

HIN TAT AUGUSTINE & PARTNERS

Advocates & Solicitors Commissioners For Oaths Notaries Public

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#02-10/12 THE RIVERWALK
SINGAPORE 058416
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SECRETARY : RUBY ONG (ruby@htapartners.com.sg)

In Association with:
Strohal Legal Group Pte Ltd
International Legal Consultants

(65) 6533 0163 (Direct Fax)
Service By Fax Not Accepted

Our Ref : TCL.AQ.ro.50536.22.at
Your Ref : XB 9639D

31 MAR 2023

DA ENGINEERING PTE. LTD.
1 Kranji Crescent
Singapore 728663

By Certificate of Posting
(for your information only)

Lonpac Insurance Bhd.
300 Beach Road
#17-04/07 The Concourse
Singapore 199555
Attn : Motor Claims Department

By email

Dear Sir / Madam

ACCIDENT INVOLVING GBE 5621A & XB 9639D ALONG PIE ON 20 DECEMBER 2022 @ 1355HRS

We act for T5 Auto Pte Ltd, the owner of motor vehicle no. GBE 5621A, in relation to the above-captioned road traffic accident.

We are instructed that you were the owner and/or the insurers of motor vehicle no. XB 9639D at the material time respectively. We are further instructed that the accident was caused by your authorized driver's and/or your insured driver's negligence in the driving, control and/or management of your insured vehicle. 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 Repairs	S\$5,000.00
2. Loss of Use (6 days x S\$150.00/day)	S\$ 900.00
3. Survey Report Fees	S\$ 520.00
4. LTA Search Fees	S\$ 26.75
5. Costs (inclusive of GST)	S\$ 648.00
6. Incidentals	S\$ 50.00
Total	<u>S\$7,144.75</u>

TAN HIN TAT
AUGUSTINE SOH KHENG YEOW
SEAN LIM THIAN SIONG
TANG CHI LOONG

TAN E-FANG
CLAIRE THAM LI MEI
HO KIM FOONG
SERENA GOH MAE LI
MOHD ZIKRI B MOHD MUZAMMIL

CAROLYN LIM MAY LEAN
GONG CHIN NAM
QUAY WEE MENG ANDREW
ISABELLE NINA CHEN WENXI
NATALIE KOH MIN
BRANDON LIM XING WEI
VINODH S/O VISVANATHAN
ELIZABETH ANNE SHUET YAN BOEY
CELESTE LEE SHI YIN

CONSULTANT: JANET WEE-TAN

 **eLitigation**

HIN TAT AUGUSTINE & PARTNERS

Page No. 2

Our Ref: TCL.AQ.ro.50536.22.at

Your Ref: XB 9639D

Date: **31 MAR 2023**

The following supporting documents are enclosed herewith: -

1. Copy of Singapore Accident Statement by GBE 5621A;
2. Copy of Certificate of Insurance from NTUC Income Insurance Co-operative Limited;
3. Copy of Final Repair Bill from A T Performance;
4. Copy of LTA Tax Invoice & search result of XB 9639D;
5. Copy of Survey Invoice & Survey Report from ST Appraisal Services; and
6. **38 pcs of original** photographs of motor vehicle no. GBE 5621A.

Please note that you / your authorized driver and/or your insured driver should send to us an acknowledgement of receipt of this letter within **fourteen (14)** days of receipt of this letter, failing which our client will have no alternative but to commence proceedings against you / your authorized driver and/or your insured driver without further notice to you / your authorized driver and/or your insured driver.

Please note that if you / your authorized driver and/or insured driver have a counterclaim against our client arising out of the accident, you / your authorized driver and/or your insured driver are also required to send 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.

Please note that our client's claim is in respect of its property damage claim and is strictly without prejudice to the uninsured losses and/or injury claim (if any).

Yours faithfully,



ANDREW QUAY

Enc.

cc: client

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	21/12/2022 11:36 (SGT)
Reported by	Driver
Date of Accident	20/12/2022 13:55 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE expressway
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE5621A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	T5 Auto Pte Ltd
Company Reg No	201326853C
Email Address	t5auto@singnet.com.sg
Mobile Phone No	(Phone) +65-68521588
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5129066972-000008

DRIVER

Name of Driver	Solai Dharmaraj
Work Permit No	G2084513P
Date Of Birth	10/06/1992
Occupation	Outdoor

Date Of Driving Pass	10/10/2013
Driving experience	9 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86946992
Alt. Phone Number	-
Email Address	t5auto@singnet.com.sg
Address	160 Sin MIng Drive #07-18 Sin Ming Autocity
Address complement	-
Postcode	575722
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	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)	4
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	-

PASSENGER 1

Name	worker
Gender	Male

PASSENGER 2

Name	worker
Gender	Male

PASSENGER 3

Name	worker
Gender	Male

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 attached report.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XB9639D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Nadarajan S/O Kalimuthu
NRIC No	S6931778B
Contact Number	(Phone) +65-97620696
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.



Policyholder's Signature / Date & Time

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

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

Sketch Plan

Sketch Plan on grid paper showing accident details:

- Location: PIE Expressway
- Vehicle A: G8E5621A
- Vehicle B: X896342
- Diagram shows two vehicles (A and B) involved in an accident on a road with multiple lanes.

Describe Circumstance of the Accident

On 20 Dec 2022 at 1355 HRS, I was driving my lorry, GBE5621A at PIE Expressway. While driving, X89639D ^{carrying a plywood} flew and hit my lorry.

Declaration

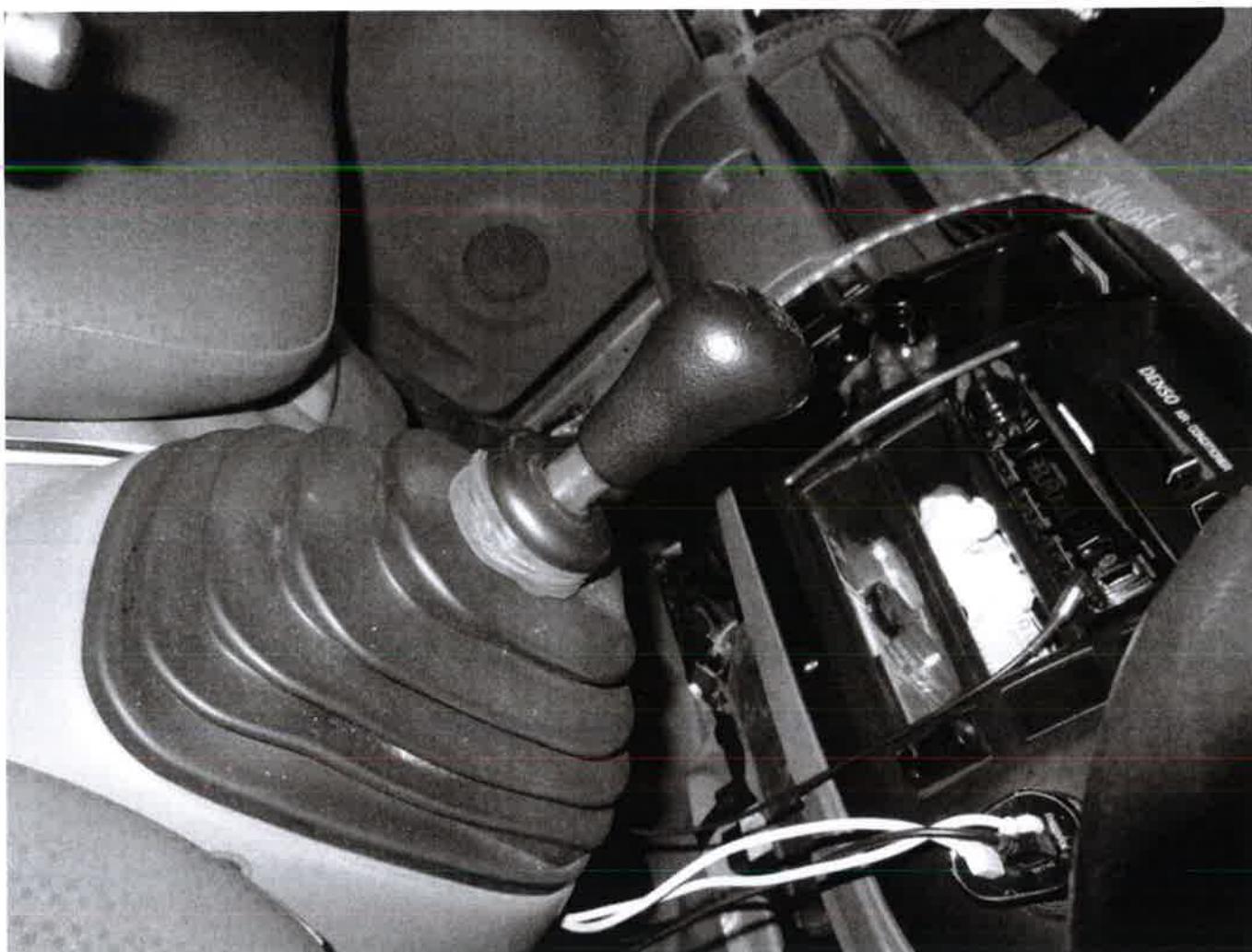
I/We declare the foregoing particulars are true in every respect.



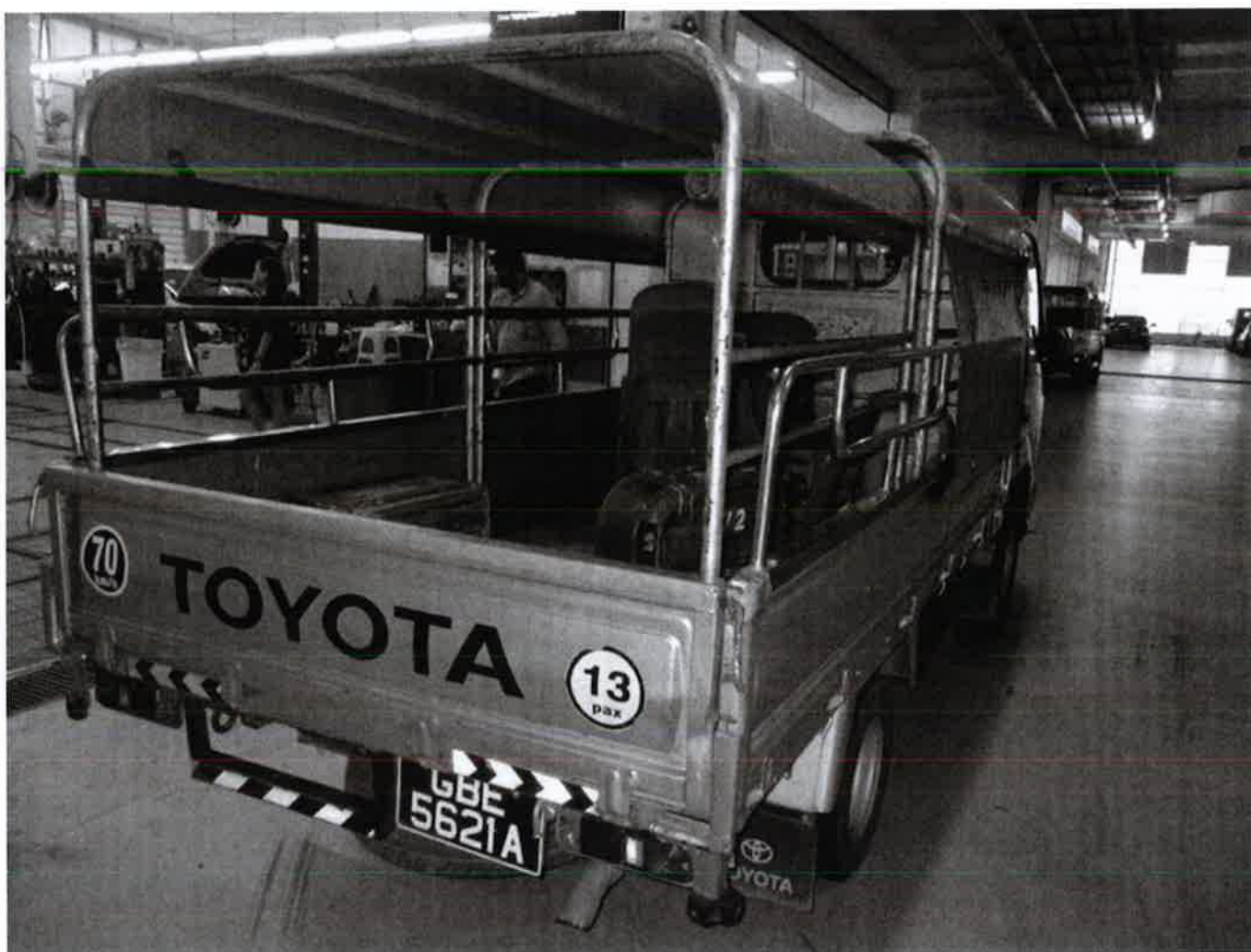
Policyholder's Signature / Date & Time

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

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







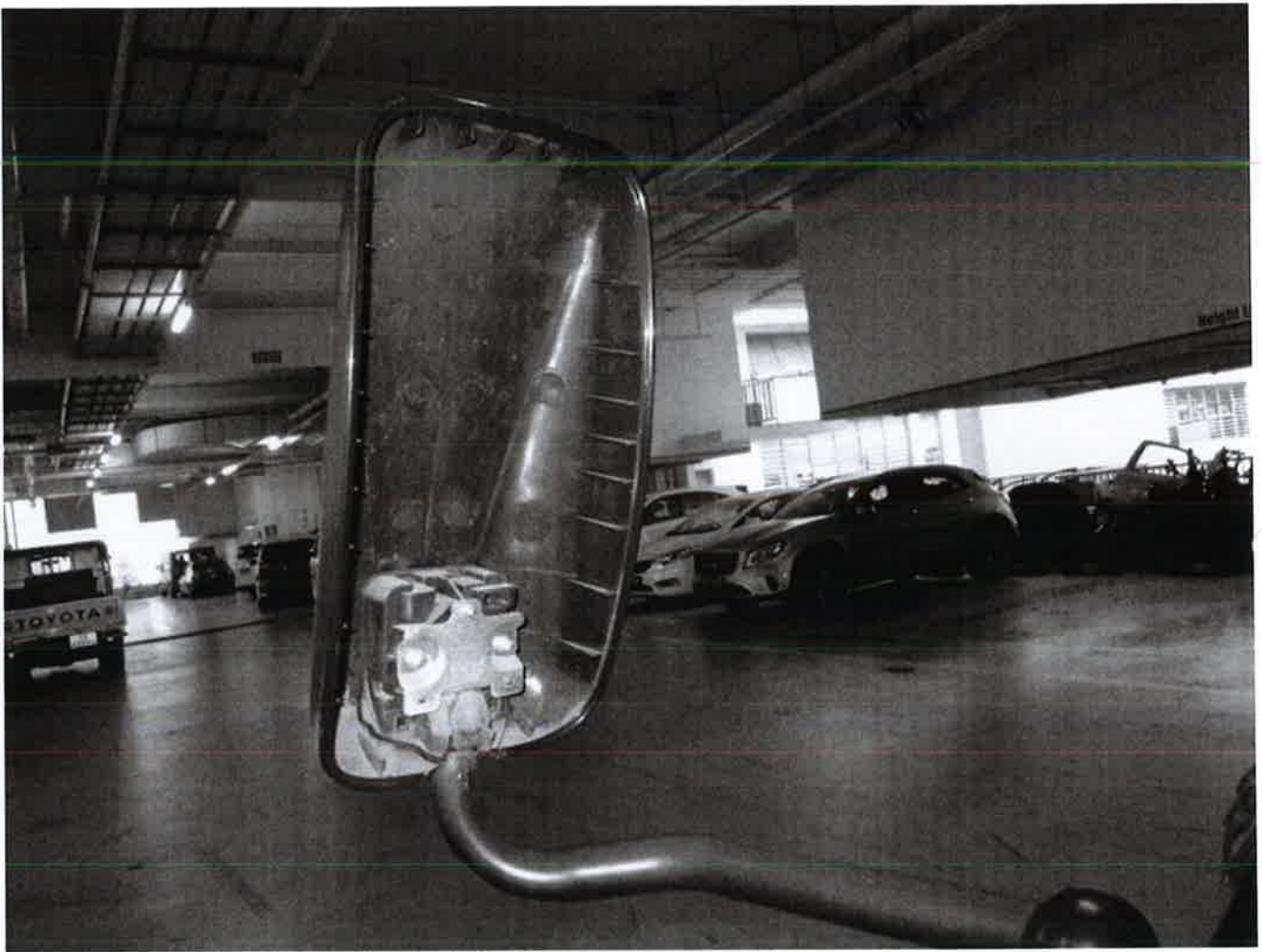


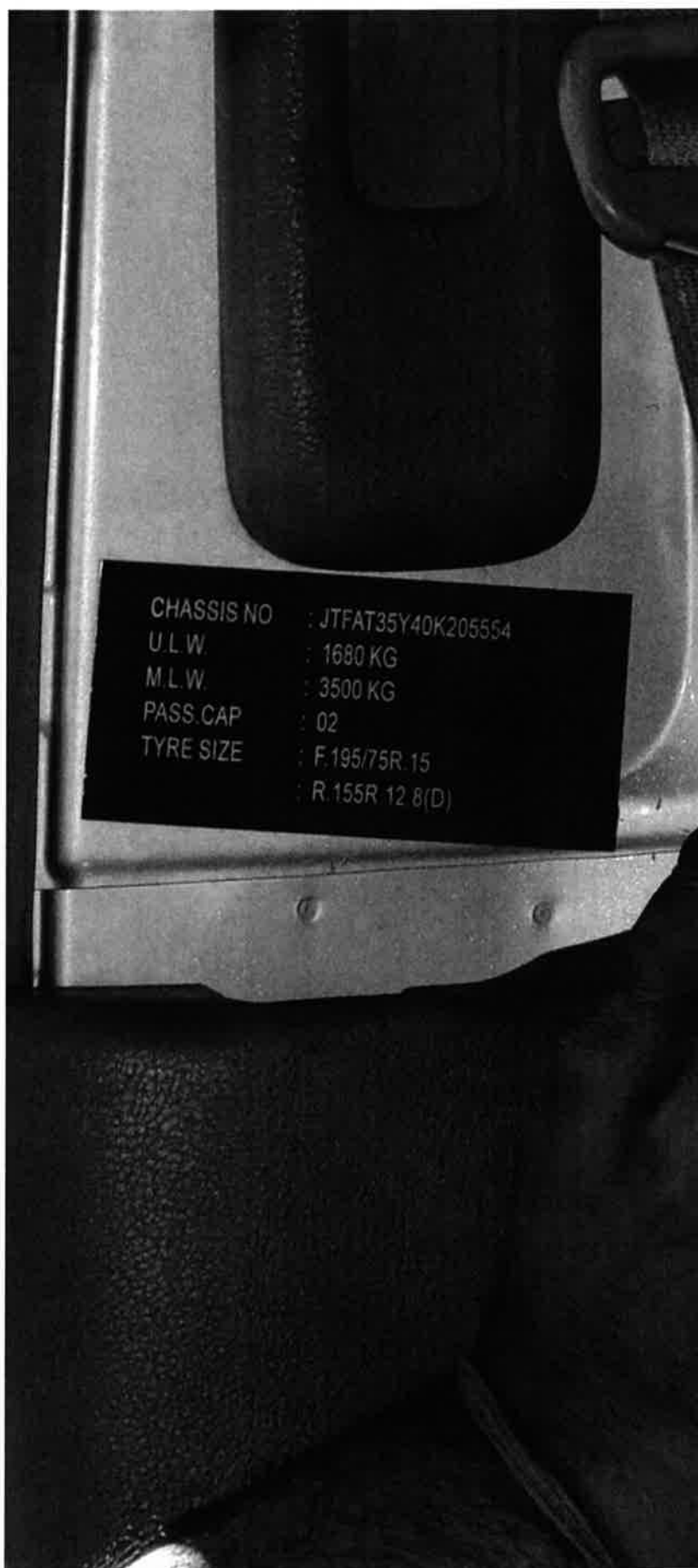














IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS2E22CL0002 Vehicle Registration No: G8E 5621A
 Name (as shown in NRIC): Solai Pharnary NRIC/FIN/Passport No: G2084513P
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 8694 6992
 Email Address: _____
 Date of Accident: 20/12/22 Time of Accident: 1355 hrs
 Place of Accident: PIE
 Insurance Company: NZUC

(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:

Add 1 photo.

[Signature]
 Policyholder / Driver's Signature
 Date: _____

[Signature]
 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: _____

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5129066972-000008

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **GBE5621A**
Chassis Number : JTFAT35Y40K205554
2. Name of Policyholder : T5 AUTO PTE LTD
3. Effective Date of Insurance : 20 Jul 2022
4. Expiry Date of Insurance : 19 Jul 2023
5. Persons or Classes of Persons entitled to drive#
 - (a) The Policyholder.
 - (b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.
 - (b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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

Agency : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)

Date of Issue : 20 Jul 2022 10:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



Thank you

You have successfully logged out.

Your last login date and time was 22 Dec 2022, 11:18:57.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No.	Asset Type	Asset ID	Transaction Type	Transaction Amount(S\$)	Log Date/Time
1	Vehicle	XB9639D	18.19 Enquire Veh Owner Info (Others) by Law Firm	26.75	22 Dec 2022 / 11:19:55

Enquire Vehicle Owner Details (As At 20 Dec 2022 / 13:55:00)

Vehicle Owner Details

Owner ID Type:

Company

Owner Name:

DA ENGINEERING PTE. LTD.

Registered Block/House No.:

1

Registered Unit No.:

-

Registered Postal Code:

728663

Owner ID:

201111354M

Registered Address Type:

Private Residential (Condo Apt or House) /
Shopping / Office Complexes

Registered Street Name:

KRANJI CRESCENT

Registered Building Name:

-

Vehicle Insurance Details

Vehicle No.:

XB9639D

Make Description/Model:

MAZDA / FV517JD2RDEB

Insurance Company Name:

LONPAC INSURANCE BHD

Appraisal Services

Insurance Loss Adjusters & Licensed Appraisers

Insurance Claim Investigator

Business Address: 110A Arab Street Singapore 199806

Tel: 66523352 / 98586761; Fax: 62970270

E mail - ttrajan@singnet.com.sg

Mailing Address: 161 Alexandra Post Office Singapore 911506

Invoice No : **06413**

ORIGINAL

INVOICE

Date : 30 Dec 2022

Our Ref : TP / ATP GBE5621A/ 12.20/22

Your Ref :

CUSTOMER PARTICULARS

Name : M/s T5 Auto Pte Ltd
Address : 160 Sin Ming Drive
#07-18 Sin Ming Autocity
Singapore 575722

ASSIGNMENT

TP Motor Claims by GBE 5621 A

DESCRIPTION

A set of Survey Report, correspondence & consultation. Other disbursements incurred. Transport charges.

AMOUNT CHARGEABLE

\$520.00

TOTAL

\$520.00

Terms of payment: 7 days from date of invoice

All Payments please make payment to "ST Appraisal Services"



Authorised Signature

Appraisal Services

Insurance Loss Adjusters & Licensed Appraisers

Insurance Claim Investigator

Business Address: 110A Arab Street Singapore 199806

Mobile: 98586761 / 96786893 Fax: 62970270

Mailing Address : 161 Alexandra Post Office Singapore 911506

Email: ttrajan.stappraisal@gmail.com

Date : 30th Dec 2022

Our Ref : TP / ATP GBE5621A/ 12.20/22

Your Ref :

M/s T5 Auto Pte Ltd
160 Sin Ming Drive
#07-18 Sin Ming Autocity
Singapore 575722

DAMAGED VEHICLE (GBE 5621 A) INSPECTION REPORT (WITHOUT PREJUDICE)

Detailed accounts of our inspection are as follows:-

(A) Reference

Name of Claimant	: M/s T5 Auto Pte Ltd	Date of Request	: 27 th Dec 2022
		Referred By	: Person in charge
Policy No.	: Please Advice	Date of Inspection	: 27 th Dec 2022
Claim No.	: Please Advice	Date of Re-inspection	:
Accident Date	: 20 th Dec 2022	Sum Insured	: NA
Repairer	: M/s AT Performance	Excess Amount	: NA
	160 Sin Ming Drive #07-19	3 rd Party Vehicle	: Please Advice
	Sin Ming Autocity, Singapore 575722	3 rd Party Insurer	: Please Advice

(B) Particulars of Vehicle

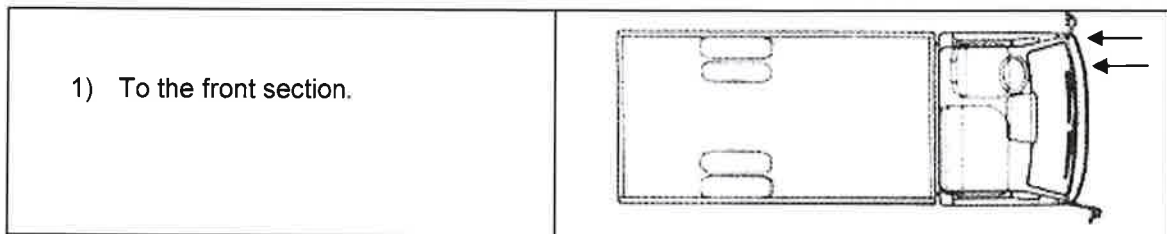
Registration No	: GBE 5621 A	Mileage	: 277807 Km
Make & Model	: TOYOTA DYNA MANUAL	Engine No	: 1KD2572988
Date of Registration	: 15 th Jan 2016	Chassis No.	: JTFAT35Y40K205554
Colour	: Silver	Engine Capacity.	: 2,982 cc

(C) Pre-Accident Condition (Static Test Only)

Steering	: Serviceable	Paint Work	: Good
Foot-brake	: Serviceable	Modification	: NIL
Hand-brake	: Serviceable	General Condition	: Good

(D) Tyre Condition

	Tread Depth	Make	Size
Front Left	60 %	GRELANDER	195 R15
Front Right	60 %	GRELANDER	195 R15
Rear Left	60 %	CONDOR	155 R12
Rear Right	60 %	CONDOR	155 R12

(E) Point of Impact**(F) General Description of Damages**

The impact of the collision has damaged/affected the front windscreen, side view mirror, LH door panel and etc.

Please refer to the Annex for a detailed account of the damages and photographs taken.

(G) Recommendation

We have inspected thoroughly the actual damages found on the vehicle, before we arrived at our recommendation as to whether the parts needed replacement or repairs.

Our adjusted cost of lump sum repair is **\$5,000.00** and an estimated **4** days is required to repair the vehicle. Please refer to the Annex for a detailed account of the cost estimates.

(H) Remarks

We have not authorised the repairs. However for information, under normal circumstances, the repairs should not exceed **4** days.

This inspection was conducted on a **“without prejudice”** basis.

We are pleased to advice that the inspection work was carried out accordingly, and hereby submit our Appraisal Report, which includes evidence photographs.

ST Appraisal Services



T T RAJAN
MVI, ITC (Mechanical), NTC (Motor Vehicle)
ASIET, MSAAA, Assessor/Appraiser
AD041-2007532D

ASSESSMENT OF REPAIRS AND SPARE PARTS COSTS FOR VEHICLE NO: GBE 5621 A**Adjustment of Spare Parts Costs for Repairs**

Item	Qty	Vehicle parts description	Condition / Remark	Estimated by workshop	Disc. (%)	Adjusted cost
1	1	Front door	dented	1649.00	25	1236.75
2	1	Front door lower rubber	necessary	210.10	25	157.58
3	1	Front door glass	damaged	672.35	25	504.26
4	1	Front door moulding	damaged	186.90	25	140.18
5	1	Front door weatherstrip	necessary	186.90	25	140.18
6	1	Front windscreen	damaged	820.80	25	615.60
7	1	Front windscreen moulding	damaged	1586.00	25	1189.50
8	1	Front corner garnish	to repair	296.40	100	0.00
9	1	Side view mirror arm	damaged	368.35	25	276.26
10	1	Side view mirror - square	damaged	234.50	25	175.88
11	1	Side view mirror - round	missing	112.50	25	84.38
<u>Special nett item</u>						
1		Front door label	necessary	30.00		25.00
2		ERP bracket	necessary	25.00		25.00
3		Front windscreen sealant	necessary	50.00		45.00
Total parts				6428.80		4615.55

Adjustment of Labour Costs for Repairs

To remove and replaced damaged parts including straightening and repositioning replacement parts.	900.00	750.00
Supply paint material and to respray replaced and affected panels.	800.00	650.00
To remove/transfer door fittings and attachments. To check for proper functions.	100.00	60.00
To remove and replace front windscreen.	140.00	120.00
To carry out anti rust treatment.	80.00	50.00
Total labour	2020.00	1630.00

Adjustment Parts and Labour Costs of Repairs

	Estimated by workshop	Adjusted cost
TOTAL PARTS COSTS	6428.80	4615.55
TOTAL LABOUR COSTS	2020.00	1630.00
TOTAL REPAIR COSTS	8448.80	6245.55

ADJUSTED REPAIR COST**5000.00**

