



CATHERINE LIM LLC

林 林 ADVOCATES & SOLICITORS
翠 翠 NOTARY PUBLIC - 公证官
玲 玲 COMMISSIONER FOR OATHS- 宣誓官
律 律
師 師 CATHERINE C.L.LIM
館 館 DIRECTOR
LL.B (HONS) SINGAPORE-法律系-律師
M.B.A. (BUSINESS LAW)-商业系-硕士

12 Eu Tong Sen Street
The Central (SOHO 2) #05-172
Singapore 059819
UEN No. 201310922K
Tel: (65) 6438 5500
Fax: (65) 6438 0111
www.catherinelimllc.com
Email: info@catherinelimllc.com
CATHERINE LIM LLC is a law
corporation with limited liability

Our Ref: CL/221138/T/APEX.sg

09 January 2023

M/s Liberty Insurance Pte Ltd
51 Club Street
#03-00 Citystate House
Singapore 069428
Attn: Motor Claims Dept

WITHOUT PREJUDICE
(to the personal injury claim)
By Hand

BVS 22/13

United E & P Pte Ltd
25 First Lok Yang Road
Singapore 629734

CERTIFICATE OF POSTING
(Please be informed that all supporting documents
have been forwarded to your insurers)

Dear Sir

ACCIDENT INVOLVING SMN 4834G / XE 388X ON 19.11.2022 ALONG PIONEER ROAD NORTH

We act for ADVANCE CR PTE LTD, the owner of motor vehicle No. SMN 4834G, which was involved in the above accident.

Our client has suffered loss and damage as a result of your Insured's negligence in the driving of motor vehicle No. XE 388X.

We quantify our client's claim as follows:-

1. Cost of Repairs	\$ 9,400.00
2. Loss of use (9 days x \$150)	\$ 1,350.00
3. Survey fee	\$ 725.00
4. GIA search	\$ 38.49
5. Incidentals, transport & photocopying etc	\$ 54.00
6. Cost contribution	\$ 1,080.00

	\$12,647.49

We enclose herewith photocopies of our client's accident report, GIA search, repair bill, survey fee, survey report and colour photographs of our client's damaged vehicle for your immediate attention.

Please let us know within the next 14 days from the receipt of this letter, whether you are prepared to admit liability and revert with a settlement proposal, failing which our clients shall have no alternative but to commence legal proceedings against your insured.

Yours faithfully

Encs
cc: clients

11/01/23

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	21/11/2022 13:05 (SGT)
Reported by	Driver
Date of Accident	19/11/2022 08:00 (SGT)
Exact Location of Accident	Pioneer Rd North, Singapore 627606
Additional Location Information	PIONEER ROAD NORTH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN4834G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ADVANCE CR PTE LTD
Company Reg No	2XXXXX997M
Email Address	PEIJIE@EXPRESSCAR.COM.SG
Mobile Phone No	(Phone) +65-91998131
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Variant	HYBRID 1.5G AUTO
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 hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5121553281-01

DRIVER

Name of Driver	CHENG NEE KOK
NRIC No	SXXXX092Z
Date Of Birth	21/10/1973
Occupation	Outdoor

Date Of Driving Pass	22/09/1997
Driving experience	25 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98458582
Alt. Phone Number	-
Email Address	PEIJIE@EXPRESSCAR.COM.SG
Address	BLK 655A JURONG WEST STREET 61 #16-526
Address complement	-
Postcode	641655
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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

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	XE388X
Vehicle Manufacturer	Volvo
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAMAIAH PALANIYAPPAN
NRIC No	GXXXX573Q
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident

This morning Paul R. Carter was on the way home my last trip at Pioneer Rd North
Apt to catch Home St. ring at junction along Pioneer Rd north waiting for the light
to change green light suddenly a heavy hit from my back of my car.

Declaration

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

Witnessed by Reporting Centre Personnel

YES / NO

SKETCH PLAN

YES / NO
KED YE
DYE

IMPORTANT NOTICE

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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.
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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.

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.

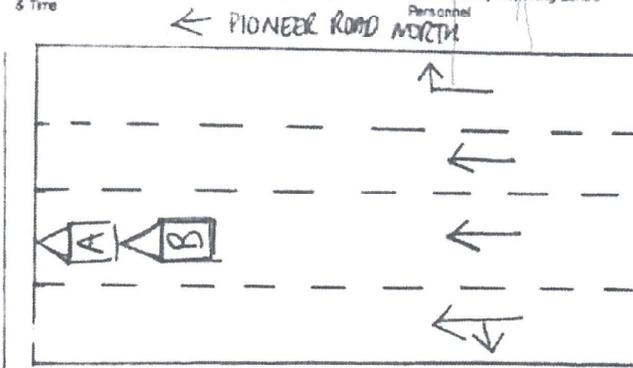
Policyholder's Signature / Date & Time  

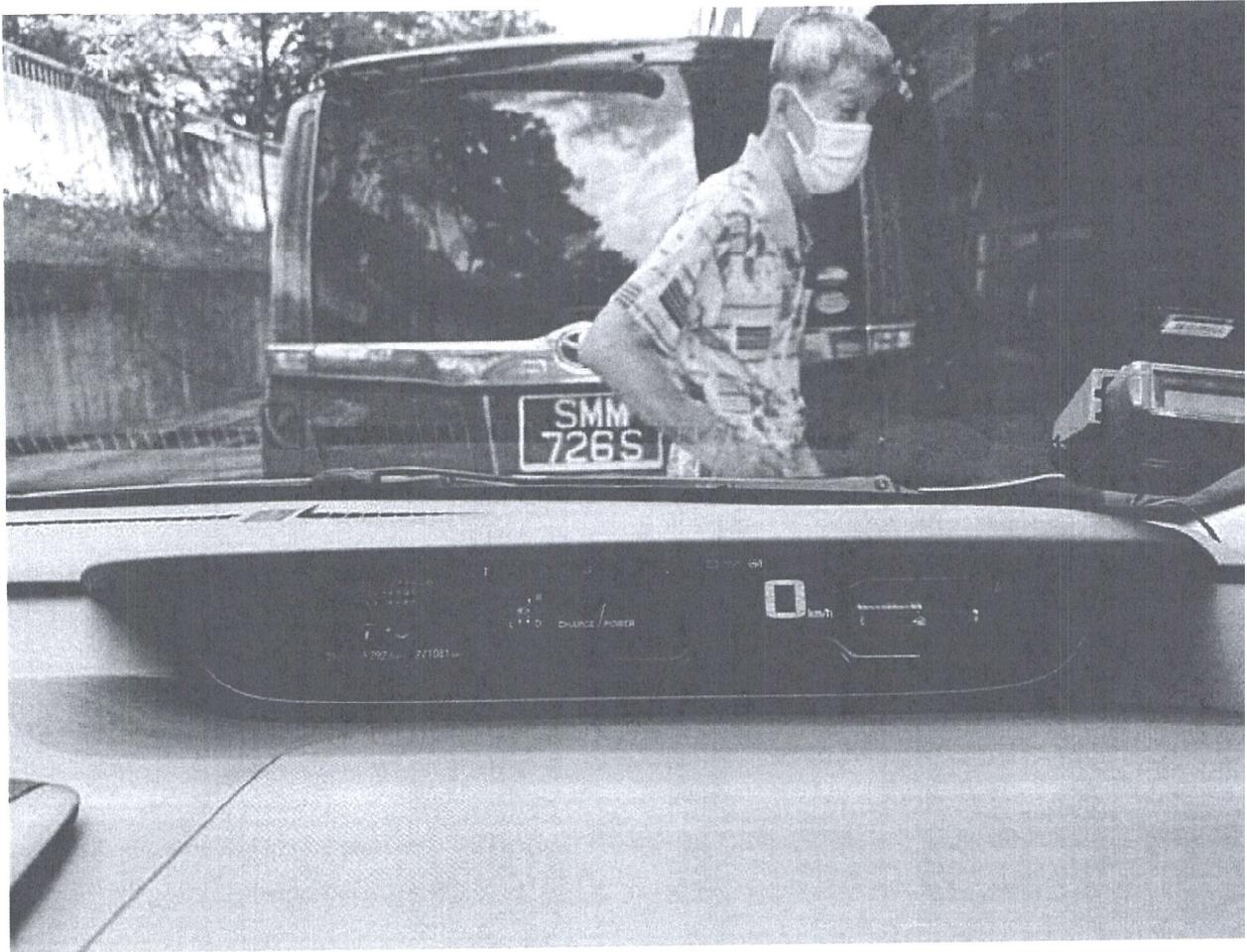
Driver's Signature (If driver is not the policyholder) / Date & Time 

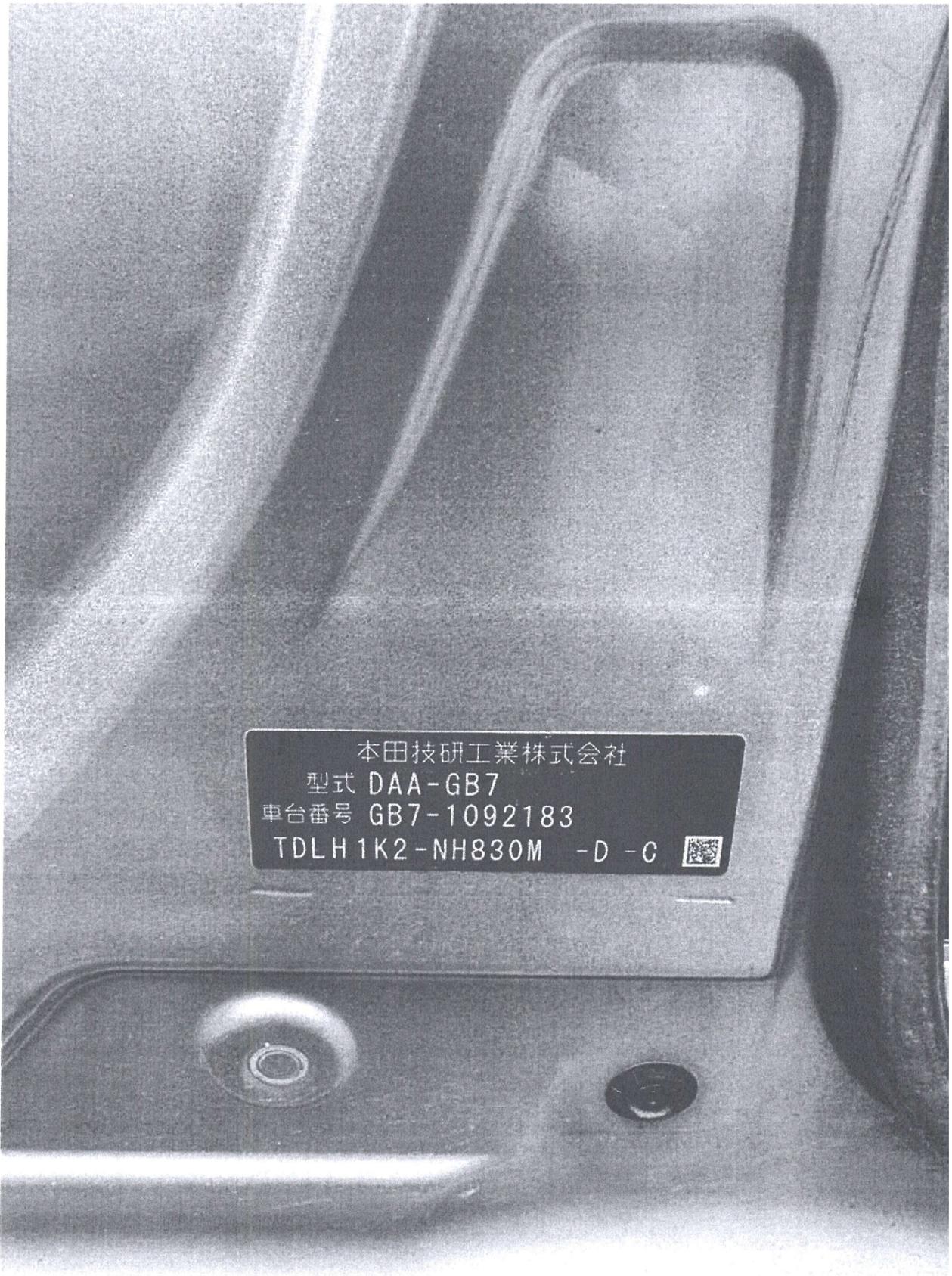
Witnessed by Reporting Centre Personnel  

Sketch Plan

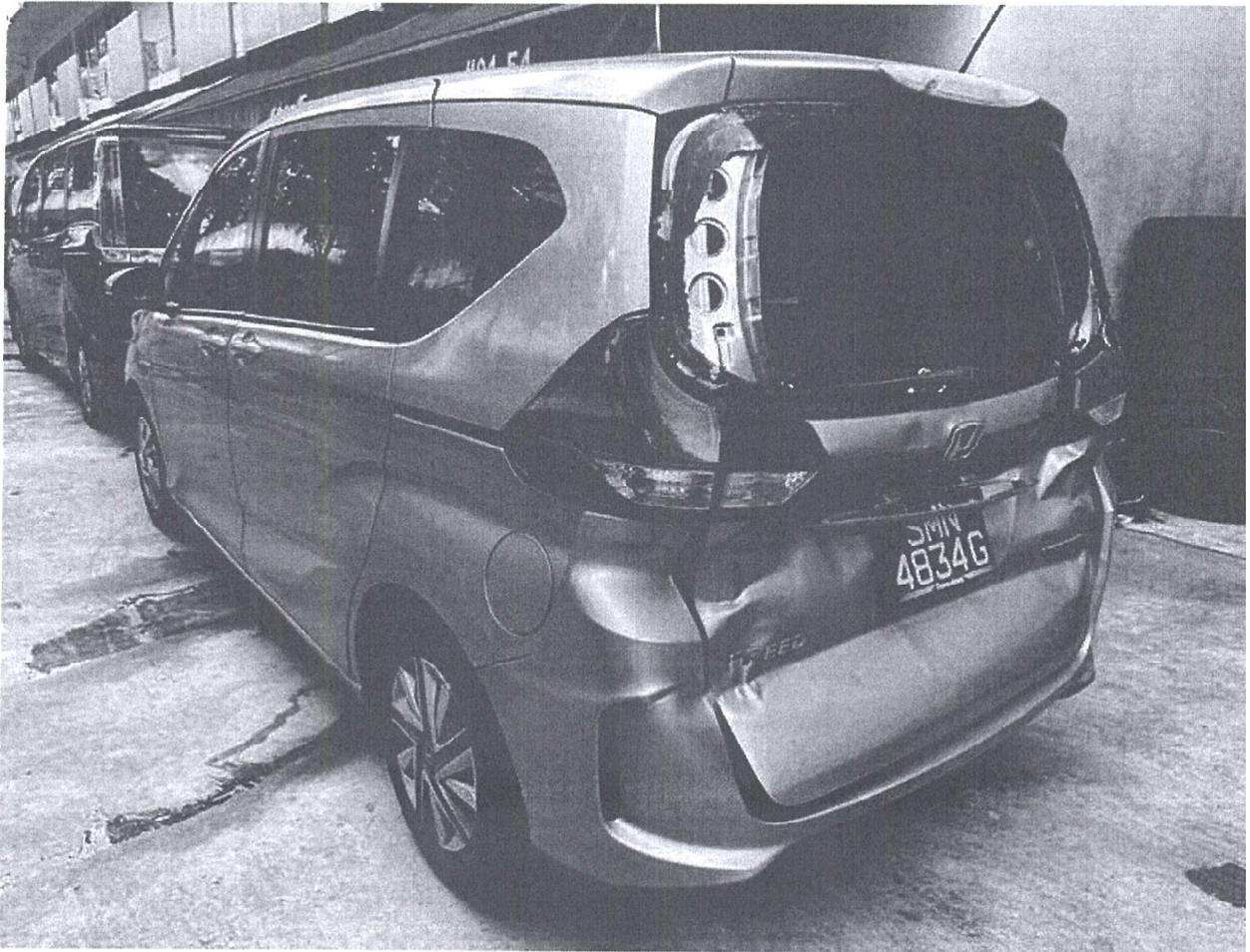
A-5M4B34G
B-XE388X

















DRINKING YES / NO
 YES / NO
 GLUE YES / NO
 REAR WINDSCREEN YES / NO



Police Station Of Origin:
 Tampines N.P.C
 6 Tampines Avenue 4 SINGAPORE 529682
 Tel No: 1800-5871999



T/20221119/2031

Report No: T/20221119/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/11/2022 13:24
 Vide Report No.:
 Station Diary No.: 66

Informant's Particulars

Name of Informant: CHENG NEE KOK			Address: APT BLK 555A JURONG WEST STREET 61 #16-526 SINGAPORE 641655		
ID Type / ID No.: NRIC NO / S7342092Z			Contact No.: Home/Office: Mobile: 98458582		
Nationality: SINGAPORE CITIZEN			Email: CHENG0343@YAHOO.COM.SG		
Sex: Male	Age: 49	Date of Birth: 21/10/1973	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: PVT HIRE DRIVER			Driving Licence Information: Class: 3A,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/11/2022 08:00	Type of Location: X-Junction
Location: PIONEER ROAD NORTH				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMN4834G	Car	HONDA	FRED	Silver	Seriously Damaged	0
XE388X	Lorry				No Damage	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20221119/2031

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No. 1800-5871999

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Report No. T/20221119/2031

CONTINUATION OF REPORT

Driver			
Name	CHENG NEE KOK	ID No.	S7342092Z
Related Vehicle	SMN4834G (Car)	Contact No.	98458582
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3A,4 Date of Expiry: NIL
Date Treatment	19/11/2022	Date Discharge	19/11/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	RAMAIAH PALANIYAPPAN	ID No.	G78235730
Related Vehicle	XE388X (Lorry)	Contact No.	94235744
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 19/11/2022 at about 0800hrs at the junction of Pioneer Road North and Kain Teck Way heading toward Jurong West, I am travelling in my vehicle-SMN4834G and had stopped due to red light. About few minutes later, I felt a bang at the rear portion of my vehicle and my vehicle inch forward. I step out of my vehicle to make a check and spoke to the driver. We agreed to settle the issue via insurance. The damage to my vehicle was at the rear portion and had been towed back to my rental company.

I am still feeling fine during the accident. However, I started to feel unwell and proceed to see a doctor and I was given 3 days mc.