

AP LAW PRACTICE LLC

(UEN No. 201939937D)

(GST Registration No. 201939937D)

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We do not accept service of Court documents by fax.

AUS 21/2322 TPD

Our ref: AP/2021/004033/Cy

Your ref: YN7140M

Date: 22 October 2021

LEE EE SENG

BLK 159 JALAN TECK WHYE

#02-143

SINGAPORE 680159

Liberty Insurance Pte Ltd**Insurer of YN7140M**

51 Club Street

#03-00

Singapore 069428

By POST
(Without attachments)**By HAND**
(With attachments)

Dear Sirs,

WITHOUT PREJUDICE**CLAIM ARISING FROM A ROAD TRAFFIC ACCIDENT ON 12 AUGUST 2021 AT ABOUT 1440 HRS INVOLVING MOTOR VEHICLES NO(S). SLG5532U AND YN7140M ALONG KJE TOWARDS BKE**We act for **STARK HOLDINGS INN BIKE LEASING PTE. LTD.**, owner of **SLG5532U**.We are instructed by our client to claim damages against you/your insured in connection to the above-mentioned road traffic accident between our client and your/your insured's vehicle **YN7140M**.

We are instructed that the above-mentioned road traffic accident was caused by your/your insured's negligence / the negligence of your authorised driver in the driving, management and/or control of your/your insured's vehicle.

As a result of the abovementioned road traffic accident, our clients' vehicle was damaged and our clients has been put to loss and expense, particular of which are as follows:

COSTS OF REPAIR (WITH GST)	\$ 8,881.00
LOSS OF USE/RENTAL	\$ 2,160.00
- Pre-repair	\$ 540.00
(03 days including intervening weekend @ \$180.00 per day)	
- Loss of use/rental during repair works	\$1,620.00
(09 days including intervening weekend @ \$180.00 per day)	
Our Legal Costs with GST (At this stage)	\$ 1,605.00

25/12

Disbursements (To-date)**\$ 782.00**

1.	Survey Report Fees	\$ 585.00
2.	GIA / LTA searches fee	\$ 36.50
3.	Other Incidentals with GST	\$ 160.50

Total \$ 13,428.00

We enclose herewith the following supporting documents for your attention:

- a. Our client's Singapore Accident Statement;
- b. Copy of repair bill from our client's workshop;
- c. Copy of our client's surveyor report;
- d. Copy of the survey report tax invoice;
- e. Copy of the rental bill;
- f. Copies of receipts for GIA / LTA searches;

In compliance with the pre-action protocol under the State Courts' Practice Direction 37, we had notified your insurer of the above-mentioned road traffic accident and to the best of our knowledge, your insurer had arranged for the pre-repair inspection of our client's vehicle.

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 to us within fourteen (14) days of your receipt of this letter, failing which, our client will have no alternative but to commence proceedings against you without further notice to you or your insurer

Please also note that if you a counterclaim against our client arising out of the above-mentioned accident, you are required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within eight (8) weeks of your receipt of this letter

Should you fail to acknowledge receipt of this letter within fourteen (14) days, our client may commence Court proceedings against you without further notice to you or your insurer. For the avoidance of any doubt, this letter serves as notice under Section 9(3) of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189) of our client's intention to commence proceedings against you and/or your authorised driver.

Yours faithfully,



A P LAW PRACTICE LLC

enc



**SINGAPORE
POLICE FORCE**



L/20210813/7010

1 of 2

POLICE REPORT (NP299)

Report No. L/20210813/7010

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 13/08/2021 10:11	Vide Report No.	Station Diary No.
Name Of Informant WO WEI HOONG	Address 156 WOODLANDS STREET 13 #03-687 SINGAPORE 730156	
ID Type / ID No. NRIC NO / S7619567F	Contact No. Home/Office: Mobile: 96982876	
Nationality SINGAPORE CITIZEN	Email Address ww hoong@hotmail.com	
Occupation MOM Inspector/ Parlime Grab Driver	Sex Male	Age 45
Institution/School Name	Date of Birth 30/06/1976	Race Chinese
Date/Time Of Incident 12/08/2021 14:40 - 12/08/2021 14:45	Location Of Incident 156 WOODLANDS STREET 13 #03-687 SINGAPORE 730156	

Brief details.

I was travelling straight along KJE towards BKE. My vehicle car plate No. is SLG5532U. Suddenly a lorry YN7140M cut into my lane from the left and hit onto the left portion of my vehicle. The driver of YN7140M did not stop his lorry immediately and drive away. Whole accident was captured by my vehicle built-in video recorder.

Subjects Involved	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/08/2021 10:11
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



SINGAPORE
POLICE FORCE



L/20210813/7010

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210813/7010

Suspect			
Person Name	Hong Hock Global Pte Ltd		
Gender	Male	Home/Office No	64815414
Victim			
Person Name	WO WEI HOONG		
ID Type	NRIC NO	ID No	S7619567F
Gender	Male	Age	45
Race	Chinese	Language	English
Occupation	MOM Inspector/ Partime Grab Driver	Address	156 WOODLANDS STREET 13 #03-687 SINGAPORE 730156
Mobile No	96982876	Is Informant A Victim?	Yes
Person Name	WO WEI HOONG (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/08/2021 10:11
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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 13/08/2021 15:24 (SGT)
Date of Accident 12/08/2021 14:40 (SGT)
Exact Location of Accident KJE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG5532U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner STARK HOLDINGS INN BIKE LEASING PTE LTD
Company Reg No 201419069W
Email Address starkholdingsinn@gmail.com
Mobile Phone No (Phone) +65-92201012
Alternative Phone No +65-92201012

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1800

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number M0016412
Cover Note Number -

DRIVER

Name of Driver WO WEI HOONG
NRIC No S7619567F

Date Of Birth	30/06/1976
Occupation	Outdoor
Date Of Driving Pass	26/01/2006
Driving experience	15 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96982876
Alt. Phone Number	-
Email Address	starkholdingsinn@gmail.com
Address	BLK 156 WOODLANDS ST 13 #03-687
Address complement	-
Postcode	730156
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
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?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: L/20210813/7010.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN7140M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WO WEI HOONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLG5532U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 willful 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' 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.

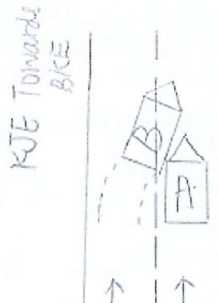


Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



(A) : SL65532U
(B) : YN7140M

Describe Circumstances of the Accident

Please refer to the Police Report N° : L/20210813 / 7010

Declaration

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



Policyholder's Signature / Date & Time

7

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

Witnessed by Reporting Centre Personnel

etiqa

Insurance

INTERVIEW FORM

Name (Driver) : WO WEI HONG (CHU WEIHONG)

Policy No : M0016412

Vehicle No : SLB5532U

Place of Accident : PJE

Insured Driver's relationship with Insured : HIRER

Drink Driving of Insured and/or Insured Driver : No

No of passenger(s) in Insured vehicle : 0

Injury to Insured and/or Insured driver, please indicate which hospital:
YES . IN TEMEDICAL HOSPITAL

Third Party Vehicle No (if any) : YN 7140 M.

No of passenger(s) in Third Party Vehicle : N/A

Injury to Third Party driver and/or passenger(s), please indicate which hospital:
-

Type of collision and the extensiveness of the damages to all vehicles involved:
hit left portion

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
No

Traffic Police report (enclosed) ☒ Yes / ☐ No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

X 7
 Driver (Name & Signature)

I, affirmed the above information is given to my best knowledge

Attended by (Name & Signature)

Workshop Name: _____

Etiqua Insurance Berhad (Company Reg. No. T09FC0054K)
 1 North Bridge Road, #08-01 High Street Centre, Singapore 179094
 T: +65 6336 0477 F: +65 6339 2109

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