

Your Ref : SDV 2818G

Our Ref : SHC 8681X

Lum Siak Kay c/o

CHUNNI MOTOR WORK PTE LTD

Blk 10 Ang Mo Kio Industrial Park 2A

#03-19 AMK AutoPoint

Singapore 568047

Date : 20/11/18

The Motor Claims Department

Lompac Insurance Bhd

100 Beach Road

#19-00 Shaw Tower

Singapore 189702

WITHOUT PREJUDICE

Dear Sir / Madam,

**RE: ACCIDENT INVOLVING SHC 8681X / SDV 2818G On 18.06.2018**

**ALONG North Boat Quay TWDS River Valley Road**

I am the owner/hirer of motor vehicle/taxi, SHC 8681X, 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:

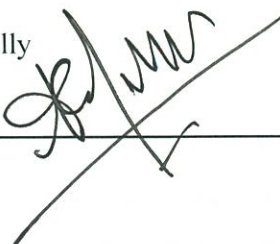
1) Cost of Repair	S\$ 14,284.50
2) Loss of Rental	S\$ 1,955.00 (\$15 x 17 DAYS)
3) Loss of Income	S\$ 850.00 (\$50 x 17 DAYS)
4) GIA Report Fee	S\$
5) LTA Search Fee	S\$ 2.00
6) Survey Report Fee	S\$
	<u>S\$ 17,091.50</u>

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



CHUNNI MOTOR WORK  
PTE LTD

LUM SIAK KAY APT BLK 239 BISHAN STREET 22 #03-206 SINGAPORE 570239	VEHICLE NO	DATE
	SHC 8681 X	16.11.2018
	MAKE	INVOICE NO
	HYUNDAI	<b>8733</b>
	MODEL	ACC DATE/TIME
	I40	18.06.2018 @ 09:30 HRS

Cost of Repair \$ 13,350.00

**Sub-total** \$ 13,350.00

**Add : 7 % - GST** \$ 934.50

**Total** \$ 14,284.50

(SINGAPORE DOLLARS: FOURTEEN THOUSAND TWO HUNDRED AND EIGHTY  
FOUR AND CENTS FIFTY ONLY)



## LETTER OF AUTHORITY

To Whom It May Concern :

ACCIDENT INVOLVING SHC 8681X / SDV 2818G

ALONG North Boat Quay TWDS River Valley ON 18.06.2018

I, Lum Siak Kay, NRIC NO. S 1699685H of  
Blk 239 Bishan St 22 #03-206 S ( 570239)

Owner/hirer of motor vehicle Registration No SHC 8681X, insured by

India International Insurance Pte Ltd under Policy No. MCOM 0016

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. SDV 2818G 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 : 18.06.2018

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	18/06/2018 16:07
Date Of Accident	18/06/2018 09:30
Exact Location Of Accident	NORTH BOAT QUAY TWDS RIVER VALLEY RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8681X
<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	HYUNDAI
Model	I40
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	LUM SIAK KAY
NRIC No	S1699685H
Date Of Birth	08/08/1965
Occupation	OUTDOOR
Date Of Driving Pass	20/01/1997
Driving Experience	21 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81127798
Fax Number	
Contact Number	
Email Address	LUMWINCO@GMAIL.COM

Address	BLK 239 BISHAN STREET 22 #03-206
Postcode	570239
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 ON COLLISION
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?	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

PLS REFER TO ATTACHED / Type Of Accident: HEAD TO SIDE

#### 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	SDV2818G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEONG KARM HO
NRIC/Passport Number	S1341914J
Contact Number	96236718
Address	
Postcode	
Insurance Company Name	LONPAC INSURANCE BHD
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.
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.

General Insurance Association of Singapore (GIA) PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 18.06.2018 @ 15:20 Hrs

  
Reporting Centre Personnel's Signature  
Name: Rubbini  
NRIC/FIN No.:

# SKETCH PLAN

A - SHC 8681X.  
B - SDV 2818G.

Along North Boat Quay Twds River Valley Rd.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18.06.2018 at about 09:30 Hrs, I was travelling along North Boat Quay towards River Valley Rd
with no passenger on board.
I was travelling on the extreme left lane at a very slow speed. Just after I crossed the junction of
Eu Tong Sen Street, veh (B) (SDV 2818G) dashed out without giving way to me. This resulted my taxi (A)
to sustain damages on whole left side. As it took place so fast, I could not take evasive action to prevent
the collision.
I had company video fixed in my taxi and photos taken at scene to support my claims.
Veh (B) (SDV 2818G) was driven by Mr. Cheong Karm Ho. NRIC : S 1341914J. Hp : 9623 6718.
Nobody was conveyed by the ambulance as no injury at that point of time.

## 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 18.06.2018 @ 15:20 Hrs

Reporting Centre Personnel's Signature

Name: *Rubbini*

NRIC/FIN No.:

Invoice

<https://www.giamc.org.sg/claims/index.cfm?fusebox=MTRsas&fusea...>**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-18-092598

Date of Request: 18/06/2018

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 18/06/2018  
Enquiry By Chris Lim Gan Koon  
TP Vehicle No. SDV2818G  
Accident Date 18/06/2018

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SDV2818G	Lonpac Insurance Bhd	17/06/2018-16/06/2019	+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.

Invoice

<https://www.giarmc.org.sg/claims/index.cfm?fusebox=MTRsas&fusea...>**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-18-092598

Date of Request: 18/06/2018

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 18/06/2018  
Enquiry By Chris Lim Gan Koon  
TP Vehicle No. SDV2818G  
Accident Date 18/06/2018

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

SIN 8681 X

ED (TIME) TO	DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
					FROM	TO
	140618	Jeffrey	4 0 6 2 4 6	406	1755	0535
	15/6/18	Tye	4 0 6 5 0 5	259	0620	1620
	15/0618	Jeffrey	4 0 7 0 2 6	521	1725	0635
	160618	LUM	4 0 7 2 2 4	198	0710	1700
	16/6/18	Tye	4 0 7 5 1 3	289	1700	0545
	170718	LUM	4 0 7 7 0 2	189	1725	1725
	170618	Jeffrey	4 0 8 0 8 2	380	1735	0540
	180618	LUM	4 0 8		0600	
	18062018	Lum Brak Kay	Accident		05:00	<del>16:00</del>
	04072018	Lum Brak Kay	Repair		<del>16:00</del>	<del>16:00</del>
			408263			

Our Ref: CT18060517

Date: 20 June 2018



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON 18/06/2018 @ 09:30 hrs  
ALONG NORTH BOAT QUAY TWDS RIVER VALLEY RD  
INVOLVING SDV2818G

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 **SHC8681X** (the "Taxi"). The Taxi was hired to **LUM SIAK KAY IC NO S1699685H** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$115.00** per day (inclusive of GST).

Please be advised that the Taxi was insured with **India International Insurance Pte 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.