

Your Ref : GBA 610K  
Our Ref : SHC 2545X

FCN

Tay Kwee Yong 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  
AIG & LKK Auto Consultants Pte Ltd  
51 Ubi Ave 1 #01-25  
Pay a Ubi Ind Park  
Singapore 408933

**WITHOUT PREJUDICE**

Dear Sir / Madam,

**RE: ACCIDENT INVOLVING SHC 2545X/GBA 610K On 22.06.2019**

**ALONG Bedok North Ave 4**

I am the owner/hirer of motor vehicle/taxi, SHC 2545X, 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\$ 14,659.00
2) Loss of Rental	S\$ 1,609.30 (\$114.95 x 14 DAYS)
3) Loss of Income	S\$ 700.00 (\$50 x 14 DAYS)
4) GIA Report Fee	S\$
5) LTA Search Fee	S\$ 2.00
6) Survey Report Fee	S\$
	<u>S\$ 16,970.30</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

Tay Kwee Yong

Attached can also

**TAX INVOICE**

TAY KWEE YONG APT BLK 122 BEDOK NORTH STREET 2 #04-100 SINGAPORE 460122	VEHICLE NO	DATE
	SHC 2545 X	25.07.2019
	MAKE	INVOICE NO
	HYUNDAI	<b>10304</b>
	MODEL	ACC DATE/TIME
	I40	22.06.2019 @ 16:30 HRS

Cost of Repair \$ 13,700.00

**Sub-total** \$ 13,700.00

**Add : 7 % - GST** \$ 959.00

**Total** \$ 14,659.00

(SINGAPORE DOLLARS: FOURTEEN THOUSAND SIX HUNDRED AND FIFTY NINE ONLY)



## LETTER OF AUTHORITY

To Whom It May Concern :

ACCIDENT INVOLVING SHC 2545X/GBA 610K

ALONG Bedok North Ave 4 ON 22.06.2019

I, Tay Kwee Yong, NRIC NO. S 0338081E of

Blk 122 Bedok North Street 2 # 04-100 Singapore 460122

Owner/hirer of motor vehicle Registration No SHC 2545X, 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. GBA 610K 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,

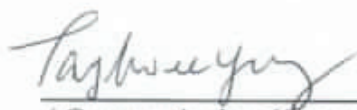
Survey report fee, LTA fee & GIA report fee ) be made in favour of my representative, M/s

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

discharge of my claim.

Dated : 22.06.2019

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	24/06/2019 09:18
Date Of Accident	22/06/2019 16:30
Exact Location Of Accident	BEDOK NORTH AVE 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2545X
<b>Insured/Policyholder</b>	
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	YOONG KUM HONG
NRIC No	S1667164I
Date Of Birth	18/11/1964
Occupation	OUTDOOR
Date Of Driving Pass	09/01/1985
Driving Experience	34 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83013623
Fax Number	
Contact Number	
Email Address	YOONGYOONG3623@GMAIL.COM



Address	BLK 708 BEDOK NORTH ROAD #09-3372
Postcode	470708
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	COLLISION - HEAD TO REAR
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

REFER ATTACHED \* TYPE OF ACCIDENT :- HEAD TO SIDE

#### 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	GBA610K
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ARUMUGAM SATHYAMURTHY
NRIC/Passport Number	G3409971K
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	YOONG KUM HONG
Approximate Age	
Injuries Sustain	CHEST
Injured person in which vehicle?	SHC2545X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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.

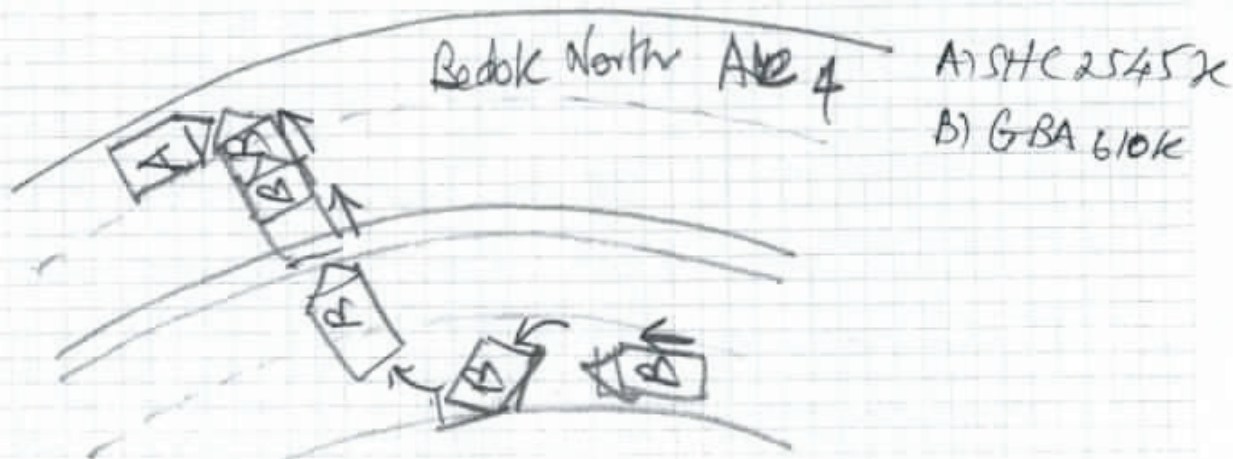
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

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

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





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/6/19 at about 1800hrs while I Veh A was driving along the left side extreme left lane of the Dual carriage driveway, Veh B from the opposite direction skidded and collided onto the railing and subsequently crossed the centre divider and intercepted onto the driveway along my side and collided onto the front right portion of my moving vehicle. I felt pain at the chest and will be consulting the doctor subsequently.

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:

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

*[Signature]*  
S. K. Moorthy  
CSO 22/6/19



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

**Third Party Insurer Enquiry**

Our Ref No: GR-19-099805

Date of Request: 24/06/2019

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: 24/06/2019  
Enquiry By: Chris Lim Gan Koon  
TP Vehicle No.: GBA610K  
Accident Date: 22/06/2019

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
GBA610K	AIG Asia Pacific Insurance Pte. Ltd.	13/06/2018-12/08/2019	65-6419-3000

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**8 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-19-099605

Date of Request: 24/06/2019

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: 24/06/2019  
Enquiry By: Chris Lim Gan Koon  
TP Vehicle No: GBA610K  
Accident Date: 22/06/2019

DESCRIPTION	AMOUNT (\$\$)
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

SHC 2545X

[illegible]



Our Ref: CT19060572

Date: 26 June 2019



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON                      22/06/2019    @   16:30 hrs  
ALONG                                BEDOK NORTH AVE 4  
INVOLVING                         GBA610K

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 **SHC2545X** (the "Taxi"). The Taxi was hired to **TAY KWEE YONG IC NO S0338081E** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$114.95** 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.