

17/18/18/1405/020618

Your Ref : SJY 1537L
Our Ref : SHA 1369E



Leo Teng Fong Vincent c/o
CHUNNI MOTOR WORK PTE LTD
Blk 10 Ang Mo Kio Industrial Park 2A
#03-19 AMK AutoPoint
Singapore 568047

The Motor Claims Department

Lompac Insurana Bhd
100 Beach Road
#19-00 Shaw Tower
Singapore 189702

WITHOUT PREJUDICE

Dear Sir / Madam,

RE: ACCIDENT INVOLVING SHA 1369E/SJY 1537L On 13/05/2018

ALONG Jurong East Ave 1 x Jurong East St 21

I am the owner/hirer of motor vehicle/taxi, SHA 1369E, which was involved in the above-mentioned accident.

The motor vehicle/taxi was surveyed by your appointed appraiser at the premises of M/S CHUNNI MOTOR WORK PTE LTD. The accident was caused by your insured's negligent driving and or management of his vehicle. Therefore, I am claiming damages and losses sustained by me against you in connection with the accident based on the appraiser's recommendation.

Our claim is as follows:

1) Cost of Repair	S\$ 28,515.50
2) Loss of Rental	S\$ 2,508.00
3) Loss of Income	S\$ 1,000.00
4) GIA Report Fee	S\$
5) LTA Search Fee	S\$ 2.00
6) Survey Report Fee	S\$
	<u>S\$ 32,025.50</u>

We enclose herewith the following relevant supporting documents :

- a) Authorisation Letter
- b) Final repair bill(s)
- c) LTA Search
- d) GIA report(s)
- e) Insurance Certificate

Kindly look into the matter and revert as soon as possible. Thank you.

Yours faithfully

Attached CCTV Disc

CHUNNI MOTOR WORK
PTE LTD

TAX INVOICE

LEO TENG FONG VINCENT APT BLK 272.BANGKIT ROAD #02-48 SINGAPORE 670272	VEHICLE NO	DATE
	SHA 1369 E	23.06.2018
	MAKE TOYOTA	INVOICE NO 8126
	MODEL PRIUS	ACC DATE/TIME 13.05.2018 @ 03:30 HRS

Cost of Repair \$ 26,650.00

Sub-total \$ 26,650.00

Add : 7 % - GST \$ 1,865.50

Total \$ 28,515.50

(SINGAPORE DOLLARS: TWENTY EIGHT THOUSAND FIVE HUNDRED AND
AND FIFTEEN AND CENTS FIFTY ONLY)



LETTER OF AUTHORITY

To Whom It May Concern :

ACCIDENT INVOLVING SHA 1369E/SJY 1537L

ALONG Jurong East Ave 1 x Jurong East St 21 ON 13/05/2018

I, Leo Teng Fong Vincent, NRIC NO. S 1566401J of

Blk 255 Bangkit Road # 12-416 (S) 670255

Owner/hirer of motor vehicle Registration No SHA 1369E, insured by

Ms First Capital Insurance Ltd under Policy No. D-18088937MFSH

do hereby authorize M/s **Chunni Motor Work Pte Ltd** as my authorized representative to write,

negotiate and settle claim on my behalf in my claim against the owner and/or Motor Vehicle

Registration No. SJY 1537L in respect of the above mentioned accident. I also

hereby authorize that the agreed settlement sum (cost of repair, loss of use, earnings and rental,

Survey report fee, LTA fee & GIA report fee) be made in favour of my representative, M/s

Chunni Motor Work Pte Ltd and that the said payment be forwarded to them as full and final

discharge of my claim.

Dated : 13/05/2018

Signature : 
(Company's chop if necessary)

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 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	15/05/2018 08:29
Date Of Accident	13/05/2018 03:30
Exact Location Of Accident	JURONG EAST AVE 1 X JURONG EAST ST 21
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1369E
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID 4G

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 TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH

Cover Note Number

Driver

Name of Driver	LEO TENG FONG VINCENT
NRIC No	S1566401J
Date Of Birth	15/06/1962
Occupation	OUTDOOR
Date Of Driving Pass	29/01/1980
Driving Experience	38 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	+65-96275685
Fax Number	
Contact Number	
EEmail Address	VINLEOTF@GMAIL.COM

Address	BLK 255 BANGKIT ROAD #12-416
Postcode	670255
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	

NAME: : -

GENDER: : MALE

Details of Police Action

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

Circumstances of Accident

REFER POLICE REPORT NO: T/20180514/2062

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY1537L
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR ONG CHUAN
NRIC/Passport Number	S0968896Z
Contact Number	96646428
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LEO TENG FONG VINCENT
Approximate Age	
Injuries Sustain	WRIST AND RIGHT KNEE
Injured person in which vehicle?	SHA1369E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	CHOO TING YONG(PAX)
Approximate Age	
Injuries Sustain	UNSURE
Injured person in which vehicle?	SHA1369E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

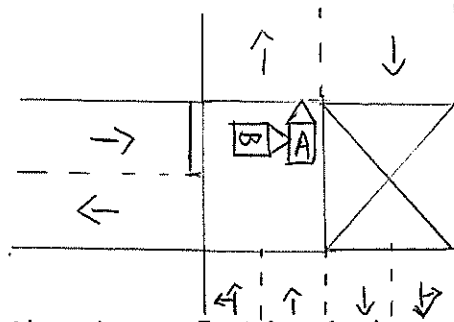


Driver's Signature
(If driver is not the policyholder)
Date & Time: 14/05/2018 @ 15:50hrs

ALICE

Reporting Centre Personnel's Signature
Name: Aice Tee
NRIC/FIN No.: -

SKETCH PLAN



A-SHA 1369E

B-SJY 1537L (Private Car)

Along Jurong East Ave 1 x Jurong East St 21

Describe Circumstances of the Accident

Refer to Police Report no: T/20180514/2062

A - SHA 1369E

B - SJY 1537L , Mr.Ong Chuan , NRIC : S 0968896Z , H/P : 9664 6428.

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

policyholder's Signature
Date & Time

Driver's Signature(If driver is not the policyholder)
Date & Time 14/05/2018 @ 15:50hrs

ALICE

Reporting Centre Personnel's Signature
Name : **Alice Tee**
NRIC/FIN No : -



SINGAPORE POLICE FORCE



T/20180514/2062

1 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20180514/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/05/2018 12:50		Vide Report No.: D/20180513/0033		Station Diary No.: 41	
Informant's Particulars					
Name of Informant: LEO TENG FONG VINCENT			Address: APT BLK 272 BANGKIT ROAD #02-48 SINGAPORE 670272		
ID Type / ID No.: NRIC NO / S1566401J			Contact No.: Home/Office: Mobile: 96275685		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 15/06/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/05/2018 03:30	Type of Location: T-Junction
Location: Along Road 1 JURONG EAST AVENUE 1 TOWARDS JURONG EAST ST 21				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Policeman Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA1369E	Car	TOYOTA	PRIUS	Blue	Seriously Damaged	1
SJY1537L	Car	TOYOTA			Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180514/2062

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 4

Report No. T/20180514/2062

CONTINUATION OF REPORT

Passenger			
Name	Choo Ting Yong	ID No.	NIL
Related Vehicle	SHA1369E (Car)	Contact No.	93655237
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LEO TENG FONG VINCENT	ID No.	S1566401J
Related Vehicle	SHA1369E (Car)	Contact No.	96275685
Hospital/Clinic	PROHEALTH 24-HOUR MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	13/05/2018	Date Discharge	13/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ONG CHUAN	ID No.	S0968896Z
Related Vehicle	SJY1537L (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 13/05/2018 at about 0311hrs I had picked up male Chinese, Tel:93655237 passenger from Kim Chuan and he wanted to proceed to Jurong East St 21. On the same day at about 0330hrs while I was travelling along Jurong East 21, another vehicle which was turning in from Jurong East St 24 had hit my taxi from the right side. The accident resulted in my taxi to be moved to the other side of the road. I was then attended by police. My passenger then left my taxi

On 13/05/2018 I had then seek medical attention and was given 3 days MC due to wrist and right knee pain.



**SINGAPORE
POLICE FORCE**



T/20180514/2062

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 4

Report No. T/20180514/2062

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180514/2062

4 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20180514/2062

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /
Staff Sgt HAIRUL AZLY BIN HANAFFI

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
14/05/2018 12:50

Officer In Charge Of Case:
TP / GIT /
SSi TAN CHIN YONG
Contact No.: 65476178

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp
NP168

SIGNATURE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-18-072894

Date of Request: 14/05/2018

Your Ref No:

Online Purchase

Soon Hock Motor Pte Ltd
Blk 10 Ang Mo Kio Industrial Park 2A
#01-05/06 AMK Autopoint
Singapore 568047

Dear Sir/Madam,

Enquiry Date 14/05/2018
Enquiry By Chris Lim Gan Koon
TP Vehicle No. SJY1537L
Accident Date 13/05/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJY1537L	Lonpac Insurance Bhd	05/08/2017-04/08/2018	+65 62507388

Thank You,

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735**TAX INVOICE**

Our Ref No: GR-18-072894

Date of Request: 14/05/2018

Your Ref No: Online Purchase

Soon Hock Motor Pte Ltd
Blk 10 Ang Mo Kio Industrial Park 2A
#01-05/06 AMK Autopoint
Singapore 568047

Dear Sir/Madam,

Enquiry Date 14/05/2018
Enquiry By Chris Lim Gan Koon
TP Vehicle No. SJY1537L
Accident Date 13/05/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

SWA 1369E

[illegible]

Our Ref: CT18050371

Date: 15 May 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	13/05/2018 @ 03:30 hrs
ALONG	JURONG EAST AVE 1 X JURONG EAST ST 21
INVOLVING	SJY1537L

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHA1369E** (the "Taxi"). The Taxi was hired to **LEO TENG FONG VINCENT IC NO S1566401J** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.40** per day (inclusive of GST).

Please be advised that the Taxi was insured with **MS First Capital Insurance Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay
Assistant Manager, Fleet Safety

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