

Your Ref : SMN 8352D

Our Ref : SH 8121P

Lim Siah Hwa c/o

CHUNNI MOTOR WORK PTE LTD

Blk 10 Ang Mo Kio Industrial Park 2A

#03-19 AMK AutoPoint

Singapore 568047

Date : 22/01/20

The Motor Claims Department

AKG Asia Pacific Insurance Pte Ltd
78 Shenton Way
#07-16 AKG Building
Singapore 079120

WITHOUT PREJUDICE

ALG

Dear Sir / Madam,

RE: ACCIDENT INVOLVING SH 8121P / SMN 8352D On 09.12.2019

ALONG Moulmein Road T Junction Sinaran Drive

I am the owner/hirer of motor vehicle/taxi, SH 8121P, 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\$	10,700.00
2) Loss of Rental	S\$	1,502.28 (\$125.19 x 12 DAYS)
3) Loss of Income	S\$	600.00 (\$50 x 12 DAYS)
4) GIA Report Fee	S\$	
5) LTA Search Fee	S\$	2.00
6) Survey Report Fee	S\$	
	S\$	
	S\$	<u>12,804.28</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



TAX INVOICE

LIM SIAH HWA APT BLK 534 SERANGOON NORTH AVE 4 #07-217 SINGAPORE 550534	VEHICLE NO	DATE
	SH 8121 P	31.12.2019
	MAKE	INVOICE NO
	HYUNDAI	11222
	MODEL	ACC DATE/TIME
	IONIQ	09.12.2019 @ 18:30 HRS

Cost of Repair \$ 10,000.00

Sub-total \$ 10,000.00

Add : 7 % - GST \$ 700.00

Total \$ 10,700.00

(SINGAPORE DOLLARS: TEN THOUSAND AND SEVEN HUNDRED ONLY)



LETTER OF AUTHORITY

To Whom It May Concern :

ACCIDENT INVOLVING SH 8121P / SMN 8352D

ALONG Moulmein Road T Junction Sinaran Drive ON 09.12.2019

I, Lim Siah Hwa, NRIC NO. S xxxx747A of
Blk 534 Serangoon North Ave 4 # 07 - 217 Singapore 550534

Owner/hirer of motor vehicle Registration No SH 8121P, 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. SMN 8352D 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 : 09.12.2019

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	10/12/2019 15:01
Date Of Accident	09/12/2019 18:30
Exact Location Of Accident	MOULMEIN ROAD T-JUNCTION SINARAN DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8121P
Insured/Policyholder	
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	IONIQ HYBRID
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	LIM SIAH HWA
NRIC No	S1107747A
Date Of Birth	25/04/1955
Occupation	OUTDOOR
Date Of Driving Pass	09/06/1976
Driving Experience	43 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92359531
Fax Number	
Contact Number	
Email Address	LIMSIAHHWA@YAHOO.COM

Address	BLK 534 SERANGOON NORTH AVENUE 4 #07-217
Postcode	550534
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
<input type="radio"/> 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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
<input type="radio"/> POLICE STATION NAME [OTHER]	HOUGANG NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20191210/2032

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN8352D
Vehicle Make/Model/Colour	VOLVO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIEW SHU LING
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

FRONT RH

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LIM SIAH HWA

Approximate Age

Injuries Sustain

NECK AND CHEST

Injured person in which vehicle?

SH8121P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

UNKNOWN(PAX)

Approximate Age

Injuries Sustain

REDNESS ON LEFT CHEEK

Injured person in which vehicle?

SH8121P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

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.

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 10.12.2019@14:00hrs

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

A-SH 8121P

B-SMN 8352D

Along Moulmein Road T-Junction Sinaran Drive

B-SMN 8352D

Along Moulmein Road T-Junction Sinaran Drive

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report No:T/20191210/2032

I had 3 days MC given by doctor.

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: 10.12.2019@14:00hrs

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



Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 4

Report No. T/20191210/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2019 11:02	Vide Report No.:	Station Diary No.: 44
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Informant's Particulars

Name of Informant: LIM SIAH HWA			Address: APT BLK 534 SERANGOON NORTH AVENUE 4 #07-217 SINGAPORE 550534		
ID Type / ID No.: NRIC NO / S1107747A			Contact No.: Home/Office: Mobile: 92359531		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 25/04/1955	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/12/2019 18:30	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 MOULMEIN ROAD SINARAN DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH8121P	Car	HYUNDAI		Blue	Seriously Damaged	2
SMN8352D	Car	VOLVO		Black		0

Details of Person Involved

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



Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Passenger			
Name	BETHANY TAN	ID No.	NIL
Related Vehicle	SH8121P (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM SIAH HWA	ID No.	S1107747A
Related Vehicle	SH8121P (Car)	Contact No.	92359531
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	09/12/2019	Date Discharge	09/12/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Passenger			
Name	KATHY NG	ID No.	NIL
Related Vehicle	SH8121P (Car)	Contact No.	98430426
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIEW SHU LING	ID No.	S7144816I
Related Vehicle	SMN8352D (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20191210/2032

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Report No. T/20191210/2032

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Brief Details.

On 09/12/2019 at about 1830hrs, I was driving along Moulmein Road and was headed towards Balestier, when a black Volvo car suddenly turned out from Sinaran Drive and knocked its side onto the left side of my taxi. I checked on my passengers and noticed that the 7-year-old had some redness on her left cheek. The collision caused some serious damages on the front left portion of my taxi. Shortly after, traffic police and ambulance arrived. My 7-year-old passenger was subsequently conveyed to KK Hospital with the company of her mother, who was my other passenger, while I was conveyed to TTSH for aches on the left side of my neck and chest. I wish to state that my taxi had a dash camera which recorded the accident.



**SINGAPORE
POLICE FORCE**



T/20191210/2032

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Report No. T/20191210/2032

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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 /

Sgt 3 ANNA ANTHONY

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt QHAIRIL BIN ZULKEFLEE

Contact No.: 65476187

Authentication Stamp

NP168

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

10/12/2019 11:02

Classification Of Case:

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-19-203557
Date of Request: 10/12/2019

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: 10/12/2019
Enquiry By: Chris Lim Gan Koon
TP Vehicle No.: SMN8352D
Accident Date: 09/12/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SMN8352D	AIG Asla Pacific Insurance Pte. Ltd.	29/08/2019-28/08/2021	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...>

**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

TAX INVOICE

Our Ref No: GR-19-203557

Date of Request: 10/12/2019

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 10/12/2019
Enquiry By Chris Lim Gan Koon
TP Vehicle No. SMN8352D
Accident Date 09/12/2019

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

SH 8121P

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
				FROM	TO
01-12-2019	BF	0 7 9 5 1 7			
01-12-2019	HMSH HNA 044th 36.1°C	0 7 9 8 3 6	319	0645	1950
02-12-19		0 7 7			
03-12-19	LM SH 0410th 36.3°C	0 8 0 0 8 6	250	0645	2010
04-12-19	LM SH 0430th 36.2°C	0 8 0 3 6 3	277	0645	1945
05-12-19	LM SH	0 7 7			
06-12-19	LM SH 0440th 36.3°C	0 8 0 6 5 9	296	0650	2115
07-12-19	LM SH 0700th 36.3°C	0 8 0 9 0 2	242	0855	2005
08-12-19		0 7 7			
09-12-19	LM SH 0520th 36.5°C			0650	
9/12/2019	In Lotawa work shop			18:30	
20/12/2019	OUT OF work shop				16:00

Our Ref: CT19120214

Date: 18 December 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 09/12/2019 @ 18:30 hrs
ALONG MOULMEIN ROAD T-JUNCTION SINARAN DRIVE
INVOLVING SMN8352D

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 **SH8121P** (the "Taxi"). The Taxi was hired to **LIM SIAH HWA IC NO SXXXX747A** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate \$125.19 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
Manager, Fleet Safety

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