

Your Ref : SKS 4731S
Our Ref : SHA 7181P

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

AGG to LHK 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 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, SHA 7181P, 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	SS	14,819.50
2) Loss of Rental	SS	1,610.00 (\$115 x 14 DAYS)
3) Loss of Income	SS	700.00 (\$50 x 14 DAYS)
4) GIA Report Fee	SS	
5) LTA Search Fee	SS	
6) Survey Report Fee	SS	
	SS	<u>17,129.50</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

CHUNNI MOTOR WORK
PTE LTD

TAX INVOICE

TOR PUAY LIANG APT BLK 660D JURONG WEST ST 64 #11-356 SINGAPORE 644660	VEHICLE NO SHA 7181 P	DATE 28.02.2019
	MAKE HYUNDAI	INVOICE NO 9399
	MODEL I40	ACC DATE/TIME 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)



LETTER OF AUTHORITY

To Whom It May Concern :

ACCIDENT INVOLVING SHA 7181P/SKS 4731S

ALONG Mandai 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 # 11-356 (S) 644660

Owner/hirer of motor vehicle Registration No SHA 7181P, insured by
India International Insurance Pte Ltd under Policy No. MCOM 0015

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. SKS 4731S 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 : 01.01.2019

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	02/01/2019 16:08
Date Of Accident	01/01/2019 10:30
Exact Location Of Accident	MANDAI RD X JUNCTION OF SLE & SERVICE RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7181P
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	TOR PUAY LIANG
NRIC No	S1346589D
Date Of Birth	28/06/1959
Occupation	OUTDOOR
Date Of Driving Pass	16/02/1981
Driving Experience	37 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81853513
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 660D JURONG WEST STREET 64 #11-356
Postcode	644660
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20190101/2073 * 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	SKS4731S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	HENRY
NRIC/Passport Number	
Contact Number	96624917
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TOR PUAY LIANG
Approximate Age	
Injuries Sustain	RIGHT HAND, CHEST AND GIDDINESS
Injured person in which vehicle?	SHA7181P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

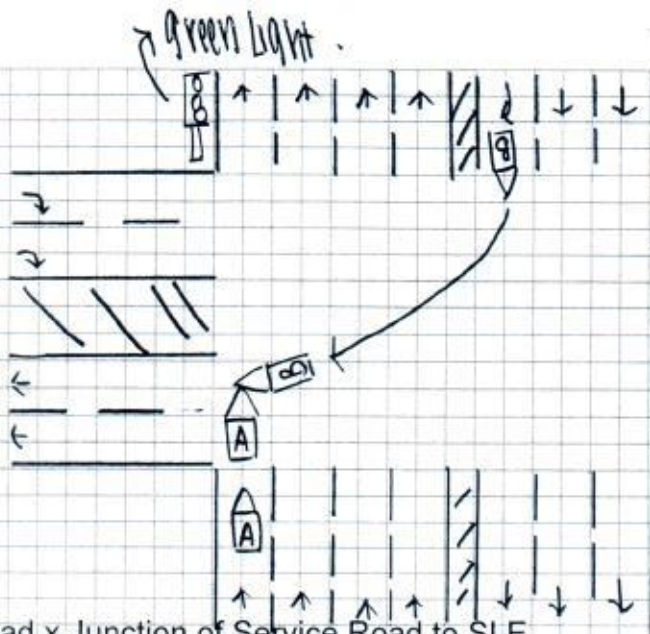
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 02.01.2019@ 11:30HRS


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

SKETCH PLAN



7181P

A - SHA 7818P

B - SKS 4731S

Along Mandai Road x Junction of Service Road to SLE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report : T/20190101/2073

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: 02.01.2019@ 11:30HRS

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190101/2073

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20190101/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2019 16:57		Vide Report No.:		Station Diary No.: 115	
Informant's Particulars					
Name of Informant: TOR PUAY LIANG			Address: APT BLK 660D JURONG WEST STREET 64 #11-356 SINGAPORE 644660		
ID Type / ID No.: NRIC NO / S1346589D			Contact No.: Home/Office: Mobile: 81853513		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 28/06/1959	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/01/2019 10:35	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 MANDAI ROAD SELETAR EXPRESSWAY X-Junction of Mandai Road and service road to SLE (Woodlands)				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA7181P	Car	HYUNDAI	I40	Blue	Seriously Damaged	2
SKS4731S	Car	NISSAN	QASHQAI	Brown	Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190101/2073

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3

Report No. T/20190101/2073

CONTINUATION OF REPORT

Driver			
Name	TOR PUAY LIANG	ID No.	S1346589D
Related Vehicle	SHA7181P (Car)	Contact No.	81853513
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/01/2019	Date Discharge	01/01/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

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 left turn from my right on a straight directional arrow lane. We then alight to exchange particulars. He then blame me of not turning left to SLE Woodlands. 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.



**SINGAPORE
POLICE FORCE**



T/20190101/2073

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3



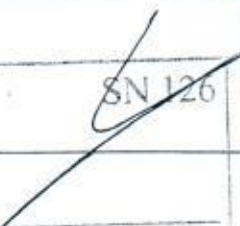
Report No. T/20190101/2073

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: J / Sgt 3 SUFYANRAFIE BIN SUKAIME	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/01/2019 16:57
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
Contact No.: 	
Authentication Stamp NP168 Signature:  Singapore Police Force	

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 : MCD619000569 Vehicle Registration No: SHA 7181P
Name (as shown in NRIC) : Tor Puay Liang NRIC/FIN/Passport No : S 1346589D
***Vehicle Driver / Vehicle Owner** (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 8185 3513
Email Address : _____
Date of Accident : 01.01.2019 Time of Accident : 10:30hrs
Place of Accident : Mandai Rd x Junction Of SLE & Service Rd
Insurance Company : India International Insurance Pte 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:

Upload Police Report T/20190102/2081 and 4 days MC given by doctor.

Policyholder **Driver** Signature
Date: 14.01.2019

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



**SINGAPORE
POLICE FORCE**

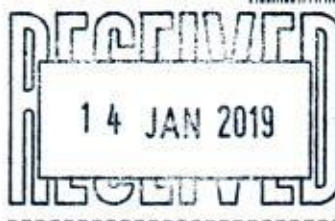
Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999



T/20190102/2081

1 of 3

Report No. T/20190102/2081



REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2019 14:44	Vide Report No.: T/20190101/2073	Station Diary No.: 55
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Informant's Particulars			
Name of Informant: TOR PUAY LIANG		Address: APT BLK 660D JURONG WEST STREET 64 #11-356 SINGAPORE 644660	
ID Type / ID No.: NRIC NO / S1346589D		Contact No.: Home/Office: Mobile: 81853513	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 28/06/1959	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/01/2019 10:35	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 MANDAI ROAD SELETAR EXPRESSWAY X-Junction of Mandai Road and Service road to SLE (Woodlands)				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA7181P	Car				Seriously Damaged	2
SKS4731S	Car				Seriously Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20190102/2081

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

2 of 3

Report No. T/20190102/2081

CONTINUATION OF REPORT

Driver			
Name	TOR PUAY LIANG	ID No.	S1346589D
Related Vehicle	SHA7181P (Car)	Contact No.	81853513
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/01/2019	Date Discharge	01/01/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

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.



**SINGAPORE
POLICE FORCE**



T/20190102/2081

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 Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Contact No.: 65476391

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

02/01/2019 14:44

Classification Of Case:

SHA 7181P

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
				FROM	TO
26.12.2018	TOR	312259	194	0330	1222
26-12-18	T. S. KEE	312485	225	14.00	02.20
27-12-2018	TOR	312709	224	0330	1246
27-12-18	T. S. KEE	312978	268	14.00	02.20
28-12-2018	TOR	313143	166	0330	1120
28-12-12	T. S. KEE	313378	234	14.20	02.15
29-12-2018	TOR	313683	307	0216	2321
30-12-2018	TOR	313901	218	0230	1211
31-12-2018	TOR	314078	177	0330	1226
31-12-18	T. S. KEE	314373	294	14.00	02.15
11/1/2019	In Lohman work shop			1030	on

SHA 7181P

[illegible]

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.