

Your Ref : SHD 4804E
Our Ref : SHB 2951L

Ng Chin Lin 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's HKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Payco Ubi Ind Park
Singapore 408933

Dear Sir / Madam,

RE: ACCIDENT INVOLVING SHB 2951L / SHD 4804E On 28.06.2019

ALONG Geylang Lorong 22 x Aljunied Road

I am the owner/hirer of motor vehicle/taxi, SHB 2951L, 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\$ 15,836.00
2) Loss of Rental	S\$ 996.03 (\$110.67 x 9 DAYS)
3) Loss of Income	S\$ 360.00 (\$40 x 9 DAYS)
4) GIA Report Fee	S\$
5) LTA Search Fee	S\$
6) Survey Report Fee	S\$
	<u>S\$ 17,192.03</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

TAX INVOICE

INDIA INTERNATIONAL INSURANCE PTE LTD 64 CECIL STREET #04/05 IOB BUILDING SINGAPORE 049711	VEHICLE NO SHB 2951 L	DATE 25.07.2019
	MAKE HYUNDAI	INVOICE NO 10307
	MODEL I40	ACC DATE/TIME 28.06.2019 @ 03:55 HRS

Cost of Repair \$ 14,800.00

Sub-total \$ 14,800.00

Add : 7 % - GST \$ 1,036.00

Total \$ 15,836.00

(SINGAPORE DOLLARS: FIFTEEN THOUSAND EIGHT HUNDRED AND THIRTY SIX ONLY)



LETTER OF AUTHORITY

To Whom It May Concern :

ACCIDENT INVOLVING **SHB 2951L / SHD 4804E**

ALONG Geylang Lorong 22 x Aljunied Road ON 28.06.2019


I, Ng Chin Lin, NRIC NO. S 1384792D of
Blk 709 Hougang Ave 2 #09-121 Singapore 530709

Owner/hirer of motor vehicle Registration No **SHB 2951L**, 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. **SHD 4804E** 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 : 28.06.2019

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 28/06/2019 09:56
Date Of Accident 28/06/2019 03:55
Exact Location Of Accident GEYLANG LOR 22X ALJUNIED RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB2951L
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 CHEN HON KEONG
NRIC No S0198596E
Date Of Birth 26/01/1953
Occupation OUTDOOR
Date Of Driving Pass 01/01/1973
Driving Experience 46 YEARS AND 5 MONTHS
Gender MALE
Mobile Number
Fax Number (LOCAL) +65-81232196
Contact Number
Email Address NOEMAIL

Address	703 08-189 HOUGANG AVENUE 2
Postcode	530703
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?	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)	2
Passenger 1	NAME: : -
	GENDER: : MALE

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	SHD4804E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TEO GUAN HOCK
NRIC/Passport Number	S7209756D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT RHT

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.

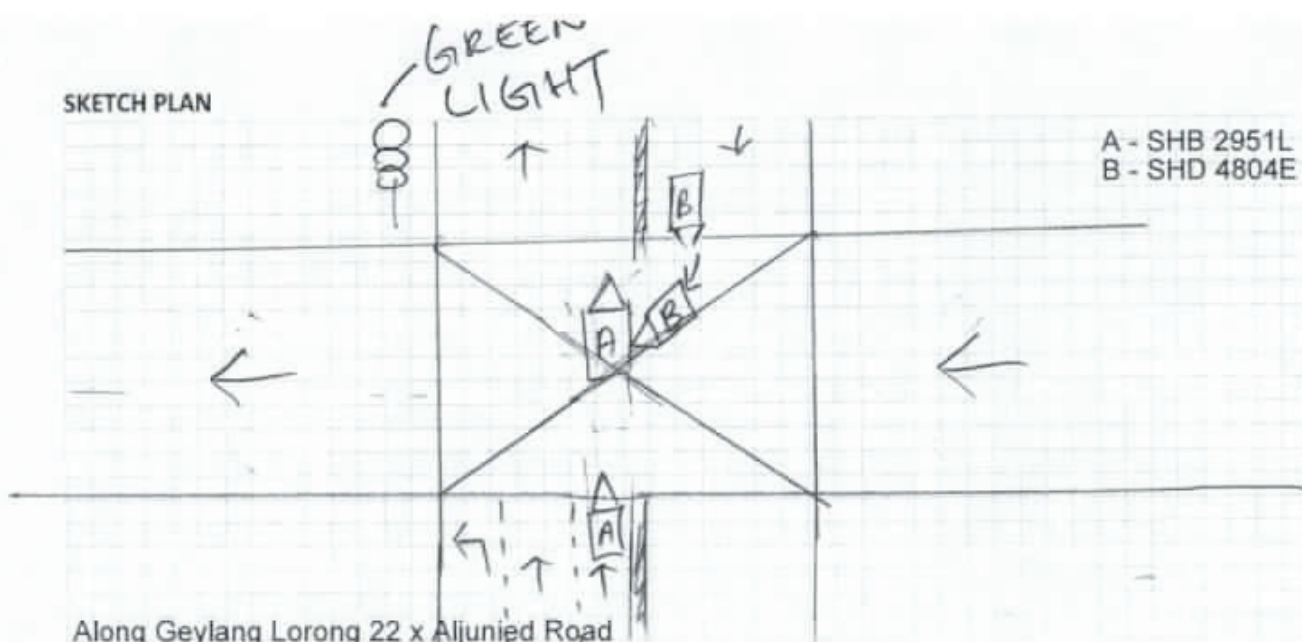
CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 28.06.2019
@ 10:00 hrs


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

SKETCH PLAN



Along Geylang Lorong 22 x Aljunied Road
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28.06.2019 at about 03:55 hours I was travelling along Geylang Lorong 22 x Aljunied
Road with One Male Passenger onboard .
While the traffic light was green in my favour I proceeded straight , suddenly veh B
(SHD 4804E) make a right turn without giving way to me and collided into my taxi A - Right
WHOLE RIGHT. <i>th</i>
Rear Portion .
As it took place too fast I could not take evasive action to prevent the accident .
No injury in this accident .
I have company video and witness statement to support my claims .
Veh B (SHD 4804E) - Mr Teo Guan Hock I/C : S 7209756D

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

th
Driver's Signature
(If driver is not the policyholder)
Date & Time: 28.06.2019
@ 10:00 hrs

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

Shigeru Nakamura

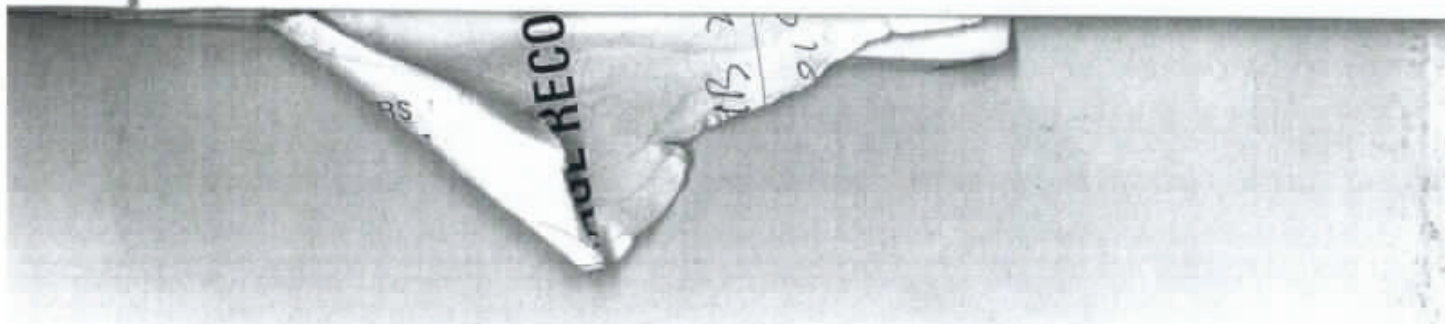
83069/61

G5440917L

Taxi driver went through Gaylord 10th 22
Opposite Side the other one tried to
turn right, and ~~the~~ they hit it.

shigeru

OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
TO						FROM	TO
1900	24/6/2019	NCL 12	675311	275	0705	1930	
0640	24/6/2019	CHK	675564	254	2130	0700	
1900	25/6/2019	NCL 10	675790	226	0700	1900	
0635	25/6/2019	CHK	675999	209	2200	0640	
1830	26/6/2019	NCL 11	676278	27931	0705	1830	
0740	26/6/2019	CHK	676429	151	2230	0650	
1930	27/6/2019	NCL 13	676673	244	0705	1810	
0800	27/6/2019	CHK	676903	230	2230	0645	
1930	28-6-19	Layang Workshop				09-00	Wf
0640	6-7-19	Layang Workshop				Wf	12-00
SHB 29511							



Our Ref: CC19060701



Date: 29 July 2019

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	28/06/2019 @ 03:55 hrs
ALONG	GEYLANG LOR 22X ALJUNIED RD
INVOLVING	SHD4804E

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 **SHB2951L** (the "Taxi"). The Taxi was hired to **NG CHIN LIN IC NO S1384792D** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate \$110.67 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.