

Your Ref : SKA 6338B - SUM1803547
Our Ref : SHA 748B

Ng Cheong Keong 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

China Taiping Insurance (Singapore) Pte Ltd
3 Anson Road #16-00
Springleaf Tower
Singapore 079909

WITHOUT PREJUDICE

Dear Sir / Madam,

RE: ACCIDENT INVOLVING SHA 748B / SKA 6338B On 18.07.2018

ALONG Tampines Ave 3 Twds Tampines Ave 8

I am the owner/hirer of motor vehicle/taxi, SHA 748B, 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\$ 11,074.50
2) Loss of Rental	S\$ 1,130.00 (\$113 x 10 DAYS)
3) Loss of Income	S\$ 500.00 (\$50 x 10 DAYS)
4) GIA Report Fee	S\$
5) LTA Search Fee	S\$ 2.00
6) Survey Report Fee	S\$
	<u>S\$ 12,706.50</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

Ng Cheong Keong

TAX INVOICE

NG CHENG KEONG APT BLK 165 TAMPINES STREET 12 #04-323 SINGAPORE 521165	VEHICLE NO	DATE
	SHA 748 B	24.08.2018
	MAKE	INVOICE NO
	HYUNDAI	8406
	MODEL	ACC DATE/TIME
	I40	18.07.2018 @ 09:20 HRS

Cost of Repair \$ 10,350.00

Sub-total \$ 10,350.00

Add : 7 % - GST \$ 724.50

Total \$ 11,074.50

(SINGAPORE DOLLARS: ELEVEN THOUSAND AND SEVENTY FOUR AND CENTS
FIFTY ONLY)



LETTER OF AUTHORITY

To Whom It May Concern :

ACCIDENT INVOLVING SHA 748B / SKA 6338B

ALONG Tampines Ave 3 Twds Tampines Ave 8 ON 18.07.2018

I, Ng Cheong Keong, NRIC NO. S 1841135J of

Blk 165 Tampines Street 12 # 04-323 (S) 521165

Owner/hirer of motor vehicle Registration No SHA 748B, 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. SKA 6338B 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 : 18.07.2018

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	18/07/2018 15:38
Date Of Accident	18/07/2018 09:20
Exact Location Of Accident	TAMPINES AVE 3 TWDS TAMPINES AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA748B
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	GOH TEE KOON DAVID
NRIC No	S1738104J
Date Of Birth	22/07/1966
Occupation	OUTDOOR
Date Of Driving Pass	13/10/1988
Driving Experience	29 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96303029
Fax Number	
Contact Number	
EMail Address	LAYPENG105@YAHOO.COM

Address	BLK 670C EDGEFIELD PLAINS #08-646
Postcode	823670
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	2
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

REFER ATTACHED

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	SKA6338B
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM AH KEONG
NRIC/Passport Number	S2534417J
Contact Number	97529132
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH FRONT
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE


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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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

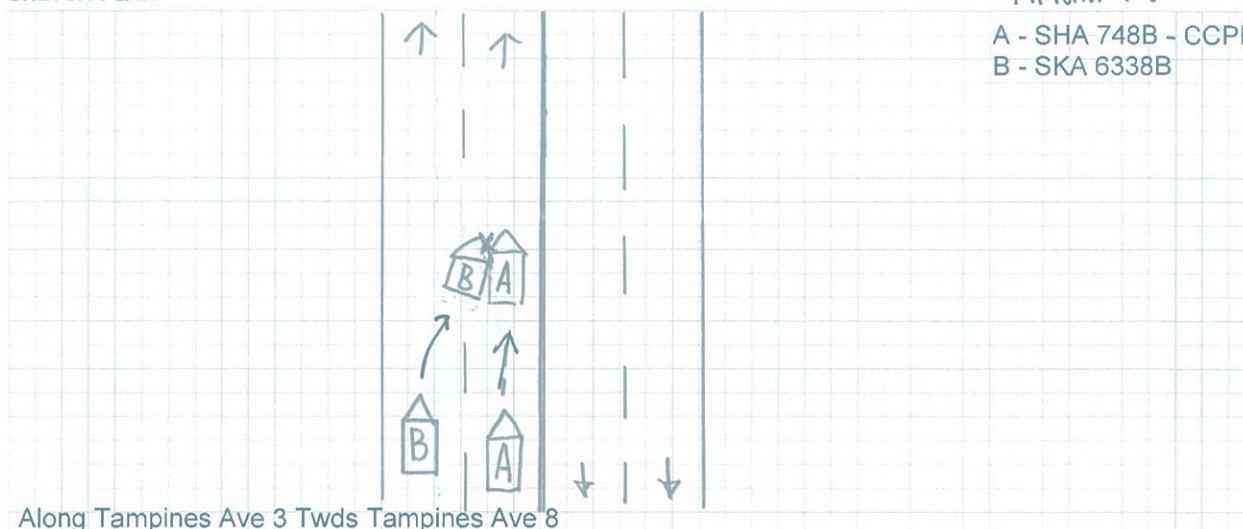

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

Amended on 21.07.2018 .

A - SHA 748B - CCPL
B - SKA 6338B



Along Tampines Ave 3 Twds Tampines Ave 8

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18.07.2018 at about ^{09:20} 14:30 hours I was travelling along Tampines Ave 3 heading
towards Tampines Ave 8 with no passenger onboard .
I was travelling straight heading towards tampines ave 8 , suddenly Veh B - SKA 6338B
cut into my lane from my Left and cause a collision .
My taxi A - SHA 748B Sustain damages on the front right portion .
No injury in this accident .
I have company video and photos at scene to support my claims .
Veh B - Mr Lim Ah Keong , I/C : S 1841135J H/P : 83897538
S2534417Z H/P: 9752 9132 ^{Lim}

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: ^{Lim} Regina Choo
NRIC/FIN No.:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MCD618092837 Vehicle Registration No: SHA748B
Name (as shown in NRIC) : GOH TEE KOON DAVID NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 18.07.2018 Time of Accident : 09:20
Place of Accident : TAMPINES AVE 3 TWDS TAMPINES AVE 8
Insurance Company: MS First Capital Insurance Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ACCIDENT DATE SHOULD READ AS 18.07.2018

- RE-ATTACHED SKETCH PLANS.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: JANET
NRIC/FIN No.: _____
Date: 21.07.2018

Invoice

<https://www.giarmc.org.sg/claims/index.cfm?fusebox=MTRsas&fusca...>**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-18-110053

Date of Request: 18/07/2018

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 18/07/2018
Enquiry By Chris Lim Gan Koon
TP Vehicle No. SKA6338B
Accident Date 18/07/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKA6338B	China Taiping Insurance (Singapore) Pte. Ltd.	06/01/2018-05/01/2019	6389 6111

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...>

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-18-110053

Date of Request: 18/07/2018

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 18/07/2018
Enquiry By Chris Lim Gan Koon
TP Vehicle No. SKA6338B
Accident Date 18/07/2018

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

SHA 748B

[illegible]

Our Ref: CC18070536



Date: 20 July 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 18/07/2018 @ 09:20 hrs
ALONG TAMPINES AVE 3 TWDS TAMPINES AVE 8
INVOLVING SKA6338B

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 **SHA0748B** (the "Taxi"). The Taxi was hired to **NG CHENG KEONG IC NO S1841135J** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$113.00** 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.