

Your Ref : SHD 3321M

Our Ref : SHB 4346X

Ghazali Bin Abu Hasan c/o  
CHUNNI MOTOR WORK PTE LTD  
Blk 10 Ang Mo Kio Industrial Park 2A  
#03-19 AMK AutoPoint  
Singapore 568047

Date: 12/04/19

The Motor Claims Department

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

WITHOUT PREJUDICE

Dear Sir / Madam, VIC

RE: ACCIDENT INVOLVING SHB 4346X / SHD 3321M / SHC 6227M On 01.03.2019

ALONG Terminal 3 Taxi Queue

I am the owner/hirer of motor vehicle/taxi, SHB 4346X, 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\$ 15,301.00
2) Loss of Rental	S\$ 1,217.37 (\$110.67 x 11 DAYS)
3) Loss of Income	S\$ 440.00 (\$40 x 11 DAYS)
4) GIA Report Fee	S\$
5) LTA Search Fee	S\$
6) Survey Report Fee	S\$
	<u>S\$ 16,958.37</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 CCTV DISC

CHUNNI MOTOR WORK  
PTE LTD

**TAX INVOICE**

GHAZALI BIN ABU HASAN APT BLK 246 BANGKIT ROAD #04-296 SINGAPORE 670246	VEHICLE NO	DATE
	SHB 4346 X	09.04.2019
	MAKE	INVOICE NO
	HYUNDAI	<b>9595</b>
	MODEL	ACC DATE/TIME
	I40	01.03.2019 @ 11:45 HRS

Cost of Repair \$ 14,300.00

**Sub-total** \$ 14,300.00

**Add : 7 % - GST** \$ 1,001.00

**Total** \$ 15,301.00

(SINGAPORE DOLLARS: FIFTEEN THOUSAND THREE HUNDRED AND ONE ONLY)



To Whom It May Concern :

ACCIDENT INVOLVING SHB 4346X / SHD 3321M / SHC 6227M

ALONG Terminal 3 Taxi Queue ON 01.03.2019

I, Ghazali Bin Abu Hasan, NRIC NO. S 2001462H of  
Blk 246 Bangkit Road #04-296 Singapore 670246

Owner/hirer of motor vehicle Registration No SHB 4346X, insured by  
Ms First Capital Insurance Ltd under Policy No. D-18088937MFSH

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 3321M 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 : 01.03.2019

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	01/03/2019 16:49
Date Of Accident	01/03/2019 11:45
Exact Location Of Accident	TERMINAL 3 TAXI QUEUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4346X
<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	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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	GHAZALI B A HASAN
NRIC No	S2001462H
Date Of Birth	17/08/1950
Occupation	OUTDOOR
Date Of Driving Pass	26/04/1974
Driving Experience	44 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96892376
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 246 BANGKIT ROAD #04-296
Postcode	670246
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	CHAIN COLLISION
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	3
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

REFER 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	SHD3321M
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ANG TIOW KOO
NRIC/Passport Number	S1135778D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC6227M
Vehicle Make/Model/Colour	PREMIER TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TEO HOCK SIM
NRIC/Passport Number	S6917665H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
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: 01.03.2019@1600hrs

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

**SKETCH PLAN**

A- SHB 4346X  
 B- SHD 3321M  
 C- SHC 6227M



Along Terminal 3 Taxi Queue

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 01.03.2019 @ 1145HRS I was travelling along Terminal 3 Taxi queue with no passenger onboard.

As my vehicle was stopped while waiting for the queue and suddenly veh(B) SHD 3321M hit onto my vehicle rear portion and caused my vehicle to surge forward and hit onto veh(C) SHC 6227M rear portion.

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) SHD 3321M MR Ang Tiow Koo S 1135778D

Veh(C) SHC 6227M MR Teo Hock Sim S 6917665H

**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: 01.03.2019@1600hrs

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





Our Ref: CT19030015

Date: 13 March 2019



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON	01/03/2019 @ 11:45 hrs
ALONG	TERMINAL 3 TAXI QUEUE
INVOLVING	SHD3321M, SHC6227M

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 **SHB4346X** (the "Taxi"). The Taxi was hired to **GHAZALI B A HASAN IC NO S2001462H** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$110.67** per day (inclusive of GST).

Please be advised that the Taxi was insured with **MS First Capital Insurance 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.