

Your Ref : SHA 5275R
Our Ref : SHC 7129G

Cecr/19

Koh Teik Chye Valentine 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

WITHOUT PREJUDICE

India Co LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Payu Ubi Ind Park
Singapore 408933

Dear Sir / Madam,

RE: ACCIDENT INVOLVING SHC 7129G/SHA 5275R On 24.06.2019

ALONG Airport Rd x Hougang Ave 3.

I am the owner/hirer of motor vehicle/taxi, SHC 7129G, 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:

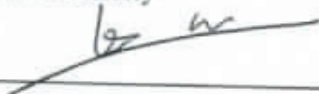
1) Cost of Repair	S\$ 19,260.00
2) Loss of Rental	S\$ 1,690.05 (\$12.67 x 13 days)
3) Loss of Income	S\$ 600.00 (\$40 x 15 days)
4) GIA Report Fee	S\$
5) LTA Search Fee	S\$
6) Survey Report Fee	S\$
	<u>S\$ 21,550.05</u>

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 CEC disc

TAX INVOICE

INDIA INTERNATIONAL INSURANCE PTE LTD 64 CECIL STREET #04/05 IOB BUILDING SINGAPORE 049711	VEHICLE NO SHC 7129 G	DATE 25.07.2019
	MAKE HYUNDAI	INVOICE NO 10305
	MODEL I40	ACC DATE/TIME 24.06.2019 @ 08:20 HRS

Cost of Repair \$ 18,000.00

Sub-total \$ 18,000.00

Add : 7 % - GST \$ 1,260.00

Total \$ 19,260.00

(SINGAPORE DOLLARS: NINETEEN THOUSAND TWO HUNDRED AND SIXTY
ONLY)



LETTER OF AUTHORITY

To Whom It May Concern :

ACCIDENT INVOLVING **SHC 7129G/SHA 5275R**

ALONG Airport Rd x Hougang AVE 3 ON 24.06.2019

I, Koh Teik Chye Valentine, NRIC NO. S 1735095A of
Blk 413 Ang Mo Kio Avenue 10 #07-913 Singapore 560413

Owner/hirer of motor vehicle Registration No **SHC 7129G**, 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. SHA 5275R 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 : 24.06.2019

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	25/06/2019 11:46
Date Of Accident	24/06/2019 08:20
Exact Location Of Accident	AIRPORT RD X HOUGANG AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7129G
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	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	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	KOH SING HING
NRIC No	S1378235J
Date Of Birth	05/02/1959
Occupation	OUTDOOR
Date Of Driving Pass	28/12/1976
Driving Experience	42 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90237719
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	412 #11-895 ANG MO KIO AVENUE 10
Postcode	560412
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	SIDE SWIPE
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?	YES
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)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	AMK S NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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	SHA5275R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

LEFT CENTRE

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KOH SING HING

Approximate Age 60

Injuries Sustain NECK

Injured person in which vehicle? SHC7129G

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. 199502839G

Policyholder's Signature
Date & Time: 25.06.2019

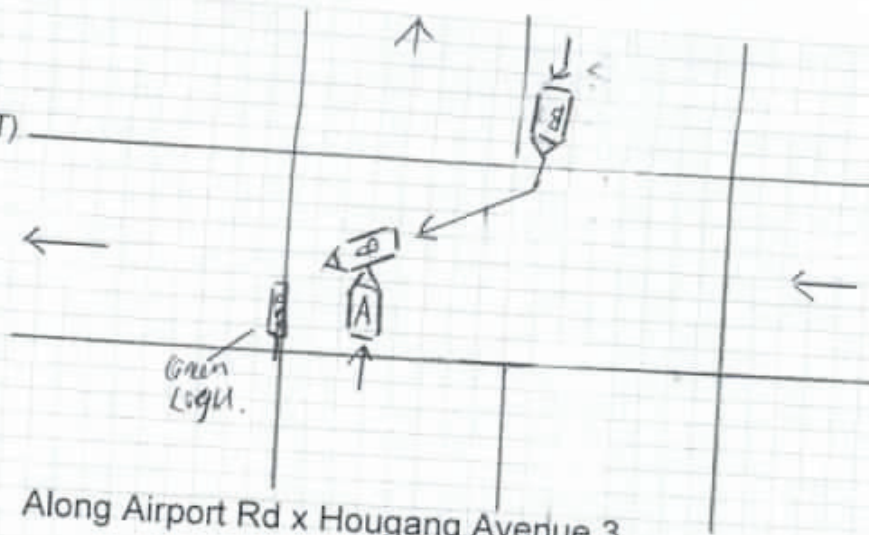

Driver's Signature
(If driver is not the policyholder)
Date & Time: 25.06.2019@11:00hrs

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

SKETCH PLAN

A-SHC 7129G

B-SHA 5275R (CT)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As attached Police Report no: T/20190624/2096

After the accident, I felt pain on my neck, and 3 days MC given by doctor.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time: 25.06.2019

Koh Seng Hin
Driver's Signature
(If driver is not the policyholder)
Date & Time: 25.06.2019 @ 11:00hrs

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



SINGAPORE POLICE FORCE



T/20190624/2096

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 3

Report No. T/20190624/2096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/06/2019 14:15	Vide Report No.: G/20190624/0064	Station Diary No.: 95
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Informant's Particulars			
Name of Informant: KOH SING HING		Address: APT BLK 412 ANG MO KIO AVENUE 10 #11-895 SINGAPORE 560412	
ID Type / ID No.: NRIC NO / S1378235J		Contact No.: Home/Office: Mobile: 90237719	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 60	Date of Birth: 05/02/1959	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/06/2019 08:20	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 AIRPORT ROAD HOUGANG AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA5275R	Car	HYUNDAI	I40	Blue	Seriously Damaged	0
SHC7129G	Car	HYUNDAI	I40	Yellow	Seriously Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190624/2096

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

2 of 3

Report No: T/20190624/2096

CONTINUATION OF REPORT

Driver			
Name	KOH SING HING	ID No.	S1378235J
Related Vehicle	SHC7129G (Car)	Contact No.	90237719
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 24/06/2019 at about 0820hrs, I was driving my taxi, SHC7129G, along Airport road towards KPE direction on lane 3.

Upon reaching the junction of Airport road and Hougang Ave 3, the traffic light was green and proceeded straight. Halfway through the junction, I suddenly spotted another taxi, SHA5275R, turning right into Hougang Avenue 3. As the speed of the other taxi was too fast, I am unable to stop in time and collided onto it.

During the impact, my head hit onto the steering wheel and bounce back and hit onto the head rest. My passenger then called for Ambulance. I alighted from my taxi to get the details of the other driver however he refused to provide me and told me that the Traffic Police will get his particulars.

Traffic Police arrived at scene and interview me, after interview, the Traffic Police took my in-car camera SD card. After which I was conveyed to Sengkang General Hospital. I was given 3 days of medical leave.



**SINGAPORE
POLICE FORCE**



T/20190624/2096

3 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20190624/2096

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:

F /

Staff Sgt YIP WAI LEONG

Signature Of Informant:

Koh Sing Hing

Date/Time:

24/06/2019 14:15

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI ONG CHEE HIEN

Contact No.: 65476437

Classification Of Case:

SN 085

Authentication Stamp

NP168



Signature:

Singapore Police Force



**SINGAPORE
POLICE FORCE**



T/20190624/2096

3 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20190624/2096

CONTINUATION OF REPORT

Sketch Plan

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Staff Sgt YIP WAI LEONG

Signature Of Informant:

Koh Sing Hing

Date/Time:

24/06/2019 14:15

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI ONG CHEE HIEN

Contact No.: 65476437

Classification Of Case:

SN 085

Authentication Stamp

NP168



Signature:

Singapore Police Force

SHC 71296

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
				FROM	TO
21/6	Hay	29 01 68	165 019	0625	1510
21-06		29 04 79		1545	0140
22/6	Hay	29 06 31	152 017	0730	1510
22-06		29 09 08		1620	0055
23-06		29 10 49		1730	2210
24/6/19	In Katarua work shop			08:20	6
8/7/19	Out of work shop				17:00

Our Ref: CC19060629



Date: 26 June 2019

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	24/06/2019 @ 08:20 hrs
ALONG	AIRPORT RD X HOUGANG AVE 3
INVOLVING	SHA5275R

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 **SHC7129G** (the "Taxi"). The Taxi was hired to **KOH TEIK CHYE VALENTINE IC NO S1735095A** a registered hirer-operator of **CityCab 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 **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.