



Avalon Law Corporation

Havelock II, 2 Havelock Road
#05-21, Singapore 059763
Tel: 9008 3740

Our Ref: 2023.0807.PD.JK/LN
Your Ref: Please Advice

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lara@avalonlaw.sg

9 May 2023

LONPAC INSURANCE BHD

300 Beach Road
#17-04/07 The Concourse
Singapore 199555

Attn: Motor Claim Department (Survey)

By Email Only

E: mt_claim@lonpac.com

Dear Sirs,

CLAIMANT: LEK WEILI (LU WEILI) (NRIC NO. SXXXX534Z)
ACCIDENT INVOLVING SMQ 4373D (OUR CLIENT) & YP 7009A AT OR ALONG 5 MANDAI LINK
#05-04 ON 5 MAY 2023

NOTICE OF ACCIDENT

Pre-action protocol for non-injury cases occurring on or after 1 April 2016 ("Protocol")

1. We are instructed by our client, Mr Lek Weili (Lu Weili) to notify you of the abovementioned accident on 5 May 2023 at about 1:30pm at or along 5 Mandai Link #05-04, involving our client's vehicle bearing registration number SMQ 4373D and vehicle registration number YP 7009A driven by your insured at the material time. A copy of the Singapore Accident Statement is enclosed herewith.
2. As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair his vehicle, please let us know **within 2 working days** of your receipt of this Notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.
3. Please be informed that the said vehicle can be inspected at:

Name : M/s Joysker Works
Address : 1 Defu Lane 6, Singapore 539365
Contact Person : Mr Darren
Telephone : 9876 5547
4. All of our client's rights are hereby reserved.

Yours faithfully,

AVALON LAW CORPORATION

Cc. Client

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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	08/05/2023 10:20 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/05/2023 13:30 (SGT)
Exact Location of Accident	5 Mandai Link, #05 04, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ4373D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEK WEI LI
NRIC No	S8130534Z
Email Address	vinboylek@yahoo.com
Mobile Phone No	(Phone) +65-98432523
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2362

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/00867391/02

DRIVER

Name of Driver	LEK WEI LI
NRIC No	S8130534Z
Date Of Birth	23/09/1981
Occupation	Indoor

Date Of Driving Pass	15/04/2002
Driving experience	21 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98432523
Alt. Phone Number	-
Email Address	vinboylek@yahoo.com
Address	APT BLK 687A CHOA CHU KANG DRIVE #03-402
Address complement	-
Postcode	681687
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
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)	0
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

ON 5 MAY 2023, AT ABOUT 1330 HRS, MY VEHICLE (SMQ4373D) WAS PARKED AT 5 MANDAI LINK #05-04, I AM OVERSEA AND NOT INSIDE THE CAR. MY WORKER TOLD ME THAT VEHICLE B WAS SKIDDED AND COLLIDED ONTO MY REAR RIGHT SIDE BECAUSE ROAD SURFACE TOO WET

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	YP7009A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	CHIAM CHIA ZHEN
Work Permit No	G2257683L
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 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 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.

VZW LEE 8/5/23

Policyholder's Signature / Date & Time

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

Y

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

Sketch Plan

in format unable to provide sketch

vJun2022

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Describe Circumstance of the Accident

On 5 May 2023, At about 1330 hrs. My vehicle (SMA 43730) was parked at 5 mandai Link #05-04. I'm overseas and not inside the car. My worker told me that vehicle B was skidded and collided into my rear right side because road surface was wet.

Declaration

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

VIN LOK 8/5/23

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)

**Contact us at**

Hotline: (65) 6665 5555

E-mail: customerservice@directasia.com

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	: MT/00867391/02
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plan)
1) Vehicle Registration No.	: SMQ4373D
Chassis No.	: ACR507081517
2) Name of Policy Holder	: LEK WEILI
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 30/12/2022 00:00
4) Date/Time of Expiry of Insurance	: 29/12/2023 23:59
5) Persons or Classes of Persons Entitled to Drive	
(a) Any person who is named on the policy who is driving on the Policyholder's permission.	
The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.	
6) Limitations as to use*	
Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business. Grab Hitch will only be covered if this is the declared usage stated on your Policy Schedule.	
*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.	
Sum Insured	: Market Value
Own Damage Excess	: S\$ 900.00
Windscreen Excess	: S\$ 100.00
Choice of workshop	: DirectAsia approved workshops
Finance company / Hire Purchase	:
Main driver	: LEK WEILI
Named driver	: None
Important Note: This policy is on a named driver basis. The Policyholder has to be named as the Main Driver or Named Driver to be covered. Any unnamed drivers will not be covered.	

I/We hereby certify that the Policy to which this Certificate relates to is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Issued on: 30/11/2022

Direct Asia Insurance (Singapore) Pte. Ltd.


Underwriting Manager

Direct Asia Insurance (Singapore) Pte Ltd
 20 Anson Road #08-01 Twenty Anson Singapore 079912
 www.DirectAsia.com

Company Registration: 200822611G











































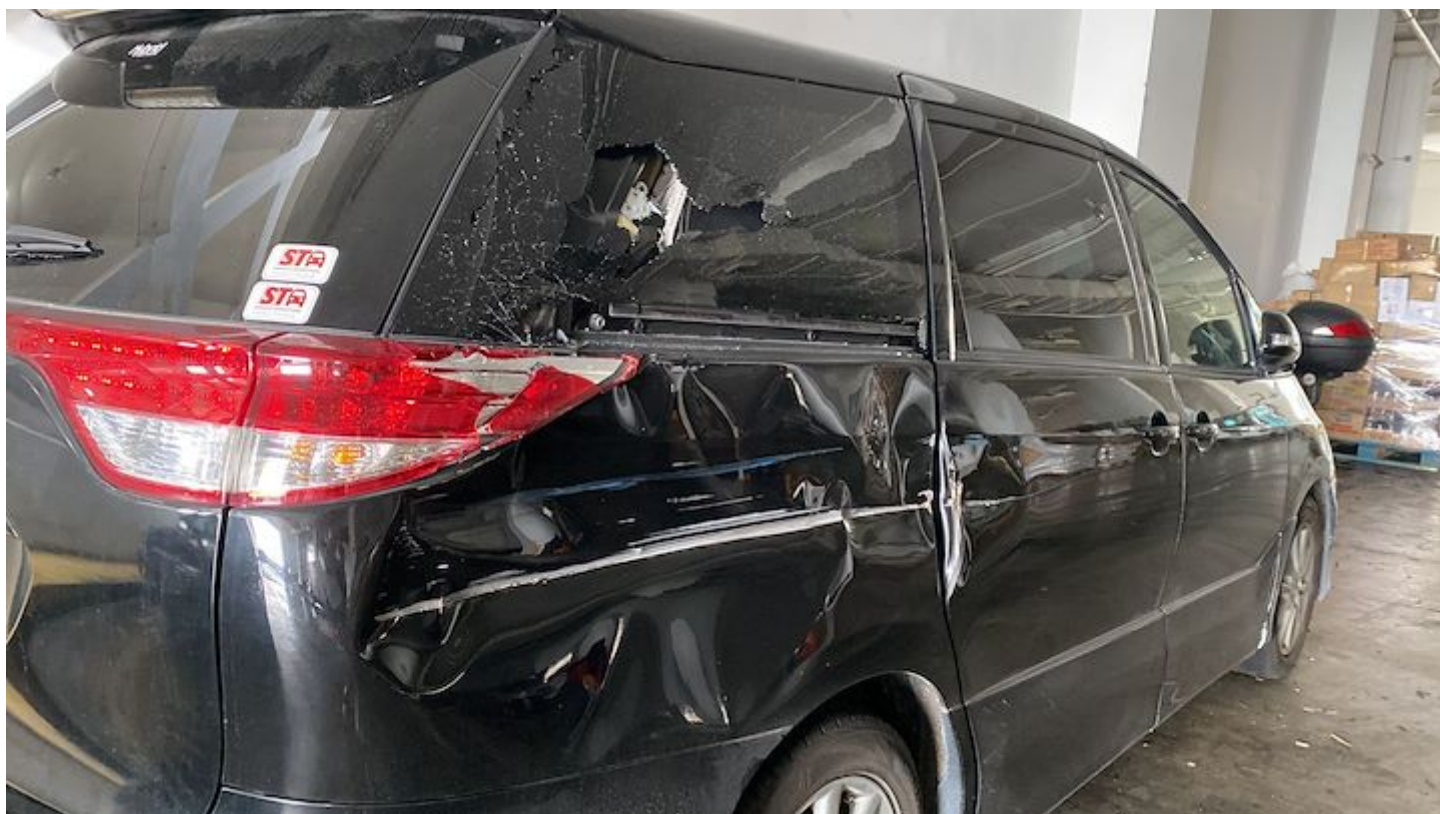


















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA1O23580001 Vehicle Registration No: SMQ4373D
 Name (as shown in NRIC): LEK WEI LI NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: APT BLK 687A CHOA CHU KANG DRIVE #03-402 681687 Singapore ()
 Contact (Tel): 98432523 Mobile No.: _____
 Email Address: vinboylek@yahoo.com
 Date of Accident: 05/05/2023 Time of Accident: 1330
 Place of Accident: 5 MANDAI LINK #05-04
 Insurance Company: DIRECT ASIA

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

TO AMEND EMAIL ADDRESS

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: