Your Ref : SDL 139Z Our Ref : SHA 1666Y

#### Wang Jian Zhang Kevinge/o CHUNNI MOTOR WORK PTE LTD

Blk 10 Ang Mo Kio Industrial Park 2A #03-19 AMK AutoPoint Singapore 568047

The Motor Claims Department FWD Singapore Pte Ltd

6 Temask Boulevard # 18-01 Suntec Tower Four Singapore 038986

Dear Sir / Madam,

1201900038303/LT

RECEIVED

17 JAN 2020

FWD Singapore 09/01/20

WITHOUT PREJUDICE

RE: ACCIDENT INVOLVING SHA 1666Y/SDL 139Z/SLL 8136J/Others On 06.12.2019

ALONG TPE Twds SLE After Punggol Exit

I am the owner/hirer of motor vehicle/taxi, above-mentioned accident. SHA 1666Y ,which was involved in the

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
- 2) Loss of Rental
- 3) Loss of Income
- 4) GIA Report Fee
- 5) LTA Search Fee
- 6) Survey Report Fee

S\$ 21,400.00 (\$127.40×13 pArs)
S\$ 650.00 (\$250 × 13 94rs)
S\$ 2.00
S\$
S\$ 2.00

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

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### LETTER OF AUTHORITY

To Whom It May Co	ncern:			
ACCIDENT INVOL	VING SHA 1666Y	//SDL 139Z/SLL 8136J/0	Others	
ALONG TPE Twds	SLE After Punggol E	exit	ON _	06.12.2019
I, Wang Jian Zhang	g Kevin	, NRIC NO.	S xxxx163H	of
Blk 689F Woodl	ands Drive 75 # 13-	-148 (S) 736689		
Owner/hirer of moto	or vehicle Registrati	on No SHA 1666Y		insured by
		under Policy No.	D-18088936MFSI	Η
do hereby authorize	M/s Chunni Moto	r Work Pte Ltd as my au	thorized representati	ve to write,
		in my claim against the o		
Registration No.	SDL 139Z	in respect of the al	pove mentioned accid	ient. I also
hereby authorize th	at the agreed settler	nent sum ( cost of repair, l	oss of use, earnings	and rental,
		ort fee ) be made in favour		
		at the said payment be forv		
discharge of my cla	sim.			
Dated :	06.12.2019			
Signature:	Company's chop if	necessary)		

#### RELEASE

Claim Reference:	201900038703
Surveyor's Reference:	CC4/FWD19022104/Dpa3
TP Reference:	SHA 1666Y

We,	CHUNNI MOTOR WORK PTE LTD	(" Workshop") hereby a	gree and confir	m that we
are authorized l	by the owner ("Claimant") of motor vehicl	e <u>SHA 1666Y</u> ("Vehic	:le") to accept t	the sum of
\$ 23,500.00	(Global Sum) being the amount claime	d as compensation for the	e loss of or dam	age to the
Vehicle / loss o	f use, as a result of an accident ("Acciden	nt") which occurred on _	06/12/2019	(date of
accident) at / al	ong TPE TOWARDS SLE AFTER PUNGGOL EXIT	(location) involving vehic	:le no/s. <u>SHA 16</u>	666Y and
SDL 139Z				

This is pursuant to the inspection conducted on 09/12/2019 (date) at the Workshop.

We confirm that this acceptance is in full and final settlement of all claims arising from the damage to the Vehicle (whether now or hereafter to become manifest), to the intent that FWD Singapore Pte. Ltd. and all other persons, in particular the driver of SDL 139Z be absolutely and finally exonerated and discharged from all claims of every nature and kind whatsoever which have been made or which may be made in respect of this Accident.

We also declare that we are authorized by the Claimant to receive the above compensation and we have full authority to make the claim as set out above and to settle the matter on behalf of the Claimant in any manner we deem fit.

This settlement is reached on a without prejudice and without admission of liability basis. As such, this Release is not to be construed as an admission of liability on the part of FWD Singapore Pte Ltd, their policyholder and / or authorised driver and shall not be used as evidence in any claims and / or action which may be lodged by any of them.

\_\_day of \_\_\_\_16 MAR 2028 Dated this

CLAIMANT Chunni

[Signed by the "Workshop" with Co. Stamp]

For and on behalf of the "Claimant"

[FWD's appointed surveyor with Co. Stamp]

LKK

For and on behalf of FWD Singapore Pte. Ltd.

"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."

# CHUNNI MOTOR WORK PTE LTD

#### TAX INVOICE

WANG JIAN ZHANG KEVINN APT BLK 689F WOODLANDS DRIVE 75	VEHICLE NO SHA 1666 Y	DATE 31.12.2019
#13-148 SINGAPORE 736689	MAKE TOYOTA	INVOICE NO 11173
	MODEL PRIUS	ACC DATE/TIME 06.12.2019 @ 08:05 HRS

Cost of Repair

\$ 20,000.00

Sub-total

\$ 20,000.00

Add: 7 % - GST

\$ 1,400.00

Total

\$ 21,400.00

(SINGAPORE DOLLARS: TWENTY ONE THOUSAND AND FOUR HUNDRED ONLY)



Our Ref: CT19120130

Date: 10 December 2019



#### TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

06/12/2019 @ 08:05 hrs

ALONG

TPE TOWARDS SLE AFTER PUNGGOL EXIT

INVOLVING

SDL139Z, SLL8136J, SJV6128S, SJN825U

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 SHA1666Y (the "Taxi"). The Taxi was hired to WANG JIAN ZHANG KEVINN IC NO SXXXX163H a registered hirer-operator of Comfort Transportation Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$125.40 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.

SHA 16667

DATE	NAME OF DRIVER	MILEAGE READING			MILEAGE TRAVELLED	HOURS OPERATED (TIME)	
71 1.0	The state of the s			(KM)	FROM	то	
0115/110	In Want	works	shan		08:05	\$	
1812/11	and of m	exe s	Want		4	16:20	
-			M		/		
					6.55		

.......

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-19-201875

Date of Request:

06/12/2019

Your Ref No:

Online Purchase

So on Hock Motor Pte Ltd BIK 10 Ang Mo Klo Industrial Park 2A #0 1-05/06 AMK Autopoint Sirngapore 588047

Dear Sir/Madam,

Emquiry Date

06/12/2019

Enquiry By

Chris Lim Gan Koon

TP Vehicle No.

\$DL139Z

Accident Date

06/12/2019

**Engulry Result** 

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SOL139Z	FWD Singapore Pte. Ltd.	20/09/2019-19/09/2020	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...



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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 Raf No:

GR-19-201875

Date of Request:

06/12/2019

Your Ref No:

Online Purchase

Soon Hack Motor Pte Ltd Blk 10 Ang Mo Klo Industrial Park 2A #01-05/06 AMK Autopoint Singapore 588047

Dear Sir/Madam,

En quiry Date

06/12/2019

Enquiry By

Chris Lim Gan Koon

TP Vehicle No.

SDL139Z

Accident Date

08/12/2019

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:

[X] GIRO [] Cash [] Cheque