

May Chua

From: May Chua
Sent: Wednesday, 26 February 2020 10:02 AM
To: Chunni motor Work
Subject: Your Ref: SHB3234S , Our Ref: SH6470U // D19/8103M/CTPL/MC ACC ON 18.12.2019

To: CHUNNI MOTOR WORK PTE LTD

Your Ref: SHB3234S
Our Ref : SH6470U // D19/8103M/CTPL/MC

Dear Sir,

Accident involving **SHB3234S** & **SH6470U** on 18.12.2019.

We acknowledge receipt of your letter of claim dated 26.02.2020 which we've received today.

We are investigating your/your client's claim and will reply to you substantively soon.

Thank you

May Chua
Motor Claim Department

MS First Capital Insurance Ltd | 36 Robinson Road, City House #16-01 Singapore 068877 | DID : 6507 3859 | Fax No. : 6507 3849 | Email: maychua@msfirstcapital.com.sg | Company Regn. No. 195000106C
A Member of **MS&AD** Insurance Group

Personal Data Protection Act 2012 ("PDPA"):

Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to <http://www.msfirstcapital.com.sg> for details of PDPA Personal Data Collection Statement.

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Your Ref : SH 6470U
Our Ref : SHB 3234S

D19/8103/C1PL/MC

Yeo Kian Teck c/o
CHUNNI MOTOR WORK PTE LTD
Blk 10 Ang Mo Kio Industrial Park 2A
#03-19 AMK AutoPoint
Singapore 568047

Date : 03/02/20

The Motor Claims Department
MS First Capital Insurance Ltd
36 Robinson Road #16-01
City House
Singapore 068877

WITHOUT PREJUDICE



Dear Sir / Madam,

RE: ACCIDENT INVOLVING SHB 3234S/SH 6470U On 18.12.2019

ALONG Alexandra Rd > Telok Blangah Rd

I am the owner/hirer of motor vehicle/taxi, SHB 3234S, 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\$ 26,750.00
2) Loss of Rental	S\$ 2,003.04 (\$125.19 x 16 days)
3) Loss of Income	S\$ 800.00 (\$50 x 16 days)
4) GIA Report Fee	S\$
5) LTA Search Fee	S\$
6) Survey Report Fee	S\$
	<u>S\$ 29,553.04</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

CHUNNI MOTOR WORK
PTE LTD

TAX INVOICE

MS FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSE SINGAPORE 068877	VEHICLE NO	DATE
	SHB 3234 S	31.01.2020
	MAKE	INVOICE NO
	HYUNDAI	11292
	MODEL	ACC DATE/TIME
	IONIQ	18.12.2019 @ 00:55 HRS

Cost of Repair \$ 25,000.00

Sub-total \$ 25,000.00

Add : 7 % - GST \$ 1,750.00

Total \$ 26,750.00

(SINGAPORE DOLLARS: TWENTY SIX THOUSAND SEVEN HUNDRED AND FIFTY ONLY)



LETTER OF AUTHORITY

To Whom It May Concern :

ACCIDENT INVOLVING SHB 3234S/SH 6470U

ALONG Alexandra Rd > Telok Blangah Rd ON 18.12.2019

I, Yeo Kian Teck, NRIC NO. S xxxx359J of

Blk 348 Woodlands Ave 3 # 13-71 (S) 730348

Owner/hirer of motor vehicle Registration No SHB 3234S, insured by

Ms First Capital Insurance Ltd under Policy No. D-18088937MFSH

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. SH 6470U 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 : 18.12.2019

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	23/12/2019 15:05
Date Of Accident	18/12/2019 00:55
Exact Location Of Accident	ALEXANDRA RD >> TELOK BLANGAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3234S
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	1XXXXX839G
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	YEO KIAN TECK
NRIC No	SXXXX359J
Date Of Birth	29/09/1962
Occupation	OUTDOOR
Date Of Driving Pass	18/09/1985
Driving Experience	34 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83543535
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 348 WOODLANDS AVENUE 3 #13-71
Postcode	730348
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?	YES
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	PASIR RIS NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20191220/2099 * TYPE OF ACCIDENT :- 3P CHANGE LANE

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	SH6470U
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR LH
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	YEO KIAN TECK
Approximate Age	
Injuries Sustain	FRACTURE OF STERNUM
Injured person in which vehicle?	SHB3234S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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.

CITYCAB PTE LTD
CO. REG. NO. 199502039G

 20/12/2019



Policyholder's Signature
Date & Time:

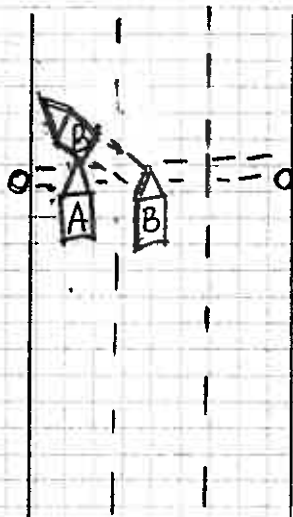
Driver's Signature
(If driver is not the policyholder)
Date & Time: 14.51 PM

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

SKETCH PLAN

A : SHB 3234S

B : SH 6470 U



Along Alexandra Rd toward
Telok Blangah Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Attached Police Report No: T/20191220/2019

DECLARATION

I/We declare the foregoing particulars are true in every respect.

CITYCAE PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 14.57 PM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20191220/2099

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3

Report No. T/20191220/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2019 15:38		Vide Report No.:		Station Diary No.: 52	
Informant's Particulars					
Name of Informant: YEO KIAN TECK			Address: APT BLK 348 WOODLANDS AVENUE 3 #13-71 SINGAPORE 730348		
ID Type / ID No.: NRIC NO / S1554359J			Contact No.: Home/Office: Mobile: 83543535		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 29/09/1962	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/12/2019 00:55	Type of Location:
Location: Along Road 1 ALEXANDRA ROAD TELOK BLANGAH ROAD ALEXANDRA RD TOWARDS TELOK BLANGAH RD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH6470U	Car	TOYOTA	prius	Blue	Seriously Damaged	0
SHB3234S	Car	HYUNDAI	ionic	Yellow	Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191220/2099

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Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20191220/2099

CONTINUATION OF REPORT

Driver			
Name	YEO KIAN TECK	ID No.	S1554359J
Related Vehicle	SHB3234S (Car)	Contact No.	83543535
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,5 Date of Expiry: NIL
Date Treatment	18/12/2019	Date Discharge	20/12/2019
No. of Days granted Medical Leave	14	Degree of Injury	Slight

Brief Details.

On the 18/12/2019 at about 12.55am, I was travelling along Alexandra road towards to Telok Blangah road. I was on the most left lane. As such I noticed there was a person at the front was flagging for a taxi. As such suddenly there was a taxi bearing plate number SH6470U was travelling along the center lane and suddenly switched lane abruptly which caused the vehicle to collide on to my vehicle. There was no TP and ambulance at scene. No injuries at scene. I wish to state that due to the vehicle had abruptly changed lane in to mine which caused me to not brake in time.

The person who was flagging a taxi had come to me and was willing to be my witness for what had happened. His name is Wei Jie ctc : 92346043.

The damages on my vehicle was the front portion was heavily dented and there were broken pieces. The windscreen was also cracked. The damages on the other vehicle was the side portion was dented and crack. My vehicle the other vehicle were eventually towed away. I did not exchange particulars with the other driver.

At the time , I did not feel any pain. However when I got back the pain got worsen and I went to seek medical treatment at SGH and received 14 days of mc due to fracture of sternum. I got CCTV recording in my vehicle however it is at Comfort Del Gro.



**SINGAPORE
POLICE FORCE**



T/20191220/2099

3 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20191220/2099

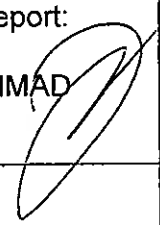
CONTINUATION OF REPORT

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:

G / - 

Sgt 2 MUHAMMAD FAIZ BIN MUHAMMAD
FAIZAL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG CHOCK

Contact No.: 65476436

Signature Of Informant:



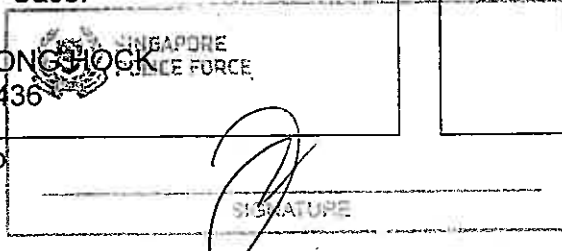
Date/Time:

20/12/2019 15:38

Classification Of Case:

Authentication Stamp

NP168



Our Ref: CC19120553



Date: 27 December 2019

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	18/12/2019 @ 00:55 hrs
ALONG	ALEXANDRA RD >> TELOK BLANGAH RD
INVOLVING	SH6470U

We refer to the above-mentioned accident and wish to inform that **CityCab Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHB3234S** (the "Taxi"). The Taxi was hired to **YEO KIAN TECK IC NO SXXXX359J** a registered hirer-operator of **CityCab 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 **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.