

MATTHEW CHIONG PARTNERSHIP

ADVOCATES & SOLICITORS

8 Eu Tong Sen Street, #11-96/97, The Central Office 1, Singapore 059818

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Your Ref: *To be advised*

21 February 2023

Our Ref: JW/ns/20231550-017 [SLJ9262U]

Writer's name: Jade Wu

Writer's email: jadewu@mcplaw.com.sg

Writer's Secretary DID: +65 6812 0630 (Nicole)

MOTORWAY CAR RENTALS PTE LTD

1094 Lower Delta Road

Motorway Building

Singapore 169205

By Certificate of Posting

VEERAN MADURAIMUTHU

223 Meranti Avenue

#01-106

Singapore 627450

By Certificate of Posting

LIBERTY INSURANCE PTE LTD

51 Club Street

#03-00 Liberty House

Singapore 069428

By Email:

claims_admin@libertyinsurance.com.sg

Dear Sirs,

Name of Claimant:

KWEK AH LAM

c/o Shifter Auto Garage Pte. Ltd.

3016 Bedok North Avenue 4

#07-04 Eastech

Singapore 489947

Accident Involving SLJ9262U (Our Client's Vehicle) And SNE4283G Along AYE City Before Portsdown Avenue on 10 October 2022 At 6:00pm

1. We are instructed by the abovenamed to claim damages against you in connection with a road traffic accident on 10 October 2022 along AYE City before Portsdown Avenue involving our client's vehicle registration number SLJ9262U and vehicle registration number SNE4283G driven by you at the material time.
2. We are instructed that the accident was caused by your negligent driving and/or management of your 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:

	Particulars	S\$
a.	Costs of Repair	27,850.00
b.	Rental Fee inclusive GST (16 days x S\$120.00)	1,920.00
c.	Survey report fee	1,640.00
d.	Towing Fee	160.00
e.	GIA Report Fee	31.00
f.	LTA search	7.49
g.	Costs (including GST)	1,080.00
		32,688.49

3. A copy of each of the following supporting documents is enclosed:

-
- a) Our client's Singapore Accident Statement;
 - b) Singapore Accident Statement of SNE4283G;
 - c) Repairer's invoice;
 - d) Rental vehicle Agreement and Invoice;
 - e) Towing Fee Receipts;
 - f) Survey report and invoice;
 - g) LTA search; and
 - h) Accident Statement invoice.
 4. Pursuant to Appendix B of the State Courts Practice Directions 2021, you must reply to us substantively with eight (8) weeks from the date of your receipt of this letter with the following information:
 - a. Whether your insurer is defending the claim or whether you are defending the claim personally. Reasons for the insurer's decision not to act must be provided;
 - b. Your position on the claim on both liability and quantum (eg, whether the claim is admitted or denied) or make an offer of settlement. If the claim is not admitted in full, the you must give reasons and provide a list of documents together with copies of all relevant supporting documents;
 - c. You **are to confirm/state the identity of the person driving your vehicle at the time of the accident and provide the driver's identification number and address** if this is not already stated in the Singapore Accident Statement. If it is your position that the party you have named was the hirer of your vehicle, please provide us with the document(s) i.e. correspondence, lease/rental agreement etc.

Please **TAKE NOTICE** that there is a presumption in law that you were the driver of the vehicle and/or the said driver was driving as your employee, servant and/or agent at the material time of the accident and if we do not hear from you on the identity of the driver, we shall commence legal proceedings against you as the Defendant for being liable for the damages, loss and expense suffered by our client in the above accident;
 - d. You must provide copies of the Singapore Accident Statements and police reports and they must be full and complete and must reflect the names, identification numbers and addresses of all persons involved in the accident together with type-written transcripts of their factual accounts of the accident;
 - e. You must provide any pre-repair and/or post-repair survey/inspection report(s);
 - f. You must specify the particular scenario in the Motor Accident Claims Online, Motor Accident Guide and/or other similar guide that is applicable to his account of the accident, enclose with your reply a copy of the relevant page of the scenario and, except where the claim is denied, make an offer on liability; and
 - g. If your insurer is the party replying to us, the reply must also state the name(s), telephone number(s) and fax number(s) of the insurance officer(s) handling the matter and the insurer's file reference number(s), to facilitate correspondence.
 5. Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.
 6. Please note that you or your insurer should send to us an acknowledgement of receipt within fourteen (14) days of your receipt of this letter and/or respond to us substantively within eight (8) weeks 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.

7. 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 eight (8) weeks of your receipt of this letter.
8. Our client's rights are expressly reserved.

Yours faithfully,

Matthew Chiong Partnership

MATTHEW CHIONG PARTNERSHIP

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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	11/10/2022 14:58 (SGT)
Reported by	Both
Date of Accident	10/10/2022 18:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE CITY BEFORE PORTSDOWN AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ9262U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KWEK AH LAM
NRIC No	SXXXX223B
Email Address	KWEKAHLAM@GMAIL.COM
Mobile Phone No	(Phone) +65-96418872
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1317

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00131362203

DRIVER

Name of Driver	KWEK AH LAM
NRIC No	SXXXX223B
Date Of Birth	16/03/1955
Occupation	Indoor

Date Of Driving Pass	17/05/1979
Driving experience	43 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96418872
Alt. Phone Number	-
Email Address	KWEKAHLAM@GMAIL.COM
Address	BLK 138 JALAN BUKIT MERAH #10-1396
Address complement	-
Postcode	160138
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 REPORT

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	SNE4283G
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKP9465T
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KWEK AH LAM
Gender	Male
Phone No	(Phone) +65-96418872
Address	BLK 138 JALAN BUKIT MERAH #10-1396
Address Complement	-
Post Code	160138
Approximate Age Years Old	67
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	SLJ9262U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

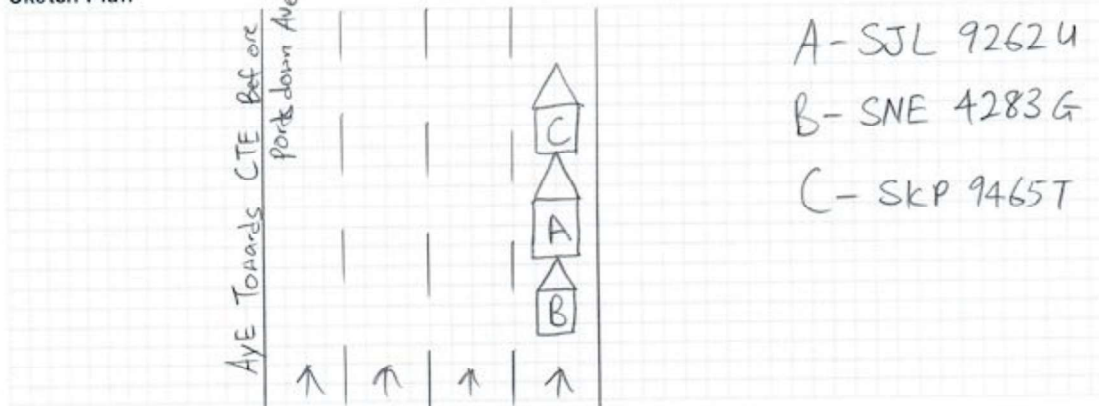


Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

11/10/22

Sketch Plan


Describe Circumstances of the Accident

On the stated date and time, I was travelling along the stated road. When the vehicle in front of me brake, I followed suit. Suddenly I felt a huge impact from the rear of my vehicle causing my vehicle to surge forward and hit vehicle (SKP 9465T). When I alighted my vehicle, I saw VRN (SNE 4283 G) had collided onto my vehicle (SJL 9262 U).

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

 11/10/22
Witnessed by Reporting Centre Personnel

















