

Your Ref : SHD 6512J
Our Ref : SHD 4494R

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

Hsiao Tong

Date : 10/04/19

India G/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 4494R/SHD 6512J On 09.02.2019

ALONG Yio Chu Kang Rd twds Tampines Exp

I am the owner/hirer of motor vehicle/taxi, SHD 4494R, 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\$ 16,050.00
2) Loss of Rental	S\$ 1,768.50 (\$98.25 x 18 days)
3) Loss of Income	S\$ 720.00 (\$40 x 18 days)
4) GIA Report Fee	S\$
5) LTA Search Fee	S\$
6) Survey Report Fee	S\$
	<u>S\$ 18,538.50</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



CHUNNI MOTOR WORK
PTE LTD

TAX INVOICE

LEE KENG HENG APT BLK 298B COMPASSVALE STREET #07-150 SINGAPORE 542298	VEHICLE NO	DATE
	SHD 4494 R	05.04.2019
	MAKE	INVOICE NO
	HYUNDAI	9591
	MODEL	ACC DATE/TIME
	SONATA	09.02.2019 @ 06:00 HRS

Cost of Repair \$ 15,000.00

Sub-total \$ 15,000.00

Add : 7 % - GST \$ 1,050.00

Total \$ 16,050.00

(SINGAPORE DOLLARS: SIXTEEN THOUSAND AND FIFTY ONLY)



LETTER OF AUTHORITY

To Whom It May Concern :

ACCIDENT INVOLVING **SHD 4494R/SHD 6512J**


ALONG Yio Chu Kang Rd twds Tampines Exp ON 09.02.2019

I, Lee Keng Heng, NRIC NO. S 1150260A of
Blk 298B Compassvale Street # 07-150 (S) 542298

Owner/hirer of motor vehicle Registration No **SHD 4494R**, 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 6512J** 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 : 09.02.2019

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	11/02/2019 16:27
Date Of Accident	09/02/2019 06:00
Exact Location Of Accident	YIO CHU KANG RD TWDS TAMPINES EXP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4494R
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	SONATA
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	TAY EE PIN
NRIC No	S1466315J
Date Of Birth	05/04/1961
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1980
Driving Experience	38 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98355842
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	206A #14-65 COMPASSVALE LANE
Postcode	541206
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 - CROSS JUNCTION
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?	YES
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	PASIR RIS NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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	SHD6512J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAY EE PIN

Approximate Age

57

Injuries Sustain

NECK,SHOULDER,ELBOW

Injured person in which vehicle?

SHD4494R

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

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: 11.02.2019
@ 13:00 hrs

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

SKETCH PLAN

A - SHD 4494R
B - SHD 6512J

Refer to Attachement

Along Yio Chu Kang TWDS Airport

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/ 20190209/2071

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: 11.02.2019
@ 13:00 hrs

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

Toward
KPE

SHD 4494 R

Y10 CHU KANG Rd

Accident

9/2/19 6 am to 6.05 am

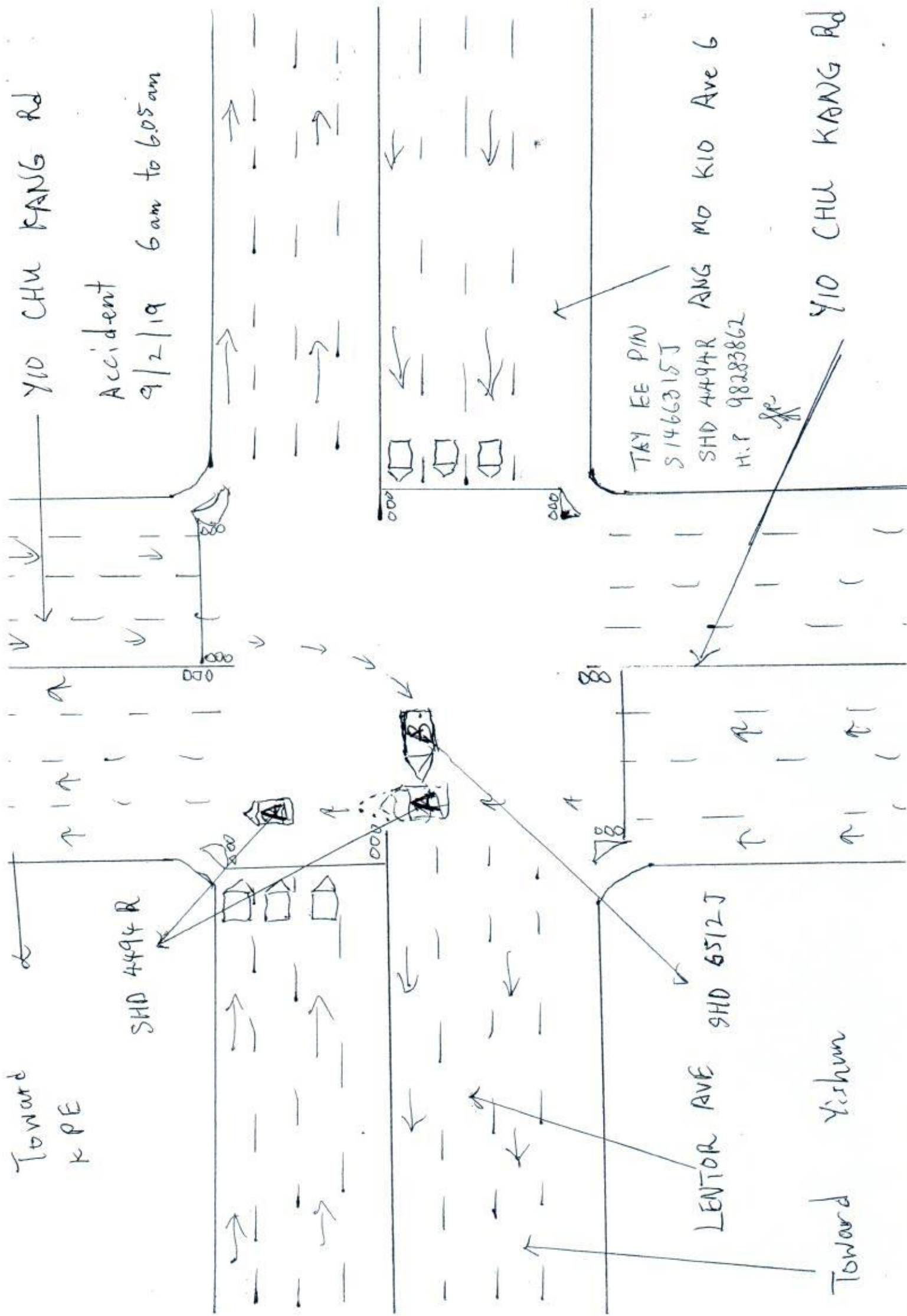
LENTOR AVE
GHD 6512J

SHD 4494R ANG MO KIO Ave 6

H: P 98283862

Toward Vishnu

Y10 CHU KANG RD





SINGAPORE POLICE FORCE



T/20190209/2071

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20190209/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/02/2019 13:21	Vide Report No.:	Station Diary No.: 39
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Informant's Particulars			
Name of Informant: TAY EE PIN		Address: APT BLK 206A COMPASSVALE LANE #14-65 SINGAPORE 541206	
ID Type / ID No.: NRIC NO / S1466315J		Contact No.: Home/Office: Mobile: 98283862	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 57	Date of Birth: 05/04/1961	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/02/2019 06:00	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 YIO CHU KANG ROAD TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD4494R	TAXI				Seriously Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20190209/2071

2 of 3

Report No. T/20190209/2071

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

CONTINUATION OF REPORT

Driver			
Name	TAY EE PIN	ID No.	S1466315J
Related Vehicle	SHD4494R (TAXI)	Contact No.	98283862
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/02/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Passenger			
Name	RAJIV BHANDARI	ID No.	NIL
Related Vehicle	SHD4494R (TAXI)	Contact No.	91251765
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 09/02/2019 at about 0600hrs I was travelling along Yio Chu Kang Rd towards TPE in my Taxi bearing the plate number SHD4494R. I was travelling straight when another Taxi hit me from the right at my driver door. My Taxi suffered damages at the right driver and passenger door and my right tire was dented as well. TP and ambulance was at scene and I was being conveyed by ambulance. I suffered numbness on my right elbow and also pain on my neck and shoulder. I was not able to get the other Taxi number plate as I was conveyed by ambulance to Khoo Teck Puat Hospital. No one else was injured during the collision. I am a Taxi Driver from Comfort Delgro.



**SINGAPORE
POLICE FORCE**



T/20190209/2071

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20190209/2071

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:

G /

Sgt 2 MUHAMMAD SYAZWAN BIN SHAIBANI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/02/2019 13:21

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

Classification Of Case:

Authentication Stamp

NP168



SIGNATURE

SND HNG4R

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
				FROM	TO
06 02 19	K H LEE	8 0 7 7 1 3	185	1243	1944
6/2/19	E. P. TAY	8 0 7 9 8 8	275	10.30 ^{pm}	7.15 ^{am}
07 02 19	K H LEE	8 0 8 1 1 8	130	1123	1703
7/2/19	E. P. TAY	8 0 8 4 0 9	291	6.45 ^{pm}	6.30 ^{am}
08 02 19	K H LEE	8 0 8 4 9 4	85	0802	1230
09 FEB 2019	Lee Keng Heng	Accident	In	06:00	17:30
26 FEB 2019	Lee Keng Heng	Repair	Out	17:30	17:30

Our Ref: CT19020298

Date: 13 February 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	09/02/2019 @ 06:00 hrs
ALONG	YIO CHU KANG RD TWDS TAMPINES EXP
INVOLVING	SHD6512J

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 **SHD4494R** (the "Taxi"). The Taxi was hired to **LEE KENG HENG IC NO S1150260A** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$98.25** 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.