

Your Ref : SHD 1571B
Our Ref : SHA 3406T

Chan Teck Chua c/o
CHUNNI MOTOR WORK PTE LTD
Blk 10 Ang Mo Kio Industrial Park 2A
#03-19 AMK AutoPoint
Singapore 568047

Date : 10/08/18

The Motor Claims Department

Indira G 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 3406T/SHD 1571B On 21.06.2018

ALONG Bencoolen St

I am the owner/hirer of motor vehicle/taxi, SHA 3406T, 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\$ 8,560.00
2) Loss of Rental	S\$ 1,375.50 (\$98.25 x 14 DAYS)
3) Loss of Income	S\$ 580.00 (\$40 x 14 DAYS)
4) GIA Report Fee	S\$
5) LTA Search Fee	S\$
6) Survey Report Fee	S\$
	<u>S\$ 10,495.50</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 CTO DISC

LETTER OF AUTHORITY

To Whom It May Concern :

ACCIDENT INVOLVING **SHA 3406T/SHD 1571B**

ALONG Bencoolen St ON 21.06.2018

I, Chan Teck Chua, NRIC NO. S 1647473H of

Blk 417 Hougang Ave 8 # 06-980 (S) 530417

Owner/hirer of motor vehicle Registration No **SHA 3406T**, 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

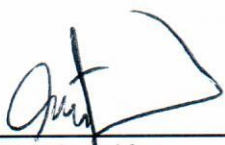
Registration No. **SHD 1571B** in respect of the above mentioned accident. I also

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 : 21.06.2018

Signature :


(Company's chop if necessary)

TAX INVOICE

CHAN TECK CHUA APT BLK 417 HOUGANG AVENUE 8 #06-980 SINGAPORE 530417	VEHICLE NO SHA 3406 T	DATE 06.08.2018
	MAKE HYUNDAI	INVOICE NO 8327
	MODEL SONATA	ACC DATE/TIME 21.06.2018 @ 21:25 HRS

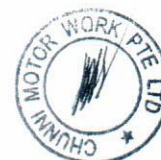
Cost of Repair \$ 8,000.00

Sub-total \$ 8,000.00

Add : 7 % - GST \$ 560.00

Total \$ 8,560.00

(SINGAPORE DOLLARS: EIGHT THOUSAND FIVE HUNDRED AND SIXTY ONLY)



[illegible]

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	22/06/2018 12:01
Date Of Accident	21/06/2018 21:25
Exact Location Of Accident	BENCOOLEN ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3406T
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	HYUNDAI
Model	SONATA
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	HO WEE CHEONG
NRIC No	S0052256B
Date Of Birth	24/07/1954
Occupation	OUTDOOR
Date Of Driving Pass	04/10/1973
Driving Experience	44 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96303923
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	408 09-1090 HOUGANG AVENUE 10
Postcode	530408
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	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

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	SHD1571B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ONG SWEE KWEE
NRIC/Passport Number	S0150480J
Contact Number	96921083
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT LEFT
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.

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



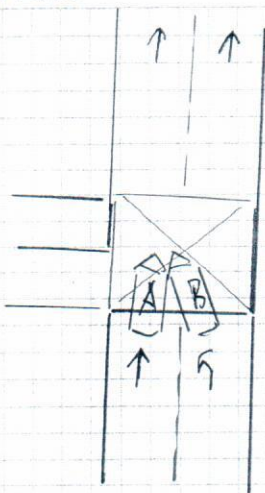
LISA DIONG

Policyholder's Signature
Date & Time: 22.06.2018

Driver's Signature
(If driver is not the policyholder)
Date & Time: 22.06.2018 @ 11:50Hrs

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

SKETCH PLAN



A-SHA 3406T

B-SHD 1571B (CT)

Along Bencoolen St

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21.06.2018 @ 21:25hrs,I was travelling along Bencoolen St.With no passenger on board.

I was on the extreme left lane,while trevelling straight.Out of sudden,veh (B) a comfort taxi,

cut into my lane and hit onto my taxi (A) right front portion.

No injury in this accident.

Veh (B) was driven by Mr.Ong Swee Kwee.Nric no:S 0150480J.Hp no:9692 1083.

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: 22.06.2018

Driver's Signature

(If driver is not the policyholder)

Date & Time: 22/06/2018 @ 11:50Hrs

LISA DIONG

Reporting Centre Personnel's Signature

Name: -

NRIC/FIN No.: