



Daniel Poon & Co.

Advocates & Solicitors
Commissioners for Oaths

Daniel Poon Choon Kow
LL. B. (Hons), LLM

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Fax: +65 6225-2579
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(UEN: 53130838C)

Our Ref: DP.sl.12211.23.MEGA
Your Ref: -----
Please quote our reference number when replying

DATE: 17 JUL 2023

M/S LKK AUTO CONSULTANTS PTE LTD
BLK 51 PAYA UBI INDUSTRIAL PARK
UBI AVENUE 1
#02-25
SINGAPORE 408933
ATTN: MENG YAN

WITHOUT PREJUDICE
EMAIL ONLY

Dear Sir,

LEE LIP KOK JOSEPH, (OWNER OF SCP 6666U)
ACCIDENT ON 02 MAY 2023 INVOLVING SCP 6666U AND SLL 9162B
ALONG CTE NEAR 195 LAMPPOST

We are instructed by the above named to claim damages (only material damage on our client's vehicle and without prejudice to our client's injuries, if any.) against you/your driver in connection with the above road traffic accident.

We are instructed that the accident was caused by you/your driver's negligent driving and/or management of you/your driver's vehicle no. **SLL 9162B**. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:

1. Cost of repair	\$ 1,728.00
2. Loss of use (05 Days @ \$120.00/day)	\$ 600.00
3. Cost at this stage	\$ 600.00
4. GIA/ LTA/ROC/ police search fee &/reports	\$ 59.75
5. Postages, transport and other incidentals	\$ 100.00
	<u>\$ 3,087.75</u>

... 2/-

Date: 17 JUL 2023

A copy each of the following supporting document has been sent to your insurer:

- 1) Our client's GIA report;
- 2) Repair bill.
- 3) Six (06) copies of after repair photographs.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter to your insurer.

Please note that you should send 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 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 also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents **within 8 weeks** of your receipt of this letter.

Yours faithfully,



c.c. Client (SCP 6666U)

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	03/05/2023 08:58 (SGT)
Reported by	Actual Driver
Date of Accident	02/05/2023 10:28 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG CTE, NEAR 195 LAMPPOST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCP6666U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE LIP KOK JOSEPH
NRIC No	S1631830B
Email Address	ELSIETSW@YAHOO.COM
Mobile Phone No	(Phone) +65-94503900
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	LEXUS GS300 AUTO
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	2995

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00011212303

DRIVER

Name of Driver	THIEN SOOK WAH
NRIC No	S6829326Z
Date Of Birth	31/07/1968
Occupation	Indoor

Date Of Driving Pass	27/02/1992
Driving experience	31 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94562857
Alt. Phone Number	-
Email Address	ELSIETSW@YAHOO.COM
Address	229 SUNRISE TERRACE
Address complement	-
Postcode	805339
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	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

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	SLL9162B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

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

PASSENGER 1

Name	LYN
Gender	Female

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

vJun2022

Describe Circumstance of the Accident

On 2/5/2023 at 10.28am, I was driving my vehicle (SCP666U) along CTE, near^{no.} 195 lamppost. I was in my own lane & following the traffic flow. The traffic in front of me had slowed down, and so did I. Suddenly, I felt an impact from the rear portion. I realised the vehicle behind me (SLL9162B) had hit onto my rear portion as it did not stop in time. All this while, I had tried to keep a safe distance, but the collision happened because the vehicle was following me too closely.

- TP claim @ mega Auto - *[Signature]*

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



Kiana

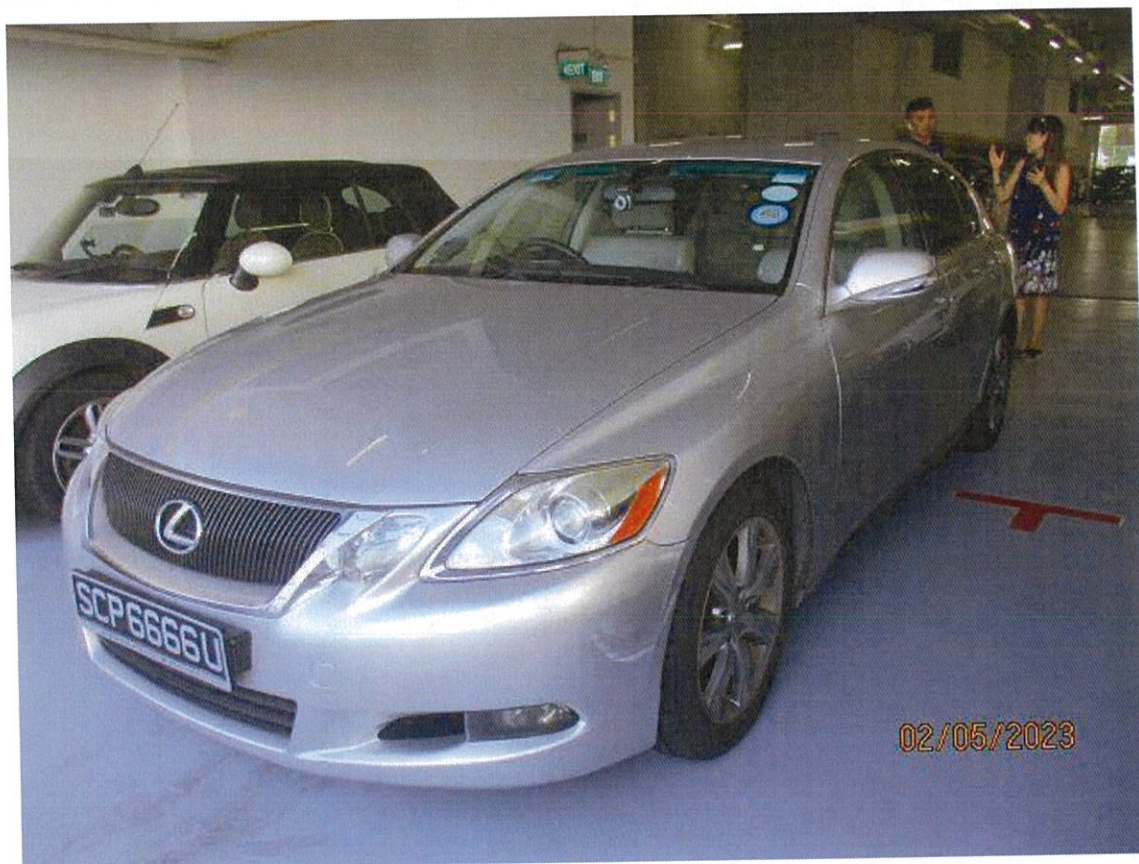






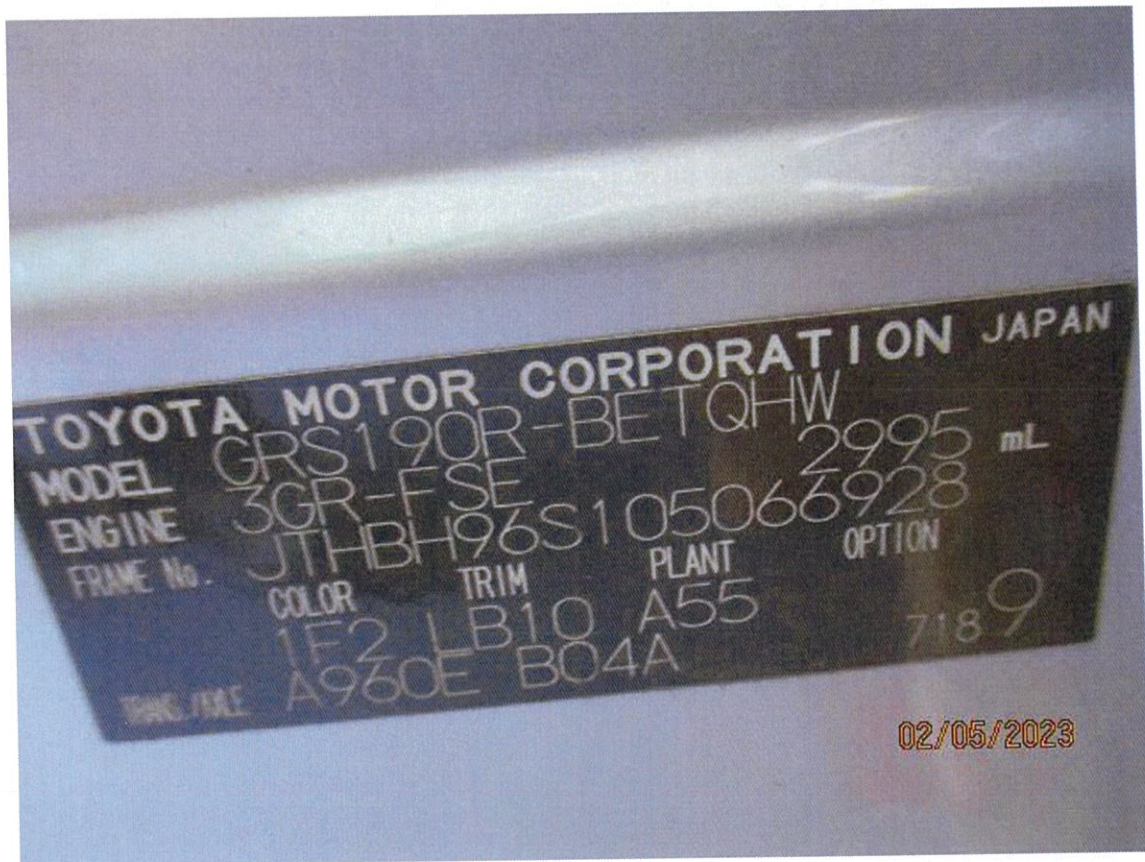


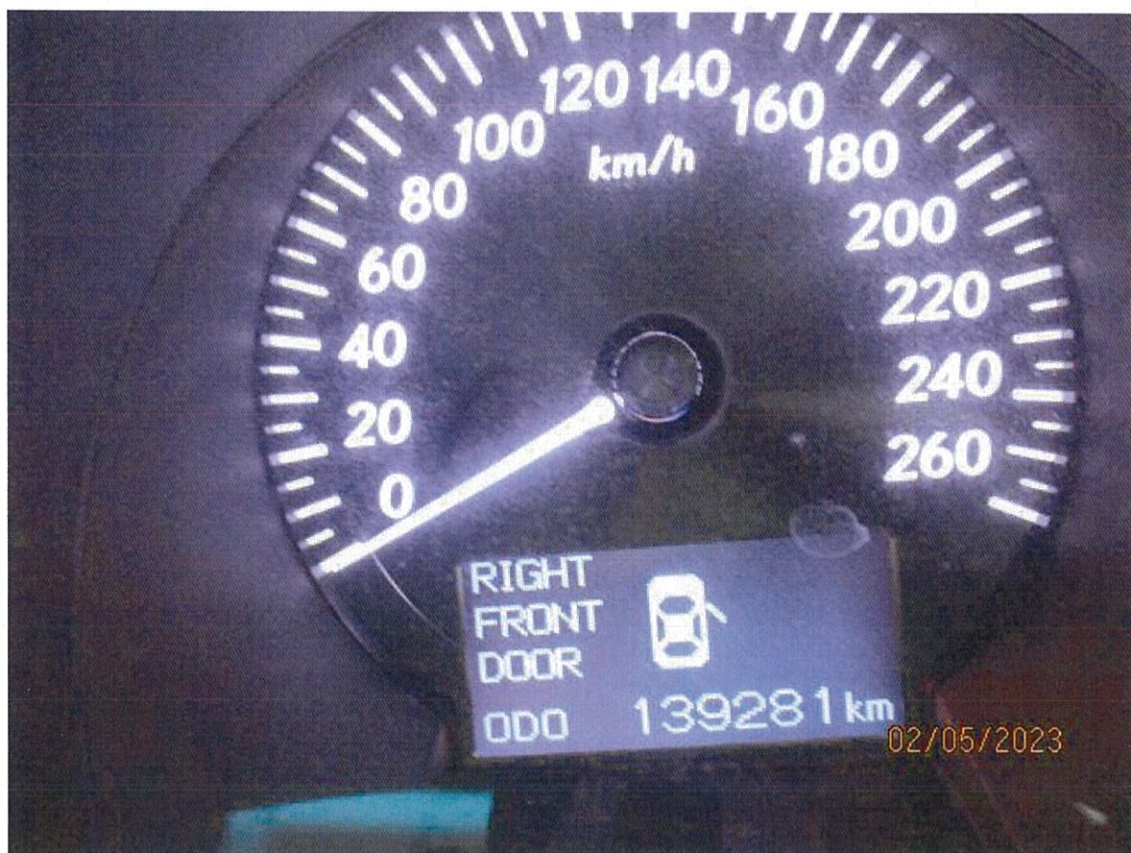












MEGA AUTO PTE LTD
Business Reg. No. 200209020W
160 Sin Ming Drive
#02-01 AutoCity
Singapore 575722
Tel: 6455 5884 Fax : 6458 5884
(24 hrs towing services)

PROFORMA INVOICE

Bill To

#N/A
#N/A
#N/A
#N/A

Service Details

Vehicle No. : SCP6666U
Vehicle Make : LEXUS GS100
Accident Date : 2-May-23

Invoice Date : 05-Jun-23

Invoice No : P23-60178

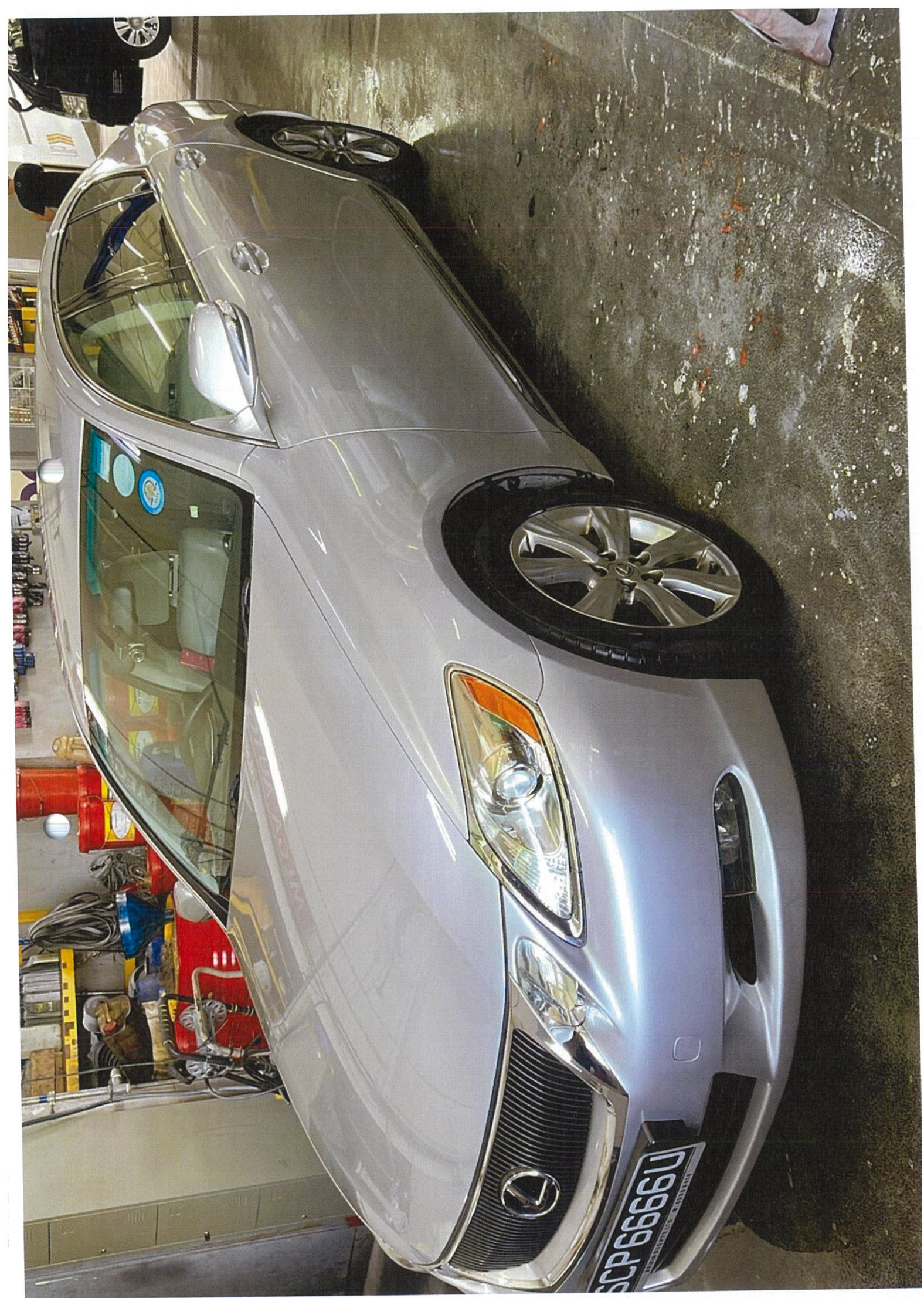
GST REG NO : 20-0209020-W

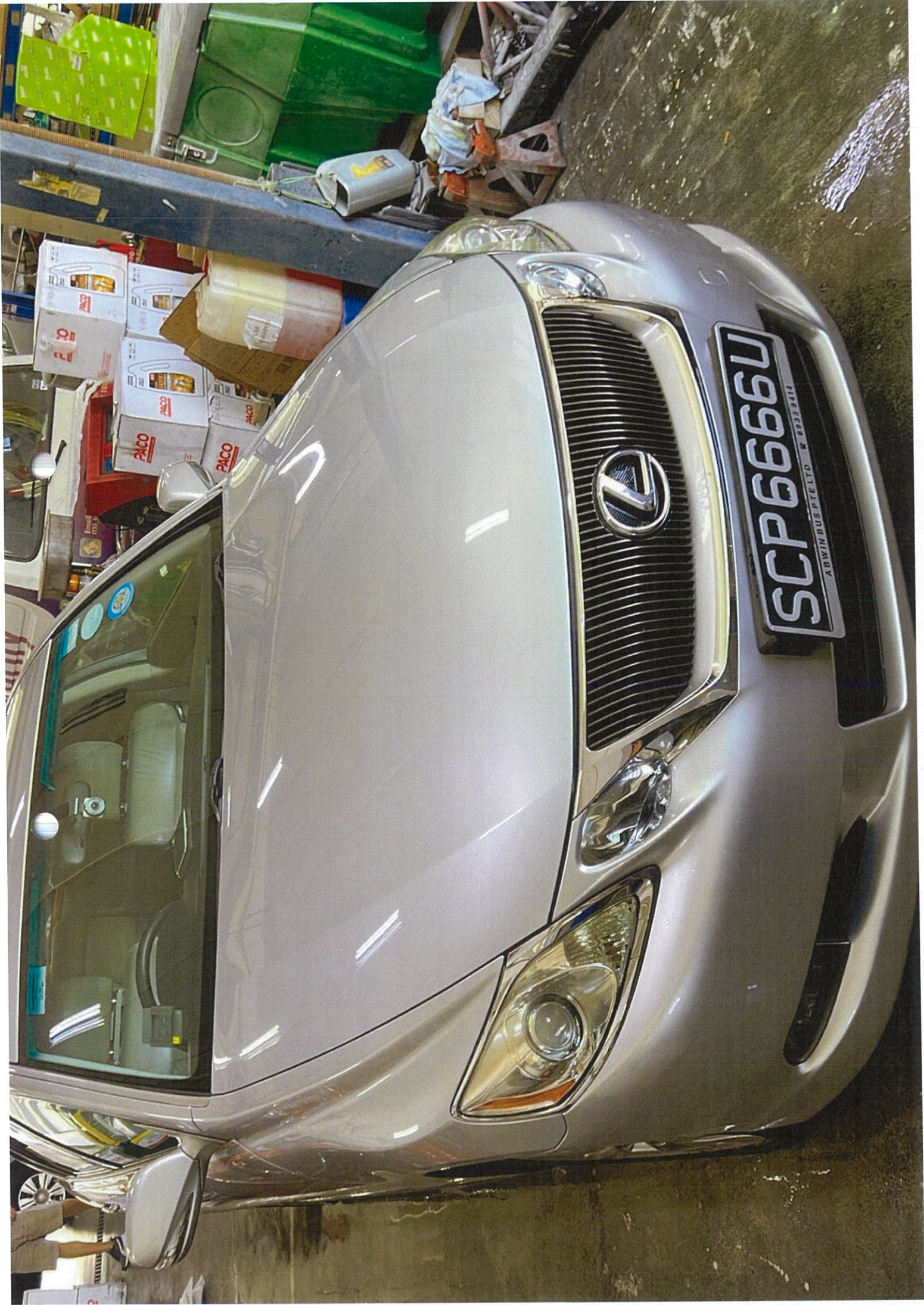
TP Claim Ref : SN-23-20008

Item No	Description	Quantity	Unit Price	Amount
1	Repair Cost	1		\$1,600.00
Remarks			Sub Total	\$1,600.00
			GST 8%	\$128.00
			Amount Due	\$1,728.00

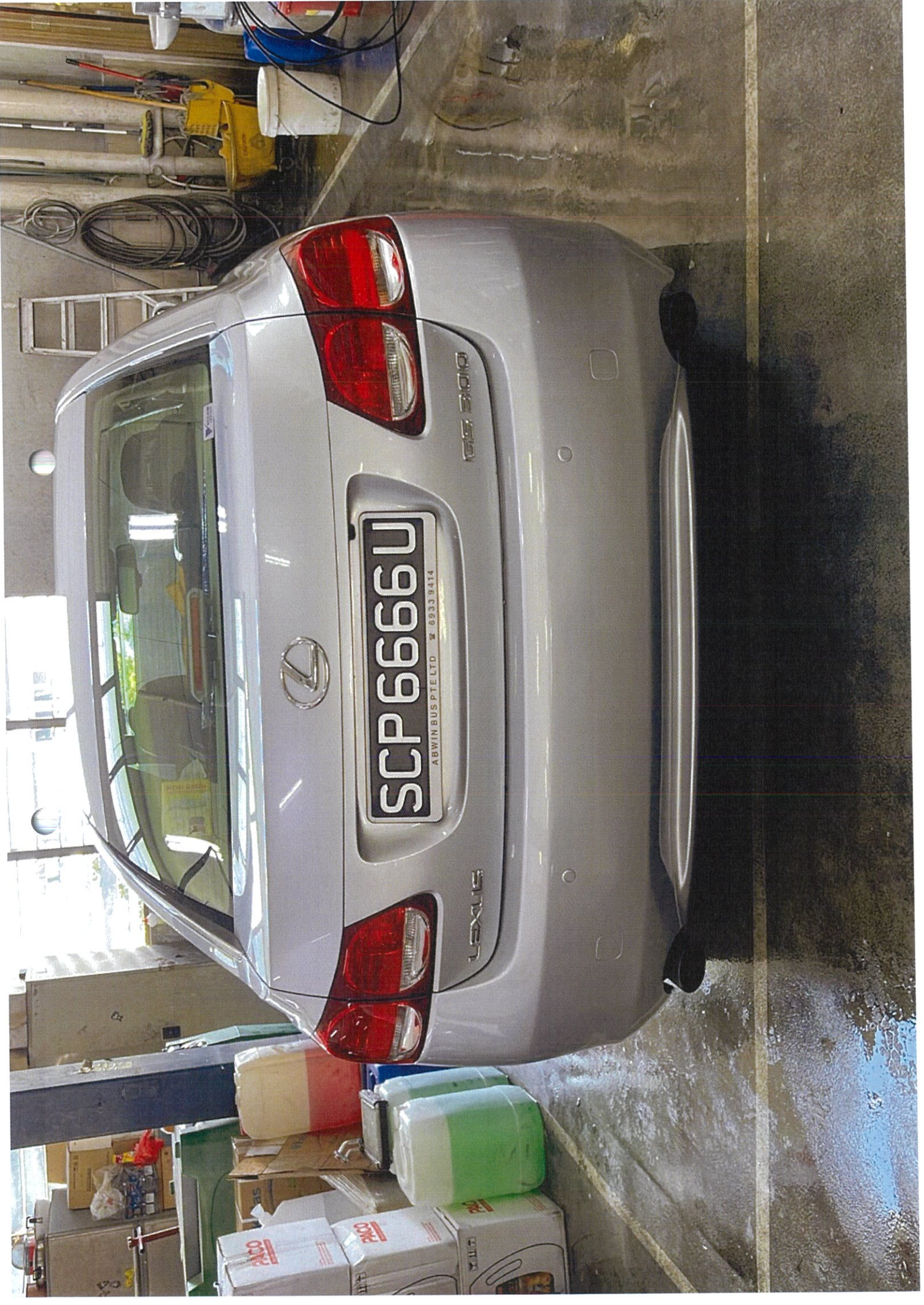
for Mega Auto Pte Ltd

Chan









SCP 6666U

ABWIN BUS PTE LTD 80339414

ES350

LEXUS



