Your Ref : SH 9013L Our Ref : SHA 9180D Quek Song Ang c/o CHUNNI MOTOR WORK PTE LTD Blk 10 Ang Mo Kio Industrial Park 2A 11/05/19 #03-19 AMK AutoPoint Date: Singapore 568047 The Motor Claims Department India % LKK Aufo Consultants Ple Stel WITHOUT PREJUDICE Dear Sir / Madam, RE: ACCIDENT INVOLVING SHA 9180D / SH 9013L On 09.04.2019 ALONG River valley Rd TWDS City After Shanghai Rd Junction I am the owner/hirer of motor vehicle/taxi. SHA 9180D ,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: 16.050.00 1) Cost of Repair SS 1,323.68(\$165.46x 8 320.00(\$40 x 8 2) Loss of Rental S\$ 3) Loss of Income SS 4) GIA Report Fee S\$ 5) LTA Search Fee S\$ 6) Survey Report Fee SS SS 17,693.68 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

CHUNNI MOTOR WORK PTE LTD

TAX INVOICE

QUEK SONG ANG APT BLK 110 SPOTTISWOODE PARK ROAD #03-93	VEHICLE NO SHA 9180 D	DATE 08.05.2019
	MAKE MERCEDES	INVOICE NO 9759
SINGAPORE 081110	MODEL E220	ACC DATE/TIME 09.04.2019 @ 22:00 HRS

Cost of Repair

\$ 15,000.00

Sub-total

\$ 15,000.00

Add: 7 % - GST

\$ 1,050.00

Total

\$ 16,050.00

(SINGAPORE DOLLARS: SIXTEEN THOUSAND AND FIFTY ONLY)



LETTER OF AUTHORITY

To Whom It May Concern:

ACCIDE	NT INVOLV <u>ING</u> SHA 9	0180D / SH 9013L		
ALONG	River valley Rd TWDS City	After Shanghai Rd Junction	ON	09.04.2019
I,	Quek Song Ang	, NRIC NO	S 0363139G	of
Blk 11	0 Spottiswoode Park Roa	d #03-93 Singapore 081110		
Owner/hir	rer of motor vehicle Regis	stration No SHA 9180D		insured by
Ms Fir	st Capital Insurance Ltd	under Policy No. [D-18088937MFSH	
do hereby	authorize M/s Chunni M	Iotor Work Pte Ltd as my au	thorized represent	ative to write,
negotiate a	and settle claim on my be	half in my claim against the o	wner and/or Motor	Vehicle
Registratio	on No. SH 9013L	in respect of the abo	ove mentioned acci	dent. I also
hereby aut	thorize that the agreed set	tlement sum (cost of repair, l	oss of use, earning	s and rental,
Survey rep	port fee, LTA fee & GIA	report fee) be made in favour	of my representati	ve, M/s
Chunni M	lotor Work Pte Ltd and	that the said payment be forw	arded to them as fi	ıll and final
discharge (of my claim.			
Dated:	09.04.2019			
_	A			
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 witholding 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.

	IT STA	

 Date Of Report
 10/04/2019 11:49

 Date Of Accident
 09/04/2019 22:00

Exact Location Of Accident ALONG RIVER VALLEY RD TOWARDS CITY

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA9180D

Insured/Policyholder

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 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 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 CHONG YIU SUN

 NRIC No
 \$2627766C

 Date Of Birth
 01/01/1953

 Occupation
 OUTDOOR

 Date Of Driving Pass
 16/03/1995

Driving Experience 24 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93956827

Fax Number Contact Number

EMail Address NOEMAIL

Address

BLK 11 YORK HILL #08-102

OTHER - TAXI DRIVER

Postcode

162011

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

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)

2

involved in the accident 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

NAME:

Passenger 1

. .

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

SH9013L

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 REAR

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- 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
- 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:

ver's Signature

(If driver is not the policyholder)

Date & Time:

Olivia Wendy (

Reporting Centre Personnel's Signature

Name: NRIC/FIN No .:

10 APR 2019

GIARMC SketchPlanForm_V3

SKETCH PLAN SHOOMA RIVER VALLEY PD DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respect. CITYCAB PTE LTD Olivia Wendy CO. REG. NO. 199502839G Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Date & Time: (If driver is not the policyholder) 10 APR 2019 Date & Time:

NRIC/FIN No.:

GIARMC SketchPlanForm_V3

Describe Circumstances of the A	ccident.
On the 09/04/2019 at about 22:0	00hrs, I was driving along River Valley Rd towards City
direction.	
As I was driving suddenly a Com	fort Taxi SH9013L encroached onto my lane and collided onto
my right front portion of my taxi	i.
01female passenger on board m	y taxi.
No injury at the point of accident	t.
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

2.00

10 APR 2019

Centre Personnel

Witnessed by Reporting

2HA 9180D

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE	HOURS OPERATED (TIME)	
		MILEAGE READING		FROM	то
6(4	Com 1	06/305	378	6630	1800
3/4	Crow 1	061577	つうつ	1505	0686
7/4	Gn 1	0 92037	4,0	0/10	2/45
114	Charl)	062298	260	240	068
84	hy 1	0627/9	419	0620	18Kr
8/4 1	Charle Mich of	062905	185	1850	2606
-1914		063233	328	0610	18pst
9/4	(16 Valy Harry al)	2.63534	300	1820	
10/4/3010	IN LEYBURY	work shop		10:00	6
17/4/2014	00 70 F WO	rle Ship V	//	W	12:30

Our Ref: CC19040282

Date: 20 April 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

09/04/2019 @ 22:00 hrs

ALONG

ALONG RIVER VALLEY RD TOWARDS CITY AFTER

SHANGHAI RD JUNCTION

INVOLVING

SH9013L

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 SHA9180D (the "Taxi"). The Taxi was hired to QUEK SONG ANG IC NO S0363139G a registered hirer-operator of CityCab Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$165.46 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.