

Our Ref : SHC 7145 J (240319)

Your Ref : CC4/III19005375/Dfb3

Date :

-1 JUL 2019

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

**WITHOUT PREJUDICE**

Attention : Chong Poh Kin  
Case Handler

Dear Sir

**ACCIDENT INVOLVING SHC 7145 J & SHC 8712 R ALONG HAVELOCK ROAD INFRONT OF  
FURAMA HOTEL ON 24-03-2019**

Your email of 01-07-2019 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 \$13,724.70.

Please note that the settlement reached is strictly for the aforesaid property damage claim only and is without prejudice to the hirer of SHC 7145 J, NG Thiam Poh's rights to claim damage for his injury and other losses 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 for your onward transmission.

Kindly expedite payment and forward us your cheque for the settlement sum of **\$13,724.70** 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: TP / MCT19030609  
Claimant Ref : SHC 7145J

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\$ 12,198.00 (repair cost), S\$ \$1,526.70 (loss of use/rental), S\$ - (search fee), vehicle no. SHC 7145J that was damaged pursuant to the accident which occurred on 24/03/2019 (date) at Havelock Road (location) involving vehicle no. SHC 8712R (insured vehicle). This is pursuant to the inspection conducted on 26/03/2019 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner CityCab Pte Ltd ("the third party claimant") of vehicle no. SHC 7145J 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 7145J (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\$ 13,724.70 to Chunni Motor Work Pte Ltd.

Dated this - 1 JUL 2019 day of 20 18.

#### CLAIMANT:

Signature: \_\_\_\_\_

Signed by "the workshop" (with chop)

Name: \_\_\_\_\_

NRIC: \_\_\_\_\_

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

Nationality: \_\_\_\_\_

Occupation: \_\_\_\_\_

#### WITNESS:

Signature: \_\_\_\_\_

Signed by appointed Surveyor

Name: \_\_\_\_\_

NRIC: \_\_\_\_\_

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

Nationality: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Chunni Motor Work Pte Ltd**  
Blk 10 Ang Mo Kio Industrial Park 2A  
A1K Autopoint #03-19  
Singapore 568047  
Tel: 6542-7182 Fax: 6542-6039  
Co. Reg. No: 200923110D

"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 8712R

Our Ref : SHC 7145J

Ng Thiam Poh c/o

CHUNNI MOTOR WORK PTE LTD

Blk 10 Ang Mo Kio Industrial Park 2A

#03-19 AMK AutoPoint

Singapore 568047

Date : 26/04/19

The Motor Claims Department

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 SHC 7145J / SHC 8712R On 24.03.2019

ALONG Havelock Road Infront of Furama Hotel

I am the owner/hirer of motor vehicle/taxi, SHC 7145J, 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\$ 12,198.00
2) Loss of Rental	S\$ 1,239.37 (\$12.67 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\$ 13,877.37</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



**TAX INVOICE**

NG THIAM POH APT BLK 95 BEDOK NORTH AVENUE 4 #14-1405 SINGAPORE 460095	VEHICLE NO SHC 7145 J	DATE 24.04.2019
	MAKE HYUNDAI	INVOICE NO <b>9695</b>
	MODEL I40	ACC DATE/TIME 24.03.2019 @ 12:30 HRS

Cost of Repair	\$ 11,400.00
<b>Sub-total</b>	\$ 11,400.00
<b>Add : 7 % - GST</b>	\$ 798.00
<b>Total</b>	<u>\$ 12,198.00</u>

(SINGAPORE DOLLARS: TWELVE THOUSAND ONE HUNDRED AND NINETY EIGHT ONLY)



## LETTER OF AUTHORITY

To Whom It May Concern :

ACCIDENT INVOLVING SHC 7145J / SHC 8712R


ALONG Havelock Road Infront of Furama Hotel ON 24.03.2019

I, Ng Thiam Poh, NRIC NO. S 0095755J of  
Blk 95 Bedok North Ave 4 #14-1405 Singapore 460095

Owner/hirer of motor vehicle Registration No SHC 7145J, 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. SHC 8712R 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 : 25.03.2019

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 GlA 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	25/03/2019 13:30
Date Of Accident	24/03/2019 12:30
Exact Location Of Accident	HAVELOCK ROAD INFRONT OF FURAMA HOTEL.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7145J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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-18088937MFSH
Cover Note Number	

### Driver

Name of Driver	NG THIAM POH
NRIC No	S0095755J
Date Of Birth	03/05/1954
Occupation	OUTDOOR
Date Of Driving Pass	24/10/1975
Driving Experience	43 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92339753
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 95 BEDOK NORTH AVENUE 4 #14-1405
Postcode	460095
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 TO REAR
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)	2
Passenger 1	NAME: : - GENDER: : MALE

#### 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 \* 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	SHC8712R
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE KEE CHENG
NRIC/Passport Number	S0092838J
Contact Number	90713185
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

RH FRONT

No. Of Passenger (Including Driver)

8

8



## 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.

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

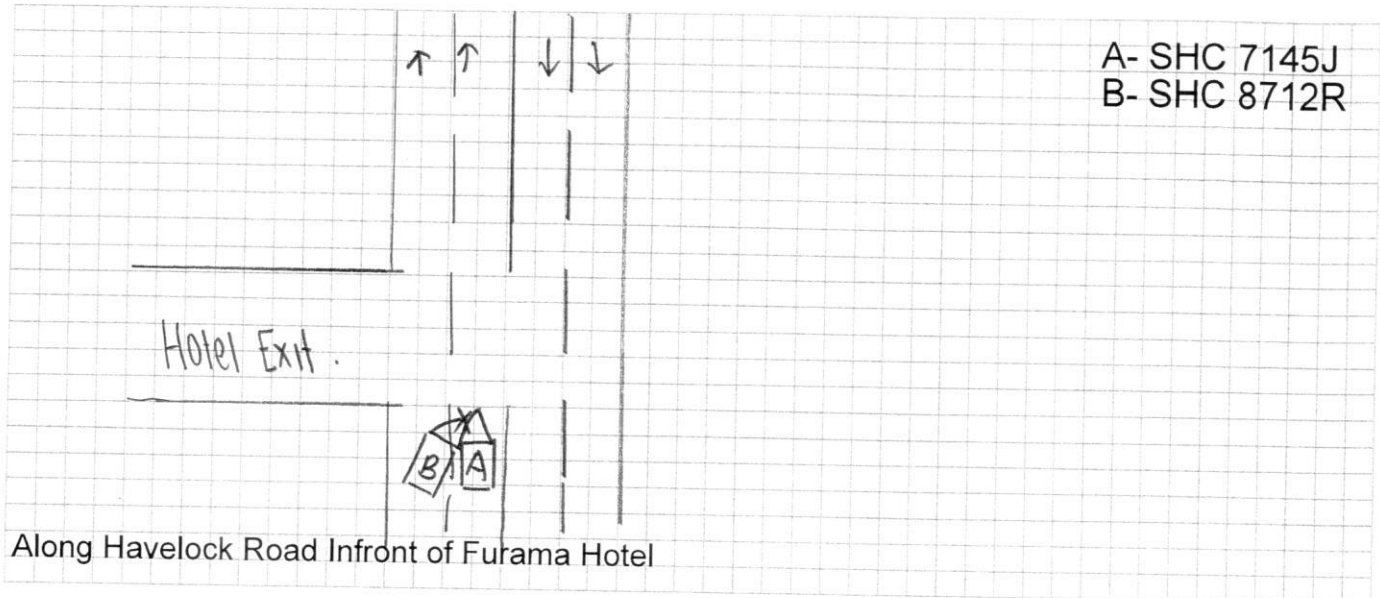
Policyholder's Signature  
Date & Time:

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

Date & Time: 25.03.2019@0930hrs

Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.: June

**SKETCH PLAN****DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 24.03.2019 @ 1230hrs I was travelling along Havelock Road Infront of Furama Hotel with one male passenger onboard.

As I was travelling straight suddenly Veh(B) SHC 8712R cut into my lane and hit onto my vehicle front left 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) SHC 8712R MR Lee Kee Cheng S 0092838J HP: 9071 3185


**DECLARATION**

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

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 25.03.2019@0930hrs

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

500 71455

[illegible]

Our Ref: CC19030624



Date: 27 March 2019

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 24/03/2019 @ 12:30 hrs  
ALONG HAVELOCK ROAD INFRONT OF FURAMA HOTEL.  
INVOLVING SHC8712R

We refer to the above-mentioned accident and wish to inform that **CityCab Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHC7145J** (the "Taxi"). The Taxi was hired to **NG THIAM POH IC NO S0095755J** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$112.67** 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.