

Your Ref : SDH 8995L  
Our Ref : SHA 6086M

**Lim Kim Seng c/o**  
**CHUNNI MOTOR WORK PTE LTD**  
Blk 10 Ang Mo Kio Industrial Park 2A  
#03-19 AMK AutoPoint  
Singapore 568047

Date : 05/07/18

The Motor Claims Department

*AG & LKK Auto Consultants Pte Ltd*  
*51 Ubi Ave 1 #01-25*  
*Paya Ubi Ind Park*  
*Singapore 408933*

**WITHOUT PREJUDICE**

Dear Sir / Madam,

**RE: ACCIDENT INVOLVING SHA 6086M/SDH 8995L On 01.06.2018**

**ALONG Napier rd twds Holland rd**

I am the owner/hirer of motor vehicle/taxi, SHA 6086M, 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:

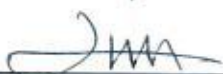
1) Cost of Repair	S\$ 11,908.13
2) Loss of Rental	S\$ 1,003.20
3) Loss of Income	S\$ 400.00
4) GIA Report Fee	S\$
5) LTA Search Fee	S\$ 2.00
6) Survey Report Fee	S\$
	<u>S\$ 13,313.33</u>

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 CCW DISC*

## LETTER OF AUTHORITY

To Whom It May Concern :

ACCIDENT INVOLVING **SHA 6086M/SDH 8995L**

ALONG Napier rd twds Holland rd ON 01.06.2018

I, Lim Kim Seng, NRIC NO. S 0957700I of  
Blk 228 Bukit Batok Central # 03-25 (S) 650228

Owner/hirer of motor vehicle Registration No **SHA 6086M**, insured by  
Ms First Capital Insurance Ltd under Policy No. D-18088937 MFSH

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. **SDH 8995L** 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 : 01.06.2018

Signature :   
( Company's chop if necessary )

**TAX INVOICE**

LIM KIM SENG APT BLK 228 BUKIT BATOK CENTRAL #03-25 SINGAPORE 650228	VEHICLE NO	DATE
	SHA 6086 M	29.06.2018
	MAKE	INVOICE NO
	TOYOTA	8162
	MODEL	ACC DATE/TIME
	PRIUS	01.06.2018 @ 04:30 HRS

Cost of Repair \$ 11,129.09

**Sub-total** \$ 11,129.09

**Add : 7 % - GST** \$ 779.04

**Total** \$ 11,908.13

(SINGAPORE DOLLARS: ELEVEN THOUSAND NINE HUNDRED AND EIGHT AND  
CENTS THIRTEEN ONLY)





CNA 6086M

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
				FROM	TO
29/5/18	K. S Lim	154558	202	4:30 AM	2:00 PM
29/05/18	CS TAN	154787	229	17:50 PM	03:57 AM
30/5/18	K. S Lim	155005	218	4:30 AM	2:45 PM
30/05/18	CS TAN	155252	247	2:00 PM	03:53 AM
31/5/18	K. S Lim	155583	257	4:30 AM	2:40 PM
31/05/18	CS TAN	155697	195	2:00 PM	02:16 AM
1/6/18	K. S Lim			4:30 AM	
1.6.2018	Lim Kim Beng	Accident		08:10	Lim
8.6.2018	Lim Kim Beng	Repair		Lim	13:40

Invoice

<https://www.giarmc.org.sg/claims/index.cfm?fusebox=MTRsas&fusea...>

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

**Third Party Insurer Enquiry**

Our Ref No: GR-18-083336

Date of Request: 01/06/2018

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 01/06/2018  
Enquiry By Chris Lim Gan Koon  
TP Vehicle No. SDH8995L  
Accident Date 01/06/2018

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SDH8995L	AIG Asia Pacific Insurance Pte. Ltd.	12/09/2017-11/09/2018	65-6419-3000

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.



Invoice

<https://www.giarmc.org.sg/claims/index.cfm?fusebox=MTRsas&fusea...>

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Date of Request: 01/06/2018

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 01/06/2018  
Enquiry By Chris Lim Gan Koon  
TP Vehicle No. SDH8995L  
Accident Date 01/06/2018

DESCRIPTION	AMOUNT (\$\$)
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

## 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	01/06/2018 09:41
Date Of Accident	01/06/2018 04:30
Exact Location Of Accident	NAPIER RD TWDS HOLLAND RD.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA6086M
<b>Insured/Policyholder</b>	
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
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	LIM KIM SENG
NRIC No	S0957700I
Date Of Birth	14/05/1950
Occupation	OUTDOOR
Date Of Driving Pass	13/12/1969
Driving Experience	48 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93474013
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	228 #03-25 BUKIT BATOK CENTRAL
Postcode	650228
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

#### 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?	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)	1

#### 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

SEE ATTACH.

#### 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	SDH8995L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG SAN SAN
NRIC/Passport Number	S7674509I
Contact Number	93890532
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE


1. Please report **correctly** the details of the accident to speed up the claims process.
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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.**
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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: 01 Jun 2018

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 01 Jun 2018 @ 09:35Hrs

Lisa Diong  
Reporting Centre Personnel's Signature  
Name: -  
NRIC/FIN No.:

### SKETCH PLAN



Along Napier rd twds Holland rd

A-SHA 6086M

B-SDH 8995L

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/06/2018 @ 04:30hrs, I was travelling along Napier rd towards Holland rd. With no passenger on board. I was on the extreme left lane, while travelling straight. Suddenly, veh (B) dashed out on my left and collided onto my taxi (A) left front portion. My taxi (A) left front portion was damaged.

Veh (B) SDH 8995L, was driven by Ms Ang San San. Nric no: S 7674509I. Hp no: 9389 0532.

I have CCTV footage and scene photos to support my claims.

The other party admit liability attached.


No injury in this accident.

### DECLARATION

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

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

Policyholder's Signature  
Date & Time: 01 Jun 2018

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 01 Jun 2018 @ 09:35hrs

Lisa Diong  
Reporting Centre Personnel's Signature  
Name: -  
NRIC/FIN No.: