

Your Ref : SGT 8957Z  
Our Ref : SHA 3808S

1201900021564-002/CL  
RECEIVED  
06 SEP 2019  
FWD Singapore Pte Ltd

**Lim Chee Yuen (Lin ZhiYuan) c/o**  
**CHUNNI MOTOR WORK PTE LTD**  
Blk 10 Ang Mo Kio Industrial Park 2A  
#03-19 AMK AutoPoint  
Singapore 568047

Date : 02/09/19

The Motor Claims Department  
FWD Singapore Pte Ltd  
6 Temasek Boulevard  
#18-01 Suntec Tower Four  
Singapore 038986

**WITHOUT PREJUDICE**

Dear Sir / Madam,

**RE: ACCIDENT INVOLVING SHA 3808S / SGT 8957Z On 23.07.2019**

**ALONG Simei St 1 Blk 131**

I am the owner/hirer of motor vehicle/taxi, SHA 3808S, 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\$	11,770.00
2) Loss of Rental	S\$	1,328.04 (\$110.67 x 12 DAYS)
3) Loss of Income	S\$	150.00 (\$50 x 3 DAYS)
4) GIA Report Fee	S\$	
5) LTA Search Fee	S\$	2.00
6) Survey Report Fee	S\$	
	S\$	<u>13,250.04</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 car disc

CHUNNI MOTOR WORK  
PTE LTD

**TAX INVOICE**

LIM CHEE YUEN(LIN ZHIYUAN) APT BLK 112 LORONG 3 GEYLANG #05-91 SINGAPORE 381112	VEHICLE NO	DATE
	SHA 3808 S	31.08.2019
	MAKE	INVOICE NO
	HYUNDAI	10488
	MODEL	ACC DATE/TIME
	I40	23.07.2019 @ 18:35 HRS

Cost of Repair \$ 11,000.00

**Sub-total** \$ 11,000.00

**Add : 7 % - GST** \$ 770.00

**Total** \$ 11,770.00

(SINGAPORE DOLLARS: ELEVEN THOUSAND SEVEN HUNDRED AND SEVENTY ONLY)



## LETTER OF AUTHORITY

To Whom It May Concern :

ACCIDENT INVOLVING SHA 3808S/ SGT 8957Z

ALONG Simei St 1 Blk 131 ON 23.07.2019

I, Lim Chee Yuen (Lin ZhiYuan) , NRIC NO. S 7442222E of

Blk 112 Lorong 3 Geylang # 05-91 Singapore 381112

Owner/hirer of motor vehicle Registration No SHA 3808S ,insured by

Ms First Capital Insurance Ltd under Policy No. D-18088936MFSH

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. SGT 8957Z 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 : 23.07.2019

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	24/07/2019 10:02
Date Of Accident	23/07/2019 18:35
Exact Location Of Accident	SIMEI ST 1 BLK 131
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3808S
<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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	LIM CHEE YUEN
NRIC No	S7442222E
Date Of Birth	27/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	25/10/1993
Driving Experience	25 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96809296
Fax Number	
Contact Number	
Email Address	MPERFECT_74@YAHOO.COM.SG

Address	112 05-91 LORONG 3 GEYLANG
Postcode	381112
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?	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)	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

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	SGT8957Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AHMAD ABDILLAH BIN MOHAMAD FADILLAH
NRIC/Passport Number	S8919987E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT LEFT
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	KERB
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NO DAMAGE
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE

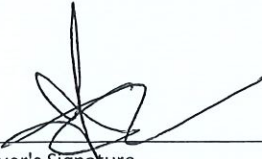
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material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

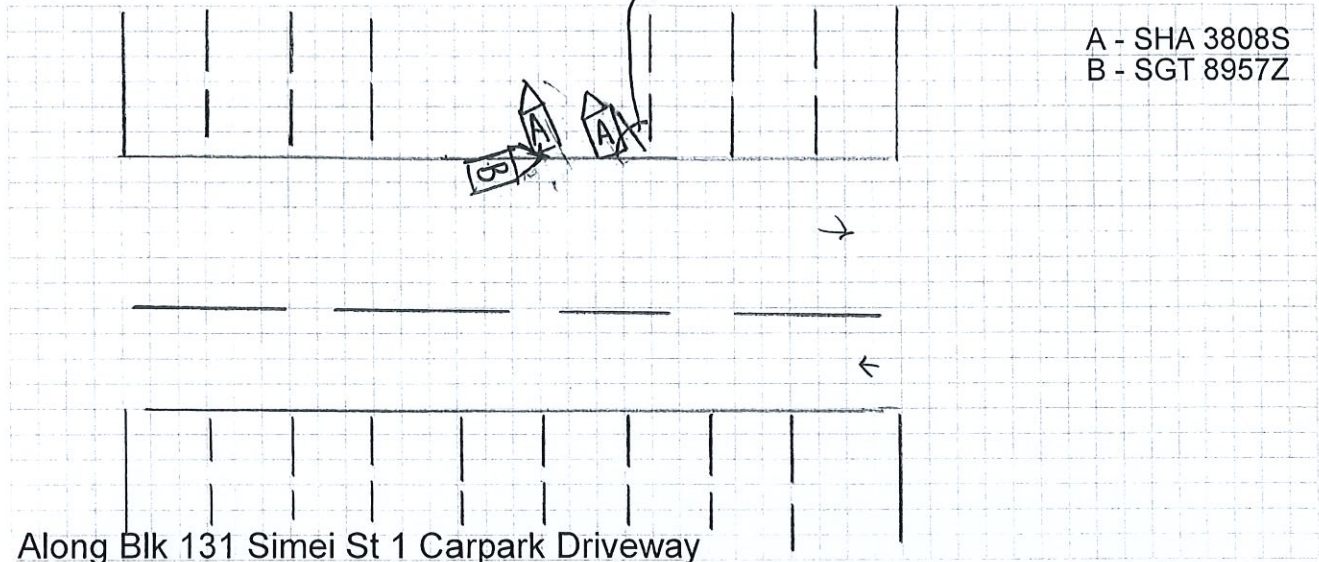
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 24.07.2019  
@ 10:00 hrs

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

# SKETCH PLAN



A - SHA 3808S  
B - SGT 8957Z

Along Blk 131 Simei St 1 Carpark Driveway

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23.07.2019 at about 18:35 hours I was travelling along Blk 131 Simei St 1
one
Carpark Driveway with no passenger onboard .
While I was at a stationary position after alighting my passenger , Suddenly veh
( b ) - collided into my taxi A - Left Rear Portion . After the accident the impact
causes my taxi Rear Right Portion to be on the kerb .
After the accident my taxi sustain damages on both Left Rear and Right Rear
Portion .
No injury in this accident .
Veh B ( SGT 8957Z ) - Mr Ahmad Abdillah Bin Mohamad Fadillah

## 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: 24.07.2019  
@ 10:00 hrs

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



Invoice

<https://www.giarmc.org.sg/claims/index.cfm?fusebox=MTRsas&fu...>**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-19-119358

Date of Request: 24/07/2019

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 24/07/2019  
Enquiry By Chrls Lim Gan Koon  
TP Vehicle No. SGT8957Z  
Accident Date 23/07/2019

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
sgt8957z	FWD Singapore Pte. Ltd.	25/04/2019-24/04/2020	6727 5700

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...>**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
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GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-19-119358  
Date of Request: 24/07/2019

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 24/07/2019  
Enquiry By Chris Lim Gan Koon  
TP Vehicle No. SGT8957Z  
Accident Date 23/07/2019

DESCRIPTION	AMOUNT (S\$)
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



OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
M	TO					FROM	TO
02	22	10/6/19	Accident	7	IN	0845	—
		12/6/19	Repair	LY	OUT	—	1630
		23.07.19	Lorry Workshop In			1825	✓
0	1710	03.08.19	Lorry Workshop Out			85	11-20
5	0010						
2	1700						
00	2315						
2	1700						
20	0349						

Our Ref: CT19070610

Date: 30 July 2019



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON	23/07/2019 @ 18:35 hrs
ALONG	SIMEI ST 1 BLK 131
INVOLVING	SGT8957Z, , KERB/DIVIDER/PAVEMENT/HUMP/PLATFORM

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 **SHA3808S** (the "Taxi"). The Taxi was hired to **LIM CHEE YUEN IC NO S7442222E** a registered hirer-operator of **Comfort Transportation 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.