

CHUNNI MOTOR WORK
PTE LTD

Our Ref : SHC 8728 X (091018)

Your Ref : SHA 3141 G (III)

Date : 7 June 2019

M/S LKK Auto Consultants Pte Ltd
Blk 51 Paya Ubi Industrial Park
#02-25 Ubi Avenue 1
Singapore 408933

WITHOUT PREJUDICE

Attention : Joy Irene
Case Handler

Dear Sir/Madam

ACCIDENT INVOLVING SHC 8728 X & SHA 3141 G ALONG EAST COAST ROAD ON 09-10-2018

Your email of 04-06-2019 refers.

Strictly on a without prejudice basis and without any admission of liability, we confirm settlement for our client's property damage claim (Cost of repair and the loss of income and rental during the period of repair) at a global sum of \$17,755.00.

Please note that the settlement reached is strictly for the aforesaid property damage claim only and is without prejudice to the hirer of SHC 8728 X, Lim Lian Yeu's rights to claim damage for his injury against your insured, if any.

As requested, we return the attached Discharge Voucher duly executed together with the original Letter of Demand dated 03-12-2018 for your onward transmission.

Kindly expedite payment and forward us your cheque for the settlement sum of **\$17,755.00** made in favour of **M/s Chunni Motor Work Pte Ltd** as soon as possible.

Thank you.

Your faithfully

For **Chunni Motor Work Pte Ltd**

Claims Department

Enc

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MCT18100266
Claimant Ref: SHC 8728X

We/I, CHUNNI MOTOR WORK PTE LTD ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK AUTO CONSULTANTS PTE LTD (name of Surveyor) with respect to the amount claimed for S\$ 17,755.00 (GLOBAL SUM) S\$ - (loss of use/rental), S\$ - (search fee), vehicle no. SHC 8728X that was damaged pursuant to the accident which occurred on 09/10/18 (date) at EAST COAST ROAD (location) involving vehicle no. SHA 3141G (insured vehicle). This is pursuant to the inspection conducted on 10/10/18 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner COMFORT TRANSPORTATION PTE LTD ("the third party claimant") of vehicle no. SHC 8728X to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify India International Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to cost of repairs and/or rental and/or loss of use pursuant to the damage to SHC 8728X (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

We/I authorize you to pay the total amount of S\$ 17,755.00 to CHUNNI MOTOR WORK PTE LTD.

Dated this 7 day of June, 2019

CLAIMANT:

Signature:

Signed by "the workshop" (with chop)

Name:

NRIC:

Address:

Nationality:

Occupation:

Chunni Motor Work Pte Ltd
Blk 10 Ang Mo Kio Industrial Park 2A
AMK Autopoint #03-19
Singapore 568047
Tel: 8542-7182 Fax: 8542-8039
Co. Reg. No: 2009231100

WITNESS:

Signature:

Signed by appointed Surveyor

Name:

NRIC:

Address:

Nationality:

Occupation:

LKK AUTO CONSULTANTS PTE LTD

199607198R

51 UBI AVENUE 1 #01-25

PAYA UBI INDUSTRIAL PARK (S) 408933

"The contents of this document apply to vehicle damages only. All personal injuries and damages arising therefrom are excluded from the ambit and application of this document."

Your Ref : SHA 3141G
Our Ref : SHC 8728X

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

Date : 3/12/18

The Motor Claims Department

India G. HSK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Ind Park
Singapore 408933

WITHOUT PREJUDICE

Dear Sir / Madam,

RE: ACCIDENT INVOLVING SHC 8728X / SHA 3141G On 09.10.2018

ALONG East Coast Rd TWDS Mounbatten Rd (Roxy Square)

I am the owner/hirer of motor vehicle/taxi, SHC 8728X, 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
- 2) Loss of Rental
- 3) Loss of Income
- 4) GIA Report Fee
- 5) LTA Search Fee
- 6) Survey Report Fee

S\$	20,330.00
S\$	1,265.00 (\$15 x 11 days)
S\$	440.00 (\$40 x 11 days)
S\$	
S\$	
S\$	
S\$	
S\$	22,035.00

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

LIM LIAN YEU APT BLK 662 BUFFALO ROAD #24-16 SINGAPORE 210662	VEHICLE NO SHC 8728 X	DATE 27.11.2018
	MAKE HYUNDAI	INVOICE NO 8822
	MODEL I40	ACC DATE/TIME 09.10.2018 @ 15:55 HRS

Cost of Repair	\$ 19,000.00
Sub-total	\$ 19,000.00
Add : 7 % - GST	\$ 1,330.00
Total	<u>\$ 20,330.00</u>

(SINGAPORE DOLLARS: TWENTY THOUSAND THREE HUNDRED AND THIRTY ONLY)



LETTER OF AUTHORITY

To Whom It May Concern :

ACCIDENT INVOLVING SHC 8728X / SHA 3141G

ALONG East Coast Rd TWDS Mounbatten ON 09.10.2018
Rd (Roxy Square)

I, Lim Lian Yeu, NRIC NO. S 1432409G of
Blk 662 Buffalo Road #24-16 Singapore (210662)

Owner/hirer of motor vehicle Registration No SHC 8728X, 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 3141G 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 : 09.10.2018

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 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. 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	10/10/2018 08:50
Date Of Accident	09/10/2018 15:55
Exact Location Of Accident	EAST COAST RD TWDS MOUNBATTEN RD (ROXY SQUARE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8728X
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	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-18088936MFSH
Cover Note Number	

Driver

Name of Driver	LIM LIAN YEU
NRIC No	S1432409G
Date Of Birth	09/06/1960
Occupation	OUTDOOR
Date Of Driving Pass	30/11/1981
Driving Experience	36 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83489948
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 662 BUFFALO ROAD #24-16
Postcode	210662
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 TO REAR
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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 * 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	SHA3141G
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHAN CHER HIANG WILLIAM
NRIC/Passport Number	S1375052A
Contact Number	96163406
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT

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

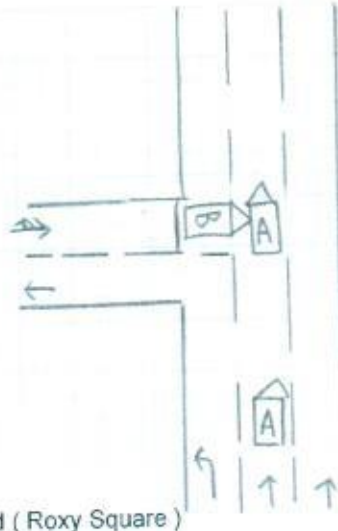
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 09.10.2018
@ 17:30hrs

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

SKETCH PLAN

A - SHC 8728X
B - SHA 3141G



East Coast Rd TWDS Mounbatten Rd (Roxy Square)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09.10.2018 at about 15:55 hours I was travelling along East Coast Rd Towards Mounbatten Rd
(Roxy Square) with One Male Passenger onboard .
I was travelling straight on the extreme left lane heading towards Mounbatten Road , Suddenly Veh B
(SHA 3141G) dash out from my left and collided into my taxi A - Whole left Portion .
As this accident took place too fast I could not take evasive action to prevent .
No injury in this accident .
I have company video and photos at scene to support my claims .
Veh B (SHA 3141G) - Mr Chan Cher Hiang William I/C : S 1375052A H/P : 9616 3406

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 09.10.2018
@ 17:30hrs

Reporting Centre Personnel's Signature
Name: Padma 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 : MCD618131282 Vehicle Registration No: SHC 8728X
Name (as shown in NRIC) : Lim Lian Yeu NRIC/FIN/Passport No : S 1432409G
(Vehicle Driver Vehicle Owner) (*) Please delete as appropriate
Address : Blk 662 Buffalo Road # 24-16 Singapore (210662)
Contact (Tel) : 6297 1630 Mobile No. : 8348 9948
Email Address : _____
Date of Accident : 09.10.2018 Time of Accident : 15:55 Hrs
Place of Accident : East Coast Road Twds Mountbatten Road (Roxy Square)
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:

Amend the third party vehicle category : remove the private car. 3P is 'taxi' & not 'private car'

P. Lim
Policyholder / Driver's Signature
Date: 10.10.2018

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

SHC 8728X

[illegible]

Our Ref: CT18100267

Date: 10 October 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	09/10/2018 @ 15:55 hrs
ALONG	EAST COAST RD TWDS MOUNBATTEN RD (ROXY SQUARE)
INVOLVING	SHA3141G

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 **SHC8728X** (the "Taxi"). The Taxi was hired to **LIM LIAN YEU IC NO S1432409G** 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 **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.