

Your Ref : SHC 995T  
Our Ref : SHC 1820H

**Goh Boon Teck 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

M/S First Capital Insurance Ltd  
36 Robinson Road #16-01  
City House  
Singapore 068877

**WITHOUT PREJUDICE**

Dear Sir / Madam,

**RE: ACCIDENT INVOLVING SHC 1820H / SHC 995T On 17.12.2019**

**ALONG Marina BLVD x Bayfront Ave**

I am the owner/hirer of motor vehicle/taxi, SHC 1820H, 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\$	8,132.00
2) Loss of Rental	S\$	877.80 (\$125.40 x 7 DAYS)
3) Loss of Income	S\$	350.00 (\$50 x 7 DAYS)
4) GIA Report Fee	S\$	
5) LTA Search Fee	S\$	
6) Survey Report Fee	S\$	
	S\$	<u>9,359.80</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**

MS FIRST CAPITAL INSURANCE LIMITED 36 ROBINSON ROAD #16-01 CITY HOUSE SINGAPORE 068877	VEHICLE NO SHC 1820 H	DATE 31.12.2019
	MAKE TOYOTA	INVOICE NO <b>11208</b>
	MODEL PRIUS	ACC DATE/TIME 17.12.2019 @ 19:50 HRS

Cost of Repair \$ 7,600.00

**Sub-total** \$ 7,600.00

**Add : 7 % - GST** \$ 532.00

**Total** \$ 8,132.00

(SINGAPORE DOLLARS: EIGHT THOUSAND ONE HUNDRED AND THIRTY-TWO ONLY)



## LETTER OF AUTHORITY

To Whom It May Concern :

ACCIDENT INVOLVING **SHC 1820H / SHC 995T**

ALONG Marina BLVD x Bayfront Ave ON 17.12.2019

I, Goh Boon Teck, NRIC NO. S xxxx249E of  
Blk 985B Buangkok Crescent # 11 - 16 Singapore 5322985

Owner/hirer of motor vehicle Registration No **SHC 1820H**, 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. **SHC 995T** 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 : 17.12.2019

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	18/12/2019 13:34
Date Of Accident	17/12/2019 19:50
Exact Location Of Accident	MARINA BLVD X BAYFRONT AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1820H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFTY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
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	GOH YEW LAY
NRIC No	S6945734G
Date Of Birth	15/12/1969
Occupation	OUTDOOR
Date Of Driving Pass	24/01/1990
Driving Experience	29 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96380710
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	910 08-82 HOUGANG STREET 91
Postcode	530910
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	WET

#### 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: : FEMALE

#### 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	SHC995T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SOH SIEW CHING
NRIC/Passport Number	
Contact Number	96957588
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT LEFT

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.

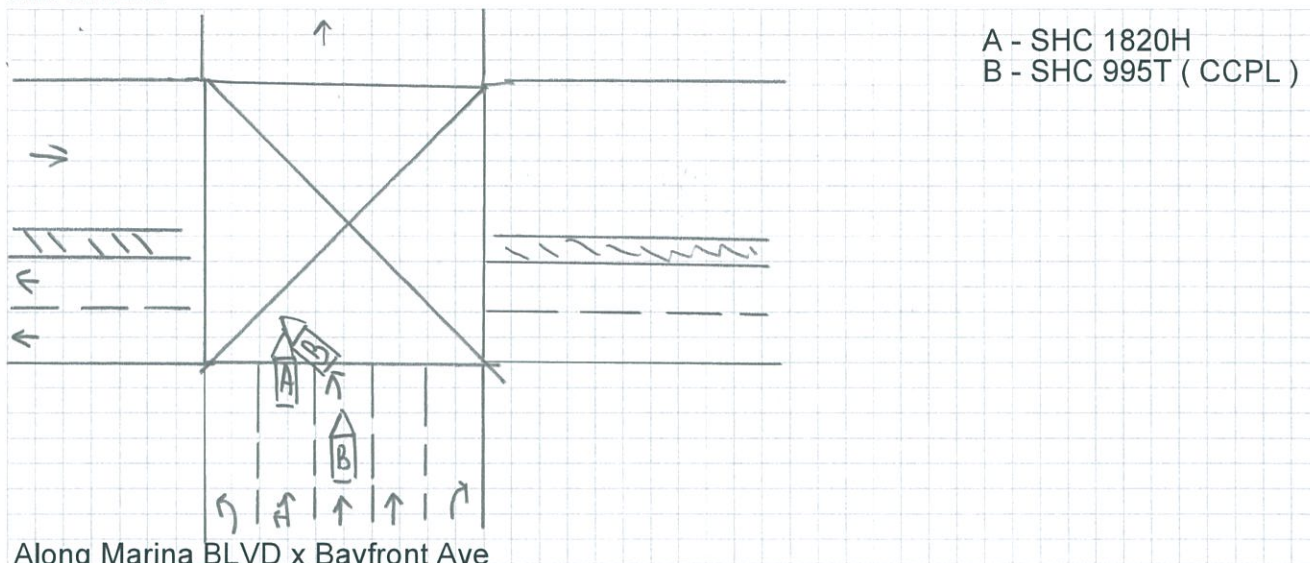
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 18.12.2019  
@ 12:00 hrs

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

# SKETCH PLAN



A - SHC 1820H  
B - SHC 995T ( CCPL )

Along Marina BLVD x Bayfront Ave

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17.12.2019 at about 19:50 hours I was travelling along Marina Blvd x Bayfront Ave with

One Female Passenger onboard .

While the traffic light is green in my favour , I proceed straight . Suddenly veh B ( SHC 995T )

from my right , make a left turn instead of proceeding straight and collided into my taxi A - Front

Right portion .

As it took place too fast I could not take evasive action to prevent .

No injury in this accident .

I have company video and photo at scene to support my claims .

Veh B ( SHC 995T ) - Ms Soh Siew Ching H/P : 9695 7588

## 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: 18.12.2019  
@ 12:00 hrs

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



SK 182014

[illegible]

Our Ref: CT19120434

Date: 27 December 2019



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON 17/12/2019 @ 19:50 hrs  
ALONG MARINA BLVD X BAYFRONT AVE  
INVOLVING SHC995T

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 **SHC1820H** (the "Taxi"). The Taxi was hired to **GOH BOON TECK IC NO SXXXX249E** 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.

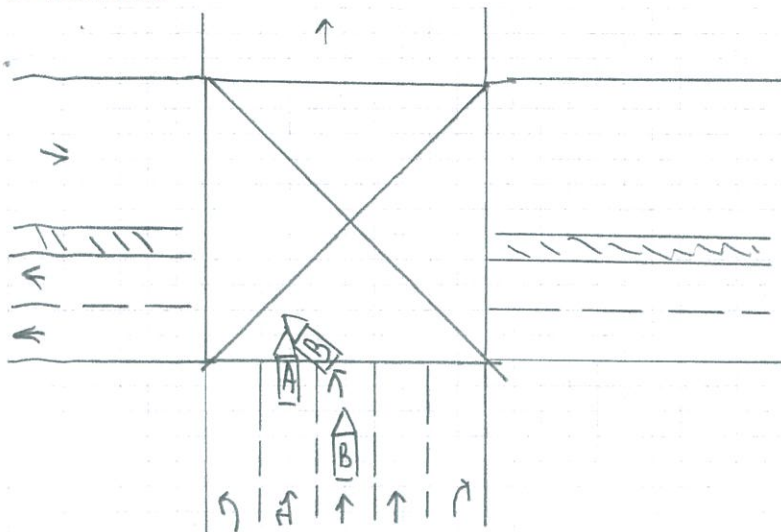
Yours faithfully

Christine Tay  
Manager, Fleet Safety

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



# SKETCH PLAN



A - SHC 1820H  
B - SHC 995T ( CCPL )

Along Marina BLVD x Bayfront Ave

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ms. J. J.  
18/December/2019

On 17.12.2019 at about 19:50 hours I was travelling along Marina Blvd x Bayfront Ave with

One Female Passenger onboard .

While the traffic light is green in my favour , I proceed straight . Suddenly veh B ( SHC 995T )

from my right , make a left turn instead of proceeding straight and collided into my taxi A - Front

Right portion .

As it took place too fast I could not take evasive action to prevent .

No injury in this accident .

I have company video and photo at scene to support my claims .

Veh B ( SHC 995T ) - Ms Soh Siew Ching H/P : 9695 7588

Driver.  
26/12/2019

## 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: 18.12.2019  
@ 12:00 hrs

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