

Your Ref : SHD 4571B

Our Ref : SHC 8004B

Wee Keng Tiong Peter c/o
CHUNNI MOTOR WORK PTE LTD

Blk 10 Ang Mo Kio Industrial Park 2A
#03-19 AMK AutoPoint
Singapore 568047

Date : 11/05/19

The Motor Claims Department

India Co
KK 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 8004B / SHD 4571B On 04.03.2019

ALONG Pioneer Road x Pioneer Walk

I am the owner/hirer of motor vehicle/taxi, SHC 8004B, 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\$ 66,340.00
2) Loss of Rental	S\$ 4,607.98 (\$177.23 x 26 DAYS)
3) Loss of Income	S\$ 1,040.00 (\$40 x 26 DAYS)
4) GIA Report Fee	S\$
5) LTA Search Fee	S\$
6) Survey Report Fee	S\$
	<u>S\$ 71,987.98</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 CDW disc

TAX INVOICE

WEE KENG TIONG PETER APT BLK 299 PUNGGOL CENTRAL #09-461 SINGAPORE 820299	VEHICLE NO	DATE
	SHC 8004 B	08.05.2019
	MAKE	INVOICE NO
	MERCEDES	9746
	MODEL	ACC DATE/TIME
	E220	04.03.2019 @ 11:30 HRS

Cost of Repair \$ 62,000.00

Sub-total \$ 62,000.00

Add : 7 % - GST \$ 4,340.00

Total \$ 66,340.00

(SINGAPORE DOLLARS: SIXTY SIX THOUSAND THREE HUNDRED AND FORTY ONLY)



LETTER OF AUTHORITY

To Whom It May Concern :

ACCIDENT INVOLVING **SHC 8004B / SHD 4571B**

ALONG Pioneer Road x Pioneer Walk ON 04.03.2019

I, Wee Keng Tiong Peter, NRIC NO. S 1412076I of
Blk 299 Punggol Central #09-461 Singapore 820299

Owner/hirer of motor vehicle Registration No **SHC 8004B**, 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 4571B** 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 : 04.03.2019

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	05/03/2019 14:32
Date Of Accident	04/03/2019 11:30
Exact Location Of Accident	PIONEER RD X PIONEER WALK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8004B
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	MERCEDES-BENZ
Model	E220

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 CHONG BENG
NRIC No	S1620131F
Date Of Birth	30/03/1963
Occupation	OUTDOOR
Date Of Driving Pass	07/07/1983
Driving Experience	35 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97473577
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 123 RIVERVALE DRIVE #15-117
Postcode	540123
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 ON 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	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)	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]	TOA PAYOH N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20190304/2119 / 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	SHD4571B
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

LEFT FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LIM CHONG BENG
Approximate Age	55
Injuries Sustain	NECK, CHEST AND BACK PAIN. ON 7 DAYS MC.
Injured person in which vehicle?	SHC8004B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	KOH CHIN KHOON
Approximate Age	
Injuries Sustain	CHEST ,HEAD AND NECK PAIN. ON 7 DAYS MC.
Injured person in which vehicle?	SHC8004B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	UNKNOWN
Approximate Age	
Injuries Sustain	CHEST PAIN
Injured person in which vehicle?	SHD4571B
Were seat belts worn?	
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: 05.03.2019@1000HRS


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

SKETCH PLAN

GREEN
LIGHT

A- SHC 8004B
B- SHD 4571B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attachment: T/20190304/2119

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: 05.03.2019@1000HRS

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



**SINGAPORE
POLICE FORCE**



T/20190304/2119

1 of 4

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20190304/2119

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/03/2019 16:49	Vide Report No.:	Station Diary No.: 145
--	------------------	---------------------------

Informant's Particulars

Name of Informant: LIM CHONG BENG			Address: APT BLK 123 RIVERVALE DRIVE #15-117 SINGAPORE 540123	
ID Type / ID No.: NRIC NO / S1620131F			Contact No.: Home/Office: Mobile: 97473577	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 55	Date of Birth: 30/03/1963	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/03/2019 11:30	Type of Location: X-Junction
Location: Along Road 1 PIONEER ROAD TANJONG KLING ROAD Along road 1 towards road 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8004B	Car	MERCEDES BENZ	E220 BLUETEC	White	Seriously Damaged	1
SHD4571B	Car	HYUNDAI	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO	Blue	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190304/2119

2 of 4

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20190304/2119

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM CHONG BENG	ID No.	S1620131F
Related Vehicle	SHC8004B (Car)	Contact No.	97473577
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	04/03/2019	Date Discharge	04/03/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Passenger			
Name	KOH CHIN KHOON	ID No.	S2637360C
Related Vehicle	SHC8004B (Car)	Contact No.	96553871
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/03/2019	Date Discharge	04/03/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 04/03/2019, at about 1130hrs, I was driving my taxi bearing registration number SHC8004B, along Pioneer Rd towards AYE with a passenger on board.

I was travelling on the extreme left lane and was going straight towards AYE. Halfway passing the cross junction of Pioneer Rd and Pioneer Walk, I felt a hard impact from the top right of my vehicle. Upon inspection, a taxi bearing registration number SHD4571B, who was turning right from Pioneer Rd to Pioneer walk did not check for vehicles and had collided onto the top right headlight of my vehicle.

Due to the impact, the top right head light of my vehicle was badly damaged. The other taxi's top left headlight was also badly damaged. The impact also cause oil spillage from my vehicle. My passenger and I felt pain on the left side of our chest, back and head due to the impact and had sought medical attention. We were both given 7 days of medical leave.

The other taxi driver also felt the same discomfort. Traffic police and ambulance attended to the incident and wanted to convey us to Ng Teng Fong Hospital, however we refused and no one was conveyed. No government property damaged either.



**SINGAPORE
POLICE FORCE**



T/20190304/2119

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 4

Report No. T/20190304/2119

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190304/2119

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

4 of 4

Report No. T/20190304/2119

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:

E /

Sgt 2 OW HUI SHI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF

Contact No: 65476358

Authorised Officer
NP 168 240



SINGAPORE
POLICE FORCE

SN 168

SIGNATURE

Signature Of Informant:

Date/Time:

04/03/2019 16:49

Classification Of Case:

Big Head Seng
91080755

[illegible]

Our Ref: CT19030129

Date: 13 March 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	04/03/2019 @ 11:30 hrs
ALONG	PIONEER RD X PIONEER WALK
INVOLVING	SHD 4571B

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 **SHC8004B** (the "Taxi"). The Taxi was hired to **WEE KENG TIONG PETER IC NO S1412076I** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate \$177.23 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.