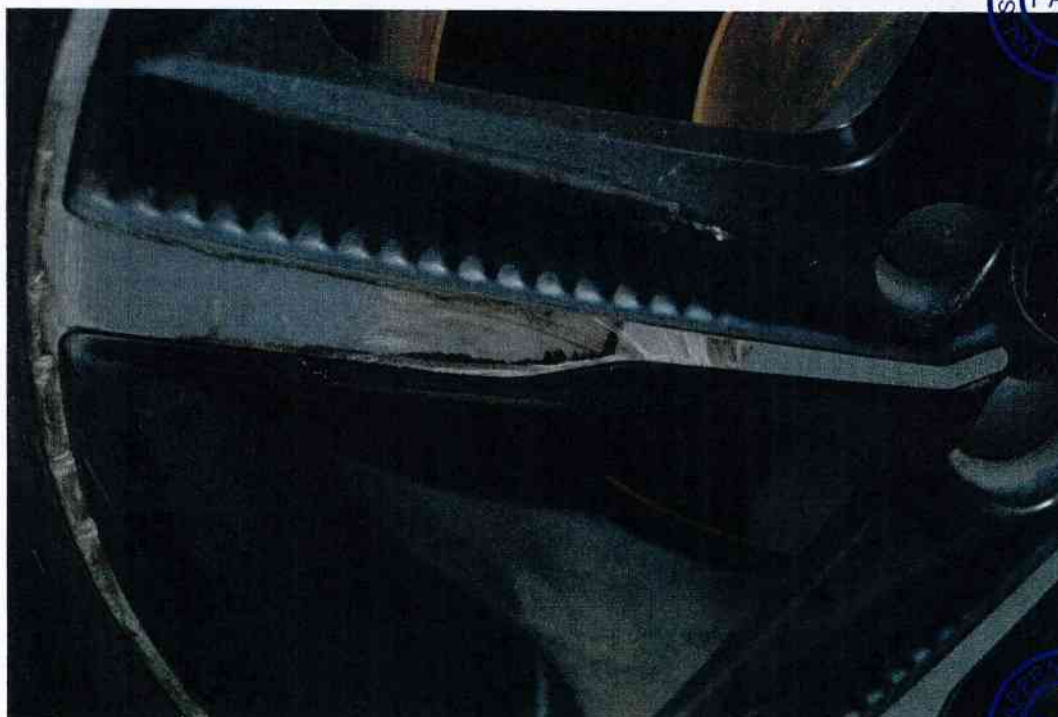




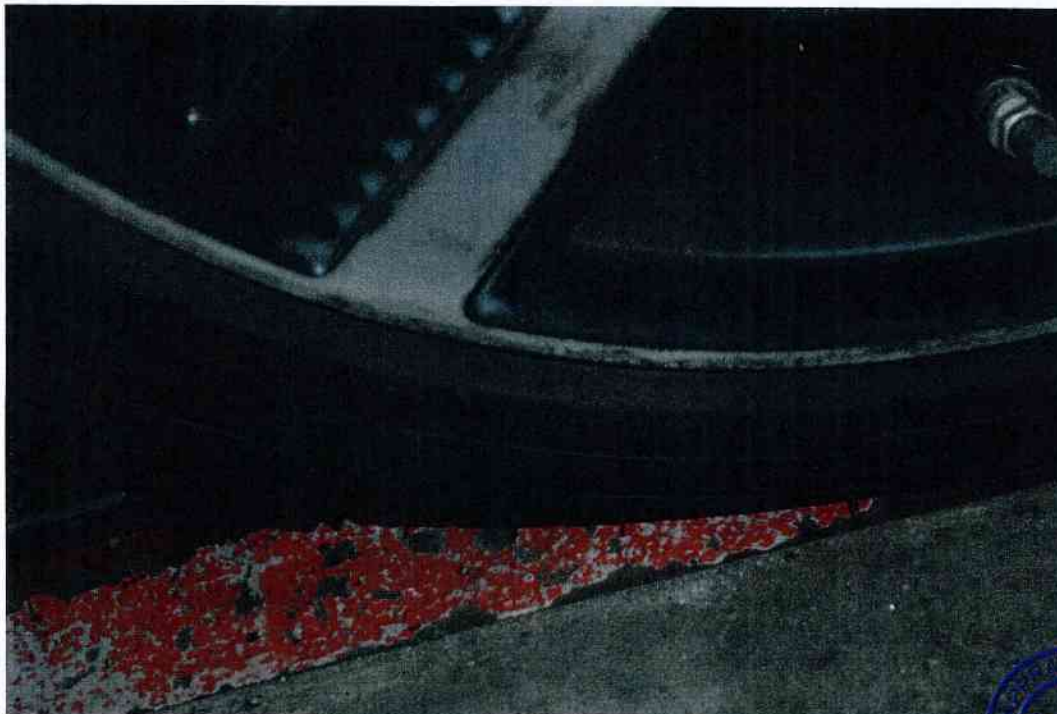






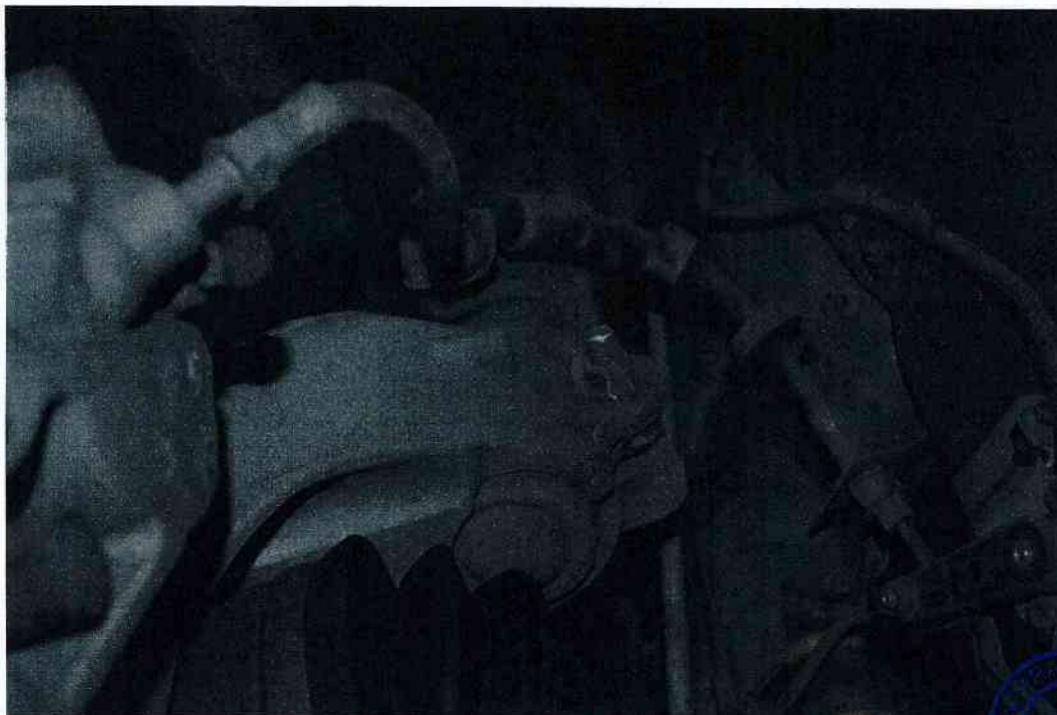




























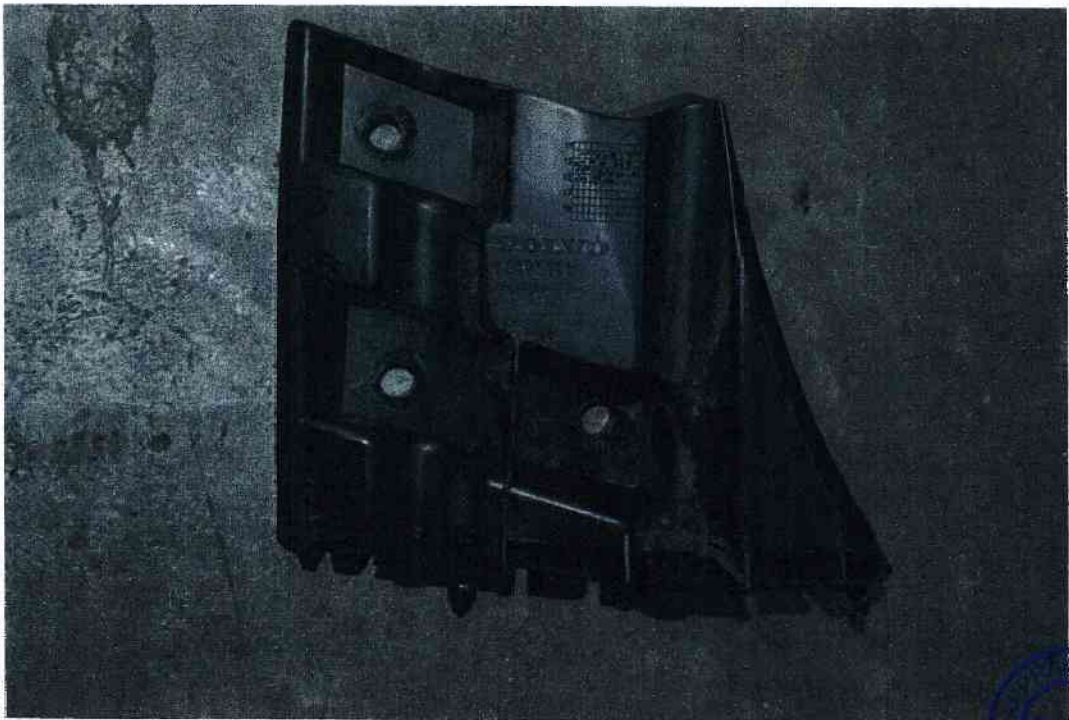










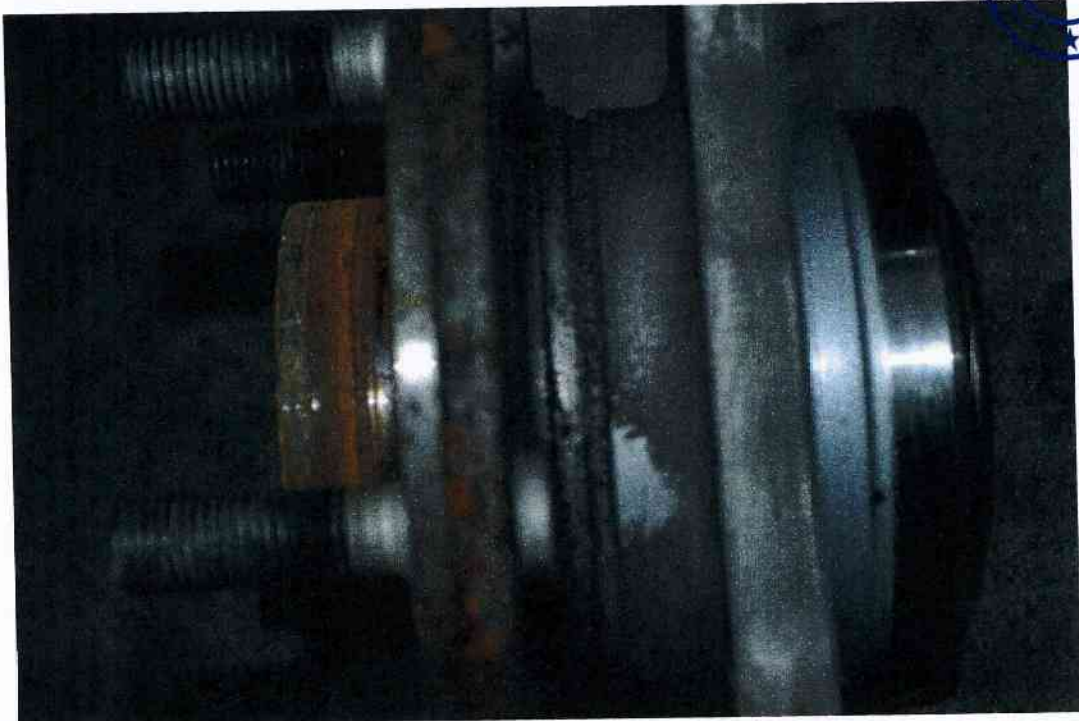




























Motor Private Car

MX1E

R SN

AN0055A

Cov. Type:C

### 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)

CERTIFICATE No.

DMPCSNW00089142101

Engine No.: B4154T51337641

Cha. No.: YV1MV28H0G2296267

1. Index Mark and Registration  
Number of Vehicle

SMR2688D

AUTOSAFE

=====

2. Name of Policy Holder

KENNETH YEO DUN KAI

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

27/05/2021  
(00:00:00)

Named Drivers Ex Sect. I

S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

S\$3,000.00

Ex Sect. I - Age >= 26

S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN

S\$100.00

5. Persons or Classes of Persons entitled to drive\*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his permission.

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.

6. Limitations as to use:

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time

Waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our

Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : HONG LEONG FINANCE LTD AS HP OWNER

\* 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.

### 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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: COWELL INSURANCE (AGENCY) PTE LTD

Authorised Officer

Authorised Signatory



• > [Back to OneMotoring](#)

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	628F
Vehicle Details	
Vehicle No.:	SMR2688D
Vehicle to be Exported:	Yes
Intended Deregistration Date:	08 Apr 2022
Vehicle Make:	VOLVO
Vehicle Model:	V40 T2 R-DESIGN (A) SR
Primary Colour:	Grey
Manufacturing Year:	2015
Engine No.:	B4154T51337641
Chassis No.:	YV1MV28H0G2296267
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$24,679.00
Original Registration Date:	27 Nov 2015
First Registration Date:	27 Nov 2015
Transfer Count:	1
Actual ARF Paid:	\$21,551.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Nov 2025
PARF Rebate Amount:	\$14,008.00
Intended COE Rebate Details	
COE Expiry Date:	26 Nov 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$59,200.00
COE Rebate Amount:	\$21,509.00
<b>Total Rebate Amount:</b>	<b>\$35,517.00</b>

The information contained herein is correct as at 08 Apr 2022

OK

## REFERRAL FORM

**To** : Doctor In Charge  
**Clinic** : SENGKANG GENERAL HOSPITAL - Accident and Emergency  
**From** : LIM WOOL TEE (M18061J)  
**Clinic** : Airport Passenger Terminal 3 @ B2  
**Visit Date** : 08-Apr-2022 09:20 PM

---

**Patient Name** : KENNETH YEO DUN KAI  
**NRIC** : S8920628F

### Referral Notes

RTA at 4pm  
was driving his car, at 40 km/h  
another car (taxi) hit at R side of his car  
no head injury no LOC  
now c/o R neck pain + R upper limb numbness + coldness all the way from arm to hand  
L arm normal  
o/e  
neuro grossly intact  
power upper limbs 5/5  
pt said ?reduced sensation at R arm and hand

IMP: RTA with R neck pain + R upper limb numbness + coldness need Ix

kindly r/v

**RafflesMedical**  
65 Airport Boulevard  
#B2-01 Singapore 819663  
Tel: (65) 6241 8818 Fax: (65) 6241 3498



18 May 2022

Your ref. AJ.tk.8028.2022.Z-PD+PI

CrossBorders LLC  
Advocates & Solicitors  
133 New Bridge Road  
#23-03/04/05  
Chinatown Point  
Singapore 059413

Dear Sir/Mdm

## MEDICAL REPORT OF KENNETH YEO DUN KAI, NRIC NO. SXXXX628F

I reviewed Mr Kenneth Yeo Dun Kai in my clinic at 9:14 pm on 8<sup>th</sup> April 2022.

According to Mr Yeo, he was involved in a Road Traffic Accident at 4.00 pm on 8<sup>th</sup> April 2022. He was driving and his car was hit by another vehicle at the right side of his car. He had no head injury. He had no loss of consciousness or vomiting. He complained of neck pain on the Right side and Right arm numbness and coldness following the accident. He had no weakness in his arms or legs. He had no urinary incontinence.

On examination, there was Right neck tenderness. The movement of neck was normal. The neurological examination was unremarkable. There was no open wound or any other signs of trauma.

My clinical diagnosis was neck pain following Road Traffic Accident. I prescribed ETORICOXIB 120MG to Mr Yeo. I referred Mr Yeo to Accident and Emergency in Sengkang General Hospital for further investigation on his Right upper limb numbness and coldness.

Yours faithfully



**DR LIM WOOI TEE**  
**MB ChB (Manchester), GDOM**  
**PHYSICAL LEADER (CLUSTER)**  
**GENERAL PRACTITIONER**  
**MCR No. M18061J**



TAX INVOICE

GST REGN NO.	: M9-0000467-N	PAGE	: 1 of 1
VISIT NO.	: G04322017899	BILL TYPE	: PATIVNOUT
VISIT DATE/TIME	: 31-MAY-2022 09:14AM	BILL DATE	: 31-MAY-2022
INVOICE NO.	: PG04322017899-1	PATIENT NAME	: KENNETH YEO DUN KAI
PAY BY	: SELF	PATIENT ID NO.	: *****628F
PAYER NAME	: KENNETH YEO DUN KAI	POLICY NO.	:
ADDRESS	: 513 YIO CHU KANG ROAD CALROSE THE #01-41 SINGAPORE 787067		

DESCRIPTION	QTY	S\$	S\$
MEDICAL REPORT/LETTER			
MEDICAL REPORT - ROUTINE TYPED	1.0	150.00	
			150.00
SUB-TOTAL			150.00
TOTAL CHARGES BEFORE GST			150.00
GST @ 7%			10.50
TOTAL CHARGES AFTER GST			160.50
TOTAL AMOUNT PAID			(160.50)
REG2200813138 - 31/05/2022 - CHEQUE		160.50	
TOTAL BALANCE DUE			0.00



**RafflesMedical**  
65 Airport Boulevard  
#B2-01 Singapore 819663  
Tel: (65) 62418818 Fax: (65) 62413498

65 AIRPORT BOULEVARD, S'PORE CHANGI #B2-01 AIRPORT PASSENGER TERMINAL BUILDING 3  
SINGAPORE 819663 62418818

Raffles Medical Group Ltd | Company Registration No: 198901967K | GST Registration No: M9-0000467-N



NRIC : S8920628F  
NAME : KENNETH YEO DUN KAI

VISIT DATE : 08 Apr 2022 (21:20)  
VISIT NO : G04322013650

This is to certify that the above mentioned has been given:

OUTPATIENT SICK LEAVE for 2 days from 09 Apr 2022 to 10 Apr 2022

DOCTOR : LIM WOUI TEE (M18061J)

CLINIC : Airport Passenger Terminal 3 @ B2

ADDRESS : 65 AIRPORT BOULEVARD, S'PORE CHANGI LEVEL -B2-01 AIRPORT PASSENGER TE

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

Printed: 08 Apr 2022, 09:52PM

\*This certificate is electronically generated. No signature is required.



Raffles Connect

Download RafflesConnect to:

- Teleconsult with our GP Doctor
- Request eQueue before coming to GP clinic
- Book an appointment for GP phone consult
- More features ...



Medicine Delivery

Medicine Delivery Service:

- Scan QR Code to request online.

**RafflesMedical**  
65 Airport Boulevard  
#B2-01 Singapore 819663  
Tel: (65) 6241 8818 Fax: (65) 6241 3498



Thank you

Amerjeet Singh has successfully logged out.

Your last login date and time was 11 Apr 2022, 16:59:57.

To return to ONE.MOTORING, please [click here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No. <sup>1</sup>	Asset Type <sup>2</sup>	Asset ID <sup>3</sup>	Asset Owner ID <sup>4</sup>	Transaction Type <sup>5</sup>	Transactio <sup>6</sup>
1	Vehicle	SHA8253J	-	18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49





RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

## TAX INVOICE

Date of Request: 13/04/2022

Your Ref No: zone

Dear Sir/Madam,

Date of Accident: 08/04/2022 00:00 (SGT)

Vehicle No: SMR2688D

Place of Accident: Race Course Rd, 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\$)
SHA8253J	Race Course Rd, Singapore	(29.00 )	1	(28.97 )
GST Amount				(2.03 )
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.