

Your Ref : SHD 4852R  
Our Ref : SHD 3605U

**How Koon Yong 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

India's LKK Auto Consultants Pte Ltd  
51 Ubi Ave 1 #01-25  
Paya Ubi Ind Park  
Singapore 408933

**WITHOUT PREJUDICE**

Dear Sir / Madam,

**RE: ACCIDENT INVOLVING SHD 3605U/SHD 4852R On 11.01.2019**

**ALONG Slip Rd From PIE Twds CTE**

I am the owner/hirer of motor vehicle/taxi, SHD 3605U, 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:

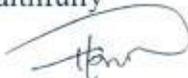
|                      |                                   |
|----------------------|-----------------------------------|
| 1) Cost of Repair    | S\$ 20,330.00                     |
| 2) Loss of Rental    | S\$ 2,382.60 (\$125.40 x 19 DAYS) |
| 3) Loss of Income    | S\$ 280.00 (\$40 x 7 DAYS)        |
| 4) GIA Report Fee    | S\$                               |
| 5) LTA Search Fee    | S\$                               |
| 6) Survey Report Fee | S\$                               |
|                      | <u>S\$ 22,992.60</u>              |

We enclose herewith the following relevant supporting documents :

- Authorisation Letter
- Final repair bill(s)
- LTA Search
- GIA report(s)
- Insurance Certificate

Kindly look into the matter and revert as soon as possible. Thank you.

Yours faithfully



Attached CTR Disc

**TAX INVOICE**

|   |                          |   |
|---|--------------------------|---|
| HOW KOON YONG<br>APT BLK 632 PASIR RIS DRIVE 3<br>#08-400<br>SINGAPORE 510632 | VEHICLE NO<br>SHD 3605 U | DATE<br>28.02.2019                      |
|   | MAKE<br>TOYOTA           | INVOICE NO<br><b>9400</b>               |
|   | MODEL<br>PRIUS           | ACC DATE/TIME<br>11.01.2019 @ 23:15 HRS |

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

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



## LETTER OF AUTHORITY

To Whom It May Concern :

ACCIDENT INVOLVING **SHD 3605U/SHD 4852R**

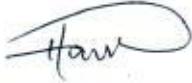
ALONG Slip Rd From PIE Twds CTE ON 11.01.2019

I, How Koon Yong, NRIC NO. S 1804551F of  
Blk 632 Pasir Ris Drive 3 # 08-400 Singapore 510632

Owner/hirer of motor vehicle Registration No SHD 3605U, 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. SHD 4852R 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 : 11.01.2019

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             | 12/01/2019 09:19          |
| Date Of Accident           | 11/01/2019 23:15          |
| Exact Location Of Accident | SLIP RD FROM PIE TWDS CTE |
| Country/State of Loss      | SINGAPORE                 |

### DETAILS OF OWN VEHICLE

|                             |                                |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHD3605U                       |
| <b>Insured/Policyholder</b> |                                |
| 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   | TOYOTA      |
| Model  | PRIUS       |
| 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       | HOW KOON YONG             |
| NRIC No              | S1804551F                 |
| Date Of Birth        | 09/07/1967                |
| Occupation           | OUTDOOR                   |
| Date Of Driving Pass | 22/06/1988                |
| Driving Experience   | 30 YEARS AND 6 MONTHS     |
| Gender               | MALE                      |
| Mobile Number        | (LOCAL) +65-81199118      |
| Fax Number           |                           |
| Contact Number       |                           |
| EMail Address        | FRANCISHOWMW@YAHOO.COM.SG |

|   |                                   |
|---|-----------------------------------|
| Address   | BLK 632 PASIR RIS DRIVE 3 #08-400 |
| Postcode  | 510632                            |
| 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 (including own vehicle) 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)   | 3                             |
| Passenger 1   | NAME: : -<br>GENDER: : MALE   |
| Passenger 2   | NAME: : -<br>GENDER: : FEMALE |

#### 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 | SHD4852R |
| Vehicle Make/Model/Colour   |          |
| Details Of Properties       |          |
| Vehicle Category            | TAXI     |
| Name of Driver              |          |
| NRIC/Passport Number        |          |
| Contact Number              |          |
| Address                     |          |

Postcode

Insurance Company Name

INDIA INTERNATIONAL INSURANCE PTE LTD

Nature Of Damage

REAR RIGHT

No. Of Passenger (Including Driver)

## IMPORTANT NOTICE

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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)**

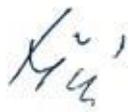
I understand, acknowledge, agree and consent that:

- (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

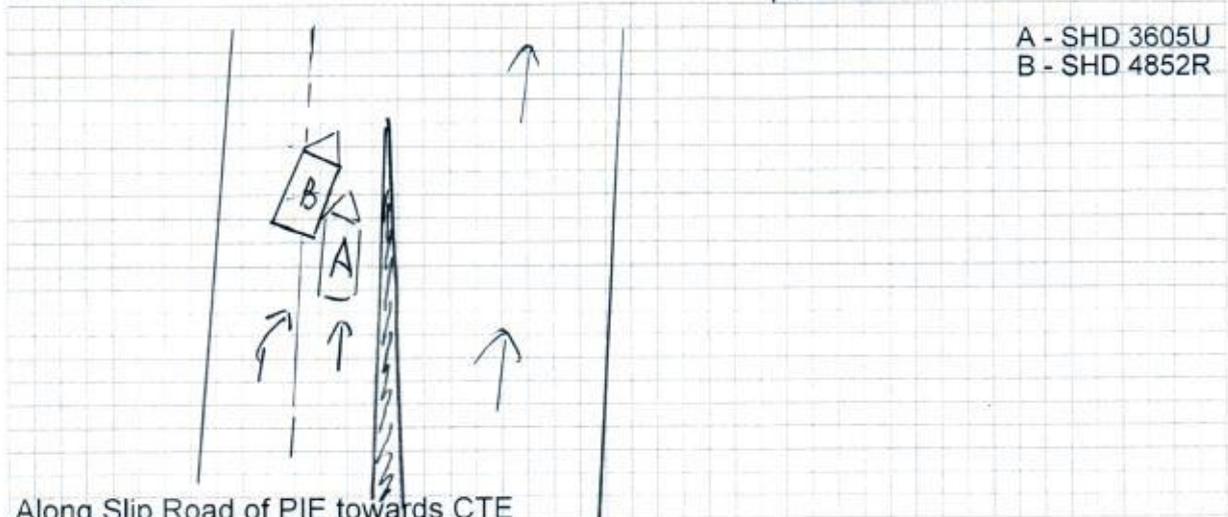
Policyholder's Signature  
Date & Time: 12 JAN 2019

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 12 JAN 2019

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

SKETCH PLAN

*Amended on 14.01.19.*



Along Slip Road of PIE towards CTE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

|  |
|--|
| On 11.01.2019 at about 23:15 hours I was travelling along Slip Road of PIE             |
| towards CTE with One Male and One Female Passenger onboard .                           |
| While travelling straight , suddenly Veh B ( SHD 4852R ) cut into my lane and collided |
| into my taxi A - Front Left Portion .  |
| As it took place too fast I could not take evasive action to prevent .                 |
| After the accident my taxi sustain damages on the Front Left Portion .                 |
| I have company video and photos at scene to support my claims .                        |
| Veh B (SHD 4852R) - Male Driver  |
|  |
|  |
|  |
|  |
|  |
|  |

DECLARATION

COMFORT TRANSPORTATION PIET LTD  
CO. REG. NO. 199303821R  
The above statements are true in every respect.

Policyholder's Signature  
Date & Time: 12 JAN 2019

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 12 JAN 2019

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

@ M. OFINT

**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 : MCD619005166 Vehicle Registration No: SHD3605U

Name (as shown in NRIC) : HOW KOON YONG NRIC/FIN/Passport No : S1804551F

(\*Vehicle Driver)  Vehicle Owner (\*) Please delete as appropriate

Address : BLK 632 PASIR RIS DRIVE 3 #08-400 Singapore(510632)

Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Email Address : \_\_\_\_\_

Date of Accident : 11/01/2019 Time of Accident : 23:15

Place of Accident : SLIP RD FROM PIE TWDS CTE

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:

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Amended accident statement : Vehicle B(SHD4852R) instead Vehicle B(SHD3605U)

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\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:



\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: xiaoyan  
NRIC/FIN No.: \_\_\_\_\_  
Date: 14.01.2019



Our Ref: CT19010299

Date: 22 January 2019



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON            11/01/2019 @ 23:15 hrs  
ALONG                    SLIP RD FROM PIE TWDS CTE  
INVOLVING              SHD4852R

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 **SHD3605U** (the "Taxi"). The Taxi was hired to **HOW KOON YONG IC NO S1804551F** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.40** 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.