

CHUNNI MOTOR WORK
PTE LTD

Our Ref : SHA 8372 Z (120619)

Your Ref : CC4/III19010698/Dga3q2

Date

- 1 NOV 2019

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

WITHOUT PREJUDICE

Attention : Suwanna

Dear Sir/Madam,

**ACCIDENT INVOLVING SHA 8372 Z, SH 6955 M & OTHER AT SUNTEC CITY TOWER
ONE TAXI STAND ON 12-06-2019**

Your email of 31-10-2019 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 and the Loss of rental & income during the period of repair) for the sum of \$18,419.66.

Please note that the settlement reached is strictly for the aforesaid property damage claim only and is without prejudice to the hirer of SHA 8372 Z, Mohd Yusoff Bin Ali's injury claim and other losses against your principals, M/s India International Insurance Pte Ltd and /or their insured.

As requested, we return the attached Discharge Voucher duly executed together with the original Letter of Demand.

Kindly expedite payment and forward us your cheque for the sum of **\$18,419.66** made in favour of **M/s Chunni Motor Work Pte Ltd** as soon as possible.

Thank you.

Yours faithfully,

For **CHUNNI MOTOR WORK PTE LTD**

Claims Department

Enc



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. M2-0078806-X
64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711
Office (65) 63476100 Email insure@iii.com.sg
Fax (65) 62244174 Website www.iii.com.sg

EXPRESS SETTLEMENT

DISCHARGE VOUCHER
III-Direct Settlement (PODS)

India Ref: TP / MCT19060282
Claimant Ref : SHA8372Z

We/I, CHUNNI MOTOR WORK PTE LTD ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK Auto Consultants Pte Ltd (name of Surveyor) with respect to the amount claimed for S\$ 16,585.00 (repair cost), S\$ 1,832.66 (loss of use/rental), S\$ - (search fee), vehicle no. SHA8372Z that was damaged pursuant to the accident which occurred on 12/06/2019 (date) at SUNTEC CITY TOWER ONE TAXI STAND (location) involving vehicle no. SH6955M (insured vehicle). This is pursuant to the inspection conducted on 14/06/2019 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner CITYCAB PTE LTD ("the third party claimant") of vehicle no. SHA8372Z to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify India International Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to cost of repairs and/or rental and/or loss of use pursuant to the damage to SHA8372Z (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

We/I authorize you to pay the total amount of S\$ 18,417.66 to CHUNNI MOTOR WORK PTE LTD

- 1 NOV 2019

Dated this day of 20

CLAIMANT:

Signature:

[Signature]
Signed by "the workshop" (with chop)

Name:

Chunni Motor Work Pte Ltd
Blk 10 Ang Mo Kio Industrial Park 2A
AMK Autopaint #03-19
Singapore 565647
Tel: 6542-7162 Fax: 6542-3039
Co. Reg. No: 200923110J

NRIC:

Address:

Nationality:

Occupation:

WITNESS:

Signature:

Signed by appointed Surveyor

Name:

LKK Auto Consultants Pte Ltd

NRIC:

199607198R

Address:

51 Ubi Avenue 1

Nationality:

Occupation:

#01-25 Paya Ubi Ind. Park S(408933)

The contents of this document apply to you...
damages only. It is intended to be used for the purpose of settling the claim and does not constitute an offer of insurance or any other financial product.

Your Ref : SH 6955M
Our Ref : SHA 8372Z

Mohd Yusoff Bin Ali c/o
CHUNNI MOTOR WORK PTE LTD
Blk 10 Ang Mo Kio Industrial Park 2A
#03-19 AMK AutoPoint
Singapore 568047

Date: 29/07/19

The Motor Claims Department

India 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 SHA 8372Z / SH 6955M / SH 7842Z On 12.06.2019

ALONG Suntec City Tower One Taxi Stand

I am the owner/hirer of motor vehicle/taxi, SHA 8372Z, 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:

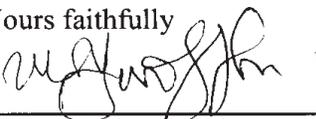
1) Cost of Repair	S\$ 16,585.00
2) Loss of Rental	S\$ 1,752.66 (\$125.19 x 14 days)
3) Loss of Income	S\$ 240.00 (\$40 x 6 days)
4) GIA Report Fee	S\$
5) LTA Search Fee	S\$ 2.00
6) Survey Report Fee	S\$
	<u>S\$ 18,579.66</u>

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

INDIA INTERNATIONAL INSURANCE PTE LTD 64 CECIL STREET #04/05 IOB BUILDING SINGAPORE 049711	VEHICLE NO SHA 8372 Z	DATE 25.07.2019
	MAKE HYUNDAI	INVOICE NO 10302
	MODEL IONIQ	ACC DATE/TIME 12.06.2019 @ 12:45 HRS

Cost of Repair	\$ 15,500.00
Sub-total	\$ 15,500.00
Add : 7 % - GST	\$ 1,085.00
Total	<u>\$ 16,585.00</u>

(SINGAPORE DOLLARS: SIXTEEN THOUSAND FIVE HUNDRED AND EIGHTY FIVE ONLY)



LETTER OF AUTHORITY

To Whom It May Concern :

ACCIDENT INVOLVING SHA 8372Z/SH 6955M/SH 7842Z

ALONG Suntec City Tower One Taxi Stand ON 12.06.2019

I, Mohd Yusoff Bin Ali, NRIC NO. S 1203477F of

Blk 897A Tampines St 81 # 02-720 Singapore 521897

Owner/hirer of motor vehicle Registration No SHA 8372Z, insured by

Ms First Capital Insurance Ltd under Policy No. D-18088937MFSH

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. SH 6955M 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,

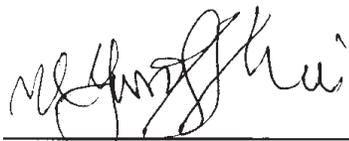
Survey report fee, LTA fee & GIA report fee) be made in favour of my representative, M/s

Chunni Motor Work Pte Ltd and that the said payment be forwarded to them as full and final

discharge of my claim.

Dated : 12.06.2019

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	13/06/2019 08:38
Date Of Accident	12/06/2019 12:45
Exact Location Of Accident	SUNTEC CITY TOWER ONE TAXI STAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8372Z
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	IONIQ HYBRID
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	MOHD YUSOFF BIN ALI
NRIC No	S1203477F
Date Of Birth	29/05/1956
Occupation	OUTDOOR
Date Of Driving Pass	11/10/1984
Driving Experience	34 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98797964
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 897A TAMPINES STREET 81 #02-720
Postcode	521897
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 checked="" type="radio"/> 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

REFER ATTACHED

Attachment(s)

<input checked="" type="radio"/> 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	SH6955M
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	RAHELA BTE ABD GHANI KHAN
NRIC/Passport Number	S1481031E
Contact Number	94500959
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SH7842Z
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SOO WING SING
NRIC/Passport Number	S1296584B
Contact Number	96669528
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MOHD YUSOFF BIN ALI
Approximate Age	
Injuries Sustain	BACK AND NECK
Injured person in which vehicle?	SHA8372Z
<input type="radio"/> Were seat belts worn?	YES
<input type="radio"/> Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

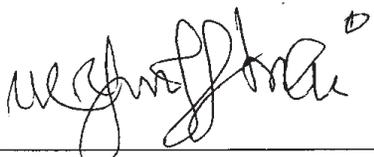
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

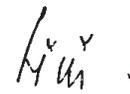
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

CITYCAR PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

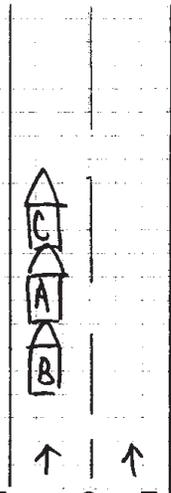


Driver's Signature
(If driver is not the policyholder)
Date & Time: 12.06.2019
@ 17:30 hrs



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

SKETCH PLAN



A - SHA 8372Z
 B - SH 6955M (CTPL)
 C - SH7842Z (CTPL)

Along Suntec City Tower One Taxi Stand

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12.06.2019 at about 12:45 hours I was travelling along Suntec City Tower One Taxi
Stand with no passenger onboard .
While my taxi was in a stationary position , suddenly I felt an impact from my taxi A - Rear
portion causing my taxi to surged forward and collided into Veh C .
After the accident my taxi sustain damages on both front and rear portion .
After the accident I suffered pain at my back and neck area , will consult doctor later on .
I have company photo and videos at scene to support my claims .
Veh B (SH 6955M) - Ms Rahela Bte Abd Ghani Khan I/C : S 1481031E H/P : 9450 0959
Veh C (SH 7842Z) - Mr Soo Wing Sing I/C : S 1296584B H/P : 9666 9528

DECLARATION

I/We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD
 CO. REG. NO. 199502839G

Policyholder's Signature
 Date & Time:

[Handwritten Signature]

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 12.06.2019
 @ 17:30 hrs

[Handwritten Signature]

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 : MCD 619076918 Vehicle Registration No: SHA 8372Z
Name(as shown in NRIC) : Mohd Yusoff Bin Ali NRIC/FIN/Passport No : S 1203477F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 897A Tampines St 81 #02-720 Singapore(521897)
Contact (Tel) : _____ Mobile No. : 9879 7964
Email Address : _____
Date of Accident : 12.06.2019 Time of Accident : 12:45
Place of Accident : Suntec City Tower One Taxi Stand
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:

Amend accident location : Suntec City Tower One Taxi Stand

f. hui

Policyholder / Driver's Signature
Date: 13.06.2019

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

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

ADDENDUM

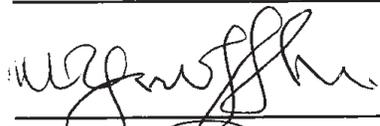
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MCD 619076918 -01 Vehicle Registration No: SHA 8372Z
 Name (as shown in NRIC) : Mond Yusoff Bin Ali NRIC/FIN/Passport No : S1203477F
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : B1K 897A Tampines St 81 #02-720 Singapore (521897)
 Contact (Tel) : - Mobile No. : 9879 7964
 Email Address : -
 Date of Accident : 12.06.2019 Time of Accident : 12:45
 Place of Accident : Suntec City Tower One Taxi Stand
 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:

Submit Police Report & 3days mc .
T/20190613/2047 .


 Policyholder / Driver's Signature
 Date: **18 JUN 2019**

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



Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHD YUSOFF BIN ALI	ID No.	S1203477F
Related Vehicle	SHA8372Z (Car)	Contact No.	98797964
Hospital/Clinic	FAMILY CARE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	13/06/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 12/06/2019 at about 1245hrs, I was parked stationary along Suntec City Tower one Taxi Stand waiting for passengers. Suddenly I felt an impact from the rear of my Taxi causing my Taxi to surge forward and collide the Taxi in front of me. My Vehicle sustained damages on the front & rear. I went to consult a doctor at Family Care Clinic and got myself 3 days of MC. I then exchanged particulars with all involved parties. No threat or assault took place.

Front Taxi driver details as follows, Mr Soo Wing Sing, S1296584B, HP: 9666 9528
Rear Taxi driver details as follows, Ms Rahela Bte Abd Ghani Khan, S1481031E, HP: 9450 0959



**SINGAPORE
POLICE FORCE**



T/20190613/2047

3 of 3

Report No. T/20190613/2047

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J/

Sgt 2 BENJAMIN LEE CHAI JUN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/06/2019 12:36

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUT

Control No.: 65476151

SN 116

Authorization Stamp

NP108

Classification Of Case:

Singapore Police Force

SWA 23722

DATE	NAME OF DRIVER	MILEAGE READING					MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
								FROM	TO
6-6-19	MYA	1	4	1	8	9	751.8	10.00am	6.00
5-6-19	Jamult	0	1	4	3	9	204.1	1830	0457
7-6-19	MYA	0	1	4	6	3	212.0	0735	1822
7-6-19	Jamult	0	1	4	7	7	141.8	21.10	02.39
8-6-19	MYA	0	1	4	8	9	185.0	0915	2221
9-6-19	MYA	0	1	5	0	1	118.5	0957	2341
10-6-19	MYA	0	1	5	2	4	228.1	0950	1800
10-6-19	Jamult	0	1	5	4	6	219.8	20.15	0508
11-6-19 ¹⁴¹⁴ ₁₆₂₃	MYA - servicing	0	1	5	6	9	Bradley Workshop		
11-6-19	MYA	0	1	5	7	2	267.0	0719	1818
11-6-19	Jamult	0	1	8	0	0	279.8	1829	0513

Our Ref: CC19060293



Date: 13 June 2019

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 12/06/2019 @ 12:45 hrs
ALONG SUNTEC CITY TOWER TWO
INVOLVING SH6955M, SH7842Z

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 **SHA8372Z** (the "Taxi"). The Taxi was hired to **MOHD YUSOFF BIN ALI IC NO S1203477F** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.19** 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.