

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

Cecilia

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

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:

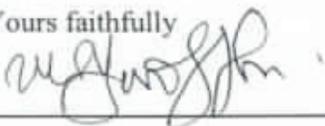
1) Cost of Repair	SS	16,585.00
2) Loss of Rental	SS	1,752.66 (\$125.19 x 14 DAYS)
3) Loss of Income	SS	240.00 (\$40 x 6 DAYS)
4) GIA Report Fee	SS	
5) LTA Search Fee	SS	2.00
6) Survey Report Fee	SS	
	SS	<u>18,579.66</u>

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



Attached are disc

LETTER OF AUTHORITY

To Whom It May Concern :

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

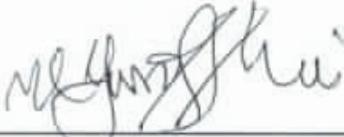
ALONG Suntec City Tower One Taxi Stand ON 12.06.2019

I, Mohd Yusoff Bin Ali, NRIC NO. S 1203477F of
Blk 897A Tampines St 81 # 02-120 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)

TAX INVOICE

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



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
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)

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
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:

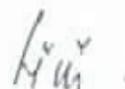
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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. 199502439G

Policyholder's Signature
Date & Time:

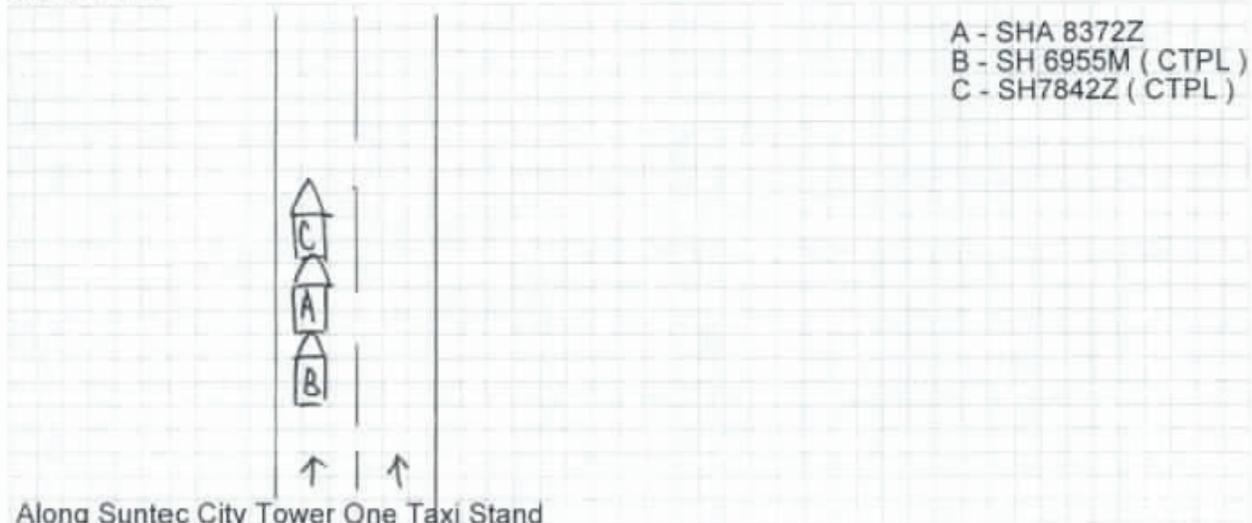


Driver's Signature
(If driver is not the policyholder)
Date & Time: 12.06.2019
@ 17:30 hrs



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

SKETCH PLAN



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:

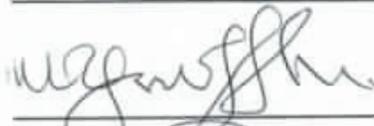
Original Report No : MCD 619076418 -01 Vehicle Registration No: SHA 8372Z
Name (as shown in NRIC) : Mond Yusoff Bin Ali NRIC/FIN/Passport No : S1203477F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 897A Tampines St 81 #02-720 Singapore (521897)
Contact (Tel) : - Mobile 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:

Submit Police Report & 3days mc .

T/20190613/1047 .



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/06/2019 12:36	Vide Report No.:	Station Diary No.: 12
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Informant's Particulars			
Name of Informant: MOHD YUSOFF BIN ALI		Address: APT BLK 897A TAMPINES STREET 81 #02-720 SINGAPORE 521897	
ID Type / ID No.: NRIC NO / S1203477F		Contact No.:	Mobile: 98797964
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 29/05/1956	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3,4	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/06/2019 12:45	Type of Location:
Location: Along Road 1 TEMASEK BOULEVARD				
The accident happened along Suntec City Tower One Taxi Stand.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH6955M	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue		0
SH7842Z	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT	Blue		0
SHA8372Z	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT	Yellow	Seriously Damaged	0



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

Report No. T/20190613/2047

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

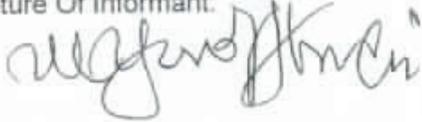
Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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  Contact No.: 65476151 SN 116	Classification Of Case:

Authentication Stamp
NPP106

Singapore Police Force

SNA 83722

DATE	NAME OF DRIVER	MILEAGE READING				MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)			
		FROM	TO	FROM	TO					
6-6-19	MYA	1	4	1	8	9	751.8	10.00	6.00	
6-6-19	Jamlet	0	1	4	3	9	3	204.1	1830	0457
7-6-19	MYA	0	1	4	6	3	1	212.0	0735	1800
7-6-19	Jamlet	0	1	4	7	7	2	141.8	21.10	02.39
8-6-19	MYA	0	1	4	8	9	9	185.0	0915	2221
9-6-19	MYA	0	1	5	0	1	8	118.5	0957	2341
10-6-19	MYA	0	1	5	2	4	6	228.1	0950	1800
10-6-19	Jamlet	0	1	5	4	6	6	219.8	20.15	0508
11-6-19 ¹⁴¹⁴ ₁₈₂₃	MYA - servicing	0	1	5	6	9	5	Bradley Workshop		
11-6-19	MYA	0	1	5	7	2	2	267.0	0719	1818
11-6-19	Jamlet	0	1	8	0	0	1	279.6	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.