

Your Ref : SHB 4082G

Our Ref : SHB 6607E

Tay Chee Seng c/o

CHUNNI MOTOR WORK PTE LTD

Blk 10 Ang Mo Kio Industrial Park 2A

#03-19 AMK AutoPoint

Singapore 568047

Date : 06/12/18

The Motor Claims Department

LKK Auto Consultants P/L

51 Ubi Ave 1

#03-35, Ubi Industrial Park

Singapore 408933

WITHOUT PREJUDICE

Dear Sir / Madam,

RE: ACCIDENT INVOLVING SHB 6607E / SHB 4082G On 19.10.2018

ALONG Bayfront Ave TWDS Temesek Ave

I am the owner/hirer of motor vehicle/taxi, SHB 6607E, 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\$ 9,844.00
2) Loss of Rental	S\$ 1,388.86 (\$126.26 x 11 DAYS)
3) GIA Report Fee	S\$
4) LTA Search Fee	S\$
5) Survey Report Fee	S\$
	<u>S\$ 11,232.86</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 CCTV DISC

LETTER OF AUTHORITY

To Whom It May Concern :

ACCIDENT INVOLVING **SHB 6607E / SHB 4082G**

ALONG Bayfront Ave TWDS Temesek Ave ON 19.10.2018

I, Tay Chee Seng, NRIC NO. S 1409146G of
Blk 186C Rivervale Drive #07-802 Singapore (543186)

Owner/hirer of motor vehicle Registration No **SHB 6607E**, 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. **SHB 4082G** 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 : 19.10.2018

Signature :



(Company's chop if necessary)

CHUNNI MOTOR WORK
PTE LTD

TAX INVOICE

TAY CHEE SENG APT BLK 186C RIVERVALE DRIVE #07-802 SINGAPORE 543186	VEHICLE NO	DATE
	SHB 6607 E	30.11.2018
	MAKE	INVOICE NO
	HYUNDAI	8878
	MODEL	ACC DATE/TIME
	I40	19.10.2018 @ 10:05 HRS

Cost of Repair \$ 9,200.00

Sub-total \$ 9,200.00

Add : 7 % - GST \$ 644.00

Total \$ 9,844.00

(SINGAPORE DOLLARS: NINE THOUSAND EIGHT HUNDRED AND
FORTY-FOUR ONLY)



Our Ref: CT18100623

Date: 23 October 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 19/10/2018 @ 10:05 hrs
ALONG BAYFRONT AVE TOWARDS TEMASEK AVE
INVOLVING SHB4082G

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 **SHB6607E** (the "Taxi"). The Taxi was hired to **TAY CHEE SENG IC NO S1409146G** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate \$126.26 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.

[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 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	19/10/2018 15:05
Date Of Accident	19/10/2018 10:05
Exact Location Of Accident	BAYFRONT AVE TOWARDS TEMASEK AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6607E
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	TAY CHEE SENG
NRIC No	S1409146G
Date Of Birth	06/08/1960
Occupation	OUTDOOR
Date Of Driving Pass	25/02/1980
Driving Experience	38 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90088068
Fax Number	
Contact Number	
EMail Address	TAYCS186@YAHOO.COM.SG

Address	BLK 186C RIVERVALE DRIVE #07-802
Postcode	543186
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

PLS REFER TO 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	SHB4082G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MR PEH
NRIC/Passport Number	
Contact Number	98241354
Address	
Postcode	
Insurance Company Name	INDIA INTERNATIONAL INSURANCE PTE LTD
Nature Of Damage	RIGHT 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)**

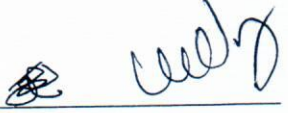
I understand, acknowledge, agree and consent that:

- (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.

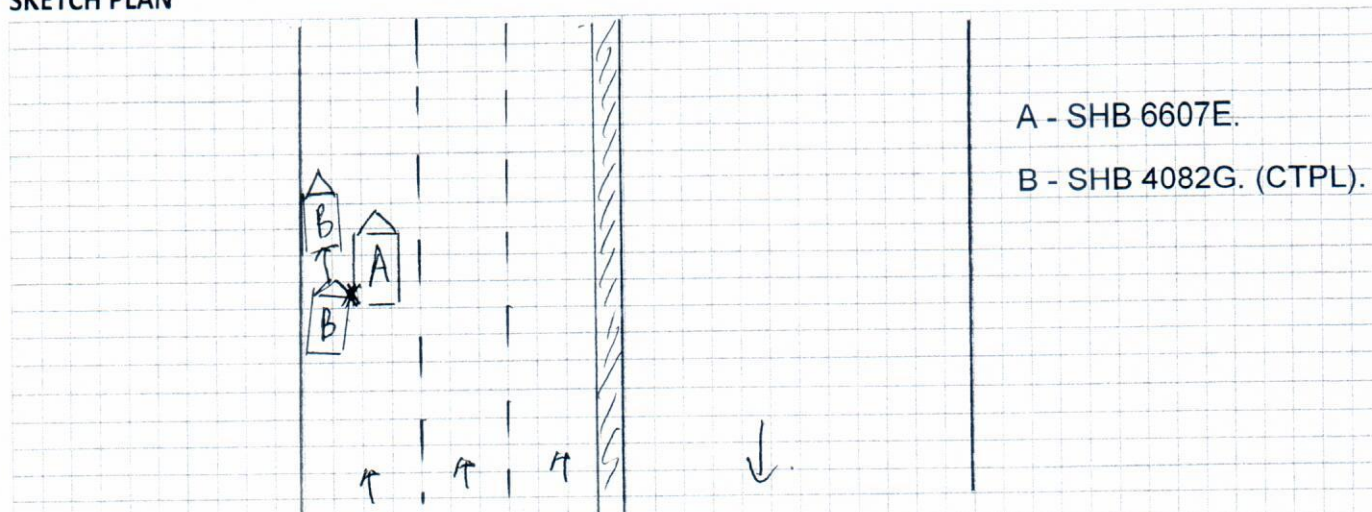
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 19.10.2018 @ 13:30 Hrs


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

SKETCH PLAN



Along Bayfront Ave Twds Temasek Ave.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 19.10.2018 at about 10:05 hrs, I was travelling along Bayfront Ave towards Temasek
Ave with no passenger on board.
I was travelling along extreme left lane. The vehicles in front stopped and I follow too. As I
came to a complete stop, suddenly I felt an impact on my rear left portion. I came to know that
veh (B) (SHB 4082G) hit my taxi (A) rear left portion.
Both of us then alighted and exchanged the particulars. I have company video fixed in my taxi
and photos taken at scene to support my claims.
Veh (B) (SHB 4082G). Mr. Peh. Hp : 9824 1354.
No injury in this accident.

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: 19.10.2018 @ 13:30 Hrs


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