SKS 4731S Your Ref: SHA 7181P Our Ref

Tor Puay Liang c/o

#### CHUNNI MOTOR WORK PTE LTD

Blk 10 Ang Mo Kio Industrial Park 2A #03-19 AMK AutoPoint

Singapore 568047

Date: 05/03/19

The Motor Claims Department

ALG To LUK puto Consultants Pte Ltd 51 Ulsi Ave 1 #01-25 Paya Ubi Inrepore 408 933

WITHOUT PREJUDICE

Dear Sir / Madam,

### RE: ACCIDENT INVOLVING SHA 7181P/SKS 4731S On 01.01.2019

### ALONG Mandai Rd x Junction Of SLE & Service Rd

I am the owner/hirer of motor vehicle/taxi, above-mentioned accident.

SHA 7181P

,which was involved in the

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 SS

1. 610.00 (\$115x 14 DAYS) S\$ (LIAC 41 XOZ \$ ) 00.005 S\$

SS

S\$

S\$

S\$ 17,129.50

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

Attrolyand CCTU DISC

### LETTER OF AUTHORITY

To Whom It	May Concern:					
ACCIDENT	INVOLV <u>ing</u> <b>Sha 7181</b>	P/SKS 4731S				
ALONG Mar	ndai Rd x Junction Of SLE	& Service Rd ON	01.01.2019			
I, Tor Puay	Liang	, NRIC NO	S 1346589D	of		
Blk 660D	Jurong West St 64 # 11-35	6 (S) 644660				
Owner/hirer o	of motor vehicle Registration	on No SHA 7181P	,insu	red by		
India Interna	tional Insurance Pte Ltd	under Policy No.	MCOM 0015			
do hereby aut	horize M/s <b>Chunni Motor</b>	Work Pte Ltd as my a	authorized representative to	o write,		
negotiate and	settle claim on my behalf is	n my claim against the	owner and/or Motor Vehic	cle		
Registration N	No. SKS 4731S	in respect of the al	pove mentioned accident.	I also		
hereby author	ize that the agreed settleme	ent sum ( cost of repair,	loss of use, earnings and r	ental,		
Survey report	fee, LTA fee & GIA report	t fee ) be made in favou	r of my representative, M/	's		
Chunni Moto	or Work Pte Ltd and that t	he said payment be for	warded to them as full and	final		
discharge of m	ıy claim.					
Dated:	01.01.2019	_				
Signature :	(Company's chan if noon					
(Company's chop if necessary)						

CHUNNI MOTOR WORK
PTE LTD

### **TAX INVOICE**

TOR PUAY LIANG	VEHICLE NO	DATE
APT BLK 660D JURONG WEST ST 64	SHA 7181 P	28.02.2019
#11-356	MAKE	INVOICE NO
SINGAPORE 644660	HYUNDAI	9399
	MODEL	ACC DATE/TIME
	140	01.01.2019 @ 10:30 HRS

Cost of Repair \$ 13,850.00

**Sub-total** \$ 13,850.00

Add: 7 % - GST \$ 969.50

**Total** \$ 14,819.50

(SINGAPORE DOLLARS: FOURTEEN THOUSAND EIGHT HUNDRED AND NINETEEN AND CENTS FIFTY ONLY)



Our Ref: CT19010020

Date: 11 January 2019



### TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

01/01/2019 @ 10:30 hrs

ALONG

MANDAI RD X JUNCTION OF SLE & SERVICE RD.

INVOLVING

SKS4731S

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 SHA7181P (the "Taxi"). The Taxi was hired to TOR PUAY LIANG IC NO S1346589D 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.

# SHA 7181P

DATE	NAME OF DRIVER MILEAGE READING		MILEAGE TRAVELLED	HOURS OPERATED (TIME)	
'0 C (0 0 0 1)			(KM)	FROM	TO
26.12.2018	TOR	312259	194	0330	222
26-12-18	T. S. KEE	312485	225	14.000	2:20
27-12-2018	TOR	312709	224		246
27-12-18	T. S. KEE	3/2978	268	14.000	, ,
28-12-2018	TOR	313143	16.7		
28-12-12	T. S. KEE	3/3378	234	0330	1120
29-12-2018	TOR	- 1 3 1 6 3	254		2.15
30-12-2018		313683	307	0216 2	321
31-12-2018	TOR	313901	218	0230	1211
	TOR	314078	177	0330 12	26
31-12-18	1. S. KEE	3/4373	294	14.00 0	2.15
111 2019	IN Lottong	work show	8.4	1030	-ya

# SHA 7181P

								Land Control of the
DATE	NAME OF DRIVER		NAME OF DRIVER MILEAGE READING		MILEAGE TRAVELLED	HOURS OPERATED (TIME)		
141/1/21 1	Ø11-4	-1	1			(KM)	FROM	ТО
19110019	our	of wo	2/6	Bha	7		Grac	16.20
							-	10.30
			-					



### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00

UEN: S66SS0020G / GST Reg. No.: M400017735

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

## **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MCD619000569 \_\_\_\_\_Vehicle Registration No: SHA 7181P Name(as shownin NRIC): Tor Puay Liang \_\_\_\_NRIC/FIN/PassportNo : S 1346589D \*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Address \_Singapore( Contact (Tel) \_\_\_\_\_ Mobile No.: 8185 3513 Email Address 01.01.2019 Date of Accident \_\_\_\_Time of Accident: 10:30hrs . Mandai Rd x Junction Of SLE & Service Rd Place of Accident Insurance Company: India International Insurance Pte Ltd (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Upload Police Report T/20190102/2081 and 4 days MC given by doctor.

Policyholder Driver' Date: 14.01.2019

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .: Date:



Police Station Of Origin: Kreta Ayer NPP 32 North Canal Road SINGAPORE 059282 Tel No: 1800-5359999

Date of Birth:

28/06/1959



Report No. T/20190102/2081

### REPORT OF A TRAFFIC ACCIDENT

Age:

59

Date/Time Report Made:

Sex:

Male

Date/Time Report Made: 02/01/2019 14:44	Vide Report No.: T/20190101/2073	Station Diary No.: 55
Informant's Particulars		
Name of Informant: TOR PUAY LIANG	Address: APT BLK 660D JURONG WE SINGAPORE 644660	EST STREET 64 #11-356
ID Type / ID No.: NRIC NO / S1346589D	Contact No.: Home/Office:	Mobile: 81853513
Nationality: SINGAPORE CITIZEN	Email:	

Vide Report No.:

Chinese	•	Language: English	Institution / School Name:
Occupation:		Driving Licence Information:	
Taxi driver		Class: 3	Date of Expiry:

Type of Informant:

Driver

General Informa	tion of the Accident		e de la secolo de la companya de la	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/01/2019 10:35	Type of Location: X-Junction
MANDAI ROAD SELETAR EXPR	aveling Toward Road RESSWAY andai Road and Service		dlands)	
Weather: Clear		Road Surface:		Road Speed Limit: 70 Km/h
Traffic Flow: Traffic Control: One Way Traffic Light - Working				Traffic Volume: Moderate
Type of Collision Between Moving	: Vehicles - Head To S	ide		Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA7181P	Car				Seriously Damaged	CHARLES AND ADDRESS OF THE PARTY OF THE PART
SKS4731S	Car				Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





T/20190102/2081

2 of 3

Report No. T/20190102/2081

Police Station Of Origin: Kreta Ayer NPP 32 North Canal Road SINGAPORE 059282 Tel No: 1800-5359999

CONTINUATION OF REPORT

Driver	Section of the Property of the Contract of the	Substitute Administration of the	The state of the	ALCOHOLD STA	• Big Drown B. California
Name .	TOR PUAY LIANG		ID No	).	S1346589D
Related Vehicle	SHA7181P (Car)			act No.	81853513
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class Drivin Licend Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	01/01/2019	Date Disch			/2010
No. of Days grant	ed Medical Leave 04	Degree of		Slight	/2019

### Brief Details.

On 01/01/2019 at about 1035hrs, I was driving my taxi registration number SHA7181P to Nee Soon along Mandai Road with 02 male passengers. At that moment of time, the traffic condition was moderate and it was not raining. There were road works going at lane 3 (total 4 lanes going straight excluding a filter lane to enter SLE Woodlands) before the X-junction and after the junction. I was at lane 4 going straight.

The traffic light shows green and I proceeded to cross the junction. Out of a sudden while crossing, a car registration number SKS4731S driven by one namely Hendry (Hp. 96624917) collided on my front right. I could not react prior to that as I did not expect any vehicle to make a right turn from my right on a straight directional arrow lane. We then alight to exchange particulars. I explained that the arrow is for going straight but he insist that I was wrong. I wish to state that the said road which defendant wants to enter is for road user from Mandai Road (towards BKE). After the incident, I felt pain on my chest and neck due the impact. I also feels like vomiting decided to proceed to the hospital for check ups. I went to Mount Alvernia and was discharge on the same day with 4 days of MC.

My Taxi Company then retrieve the in car camera footage and it shows that the traffic light was in my favor and the other party and turn right colliding onto me when I was driving straight. I am lodging this report to make amendment to the previous report.





Police Station Of Origin: Kreta Ayer NPP 32 North Canal Road SINGAPORE 059282 Tel No: 1800-5359999 3 of 3 Report No. T/20190102/2081

**CONTINUATION OF REPORT** 

#### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: A / Sgt 2 LOO CHIN HWEE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/01/2019 14:44
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
Contact No.: 65476391  Authentication Stamp	