

Your Ref : GBF 4870Z

Our Ref : SHD 3231P

Lim Hoon Lam ( Lin Yunnan ) c/o  
CHUNNI MOTOR WORK PTE LTD

Blk 10 Ang Mo Kio Industrial Park 2A

#03-19 AMK AutoPoint

Singapore 568047

Date : 22/07/19

The Motor Claims Department

AXA Co 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 SHD 3231P / GBF 4870Z / SDF 911S On 07.06.2019

ALONG Eu Tong Sen Street TWDS Bugis

I am the owner/hirer of motor vehicle/taxi, SHD 3231P, 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\$ 17,655.00
2) Loss of Rental	S\$ 1,690.05 (\$112.67 x 15 days)
3) Loss of Income	S\$ 750.00 (\$50 x 15 days)
4) GIA Report Fee	S\$
5) LTA Search Fee	S\$ 2.00
6) Survey Report Fee	S\$
	<u>S\$ 20,097.05</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



Attached ccw disc

CHUNNI MOTOR WORK  
PTE LTD

**TAX INVOICE**

LIM HOON LAM (LIN YUNNAN) APT BLK 83 COMMONWEALTH CLOSE #10-183 SINGAPORE 140083	VEHICLE NO	DATE
	SHD 3231 P	19.07.2019
	MAKE	INVOICE NO
	HYUNDAI	<b>10254</b>
	MODEL	ACC DATE/TIME
	I40	07.06.2019 @ 19:55 HRS

Cost of Repair \$ 16,500.00

**Sub-total** \$ 16,500.00

**Add : 7 % - GST** \$ 1,155.00

**Total** \$ 17,655.00

(SINGAPORE DOLLARS: SEVENTEEN THOUSAND SIX HUNDRED AND FIFTY FIVE ONLY)



## LETTER OF AUTHORITY

To Whom It May Concern :

ACCIDENT INVOLVING SHD 3231P/GBF 4870Z/SDF 911S

ALONG Eu Tong Sen Street Twds Bugis on 07.06.2019

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I, Lim Hoon Lam (Lin Yunnan), NRIC NO. S7144744H of  
Blk 83 Commonwealth Close #10-183 Singapore 140083

Owner/hirer of motor vehicle Registration No SHD 3231P, 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. GBF 4870Z 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 : 07.06.2019

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	08/06/2019 11:05
Date Of Accident	07/06/2019 19:55
Exact Location Of Accident	EU TONG SEN ST TWDS BUGIS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3231P
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	LIM HOON LAM
NRIC No	S7144744H
Date Of Birth	26/12/1971
Occupation	OUTDOOR
Date Of Driving Pass	13/12/1993
Driving Experience	25 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93664905
Fax Number	
Contact Number	
Email Address	DAVISLIM88@YAHOO.COM.SG



Address	83 10-183 COMMONWEALTH CLOSE
Postcode	140083
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	CHAIN COLLISION
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	3
<input type="radio"/> 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)	5
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE
<input type="radio"/> Passenger 4	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

SEE ATTACH.

#### 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	GBF4870Z
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SELVAM DURAI
NRIC/Passport Number	
Contact Number	91414705
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SDF911S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHANG XUANMING
NRIC/Passport Number	S8131033E
Contact Number	91717707
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

## 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.

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

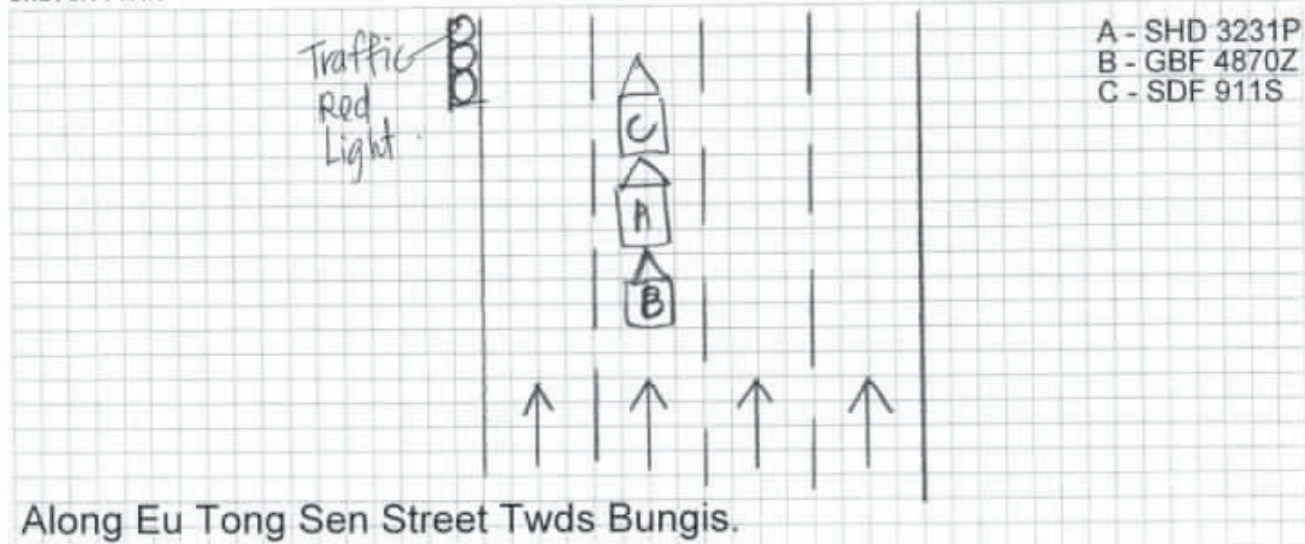
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 08.06.2019 @ 10:00HRS

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



## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07.06.2019 @ 19:55hrs I was travelling along Eu Tong Sen Street Twds Bungis with 2 male and 2 female passenger onboard.

While travelling straight stop on the traffic light, I saw veh (C) SDF 911S slow down and stop I follow too. Suddenly ~~I felt~~ Veh(B) GBF 4870Z Come from behind Collided Onto the rear, and, causing my taxi to surged forward and collided into veh C.

I had company video and photo of scene to support my claims

1 male passenger left hand injuries.

Veh(A) SHD 3231P

Veh(B) GBF 4870Z Mr.Selvam Durai,H/P no:91414705

Veh(C) SDF 911S - Mr.Zhang Xuanming,H/P no:91717707,Nric no:S8131033

## 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: 08.06.2019 @ 10:00HRS

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**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 : MCD619074626 Vehicle Registration No: SHD 3231P  
Name(as shown in NRIC) : Lim Hoon Lam NRIC/FIN/Passport No : S7144744H  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 83 Commonwealth close #10-183 Singapore(140083)  
Contact (Tel) : / Mobile No. : 9366 4905  
Email Address : /  
Date of Accident : 07.06.2019 Time of Accident : 19:55 HRS  
Place of Accident : Along Eu Tong Sen Street Twds Bungis  
Insurance Company: AXA Insurance Pte 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:

Rescan sketch Plan

hmr  
Policyholder / Driver's Signature  
Date: 25 JUN 2019

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

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-19-090914  
Date of Request: 08/06/2019

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 08/06/2019  
Enquiry By Chris Lim Gan Koon  
TP Vehicle No. GBF4870Z  
Accident Date 07/06/2019

#### Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBF4870Z	AXA Insurance Pte Ltd	16/11/2018-15/11/2019	6338 7288

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-19-090914  
Date of Request: 08/06/2019

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: 08/06/2019  
Enquiry By: Chris Lim Gan Koon  
TP Vehicle No.: GBF4870Z  
Accident Date: 07/06/2019

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:

☒ GIRO ☐ Cash ☐ Cheque



SHD 3231P

ATED (TIME) TO	DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIM	
					FROM	TO
	4-5/6/19	Lim H.L	524808	294	1915	1740
	5-6/6/19	Lim H.L	525118	310	1745	0321
	6/6/19	GEORGE	525336	218	0845	1910
	6-7/6/19	Lim H.L	525560	224	1915	0240
	7/6/19	GEORGE	525825	265	0850	1900
	7-8/6/19	Lim H.L			1910	1910
	7/6/2019	IN TELECOM WORK SHOP			1910	1910
	21/6/2019	OUT OF WORK SHOP			15:15	15:15

Our Ref: CT19060165

Date: 13 June 2019



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON	07/06/2019 @ 19:55 hrs
ALONG	EU TONG SEN ST TWDS BUGIS
INVOLVING	GBF4870Z, SDF911S

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 **SHD3231P** (the "Taxi"). The Taxi was hired to **LIM HOON LAM IC NO S7144744H** 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.