

# *Centro-Legal Law Corporation*

ADVOCATES AND SOLICITORS

Your Ref : To be advised

Our Ref: CLLC.PD.277.2022

lod@centrolc.com.sg

03 JANUARY 2023

151 Chin Swee Road  
#02-21 Manhattan House  
Singapore 169876  
Tel: 6235 0633  
Fax: 6235 6939

**China Taiping Insurance Singapore Pte Ltd**

3 Anson Rd

#16-00 Springleaf Tower

SINGAPORE 079909

**WITHOUT PREJUDICE BY HAND**

**Attn: Manager/Motor Claims Department**

**ACCIDENT ON 12.11.2022 ALONG CHOA CHU KANG DRIVE INVOLVING MOTOR VEHICLES  
SLC 443Y AND PC 8682Z**

We act for FRANKLY ENTERPRISE, the owner of the motor vehicle SLC 443Y involved in the captioned accident.

From our insurance search, you are the insurer of motor vehicle PC 8682Z.

We are instructed by our client to claim damages against your insured in connection with a road traffic accident on 12.11.2022 along CHOA CHU KANG DRIVE involving our client's motor vehicle no SLC 443Y and motor vehicle no PC 8682Z was driven by your insured and/or your insured's servant and/or agent at the material time.

We are instructed that the accident was caused by your insured and/or your insured's servant and/or agent negligent driving and/or management of the motor vehicle. As a result of the accident, our client's motor vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

# Centro-Legal Law Corporation

151 Chin Swee Road  
#02-21 Manhattan House  
Singapore 169876  
Tel: 6235 0633  
Fax: 6235 6939

## ADVOCATES AND SOLICITORS

a)	Cost of repairs	\$ 9,900.00
b)	Loss of use/ rental	\$ 720.00
c)	Loss of use (PRI) \$240X2 days	\$ 480.00
d)	Colour copies (\$1.00X19)	\$ 19.00
e)	Survey report fee	\$ 848.00
f)	LTA search fee	\$ 7.49
g)	GIA reports fee	\$ 29.00
h)	Costs contribution	\$ 1,000.00
		<u>\$ 13,003.49</u>

A copy each of the following supporting documents marked [X] is enclosed:-

- [x] GIA reports
- [x] Repairers bill and evidence of payment
- [ ] Excess bill/receipt
- [ ] Vehicle Registration Card
- [ ] COE/PARF Certificate
- [ ] Names and addresses of witnesses
- [ ] Photographs of damage to our client's motor vehicle
- [x] Photocopied photographs of damage to our client's motor vehicle
- [ ] Rental Agreement, Invoice and receipt for rental
- [x] Supporting documents for all other expenses claimed

Please take note that you should send to us an acknowledgement of receipt of this Letter within 14 days of your receipt of this letter, failing which our client will have no Alternative but to commence proceedings against your insured without further notice to you.

Yours faithfully,



(This is digitalized signature)

**P KAMAL DEWI**

**CENTRO-LEGAL LAW CORPORATION**

# *Centro-Legal Law Corporation*

ADVOCATES AND SOLICITORS

151 Chin Swee Road  
#02-21 Manhattan House  
Singapore 169876  
Tel: 6235 0633  
Fax: 6235 6939

Please note that we have notified your insurers. Please inform them of the claim. If your insurers are not the above-named and if you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurers.

Please note that you or your insurers should send us an acknowledgement of receipt of this letter within 14 days of 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 insurers.

Please also note that if you have a counterclaim arising out of the accident, you are also required to send us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter

FRANLY ENTERPRISE  
Hougang One, 1 Hougang St #1  
Singapore 538892

# FRANLY ENTERPRISE

HP: 8138-0822 / 8138-0823

22392

## RENTAL AGREEMENT

Date: 21/11/22

Named Driver: Mah Weng Yew

I/C No.: 31616 066 J

DOB:

Licence Validity: QPD / PPD

Address: 81K 417 Choa Chu Kang Bld 4 #09-370

Tel: (HP) 96239439

(Res)

(O)

Occupation:

Company Name:

\*Additional Driver:

I/C No.:

DOB:

Licence Validity: QPD / PPD

Address:

Tel: (HP)

(Res)

(O)

Occupation:

Company Name:

Being rental agreement for the under-mentioned vehicle:

Registration No. of Vehicle SMQ 8282G

Make & Model of Vehicle Merc 820

Rental Period

21/11/22 to 24/11/22

Agreed Price

\$

750

Deposit

\$

Total

\$

750

Remarks:

Hourly Rates: Car 610 MPV/SUV 920

Current Fuel Level: Full Tank

Current Mileage: 1km

Insurance: ☒ Car: Singapore Usage (excess \$5000)

☐ MPV/SUV: Singapore Usage (excess \$53000)

☐ Car: Other Usage (excess \$5000)

☐ MPV/SUV: Other Usage (excess \$56000)

☐ Below 27/11/2022

☐ Below 27/11/2022 (excess \$5000 MPV: \$56000)

Insurance covered: ☒ Car: Singapore Usage (excess \$5000)

Traffic Offences: ☐ Car: Singapore Usage (excess \$5000)

Note: It is agreed that the renter shall be liable for any damage to or any illegal acts arising from the use thereof. Both parties shall be liable for the cost of the insurance.

Date Taken

21/11/22

Time Taken

8:45pm



# Constant Appraiser Services

Qualified Automobile Accident Damage Appraisers/Loss Adjusters

Blk 2 Rivervale Link, #09-02 Singapore 545040

Mobile: 9007 5234

Email: constant\_as@yahoo.com.sg

RCB No. 53138015K

## INVOICE

To: Franly Enterprise  
c/o 1 Kaki Bukit Ave 6  
#01-106 Autobay@Kaki Bukit  
Singapore 417883

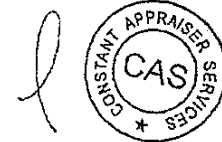
Date : 26/11/2022

Invoice No : IV22-11046/CAS

Particulars	Amount
Fee For Services Rendered In Respect Of:  Surveying, Adjusting, and Re-inspection Of Accident Damaged Vehicle SLC 443Y (Inclusive Of Photographs And Transport Charges)  Our reference : CAS/22-11/046	\$848.00
Total	\$848.00

E. & O.E

**Constant Appraiser Services**



Cheque Should Be Crossed And Made Payment To 'Constant Appraiser Services'

# Constant Appraiser Services

Qualified Automobile Accident Damage Appraisers/Loss Adjusters

Blk 2 Rivervale Link, #09-02 Singapore 545040

Mobile: 9007 5234

Email: constant\_as@yahoo.com.sg

RCB No. 53138015K

## Automobile Inspection Report

To: Franly Enterprise c/o 1 Kaki Bukit Ave 6 #01-106 Autobay@Kaki Bukit Singapore 417883	Date : 26/11/2022 Reference No : CAS/22-11/046																				
<b><u>General Information</u></b> Registration No. : SLC 443Y Accident Date : 12/11/2022																					
<b><u>Particulars of Damaged Vehicle</u></b> Colour : White                      Make & Model : Audi A3 Engine Capacity : 1395 cc              Pre-Accident Condition : Good Mileage (KM) : 335122              Engine No. : CZC537496 Chassis No. : WAUZZZ8V0G1088096      Steering : In Order Registration Date : 29/04/2016              Brake : In Order																					
<b><u>Tyre Condition</u></b> <table><thead><tr><th></th><th>Size</th><th>Make</th><th>Balance</th></tr></thead><tbody><tr><td>R/H Front Tyre</td><td>205/55R16</td><td>HUMHO</td><td>90%</td></tr><tr><td>L/H Front Tyre</td><td>205/55R16</td><td>HUMHO</td><td>90%</td></tr><tr><td>R/H Rear Tyre</td><td>205/60R16</td><td>CONTINENTAL</td><td>70%</td></tr><tr><td>L/H Rear Tyre</td><td>205/60R16</td><td>YOKOHAMA</td><td>70%</td></tr></tbody></table>			Size	Make	Balance	R/H Front Tyre	205/55R16	HUMHO	90%	L/H Front Tyre	205/55R16	HUMHO	90%	R/H Rear Tyre	205/60R16	CONTINENTAL	70%	L/H Rear Tyre	205/60R16	YOKOHAMA	70%
	Size	Make	Balance																		
R/H Front Tyre	205/55R16	HUMHO	90%																		
L/H Front Tyre	205/55R16	HUMHO	90%																		
R/H Rear Tyre	205/60R16	CONTINENTAL	70%																		
L/H Rear Tyre	205/60R16	YOKOHAMA	70%																		
<b><u>Inspection</u></b> Repairer : A S Auto Service 1 Kaki Bukit Ave 6, #01-106 Autobay@Kaki Bukit, Singapore 417883																					
<b><u>Adjustment And Recommendation Cost Of Repair</u></b> Repairer's Estimate : \$16,769.23 Revised Amount : \$9,900.00 Less Excess : - Nett Total : \$9,900.00																					
<b><u>Remarks</u></b> (A) Survey was done on 21/11/2022 (B) Re-survey was done on 22/11/2022 (C) Re-survey after repair was done on 24/11/2022 (D) The survey was conducted entirely on WITHOUT PREJUDICE basis. (E) We have NOT given any instruction to authorize the repair of the vehicle.																					

NOTE: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage/item in this survey, kindly notified the company within 7 (seven) days from the date hereof. Otherwise, the revised amount shall be deem to be valid.

**Adjustment On Repair Costs And Replacement Of Parts:**

S/No	Qty	Descriptions	Assessed Condition	Estimate by Workshop (\$)	Revised Amount (\$)
		<b><u>PARTS REPLACEMENT – LIST ITEMS</u></b>			
1	1pc	Bootlid	Dented/Buckled	3,686.77	3,686.77
2	1pc	Bootlid lock	Bent/Jammed	212.78	212.78
3	1pc	Bootlid lock catch	Bent	55.87	55.87
4	1pc	Bootlid weatherstrip	Distorted	229.96	229.96
5	2pcs	Bootlid hinge @ \$286.94	Bent/Twisted	573.88	573.88
6	1pc	Bootlid emblem 'logo'	Broken	144.65	144.65
7	1pc	Bootlid emblem 'A3'	Necessary	104.06	104.06
8	1pc	Bootlid emblem 'TFSI'	Necessary	104.06	104.06
9	1pc	Bootlid inner trim board	Serviceable	347.52	-
10	2pcs	Bootlid rubber stopper @ \$19.21	Necessary	38.42	38.42
11	2pcs	Bootlid lamp @ \$981.37	Cracked/Broken	1,962.74	1,962.74
12	2pcs	Bootlid number plate lamp @ \$64.39	Cracked/Broken	128.78	128.78
13	1pc	Bootlid push button lock	Damaged	201.49	201.49
14	1pc	Rear bumper	Dented/Deformed	2,218.75	2,218.75
15	1pc	Rear bumper lower lid	Dented/Grazed	265.50	265.50
16	1pc	Rear bumper reinforcement	Dented/Bent	646.86	646.86
17	2pcs	Rear bumper side retainer @ \$18.06	Necessary	36.12	36.12
18	2pcs	Rear bumper reflector @ \$45.97	Serviceable	91.94	-
19	4pcs	Rear bumper reflector sensor @ \$265.50	2pcs Damaged	1,062.00	531.00
20	1pc	Rear end panel	Repair	778.50	-
21	1pc	Rear end panel garnish	Deformed/Broken	172.42	172.42
22	2pcs	Taillamp @ \$981.37	Serviceable	1,962.74	-
				15,025.81	11,314.11
		Less 10%		(1,502.58)	(1,131.41)
			Sub total	13,523.23	10,182.70
		<b><u>PARTS REPLACEMENT – SPECIAL NETT ITEMS</u></b>			
1	1set	Rear bumper clip	Necessary	55.00	55.00
2	1set	Rear end panel clip	Necessary	22.00	22.00
3	1set	Bootlid inner trim board clip	Necessary	34.00	34.00
4	1pc	Rear number plate	Serviceable	45.00	-
			Part total	13,679.23	10,293.70

S/No	Qty	Descriptions	Assessed Condition	Estimate by Workshop (\$)	Revised Amount (\$)
		<u>LABOUR &amp; MISC. CHARGES</u>			
1		To reset & diagnose system after repair		360.00	280.00
2		Check rear wiring system		50.00	20.00
3		To remove & reinstall reverse sensor		80.00	60.00
4		To remove, reinstall trim upholstery & trim garnish		100.00	80.00
5		To respray painting on affected area		1,200.00	800.00
6		To apply anti rust chemical on repaired & replaced panel		100.00	60.00
7		To provide labour, workmanship to change the above damaged bodypars, repair, re-construct & re-align body structure, body alignment & damages consistent to the accident		1,200.00	750.00
			Grand total	16,769.23	12,343.70
Recommended cost of lump sum repair (To its pre-accident condition)					9,900.00

**Adjustment/Recommendations**

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a lump sum of **\$9,900.00** on a contractual basis. Under normal circumstances, the repair period would be about **4 (Four)** working days.

Yours faithfully,

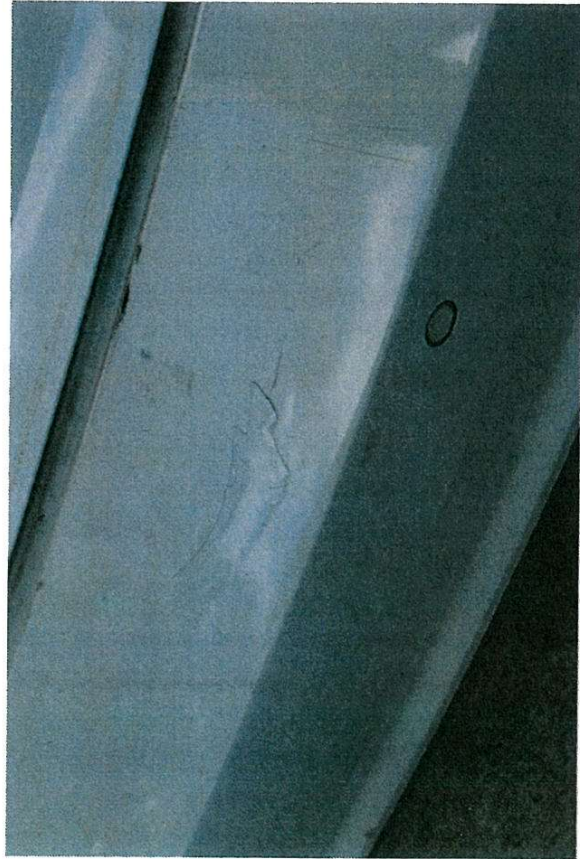
**Constant Appraiser Services**

Lim Yong Tian (Sebastian)  
Licensed Appraiser  
Adv. Dip. In Mechanical Engineering (AUS)  
MSAAA

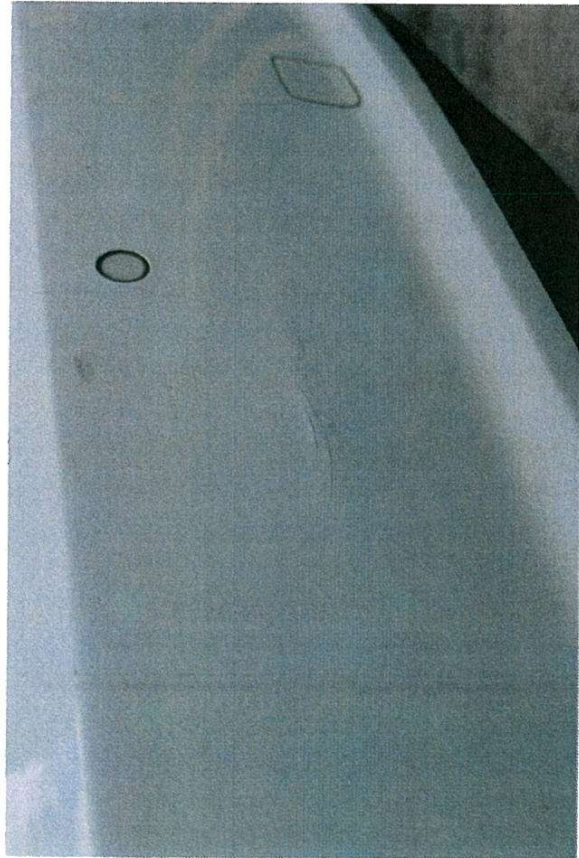
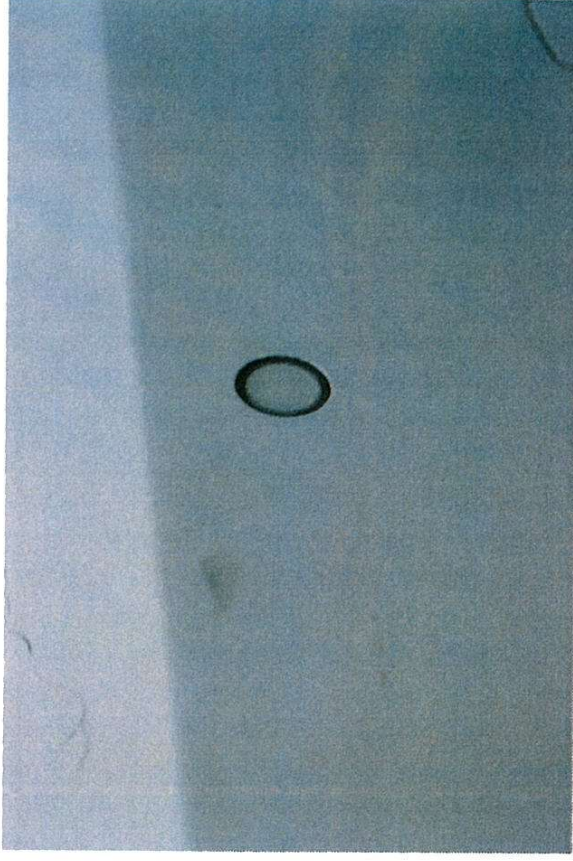
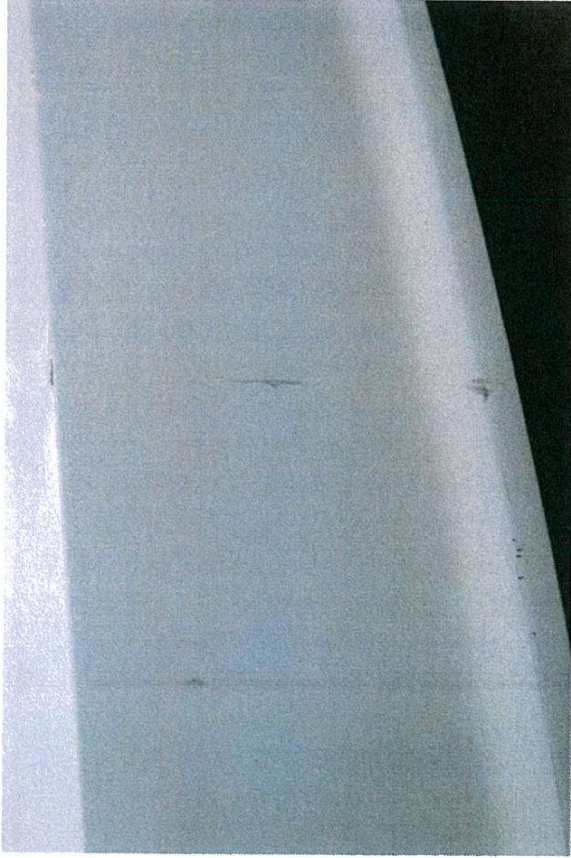






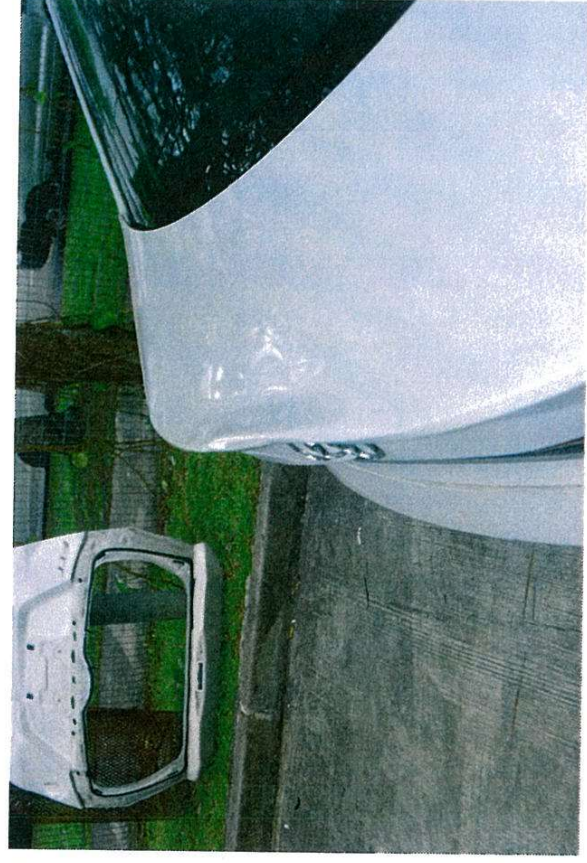




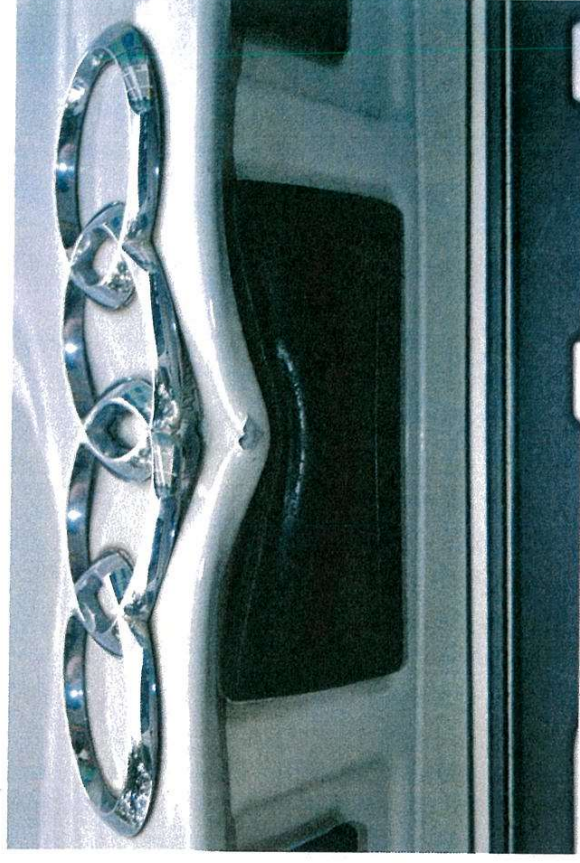




Constant Appraiser Services









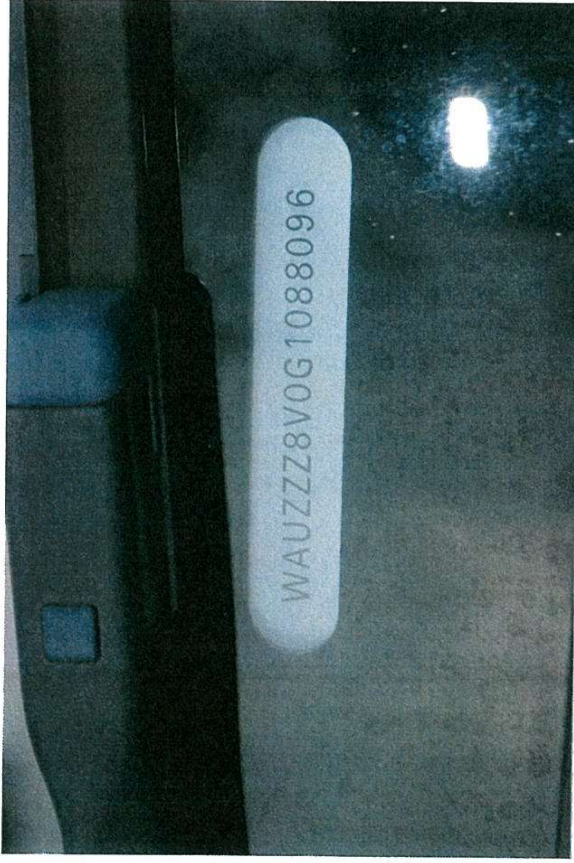
Constant Appraiser Services



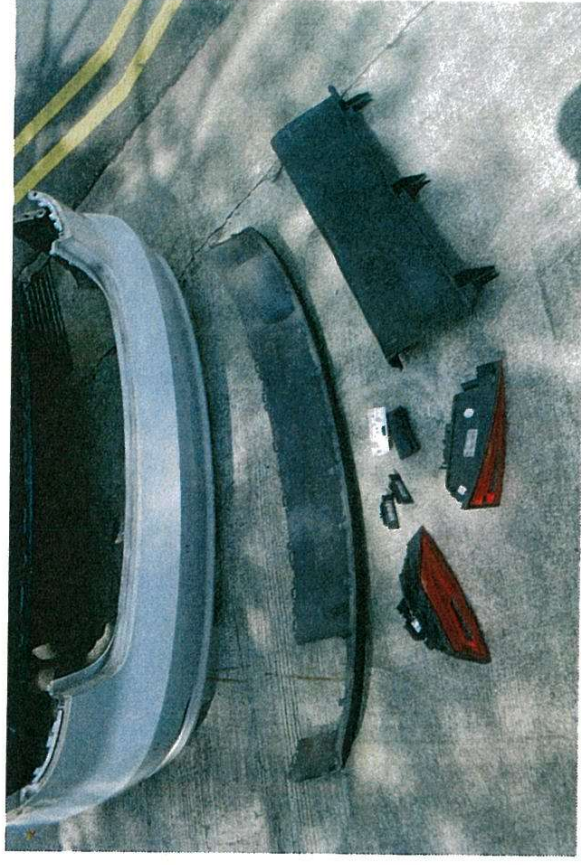




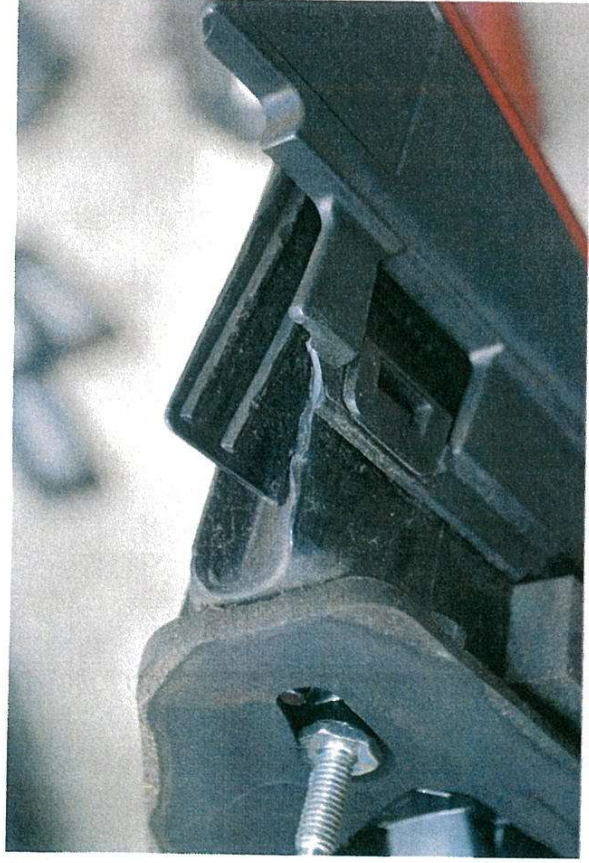












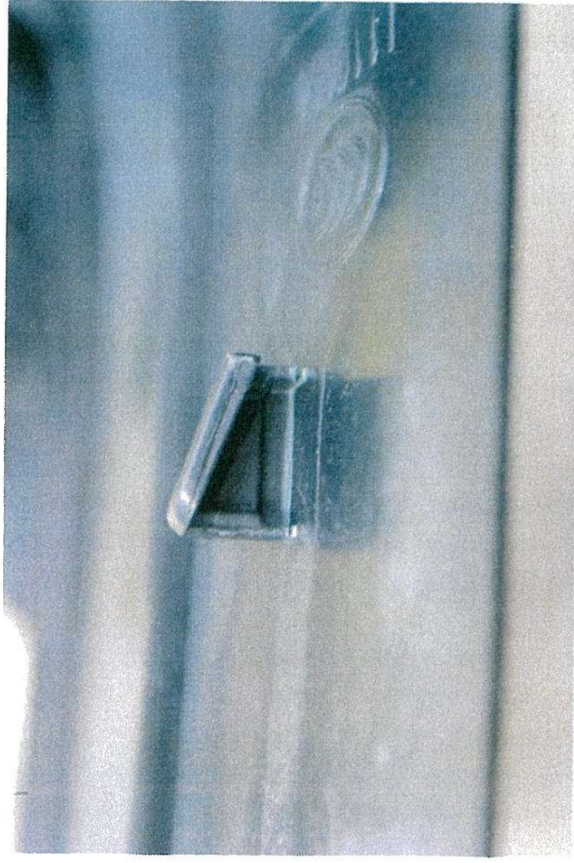




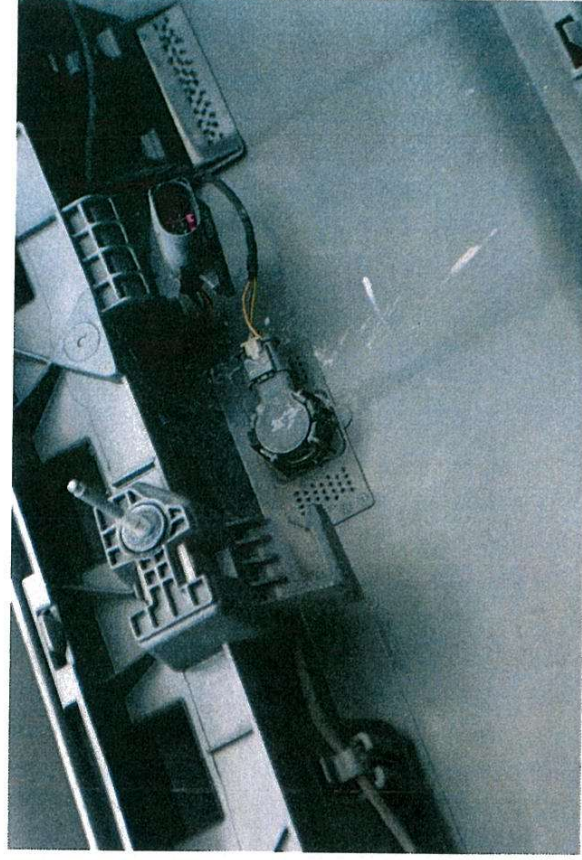
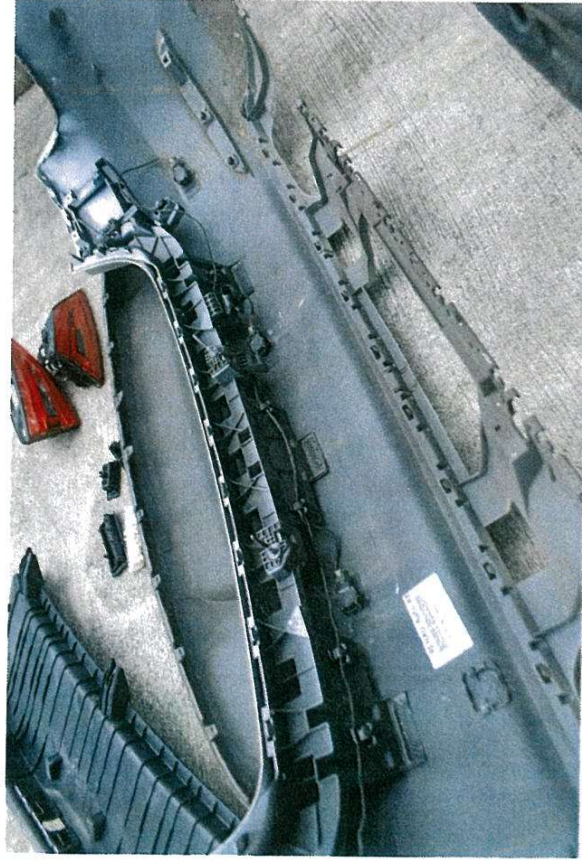
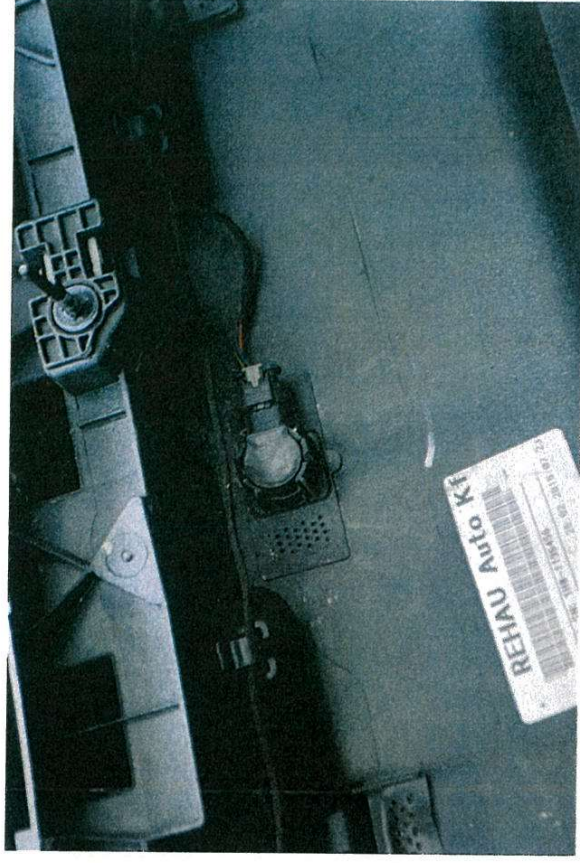
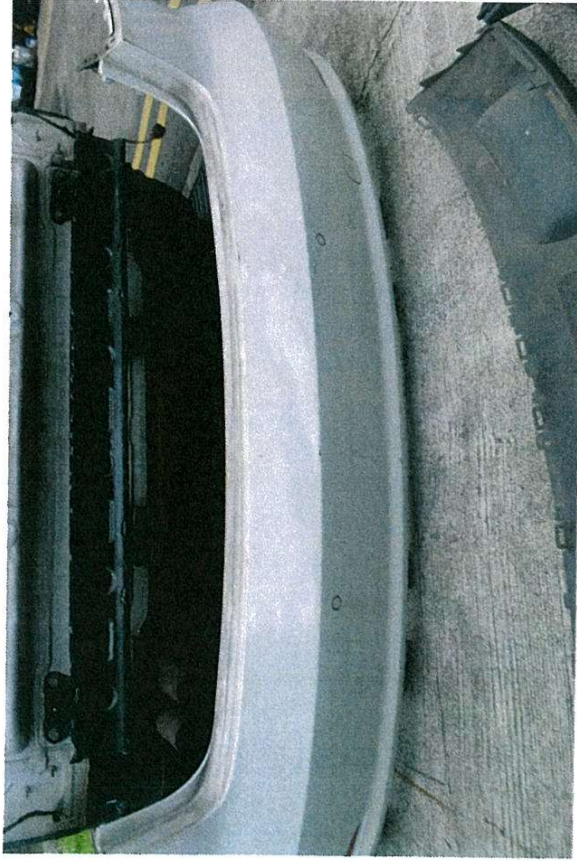




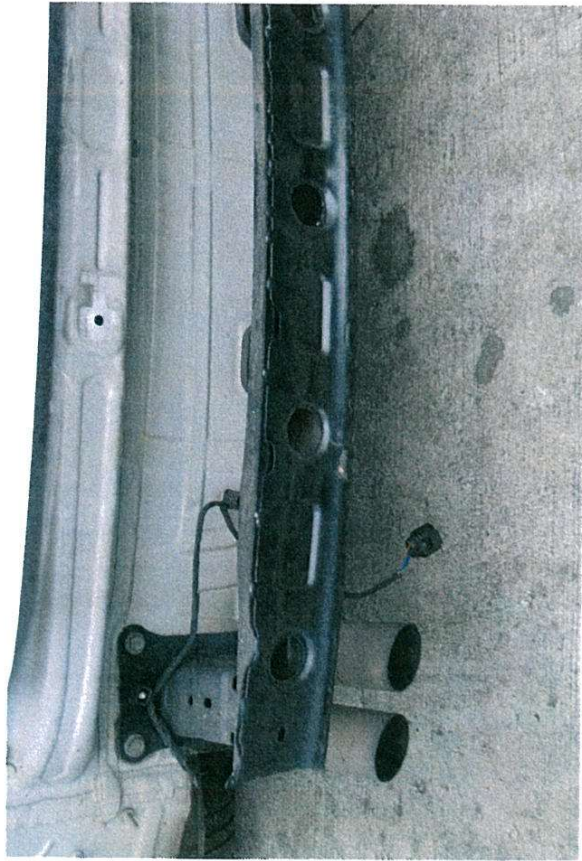
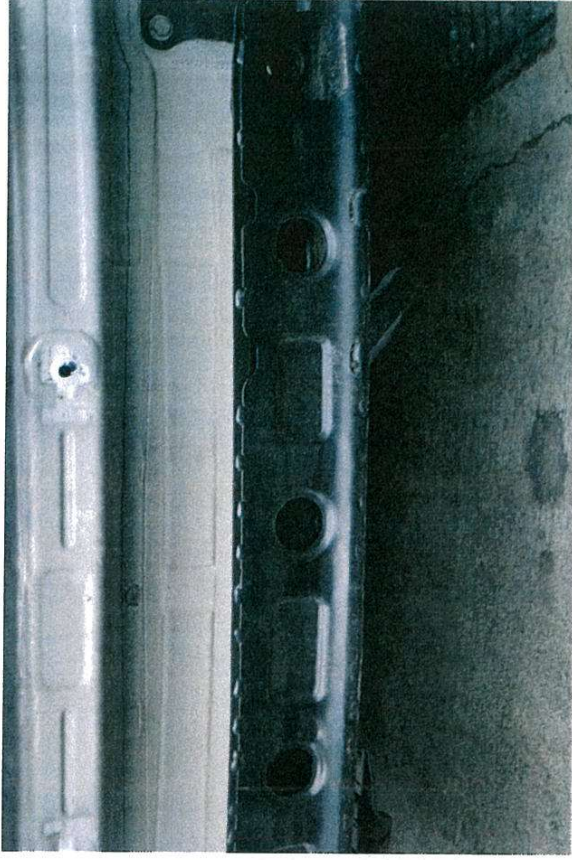








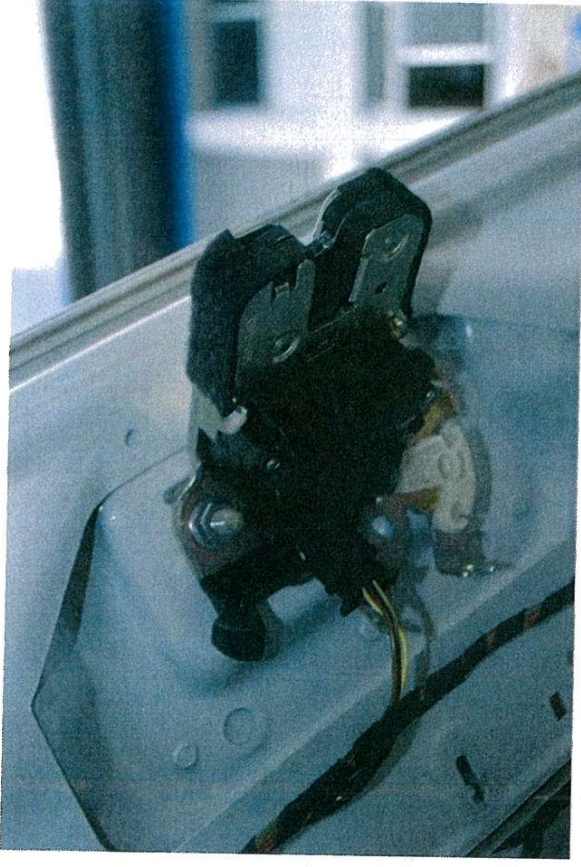




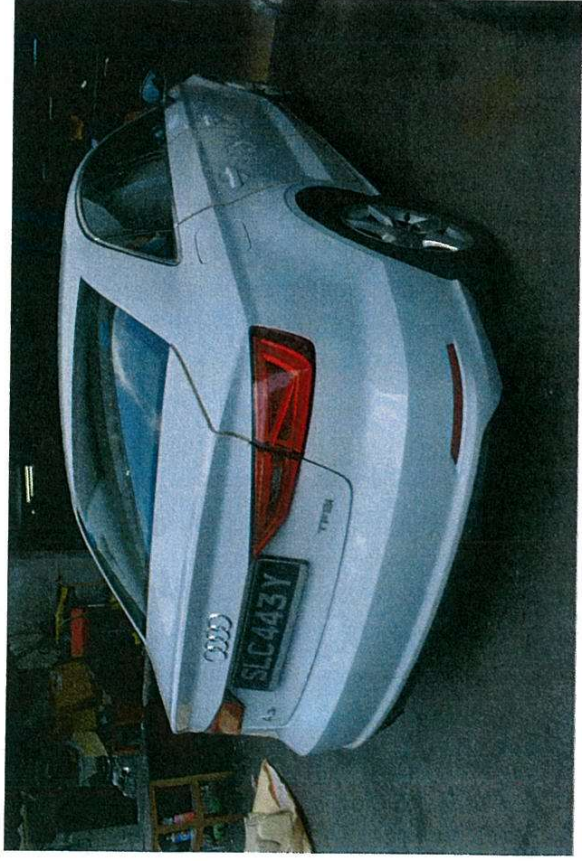
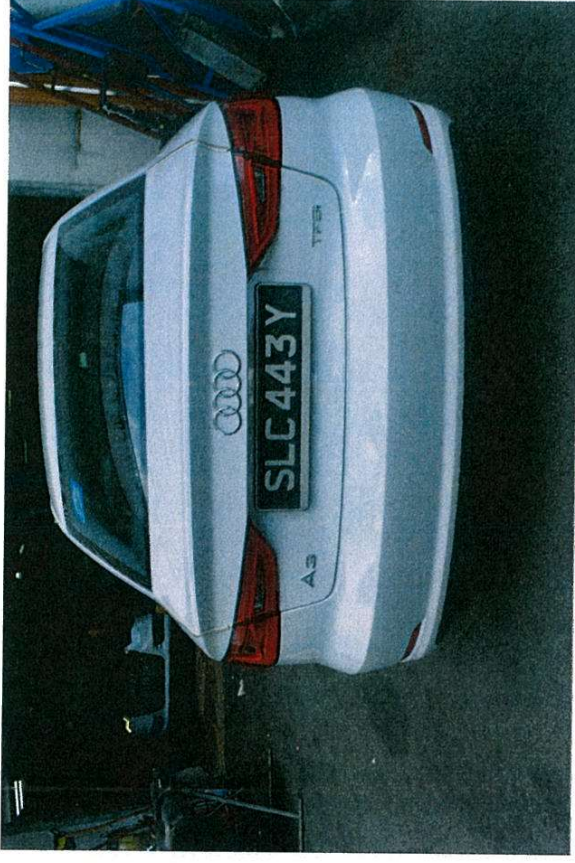






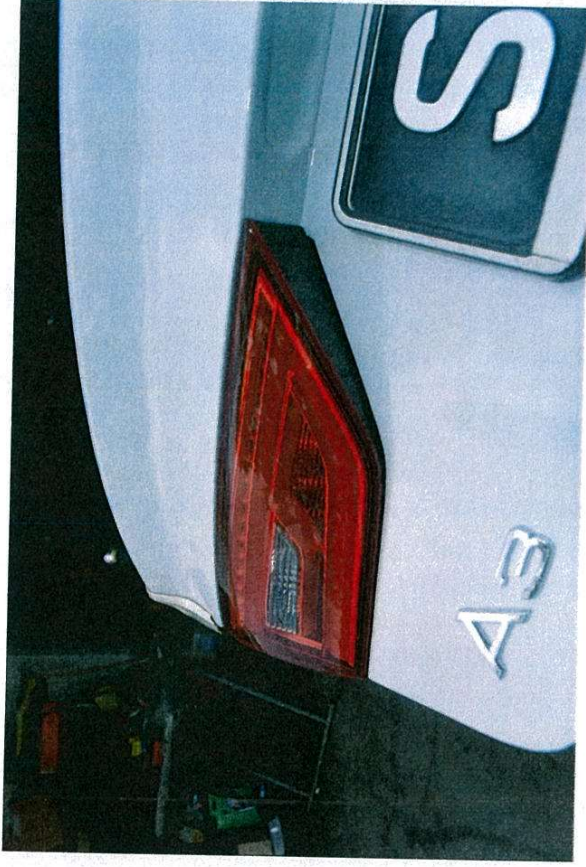
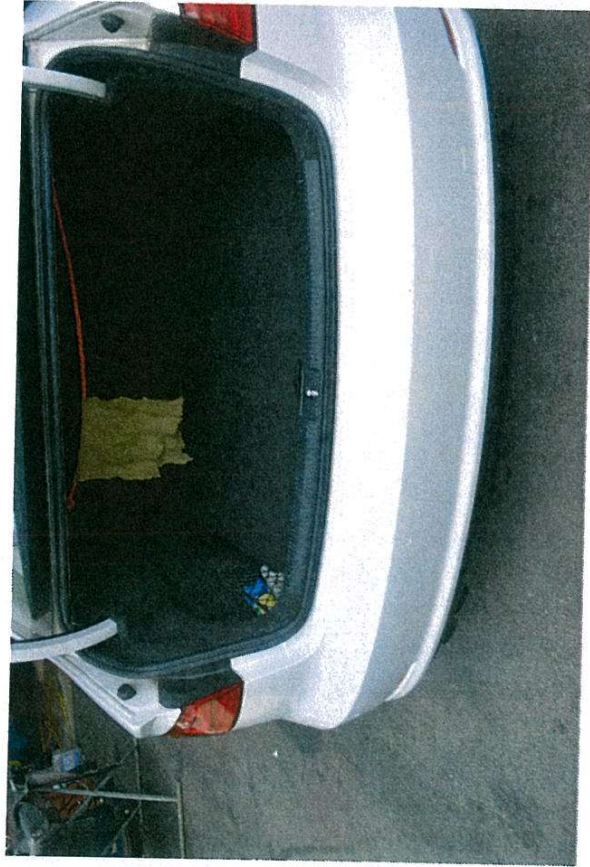








**Constant Appraiser Services**



## 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	14/11/2022 15:58 (SGT)
Reported by	Driver
Date of Accident	12/11/2022 17:40 (SGT)
Exact Location of Accident	Choa Chu Kang Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC443Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	FRANLY ENTERPRISE
Company Reg No	53217160L
Email Address	frankiepsi@yahoo.com
Mobile Phone No	(Phone) +65-89318240
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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 hire
Transmission	Auto
CC	1395

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5104960657-04

### DRIVER

Name of Driver	MAH WENG YEW
NRIC No	S1616066J
Date Of Birth	28/07/1983
Occupation	Outdoor



Date Of Driving Pass	30/09/1989
Driving experience	33 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96239439
Alt. Phone Number	-
Email Address	wymah913@gmail.com
Address	BLK 417 CHOA CHU KANG AVENUE 4 #09-370
Address complement	-
Postcode	680417
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED.

#### 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	PC8682CZ
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MR NEO
Contact Number	(Phone) +65-97461868

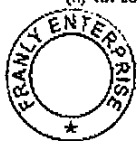
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT 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 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.

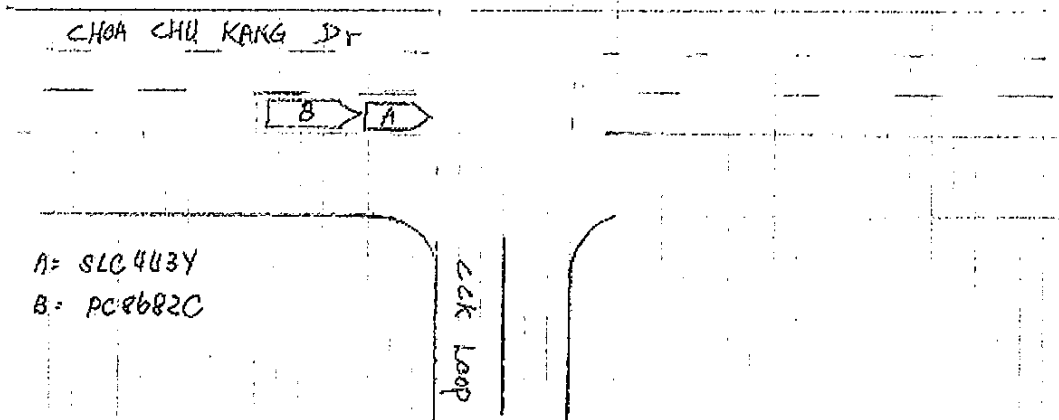


Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 14/11/2022 1555

Reporting Centre Personnel's Signature  
Name: Jette Tan  
NRIC/FIN No.: 9916 AUTOPART RE QD  
14.11.2022

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 12.11.2022 @ 1700HR, I WAS TRAVELLING ALONG CHOA CHU KANG DR. MY CAR WAS STATIONARY AS TRAFFIC LIGHT WAS RED. I WAS PLANNING TO TURN RIGHT BUT ARROW INDICATOR WAS RED. HENCE I DID NOT MOVE. VEHICLE "B" THEN COLLIDED RIGHT ONTO MY REAR. THAT'S ALL.

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: 14/11/2022 1555

Reporting Centre Personnel's Signature  
Name: JOELLE TAN  
NRIC/FIN No: AMIC AUTOPONT PTE LTD  
11.11.2022

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

PC8682Z

Date of Accident

12/11/2022



Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance ..... China Taiping Insurance (Sing...

Period of Insurance ..... 01/04/2022 - 31/03/2023

Requested By ..... Weini (Centro-Legal Law Corp...

Requested Date ..... 15/11/2022 11:25

Payment details

Request Amount: S\$1.87

GST Amount: S\$0.13

Total Amount Due (GST Inclusive): S\$2

General Insurance Association

Records Management Centre

GST Registration No: M400017735