

Joy

Our Ref : SHC 2151 Z (200219)

Your Ref : SHC 8085 S (III)

Date : 06-07-2019

M/S LKK Auto Consultants Pte Ltd
Blk 51 Paya Ubi Industrial Park
#02-25
Ubi Avenue 1
Singapore 408933

WITHOUT PREJUDICE

Attention : Joy Irene
Case Handler

Dear Sir/Madam

ACCIDENT INVOLVING SHC 2151 Z AND SHC 8085 S ALONG JOO CHIAT ROAD ON 20-02-2019

Your email of 05-07-2019 refers.

Strictly on a without prejudice basis and without any admission of liability, we confirm settlement for our client's property damage claim (Cost of repair and the loss of rental & income during the period of repair) at a global sum of \$11,050.00.

Please note that the settlement reached is strictly for the aforesaid property damage claim only and is without prejudice to the relief driver of SHC 2151 Z, Lim Ing Teck's rights to claim damage for his injury against your principals, M/s India International Insurance Pte Ltd and /or their insured, if any.

As requested, we return the attached Discharge Voucher duly executed together with the original Letter of Demand & enclosures for your onward transmission.

Kindly expedite payment and forward us your cheque for the settlement sum of **\$11,050.00** made in favour of **M/s Chunni Motor Work Pte Ltd** as soon as possible.

Thank you.

Your faithfully

For **Chunni Motor Work Pte Ltd**

Claims Department

Enc

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MCT19020574
Claimant Ref: SHC 2151Z

We/I, CHUNNI MOTOR WORK PTE LTD ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK AUTO CONSULTANTS PTE LTD (name of Surveyor) with respect to the amount claimed for S\$ 11,050.00 (GLOBAL SUM) (repair cost), S\$ - (loss of use/rental), S\$ - (search fee), vehicle no. SHC 2151Z that was damaged pursuant to the accident which occurred on 20/02/19 (date) at JOO CHIAT ROAD (location) involving vehicle no. SHC 8085S (insured vehicle). This is pursuant to the inspection conducted on 21/02/19 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner COMFORT TRANSPORTATION PTE LTD ("the third party claimant") of vehicle no. SHC 2151Z to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify India International Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to cost of repairs and/or rental and/or loss of use pursuant to the damage to SHC 2151Z (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

We/I authorize you to pay the total amount of S\$ 11,050.00 to CHUNNI MOTOR WORK PTE LTD.

Dated this day of - 6 JUL 2019 20

CLAIMANT:

Signature: _____

Signed by "the workshop" (with chop)

Name: _____

NRIC: _____

Address: _____

Nationality: _____

Occupation: _____

WITNESS:

Signature: _____

Signed by appointed Surveyor

Name: _____

NRIC: _____

Address: _____

Nationality: _____

Occupation: _____

LKK AUTO CONSULTANTS PTE LTD

199607198R

51 UBI AVENUE 1 #01-25

PAYA UBI INDUSTRIAL PARK (S) 408933

"The contents of this document apply to vehicle damages only. All personal injuries and damages arising therefrom are excluded from the ambit and application of this document."

Your Ref : SHC 8085S
Our Ref : SHC 2151Z

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

Date : 10/04/19

UPC
The Motor Claims Department
India c/o Auto Consultants Pte Ltd
51 Ubi Ave 1 # 01-25
Paya Ubi Ind Park
Singapore 408933

WITHOUT PREJUDICE

Dear Sir / Madam,

RE: ACCIDENT INVOLVING SHC 2151Z/SHC 8085S On 20.02.2019

ALONG Joo Chiat Rd twds East Coast Rd

I am the owner/hirer of motor vehicle/taxi, SHC 2151Z, 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\$ 9,416.00
2) Loss of Rental	S\$ 1,752.66 (\$125.19 x 14 days)
3) Loss of Income	S\$ 560.00 (\$40 x 14 days)
4) GIA Report Fee	S\$
5) LTA Search Fee	S\$
6) Survey Report Fee	S\$
	<u>S\$ 11,728.66</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



TAX INVOICE

ONG CHENG CHWEE APT BLK 418 FAJAR ROAD #09-443 SINGAPORE 670418	VEHICLE NO	DATE
	SHC 2151 Z	08.04.2019
	MAKE	INVOICE NO
	HYUNDAI	9593
	MODEL	ACC DATE/TIME
	IONIQ	20.02.2019 @ 02:40 HRS

Cost of Repair

\$ 8,800.00

Sub-total

\$ 8,800.00

Add : 7 % - GST

\$ 616.00

Total

\$ 9,416.00

(SINGAPORE DOLLARS: NINE THOUSAND FOUR HUNDRED AND SIXTEEN ONLY)



LETTER OF AUTHORITY

To Whom It May Concern :

ACCIDENT INVOLVING SHC 2151Z/SHc 8085S

ALONG Joo Chiat Rd twds East Coast Rd ON 20.02.2019

I, Ong Cheng Chwee, NRIC NO. S 0964545D of
Blk 418 Fajar Rd # 09-443 Singapore 670418

Owner/hirer of motor vehicle Registration No SHC 2151Z, 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. SHC 8085S 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 : 20.02.2019

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 20/02/2019 17:12
Date Of Accident 20/02/2019 02:40
Exact Location Of Accident JOO CHIAT RD TWDS EAST COAST RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC2151Z
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 IONIQ HYBRID

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 LIM ING TECK
NRIC No S1720269C
Date Of Birth 04/11/1965
Occupation OUTDOOR
Date Of Driving Pass 15/08/1986
Driving Experience 32 YEARS AND 6 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-81383603
Fax Number
Contact Number
Email Address INGTECKLIM28@GMAIL.COM

Address	BLK 436 FAJAR ROAD #08-396
Postcode	670436
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 - OPENING DOOR OF VEHICLE
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)	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 / Type Of Accident : 3P OPEN DOOR

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	SHC8085S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MR CHUA
NRIC/Passport Number	
Contact Number	88114949
Address	
Postcode	
Insurance Company Name	INDIA INTERNATIONAL INSURANCE PTE LTD
Nature Of Damage	LEFT REAR DOOR
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

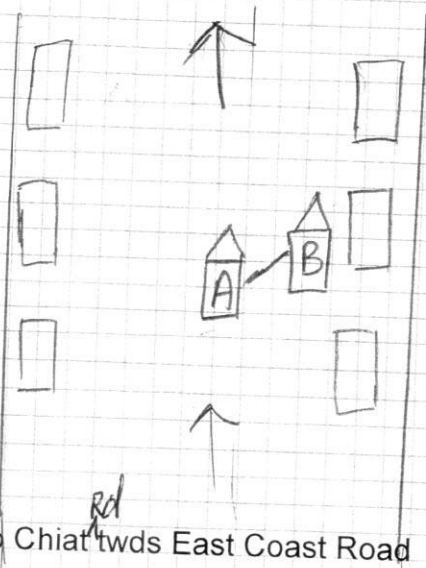
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 20.02.2019@1630HRS


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

SKETCH PLAN

A- SHC 2151Z
B- SHC 8085S



Along Joo Chiat twds East Coast Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20.02.2019@ 0240HRS I was travelling along Joo Chiat twds East Coast Road with no passenger onboard.

As I was travelling straight and suddenly Veh(B) SHC 8085S passenger opened the rear left door and hit onto my vehicle whole right portion damaged.

As the accident took place too fast I could not take evasive action to prevent the accident.

I have company video and photos at scene to support my claims.

No injury in this accident .

Veh(B) SHC 8085S Mr Chua HP:8811 4949

DECLARATION

I/We declare the foregoing particulars are true in every respect.

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time: 20.02.2019@1630HRS

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.: June

Our Ref: CT19020587

Date: 21 February 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 20/02/2019 @ 02:40 hrs
ALONG JOO CHIAT RD TWDS EAST COAST RD
INVOLVING SHC8085S

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 **SHC2151Z** (the "Taxi"). The Taxi was hired to **ONG CHENG CHWEE IC NO S0964545D** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.19** 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.