C YOGARAJAH LLC
ADVOCATES & SOLICITORS

883 North Bridge Road
#19-05 Southbank
Singapore 198785
T: 6292 5838
F: 6292 5938
(UEN No. 201333127N)
(GST Reg No. 201333127N)

Our Ref : CY.SJT2680A.18.THH(HW).wp(Lh)

Your Ref : Your insured vehicle **SHC 387Z**

28 February 2018

CITYCAB PTE LTD
c/o The Motor Claims Department
FIRST CAPITAL INSURANCE LTD
30 Robinson Road
#10-01/02 Robinson Tower
Singapore 048546

BY FAX (6507 3849) ONLY

Dear Sirs

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS PURSUANT TO PRE-ACTION PROTOCOL FOR NON INJURY MOTOR ACCIDENT CASES (NIMA) ROAD TRAFFIC ACCIDENT INVOLVING SJT 2680A & SHC 387Z ON 17.12.2017 @ 22:55HRS ALONG BLOCK 136 JALAN BUKIT MERAH CARPARK LOT 53

We are instructed by TAN WAI FONG to notify you of a road traffic accident on 17.12.2017 @ 22:55hrs along Jalan Bukit Merah Carpark Lot 53 involving our client's customer's vehicle registration number SJT 2680A and vehicle registration number SHC 387Z driven by you at the material time. A copy of the Singapore accident statement report is enclosed.

As the result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged 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.

Yours faithfully,

C. Yogarajah LLC
Enc

cc: M/s Thiam Heng Huat Pte Ltd
Blk 176 Sin Ming Autocare
#05 - 14 Singapore 575721
Mr. Steven (8263 6295)

MMOV17167729 / Mova Automotive Pte Ltd - Bukit Merah
ENTRY DATE & TIME: 21/12/2017 14:42
SUBMITTED BY: SUANNE

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 21/12/2017 17:33

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 wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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 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 Report	21/12/2017 14:42
Date Of Accident	17/12/2017 22:55
Exact Location Of Accident	BLK 136 JLN BUKIT MERAH CARPARK LOT 53
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJT2680A
Insured/Policyholder	
Name Of Registered Owner	TAN WAI FONG
NRIC No	S1701832I
Email Address	ANNIETWF@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98500190
Alternative Phone No	OFFICE-98500190
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180-1.6 (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5070092139
Cover Note Number	
Driver	
Name of Driver	TAN WAI FONG
NRIC No	S1701832I
Date Of Birth	12/02/1965
Occupation	INDOOR
Date Of Driving Pass	09/11/1990
Driving Experience	27 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98500190
Fax Number	
Contact Number	OFFICE-98500190
EMail Address	ANNIETWF@GMAIL.COM

Address	BLK 8A BOON TIONG RD #18-75 S(164008)
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC387Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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 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")

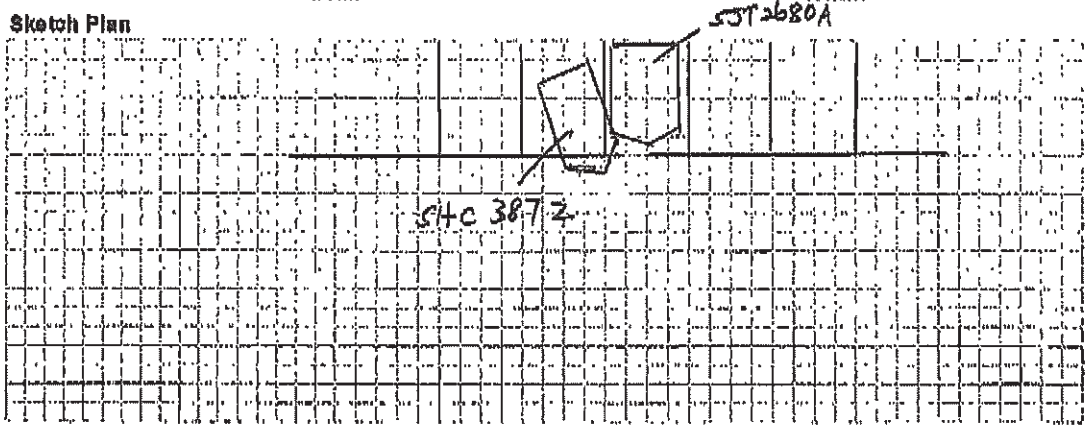
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

21/12/17

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan Pg. 2

Describe Circumstances of the Accident

LICENSE PLATE NUMBER: SJT 2680 A

ACCIDENT DATE: 19/12/2017

CONTACT NUMBER: 98500190

ACCIDENT TIME: 22:56:42

EMAIL: annie.thf@gmail.com

LOCATION: Car Park infront of BLK 136, Jln Bf. Merah. (Lot 53)

Only notice my car front right side got hit by a City Cab SH C 3877 Z. from my car cam.

My car was in stationary parking position. The video at 22:56:42 – 22:56:44 shown there was an impact to my vehicle. And at 51 sec. the driver drive away and park to other lot.

At 23:01:05 – 23:01:22, The driver walked to my car and check my car condition.

I only noticed yesterday, 20/12 after reviewing the car cam. and I've wrote in to City cab but with NO respond till to date.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state:

( ) Claim Own Policy (✓) Claim Third Party ( ) Claim OD/TP at other workshop ( ) Reporting Only

Declaration

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

21/12/17

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan Pg. 3

SINGAPORE POLICE FORCE

T/20171221/2073

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20171221/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
21/12/2017 14:30		39

Informant's Particulars

Name of Informant: TAN WAI FONG			Address: APT BLK 8A BOON TIONG ROAD #18-75 SINGAPORE 164008	
ID Type / ID No.: NRIC NO / S1701832I			Contact No.: Home/Office:	Mobile: 98500190
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 62	Date of Birth: 12/02/1955	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/12/2017 21:56	Type of Location: Car Park

Location:
Along Road 1
JALAN BUKIT MERAH

BLK 136 Jln Bt Merah OSCP

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	
Traffic Flow:	Traffic Control:	Traffic Volume:
Two Way	Not Controlled	No Traffic
Type of Collision:		Anyone conveyed by ambulance:
Moving Vehicle Against - Parked Vehicle		No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC387Z	Car	HYUNDAI	SONATA	Yellow	Slightly Damaged	1
SJT2660A	Car	MERCEDES BENZ	C180K	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJT2660A	NTUC Income Insurance Co-Operative Limited	5070092139-02	13/04/2017	29/03/2018

Sketch Plan Pg. 4

SINGAPORE POLICE FORCE

T/20171221/2073

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20171221/2073

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN WAI FONG	ID No.	S1701832I
Related Vehicle	NIL	Contact No.	96500190
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.
On 17/12/17 at around 2156hrs, my car was parked stationary at Blk 136 Jln Bt Merah OSCP Lot 53 when vehicle SHC387Z attempted to park in the lot beside me and reversed into my vehicle. Following this the said vehicle drove away and parked in another lot.

At around 2201, the driver in said vehicle walked to my car to check my car's condition and walked away. I would like to add that I am lodging this report for my insurance claim and I have the video recording of the incident.