

Your Ref : SHD 3624P

Our Ref : SHA 8891S

(Jy)

Peh Chew Sin c/o

CHUNNI MOTOR WORK PTE LTD

Blk 10 Ang Mo Kio Industrial Park 2A

#03-19 AMK AutoPoint

Singapore 568047

Date : 30/05/19

The Motor Claims Department

India% 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 SHA 8891S / SHD 3624P On 12.04.2019

ALONG 327 Bukit Timah TWDS Stevens Rd

I am the owner/hirer of motor vehicle/taxi, SHA 8891S, 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:

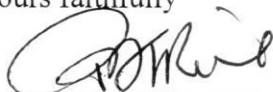
1) Cost of Repair	S\$ 10,486.00
2) Loss of Rental	S\$ 2,140.73 (\$12.67 x 19 DAYS)
3) Loss of Income	S\$ 760.00 (\$40 x 19 DAYS)
4) GIA Report Fee	S\$
5) LTA Search Fee	S\$
6) Survey Report Fee	S\$
	<u>S\$ 13,386.73</u>

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



CHUNNI MOTOR WORK
PTE LTD

TAX INVOICE

PEH CHEW SIN APT BLK 149 SIMEI STREET 1 #03-109 SINGAPORE 520149	VEHICLE NO	DATE
	SHA 8891 S	28.05.2019
	MAKE	INVOICE NO
	HYUNDAI	9939
	MODEL	ACC DATE/TIME
	I40	12.04.2019 @ 07:10 HRS

Cost of Repair \$ 9,800.00

Sub-total \$ 9,800.00

Add : 7 % - GST \$ 686.00

Total \$ 10,486.00

(SINGAPORE DOLLARS: TEN THOUSAND FOUR HUNDRED AND EIGHTY SIX ONLY)



LETTER OF AUTHORITY

To Whom It May Concern :

ACCIDENT INVOLVING SHA 8891S / SHD 3624P


ALONG 327 Bukit Timah TWDS Stevens Rd ON 12/04/2019

I, Peh Chew Sin, NRIC NO. S 1605253A of
Blk 149 Simei St 1 #03-109 Singapore 520149

Owner/hirer of motor vehicle Registration No SHA 8891S, 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 3624P 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 : 12/04/2019

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	12/04/2019 14:50
Date Of Accident	12/04/2019 07:10
Exact Location Of Accident	OUTSIDE 327 BUKIT TIMAH RD TWDS STEVENS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8891S
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	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	PEH CHEW SIN
NRIC No	S1605253A
Date Of Birth	12/01/1963
Occupation	OUTDOOR
Date Of Driving Pass	15/04/1982
Driving Experience	36 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97487502
Fax Number	
Contact Number	
EMail Address	HUANGPEH@SINGNET.COM.SG

Address	BLK 149 SIMEI STREET 1 #03-109
Postcode	520149
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?	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)	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

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	SHD3624P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHIA WUI FAY
NRIC/Passport Number	S1415707G
Contact Number	
Address	
Postcode	
Insurance Company Name	INDIA INTERNATIONAL INSURANCE PTE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	PEH CHEW SIN
Approximate Age	56
Injuries Sustain	FELT GIDDY. ON 2 DAYS MC.
Injured person in which vehicle?	SHA8891S
Were seat belts worn?	YES
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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time: 12.04.2019@ 1130hrs



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

SKETCH PLAN



A- SHA 8891S
B- SHD 3624P

Along 327 Bukit Timah twds Steven Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12.04.2019 @ 0710HRS I was travelling along 327 Bukit Timah twds Steven Road with no passenger onboard.
As I was making a right turn into 327 Bukit Timah suddenly veh(B) SHD 3624P hit onto my rear right portion of my vehicle.
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 3624P MR Chia Wui Fay S 1415707G

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: 12.04.2019@ 1130hrs

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

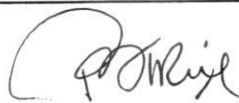
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MCD619047816 Vehicle Registration No: SHA 8891S
Name (as shown in NRIC) : Peh Chew Sin NRIC/FIN/Passport No : S1605253A
(Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 149 Simei Street 1 # 03-109 Singapore (520149)
Contact (Tel) : _____ Mobile No. : 9748 7502
Email Address : huangpeh@singnet.com.sg
Date of Accident : 12/4/2019 Time of Accident : 07:10Hrs
Place of Accident : Outside 327 Bukit Timah Rd twds Stevens Rd
Insurance Company: Ms First Capital Insurance Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

After the accident, I felt giddy and 2 days MC given by doctor.


Policyholder / Driver's signature
Date: 30/04/2019


Reporting Centre Personnel's Signature
Name: Xiao Yan
NRIC/FIN No.: _____
Date: 30-04-19

SHA 88915

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
				FROM	TO
09/04/2019	Hock Soon	361535	292	16:08	04:33
10/04/2019	Tom G	361761	226	08:25	16:35
10/04/2019	Hock Soon	362056	295	16:30	04:31
11/04/2019	Patrick	362312	256	04:00	16:10
11/04/2019	Hock Soon	362677	365	16:16	04:32
12/04/2019	Peh Chew Sin	Accident	In	10:55	Patrick
20/04/2019	Peh Chew Sin	Repair	Out	Patrick	17:00

Our Ref: CC19040347



Date: 20 April 2019

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 12/04/2019 @ 07:10 hrs
ALONG OUTSIDE 327 BUKIT TIMAH RD TWDS STEVENS RD
INVOLVING SHD3624P

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 **SHA8891S** (the "Taxi"). The Taxi was hired to **PEH CHEW SIN IC NO S1605253A** 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.