

GB LAW CHAMBERS

ADVOCATES & SOLICITORS, Notary Public & Commissioner For Oaths

Reg No. 53170395X

175 North Bridge Road #13-72 Central Point Singapore 038175

Tel : 6702 9685, Fax : 6702 6149, E-mail: claims@gblaw.com.sg

Our ref : PI.191640/ag

Your ref : SJD5293A

Date : 17 MAY 2021

NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

75 Bras Basah Road

Level 5 Income Centre

Singapore 189557

Attention: Motor Claims Department

WITHOUT PREJUDICE

BY HAND

Dear Sir,

CLAIMANT: TOH WEE HUI – DRIVER OF SLK8014U

PERSONAL INJURY CLAIM ARISING FROM ROAD TRAFFIC ACCIDENT INVOLVING MOTOR VEHICLES NO. SLK8014U AND SJD5293A ALONG SLIP ROAD OF CTE (CITY) TOWARDS BRADDELL ROAD ON 18 FEBRUARY 2021 AT ABOUT 1640 HOURS

We act for TOH WEE HUI, driver of SLK8014U who was involved in the above accident.

We are instructed by the above named to claim damages against your insured in connection with a road traffic accident on 18 FEBRUARY 2021 ALONG SLIP ROAD OF CTE (CITY) TOWARDS BRADDELL ROAD involving SJD5293A driven by you / your insured's driver at the material time.

We are instructed that the accident was caused by your / your insured driver's negligence. As a result of the accident, our client suffered personal injuries which particulars are set out in the medical report[s] annexed to this letter.

Table of injuries: -

1. Neck strain
2. Left shoulder strain
3. Left elbow contusion

Our client has been put to loss and expenses, particulars of which are as follows:

a)	General Damages	: S\$ 15,000.00
b)	Medical Expenses	: S\$ 76.50
c)	Transport Expenses (1 trip)	: S\$ 30.00
d)	Loss of Income	: To be Assessed
e)	Medical report fee	: S\$ 321.00
f)	LTA search / GIA report fee	: S\$ 7.49
g)	Public Trustee fee	: S\$ 225.00
h)	Incidentals	: S\$ 150.00
i)	Costs	: S\$ 3,000.00
Total		: S\$ 18,809.99

A copy each of the following supporting documents is enclosed:

- (1) Medical Report dated 8 May 2021 from Unihealth 24-Hr Clinic;
- (2) Medical report fee receipt;
- (3) Medical receipts;
- (4) Medical certificates;
- (5) Our client's GIA/TP report; and
- (6) LTA search

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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.

In compliance with the pre-action protocol under the State Courts' Practice Direction 38, we propose using the medical practitioner who treated our client as a single joint expert.

Please note that you or your insurer should send to us an acknowledgement of receipt to us within 14 days of your receipt of this letter. Should you/your insurer fail to acknowledge receipt of this letter within 14 days, our client may commence Court proceedings against you without further notice to you or your insurer. Please also inform us, within 14 days of your acknowledgement of receipt of this letter, whether you have any objections to our proposed medical experts or whether you wish to propose other medical experts.

If you wish to have our client examined by your own medical expert, this should be stated in your acknowledgment of receipt. Please also advise within 14 days of the acknowledgment of receipt, where and when examination of our client is to take place so that we may arrange for our client to attend. Please note that we deem you/your insurer has no interest in conducting medical examination if the request is not made within the timeline stated above.

If you have any evidence on the issue of liability against our client in any form in your possession, kindly let us have the same immediately or as soon as such evidence comes into your possession. If such evidence is produced at a later stage, our client(s) will not be liable for any such costs incurred in proceeding with the claim herein.

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

G B LAW CHAMBERS

Encl

TO OWNER OF SJD5293A

SAQIF BIN ABU BASMI

Blk 481 Woodlands Street 13

#03-934

Singapore 720481

CERTIFICATE OF POSTING

(WITHOUT ENCLOSURES)



UNIHEALTH 24-HR CLINIC

(TOA PAYOH)

Unihealth Medical Private Limited

Reg No 201601907H

Blk 178 Toa Payoh Central, #01-218, Singapore 310178

Tel: 62031639 Fax: 62549938

Your ref: PL191640/cs

8th May 2021

G B Law Chambers

175 North Bridge Road

#13-72

Central Point

Singapore 038175

Dear Sir/Madam,

Re: Medical Report of Ms Toh Wee Hui (S8820797G)

The above patient consulted us at our clinic on 18th February 2021 after being involved in a road traffic accident. She was the driver of a vehicle involved in right sided collision from another vehicle which happened on the same day. She complained of neck, left shoulder and left elbow pain subsequently. There was no complaint of any focal weakness or numbness. No headache, giddiness or blurring of vision was noted. No chest pain or breathing difficulties were noted either.

On examination, her vitals was stable. The range of motion of her neck was full with tenderness over her upper cervical spine and left para-cervical muscles. The range of motion of her left shoulder was full with tenderness over her left deltoid muscles. The range of motion of her left elbow was full with tenderness over her left olecranon process and left tricep tendon. The range of motion of her back was full with no localised tenderness. No focal neurological deficits were noted. No open wound, bruising or swelling was noted on her examination. Her vision and hearing were unremarkable. Her gait was unremarkable. The rest of her systemic examination was otherwise unremarkable.

Her diagnosis was determined as:

Neck strain injury

Left shoulder strain injury

Left elbow contusion

She was given oral and topical analgesia for pain relief. No X-ray or medical imaging was done during her visit. She was given medical leave of 4 days duration from 19th February 2021 to 22nd February 2021. She was advised for rest and advised for further review if persistent symptoms were noted. There was no visit after 18th February 2021.

For your information please.

Regards,

UNIHEALTH MEDICAL PRIVATE LIMITED

Blk 178 Tse Payoh Central, #01-216, Singapore 310178. 24 HR T +65 6203 1639 F +65 6254 5935 E adming@unihealthclinic.com W www.unihealthclinic.com.sg

GST No. 201601907H

Co Reg No. 201601907H

TAX INVOICE

G B Law Chambers
175 North Bridge Road
#13-72
Central Point
Singapore 038175

Invoice No. : UHM20210505
Invoice Date : 7-May-21
Payment Terms : 30 Days
Due Date : 6-Jun-21
Page No. : 1 of 1

Date	Description	QTY	Rate (S\$)	Total Amount (S\$)
7-May-21	Pl.191640/es Medical Report for Tan Yee Lin (NRIC No. SXXXX797G)	1	300.00	300.00

Invoice Sub-Total:	300.00
GST (7%)	21.00
Invoice Total:	321.00

Please note:

1. Cheque should be made payable to UNIHEALTH MEDICAL PRIVATE LIMITED and crossed Account Payee only. Please quote out invoice number on the reverse side of the cheque.



This is a computer generated document. No signature is required.

GST Reg No : 201601907H

Co Reg No : 201601907H

TAX INVOICE

TOH WEE HUI
802 LORONG 5 TOA PAYOH
#05-830
S(392802)

Invoice No. : 80638
Our Reference : 18079
Date : 18 Feb 2021

Patient : TOH WEE HUI(S8820797G)

Attending Doctor : LOCUM

DESCRIPTION	QTY	PRICE
ANAREX	20.00 tabs	\$8.00
CELECOXIB 200MG	10.00 cap	\$16.50
ZENPRO 20MG	10.00 cap	\$12.00
COGESIC MAX CREAM 25G	1.00 tube	\$7.00
CONSULTATION		\$28.00
Sub-Total		\$71.50
Add GST 7.0%		\$5.01
Rounding Adjustment		-\$0.01
Total Amount Payable		\$76.50
Receipt No. 111609 - CASH	Payment Received	\$76.50
Outstanding Balance		\$0.00

This is a computer generated invoice which does not require a signature

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 Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any willful 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	19/02/2021 14:51 (SGT)
Date of Accident	18/02/2021 16:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP RD CTE(CITY) BRADELL TWRDS BRADELL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK8014U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TOH WEE HUI
NRIC No	SXXXX797G
Email Address	nedtwh@gmail.com
Mobile Phone No	(Phone) +65-88320911
Alternative Phone No	+65-88320911

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	MERCEDES BENZ / C 180 KOMPRESSOR
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

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5101937295-02
Cover Note Number	-

DRIVER

Name of Driver	TOH WEE HUI
NRIC No	SXXXX797G
Date Of Birth	02/11/1988
Occupation	Indoor

Date Of Driving Pass	01/03/2017
Driving experience	3 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88320911
Alt. Phone Number	+65-88320911
Email Address	inedtwh@gmail.com
Address	BLK 894 #11-73 TOA PAYOH EAST TOA PAYOH VERTEX
Address complement	-
Postcode	372894
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	Side Swipe
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 material 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

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;

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD5293A
Vehicle Manufacturer	Toyota
Vehicle Model	TOYOTA / ESTIMA AERAS 2.4 A
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NUR SHAFIAH AZRIN BINTI SAQIF
NRIC No	TXXXX468A
Contact Number	-
Address	-
Address complement	-
Postcode	-