

Your Ref : SHD 6762D

Our Ref : SHC 3367L

**Sutharalingam s/o Ramalingam c/o
CHUNNI MOTOR WORK PTE LTD**

Blk 10 Ang Mo Kio Industrial Park 2A

#03-19 AMK AutoPoint

Singapore 568047

Date : 15/11/19

The Motor Claims Department

WITHOUT PREJUDICE

Indra LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Ind Park
Singapore 408933

Dear Sir / Madam,

RE: ACCIDENT INVOLVING SHC 3367L/SHD 6762D/SJS 3943R/Others On 20.10.2019

ALONG ECP twds Airport

I am the owner/hirer of motor vehicle/taxi, SHC 3367L, 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	19,260.00
2) Loss of Rental	SS	1,328.00 x \$110.67 x 12 (MAY)
3) Loss of Income	SS	480.00 x \$42 x 12 (MAY)
4) GIA Report Fee	SS	
5) LTA Search Fee	SS	
6) Survey Report Fee	SS	
	SS	<u>21,068.00</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

R. Sutharalingam

LETTER OF AUTHORITY

To Whom It May Concern :

ACCIDENT INVOLVING SHC 3367L/SHD 6762D/SJS 3943R/Others

ALONG ECP twds Airport ON 20.10.2019

I, Sutharalingam s/o Ramalingam, NRIC NO. S ****806D of

Blk 31 Telok Blangah Rise # 03-348 S'pore 090031

Owner/hirer of motor vehicle Registration No SHC 3367L, 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. SHD 6762D 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 : 20.10.2019

Signature : R. Sutharalingam
(Company's chop if necessary)

EXPRESS SETTLEMENT

DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MCT19100476
Claimant Ref: SHC 3367L

We/I, CHUNNI MOTOR WORK PTE LTD ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK Auto Consultants Pte Ltd (name of Surveyor) with respect to the amount claimed for S\$ 20,750.00 (Global Sum) (Twenty thousand and 750/100 only), vehicle no. SHC 3367L that was damaged pursuant to the accident which occurred on 20/10/2019 (date) at ECP TWDS AIRPORT (location) involving vehicle no. SHD 6762D (insured vehicle). This is pursuant to the inspection conducted on 22/10/2019 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner COMFORT TRANSPORTATION PTE LTD ("the third party claimant") of vehicle no. SHC 3367L to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify India International Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to cost of repairs and/or rental and/or loss of use pursuant to the damage to SHC 3367L (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

We/I authorize you to pay the total amount of S\$ 20,750.00 to CHUNNI MOTOR WORK PTE LTD

Dated this day of 12 DEC 2019 20

CLAIMANT:

Signature: _____

Signed by "the workshop" (with chop)

Name: _____

NRIC: _____

Address: _____

Chunni Motor Work Pte Ltd
Blk 19 Ang Mo Kio Industrial Park 2A
AMK Autopoint #03-19
Singapore 565047
Tel: 6542-7162 Fax: 6542-8039
Co. Reg. No: 2009231100

Nationality: _____

Occupation: _____

WITNESS:

Signature: _____

Signed by appointed Surveyor

Name: _____

NRIC: _____

Address: _____

LKK
ABT
LKK Auto Consultants Pte Ltd

199607198R

51 Ubi Avenue 1

#01-25 Paya Ubi Ind. Park S(408933)

Nationality: _____

Occupation: _____

"The contents of this document apply to vehicle damages only. All personal injuries and damages arising therefrom are excluded from the ambit and application of this document."

TAX INVOICE

INDIA INTERNATIONAL INSURANCE PTE LTD 64 CECIL STREET #04/05 IOB BUILDING SINGAPORE 049711	VEHICLE NO	DATE
	SHC 3367 L	14.11.2019
	MAKE	INVOICE NO
	HYUNDAI	10909
	MODEL	ACC DATE/TIME
	I40	20.10.2019 @ 15:45 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)



Our Ref: CT19100469

Date: 30 October 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 20/10/2019 @ 15:45 hrs
ALONG ECP TWDS AIRPORT.
INVOLVING SHD6762D, SJS3943R, SLG9605S

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 **SHC3367L** (the "Taxi"). The Taxi was hired to **SUTHARALINGAM S/O RAMALINGAM IC NO SXXXX806D** 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
Manager, Fleet Safety

This is a computer generated letter. No signature is required.

SHC 3367L

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
				FROM	TO
15.10.19	S/anna	674313	1089	0800	1200
16.10.19	No working	Sick m/c	—	0830	
17.10.19	S/anna	674486	1368	0830	4:20 PM
18.10.19	S/anna	674758	271.5	0830	1845
19.10.19	S/anna	674986	228.2	0900	1830
20/10/2019	In Lofanda work shop			15:45	X
31/10/2019	OUT OF work shop			X	15:30