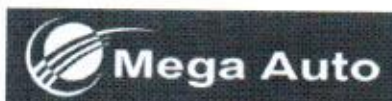


2608/Tue3



Blk 21 Sin Ming Ind. Estate Sector A  
#01-34/36 Singapore 575679  
Tel:98150616, Fax:64553290

Our Ref: TP13-50108295  
Your Ref: Please advise

13-May-15

**EQ Insurance Company Limited**  
22 Gemmill Lane

Singapore 069257

Attention: Motor Claims Department

Dear Sir/Mdm

**ACCIDENT INVOLVING SHA0209R AND SKB9837C AND ON 6-Feb-2015 ALONG AVE BEFORE  
BUONA VISTA EXIT**

The accident was caused solely by the negligence of your insured and  
we had incurred the following costs and losses:

<u>Description</u>					<u>Amount</u>
Repair Costs					\$ 1,530.10
Loss of Rental	\$95.00	X	4	days	\$ 380.00
Loss of Income (Hirer)	\$80.00	X	4	days	\$ 320.00
Search Fees (LTA)					\$ 2.00
Surveyor fees					\$ -
Others Claim					\$ -
Claimed Amount:					<u>\$ 2,232.10</u>

We enclosed herewith the supporting documents for your perusal.

Please look into our client's claim and let us hear from you soon.

Thank you

Regards,

Sarah Chan  
Mega Auto Pte Ltd  
Email:mtc@mega-auto.com.sg

**MEGA AUTO PTE LTD**  
**Business Reg. No. 200209020W**  
**Blk 21 Sin Ming Industrial**  
**Estate Sector A #01-34/36**  
**Singapore 575679**  
**Tel: 6456 7576 Fax : 6455 3290**

(24 hrs towing services)

**Bill To**

EQ Insurance Company Limited  
22 Gemmill Lane

Singapore 069257

**Service Details**

Vehicle No. : SHA0209R  
Vehicle Make : HYUNDAI SONATA  
Accident Date : 06/02/2015

**PROFORMA INVOICE**

**Invoice Date** : 13-May-15  
**Invoice No** : P15-40927  
**GST REG NO** : 20-0209020-W  
**TP Claim Ref** : TP13-50108295

Item No	Description	Quantity	Unit Price	Amount
1	REPAIRED PER SURVEYOR'S RECOMMENDATION LUMP SUM AMOUNT FOR REPAIR COST	1		\$1,430.00
Remarks				
				<b>Sub Total</b> \$1,430.00
				<b>GST 7%</b> \$100.10
				<b>Amount Due</b> \$1,530.10

for **Mega Auto Pte Ltd**

AUTHORISED SIGNATURE

## 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 ability.
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 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 06/02/2015 13:55  
Date Of Accident 06/02/2015 12:15  
Exact Location Of Accident ALONG AYE BEFORE BUONA VISTA EXIT  
Country/State of Loss Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA209R  
**Insured/Policyholder**  
Name Of Registered Owner CITYCAB PTE LTD  
Co Reg No 199502839G  
Email Address NOEMAIL  
Mobile Phone No  
Alternative Phone No Office-62657130

### Vehicle Particulars

Manufacturer HYUNDAI  
Model SONATA-2.0 CRDI (A)

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 First Capital Insurance Ltd  
Type Of Coverage Third Party Fire and/or Theft  
Fleet Policy Yes  
Policy Number D-10015516MFSH  
Cover Note Number

### Driver

Name of Driver LOCK FOCK LIM  
NRIC No S2149280I  
Date Of Birth 29/03/1949  
Occupation Outdoor  
Date Of Driving Pass 04/07/1975  
Driving Experience 39 Years And 7 Months  
Gender Male  
Mobile Number (Local) +65-97607729  
Fax Number  
Contact Number  
Email Address NOEMAIL



Address 105 JURONG EAST ST 13 #03-222  
 Postcode 600105  
 Was driver an employee of the Insured's Company No  
 If No, Relationship of the Driver with the Insured Other - RELIEF  
 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- Same Direction  
 Weather Conditions Clear  
 Road Surface Wet

#### Other Information

Was any foreign vehicle involved in this accident? No  
 Was any body injured in the Accident? No  
 Was any other material or property damaged? Yes  
 Was there any video captured by Car Camera? No  
 Number of Passengers (Including Driver) 2

#### 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

ON 06/06/2015 AT ABOUT 1215HRS, I WAS DRIVING A TAXI VEHICLE NO. SHA209R TRAVELLING ALONG AYE TOWARDS ALEXANDRA AT LANE 1, THERE WAS A VEHICLE NO. SKB9837C IN FRONT OF ME. WHEN I ARRIVED AT THE LOCATION BEFORE BUONA VISTA EXIT, THE SAID VEHICLE CHANGED TO LANE 2, I STILL DRIVING ON LANE 1. SUDDENLY, THE SAID VEHICLE INTENDED TO CAME BACK TO LANE 1 THEREFORE THE SAID VEHICLE'S RIGHT SIDE MIRROR SWIPE ONTO MY VEHICLE'S LEFT BODY FROM FRONT TO REAR WHILE IT TRY TO CUT INTO MY LANE 1

Are accident photos available for attachment? Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKB9837C  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Name of Driver  
 NRIC/Passport Number S7530455B  
 Contact Number 98450141  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

#### Details of Witness

Name  
 Phone Number  
 Email Address

## 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 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.

### 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

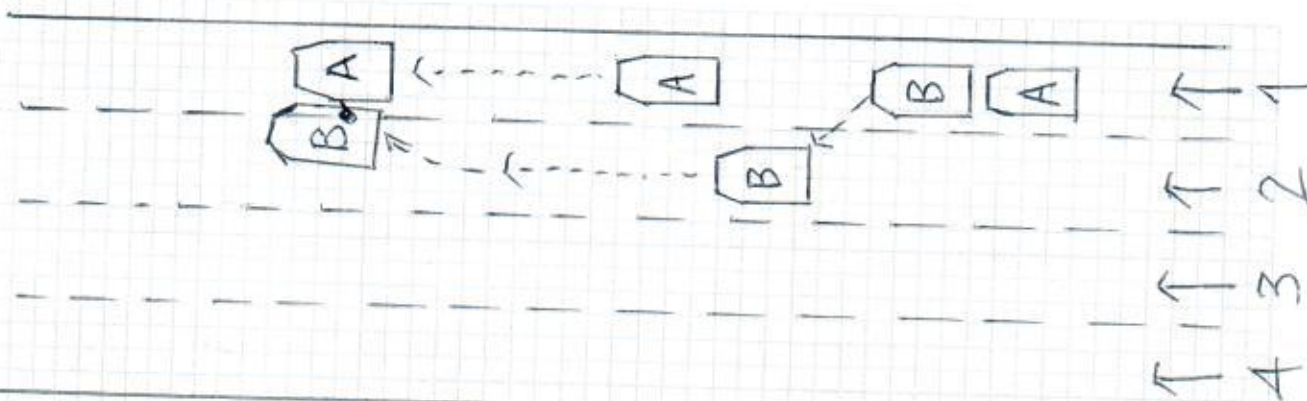
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

### Sketch Plan



AYE TOWARDS ALEXANDRA EXIT BEFORE BUONA VISTA EXIT.



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

10 Anson Road, #06-16 International Plaza, Singapore 079903  
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-15-013199  
Date of Request: 09/02/2015

Your Ref No: Online Purchase

Singapore Technologies Kinetics Ltd  
STAR Building  
No 249 Jalan Boon Lay  
Singapore 619523

Dear Sir/Madam,

Enquiry Date: 09/02/2015  
Enquiry By: WONG SIEW KEONG  
TP Vehicle No: SKB9837C  
Accident Date: 06/02/2015

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKB9837C	EQ Insurance Company Ltd	16/01/2015-15/01/2016	6223 9433

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.



RECORDS MANAGEMENT CENTRE

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

10 Anson Road, #06-16 International Plaza, Singapore 079903  
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-15-013199  
Date of Request: 09/02/2015

Your Ref No: Online Purchase

Singapore Technologies Kinetics Ltd  
STAR Building  
No 249 Jalan Boon Lay  
Singapore 619523

Dear Sir/Madam,

Enquiry Date 09/02/2015  
Enquiry By WONG SIEW KEONG  
TP Vehicle No. SKB9837C  
Accident Date 06/02/2015

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

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

Our Ref: CC15020200

Date: 17 February 2015



## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 06/02/2015 @ 12:15 hrs  
ALONG ALONG AYE BEFORE BUONA VISTA EXIT  
INVOLVING SKB9837C

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 **SHA0209R** (the "Taxi"). The Taxi was hired to **LIM POH HUAT IC NO S0028990F** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$101.65** per day (inclusive of GST). 95 @95/-

Please be advised that the Taxi was insured with **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.

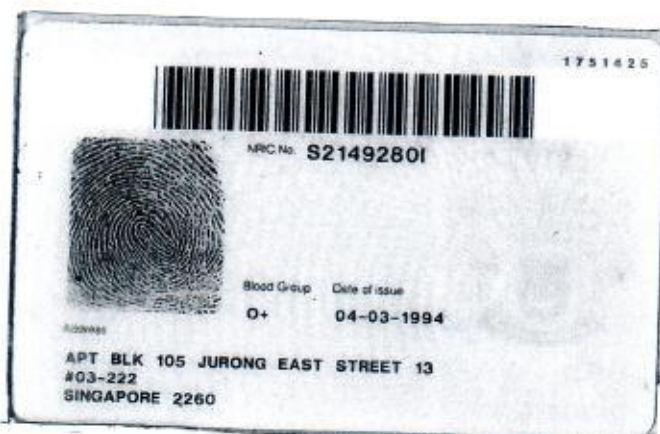
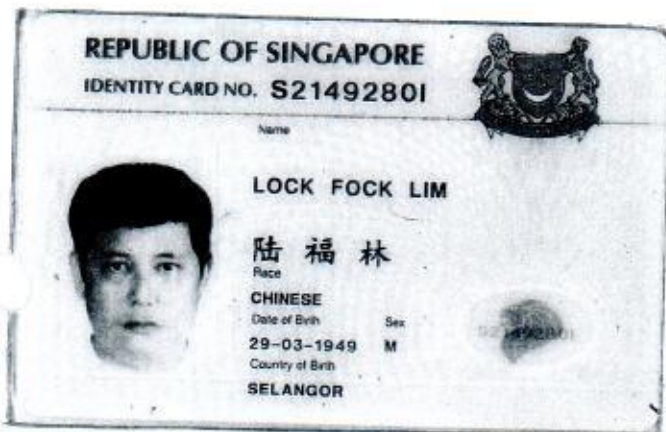
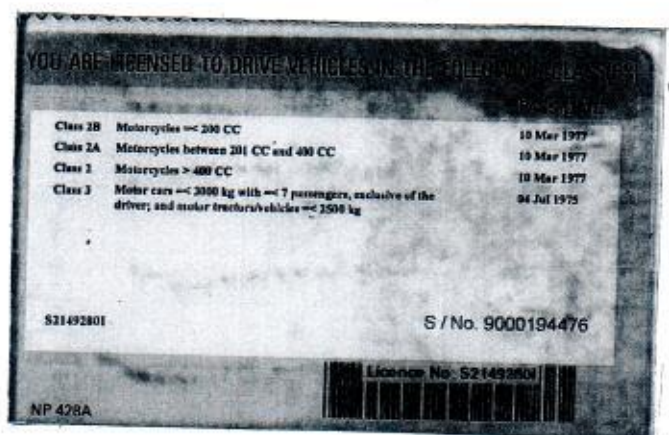
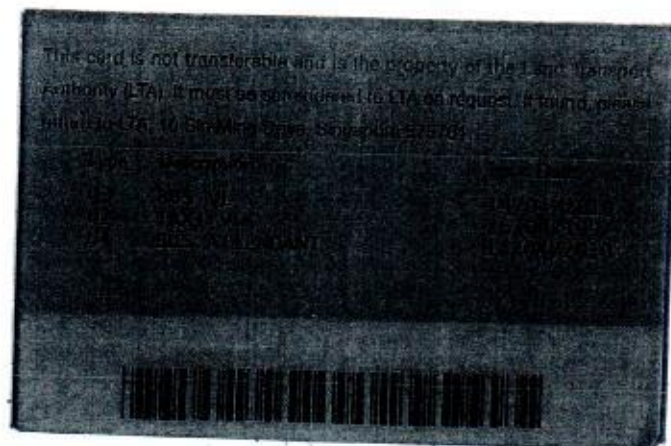
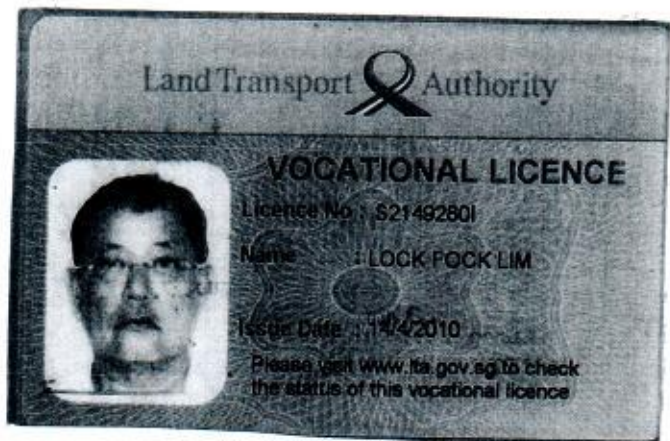
Yours faithfully

Christine Tay  
Executive, Fleet Safety

This is a computer generated letter. No signature is required.







Mileage: 529231 J.B NO.5010 8295

Vehicle No. SHA0209R

[Hirer / Relief]

IJ: Y / N

Reporting Date: 06/02/15 Time: 1330 hrs

VD: Y / N

Accident Date: 06/02/15 Time: 1215 hrs

PG: 2 SP: 80

Contact No. 97607729

[CL / RN / OS]

[DY / WT / OS]

Location: ALONG AYE TOWARD ALEXANDRA BEFORE BUONA VISTA EXIT

TP1 SKB9837C

TP2                     

TP3                     

[D.N:                     ]

[S7S30455B]

[C.N 98450141]

Witness:



# LETTER OF AUTHORITY

Date: 9-Feb-2015

TO WHOM IT MAY CONCERN:

ACCIDENT INVOLVING SHA0209R & SKB9837C  
ON 6/2/2015 ALONG: ALONG AYE BEFORE BUONA VISTA

I, LIM POH HUAT NRIC NO. S0028990F of CityCab Pte Ltd  
Owner/hirer of motor vehicle Registration No. SHA0209R insured by  
**First Capital Insurance** under policy No. **D-10015516MFSH** do hereby authorize M/s mega auto  
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. SKB9837C  
in respect of the above mentioned accident.

I also hereby authorize that agreed settlement sum (cost of repair, loss of Income, earning and  
rental Survey report fee & GIA report fee) be made in favour of my representative, M/s Mega  
Auto Pte Ltd and that the said Payment be forwarded to them as full and final discharge of my  
claim.

  
Date & signature of Hirer



# First Capital Insurance Limited

A FAIRFAX Company

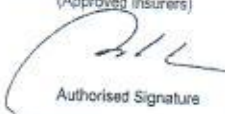
Company Reg. No. 195900106C  
GST Reg. No. M2-0001676-9

Date Issued : 03/11/2014

CERTIFICATE REF.: MZ400A

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE NO.	D-15072702MFSH
Index Mark and Registration Number of Vehicle	All Citycab taxis operating in the Republic of Singapore
Name of Insured	Citycab Pte Ltd
Coverage	Third Party Fire and Theft
Effective date of the Commencement of Insurance for the purpose of the Act	01/01/2015
Date of Expiry of Insurance	31/12/2017
Persons or Classes of Persons entitled to drive: a) Any licensed taxi driver driving on the Insured's order or with their permission. b) Any person provided he is in the Insured's employ and is driving on their order or with their permission.	
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
Limitations as to use: Use as a taxi. Use for social, domestic and pleasure purposes.	
The Policy does not cover: (1) Use for racing, pace-making, reliability trial or speed-testing. (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.	
Excess: All Claims S\$2,000.00 each and every accident	
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.	
We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).	
A/C NO.: B0101	<div>First Capital Insurance Limited (Approved Insurers)  Authorised Signature</div>