

Your Ref : SHA 3015M

Our Ref : SHA 997Z

Ang Lye Heng c/o

CHUNNI MOTOR WORK PTE LTD

Blk 10 Ang Mo Kio Industrial Park 2A

#03-19 AMK AutoPoint

Singapore 568047

Date : 31/08/18

The Motor Claims Department

India Co 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 997Z/ SHA 3015M / SJQ 6571X On 12.06.2018

ALONG Paya Lebar Rd Twds Guillemard Rd B4 PIE Exit

I am the owner/hirer of motor vehicle/taxi, SHA 997Z, 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\$	24,610.00
2) Loss of Rental	S\$	3,020.40 (\$167.80 x 18 DAYS)
3) Loss of Income	S\$	720.00 (\$40 x 18 DAYS)
4) GIA Report Fee	S\$	
5) LTA Search Fee	S\$	
6) Survey Report Fee	S\$	
	S\$	<u>28,350.40</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 CC70 015C

LETTER OF AUTHORITY

To Whom It May Concern :

ACCIDENT INVOLVING SHA 997Z/SHA 3015M/SJQ 6571X

ALONG Paya Lebar Rd Twds Guillemard Rd B4 PIE ON 12.06.2018

Exit

I, Ang Lye Heng, NRIC NO. S 1698230Z of

Blk 23 Telok Blangah Crescent # 06-24 (S) 090023

Owner/hirer of motor vehicle Registration No SHA 997Z, 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. SHA 3015M 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 : 12.06.2018

Signature :


(Company's chop if necessary)

CHUNNI MOTOR WORK
PTE LTD

TAX INVOICE

ANG LYE HENG APT BLK 23 TELOK BLANGAH CRESCENT #06-24 SINGAPORE 090023	VEHICLE NO	DATE
	SHA 997 Z	24.08.2018
	MAKE	INVOICE NO
	MERCEDES	8399
	MODEL	ACC DATE/TIME
	E220	12.06.2018 @ 22:20 HRS

Cost of Repair \$ 23,000.00

Sub-total \$ 23,000.00

Add : 7 % - GST \$ 1,610.00

Total \$ 24,610.00

(SINGAPORE DOLLARS: TWENTY FOUR THOUSAND SIX HUNDRED AND TEN
ONLY)



Our Ref: CC18060389



Date: 20 June 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	12/06/2018 @ 22:20 hrs
ALONG	PAYA LEBAR RD TWDS GULEMARD RD BEFORE PIE EXIT
INVOLVING	SHA3015M, SJQ6571X

We refer to the above-mentioned accident and wish to inform that **CityCab Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHA0997Z** (the "Taxi"). The Taxi was hired to **ANG LYE HENG IC NO S1698230Z** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$167.80** 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.

SABA 997 Z

RATED (TIME) TO	DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
					FROM	TO
0410	12/6/2018	ANK			1700	
9455	12/6/2018	ANK LYE HENK	ACCIDENT		2220hrs	
0425	29/6/2018	ANK LYE HENK	REPAIR			1500hrs.
1550						
0440						
1420						
0435						
1540						
1540						
0405						
1355						