

Our Ref : SHA 5723 P (290319)

Your Ref : 18/19/19/VP05/021602

Date : 16 JUL 2019

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

WITHOUT PREJUDICE

Attention : Asher Sng
Case Handler

Dear Sir/Madam

**ACCIDENT INVOLVING SHA 5723 P & SKA 2250 X ALONG ORCHARD BLVD TOWARDS
GRANGE ROAD ON 29-03-2019**

Your email of 09-07-2019 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, GIA search fee and the loss of rental & income during the period of repair) at a global sum of \$13,000.00.

Please note that the settlement reached is strictly for the aforesaid property damage claim only and is without prejudice to the relief driver of SHA 5723 P, Murali S/O Subramaniam's rights to claim damage for his injury against your insured, if any.

As requested, we return the attached Discharge Voucher duly executed together with all original documents for your kind attention.

Kindly expedite payment and forward us your cheque for the settlement sum of **\$13,000.00** 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



LONPAC INSURANCE BHD

CLAIM NO : 18/19/19/VP05/021602

DATE : 09 JULY 2019

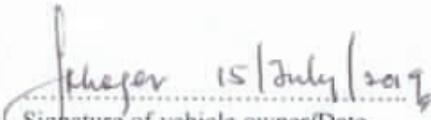
DISCHARGE VOUCHER

I/We, COMFORT TRANSPORTATION PTE LTD confirmed acceptance from M/s **LONPAC INSURANCE BHD** and/or the owner SKA 2250X the sum of Singapore Dollars THIRTEEN THOUSAND ONLY, **(\$13,000.00)** in full and final satisfaction, liquidation and discharge of all property losses competent to me/us upon the said M/s **LONPAC INSURANCE BHD** in respect of all property losses sustained by me/us whether now or hereafter to become manifest, arising either directly or indirectly from an accident involving, SHA 5723P on 29/03/2019 along/at ORCHARD BLVD TWDS GRANGE RD.

I /We hereby agree to indemnify and keep indemnify (**GRANGE RD TOWARDS ORCHARD BLVD /LONPAC INSURANCE BHD**) against all claims and any claims whatsoever made by any person/persons on our behalf in respect of the said accident.

I/We further authorize you to pay the above settlement sum directly to M/s **CHUNNI MOTOR WORK PTE LTD**

I/We hereby acknowledge that this payment is made on a without admission of liability basis and without prejudice to all related claims and in respect of our insured's recovery action.


Signature of vehicle owner/Date
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

.....
Name of vehicle owner/Date

15 JUL 2019

"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 : SKA 2250X
Our Ref : SHA 5723P

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

Date : 17/05/19

The Motor Claims Department
Longac Insurance Bhd
300 Beach Road #17-04/07
The Concourse
Singapore 199555

WITHOUT PREJUDICE

Dear Sir / Madam,

RE: ACCIDENT INVOLVING SHA 5723P/SKA 2250X On 29.03.2019

ALONG Orchard BLVD twds Grange Rd

I am the owner/hirer of motor vehicle/taxi, SHA 5723P, 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	SS	11,342.00
2) Loss of Rental	SS	1,464.71 (\$12.67 x 13 days)
3) Loss of Income	SS	650.00 (450 x 13 days)
4) GIA Report Fee	SS	
5) LTA Search Fee	SS	2.00
6) Survey Report Fee	SS	
	SS	<u>13,458.71</u>

We enclose herewith the following relevant supporting documents :

- Authorisation Letter
- Final repair bill(s)
- LTA Search
- GIA report(s)
- Insurance Certificate

Kindly look into the matter and revert as soon as possible. Thank you.

Yours faithfully



TAX INVOICE

TOH CHOON KANG APT BLK 171 WOODLANDS STREET 11 #02-49 SINGAPORE 730171	VEHICLE NO	DATE
	SHA 5723 P	14.05.2019
	MAKE	INVOICE NO
	HYUNDAI	9814
	MODEL	ACC DATE/TIME
	I40	29.03.2019 @ 23:20 HRS

Cost of Repair		\$ 10,600.00
	Sub-total	\$ 10,600.00
	Add : 7 % - GST	\$ 742.00
	Total	<u>\$ 11,342.00</u>

(SINGAPORE DOLLARS: ELEVEN THOUSAND THREE HUNDRED AND FORTY TWO ONLY)



LETTER OF AUTHORITY

To Whom It May Concern :

ACCIDENT INVOLVING SHA 5723P/SKA 2250X

ALONG Orchard BLVD twds Grange Rd ON 29.03.2019

I, Toh Choon Kang, NRIC NO. S 1717997G of

Blk 171 Woodlands St 11 # 02-49 Singapore 730171

Owner/hirer of motor vehicle Registration No SHA 5723P, 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. SKA 2250X 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 : 29.03.2019

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 willful 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	30/03/2019 12:07
Date Of Accident	29/03/2019 23:20
Exact Location Of Accident	ORCHARD BLVD TWDS GRANGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5723P
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	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	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	MURALI S/O SUBRAMANIAM
NRIC No	S7131563J
Date Of Birth	07/09/1971
Occupation	OUTDOOR
Date Of Driving Pass	05/07/1994
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98118553
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 328 WOODLANDS STREET 32 #05-61
Postcode	730328
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	SIDE SWIPE
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)	3

Passenger 1	NAME: : -
	GENDER: : FEMALE
Passenger 2	NAME: : -
	GENDER: : FEMALE

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

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	SKA2250X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHEE ZHE MIN
NRIC/Passport Number	S9570230I
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

LONPAC INSURANCE BHD

FRT LEFT

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.

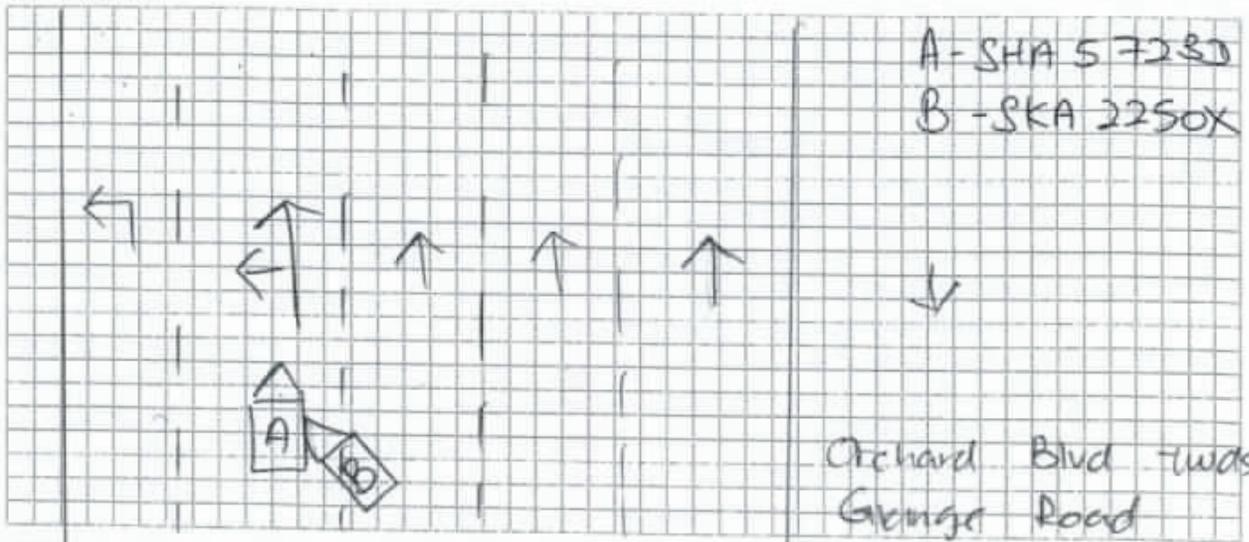
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
[If driver is not the policyholder]
Date & Time:

Reporting Centre Personnel's Signature
Name: **Loke Wei Yiong**
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29.3.19 @ 2320hrs I was travelling along Orchard Blvd twds Grange Road with 2 female passengers onboard.

AS I WAS TRAVELLING STRAIGHT SUDDENLY VEH(B) SKA 2250X CUT INTO MY LANE AND HIT ONTO MY VEHICLE'S RIGHT PORTION TWAS RIGHT REAR PORTION.

I HAVE COMPANY VIDEO AND PHOTOS AT SCENE TO SUPPORT MY CLAIMS.

NO INJURY IN THIS ACCIDENT.

VEH(B) SKA 2250X MALE DRIVER.

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:

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

Loke Wei Yiong

30/3/19

Invoice

<https://www.giarmc.org.sg/claims/index.cfm?fusebox=MTRsas&fu...>

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-19-049667
Date of Request: 30/03/2019

Your Ref No: Online Purchase

Soon Hock Motor Pte Ltd
Blk 10 Ang Mo Kio Industrial Park 2A
#01-05/06 AMK Autopoint
Singapore 568047

Dear Sir/Madam,

Enquiry Date: 30/03/2019
Enquiry By: Chris Lim Gan Koon
TP Vehicle No: SKA2250X
Accident Date: 29/03/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKA2250X	Lonpac Insurance Bhd	28/07/2018-27/07/2019	+65 62507388

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.

Invoice

<https://www.giarmc.org.sg/claims/index.cfm?fusebox=MTRsas&fu...>

RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

 6 Raffles Quay #18-00, Singapore 048580
 Phone: +65 6224 0010 Fax: +65 6224 0030
 Operating Hours: Monday to Friday 9am to 5pm
 GST Registration No: M400017735

TAX INVOICE

 Our Ref No: GR-19-049667
 Date of Request: 30/03/2019

Your Ref No: Online Purchase

 Soon Hock Motor Pte Ltd
 Blk 10 Ang Mo Kio Industrial Park 2A
 #01-05/06 AMK Autopoint
 Singapore 568047

Dear Sir/Madam,

 Enquiry Date: 30/03/2019
 Enquiry By: Chris Lim Gan Koon
 TP Vehicle No: SKA2250X
 Accident Date: 29/03/2019

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[X] GIRO [] Cash [] Cheque

SWA 5733P

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
				FROM	TO
27/3/19	Toh Chuan Kang	3 9 0 2 8 0	225	0930	1825
27/3/19		3 9 0 4 2 8	186		
28/3/19	Toh Chuan Kang	3 9 0 6 5 3	224	0815	1825
29/3/19	Toh Chuan Kang	3 9 0 7 9 0	225	0930	1810
		3 9 1 1 5 9			
30.3.2019	Toh Chuan Kang	Accident	In	10:45	14:00
11.4.2019	Toh Chuan Kang	Repair	Out	14:00	14:00

E)

0
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31

Our Ref: CT19030784

Date: 04 April 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 29/03/2019 @ 23:20 hrs
ALONG ORCHARD BLVD TWDS GRANGE RD
INVOLVING SKA2250X

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 **SHA5723P** (the "Taxi"). The Taxi was hired to **TOH CHOON KANG IC NO S1717997G** a registered hirer-operator of **Comfort Transportation 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 **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.