

Karen Tan

From: Karen Tan
Sent: Friday, February 28, 2020 3:01 PM
To: Chunni motor Work (chunnimw@yahoo.com.sg)
Subject: ACKNOWLEDGEMENT LOD - Yr Ref: SHC1645Y ; FIRST CAPITAL
Ref: D20000120MFSH ; Accident involving SHC1645Y and
SH7856J on 30/12/2019

**WITHOUT PREJUDICE
SAVE AS TO COSTS**

Dear Sirs/Madam,

We acknowledge receipt of your letter of claim dated 03.02.2020 which we received on 27.02.2020.

We will look into the matter and revert soon.

Kindly quote our claim no. in future correspondence.

Best Regards,

Karen Tan

Motor Claims Dept.

MS First Capital Insurance Ltd | 36 Robinson Road #16-01 City House Singapore 068877 | DID : 6507 3582
| Fax No. : 6507 3849 | 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 : D20000120MFSH
Our Ref : SHC1645 Y

D20/120/CYRL/K7

Tong Wee Lee Director C/O
CHUNNI MOTOR WORK PTE LTD
Blk 10 Ang Mo Kio Industrial Park 2A
#03-19 AMK AutoPoint
Singapore 568047

Date : 03/02/2020



The Motor Claims Department

M/S First Capital Insurance Ltd
36 Robinson Road
#16-01 City House
Singapore 068577

WITHOUT PREJUDICE

FCI

Dear Sir / Madam,

RE: ACCIDENT INVOLVING SHC 1645 Y & SH 7856 J

ALONG GEYLANE RD ON 30/12/19

I am the owner/hirer of motor vehicle/taxi, SHC 1645 Y, 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\$ 5,082.50
2) Loss of Rental	S\$ 1,377.09 (\$125.19 x 11 DAYS)
3) Loss of Income	S\$ 550.00 (\$50 x 11 DAYS)
4) GIA Report Fee	S\$
5) LTA Search Fee	S\$
6) Survey Report Fee	S\$
	<u>S\$ 7,009.59.</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

922/2

CHUNNI MOTOR WORK
PTE LTD

TAX INVOICE

MS FIRST CAPITAL INSURANCE LIMITED 36 ROBINSON ROAD #16-01 CITY HOUSE SINGAPORE 068877	VEHICLE NO SHC 1645 Y	DATE 31.01.2020
	MAKE HYUNDAI	INVOICE NO 11299
	MODEL IONIQ	ACC DATE/TIME 30.12.2019 @ 20:20 HRS

Cost of Repair \$ 4,750.00

Sub-total \$ 4,750.00

Add : 7 % - GST \$ 332.50

Total \$ 5,082.50

(SINGAPORE DOLLARS: FIVE THOUSAND AND EIGHTY TWO AND CENTS FIFTY ONLY)



LETTER OF AUTHORITY

To Whom It May Concern :

ACCIDENT INVOLVING SHC 1645 Y L SH 7856 J

ALONG GEYLANG RD ON 30/12/19

I, TANG WEE LEE VICTOR, NRIC NO. S XXXX 515 A of

BLK 110 GANGSA RD # 04-85 SPORE 670110

Owner/hirer of motor vehicle Registration No SHC 1645 Y, 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. SH 7856 J 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,

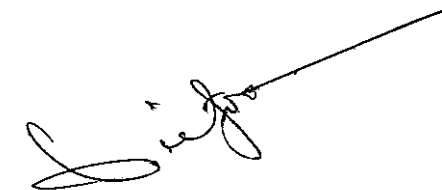
Survey report fee, LTA fee & GIA report fee) be made in favour of my representative, M/s

Chunni Motor Work Pte Ltd and that the said payment be forwarded to them as full and final

discharge of my claim.

Dated : 31/12/19

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	31/12/2019 11:23
Date Of Accident	30/12/2019 20:20
Exact Location Of Accident	ALONG GEYLANG RD AT LOR 30 GEYLANG T-JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1645Y
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
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	TAN ENG TIAN
NRIC No	SXXXX817J
Date Of Birth	12/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	24/07/1990
Driving Experience	29 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96622239
Fax Number	
Contact Number	
EEmail Address	COSYTHOMAS@HOTMAIL.COM

Address	BLK 221 PENDING ROAD #04-153
Postcode	670221
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
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)	1

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

REFER ATTACHED

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	SH7856J
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TEO BOON HWEE
NRIC/Passport Number	
Contact Number	98457758
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH REAR
No. Of Passenger (Including Driver)	

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: 31 DEC 2019

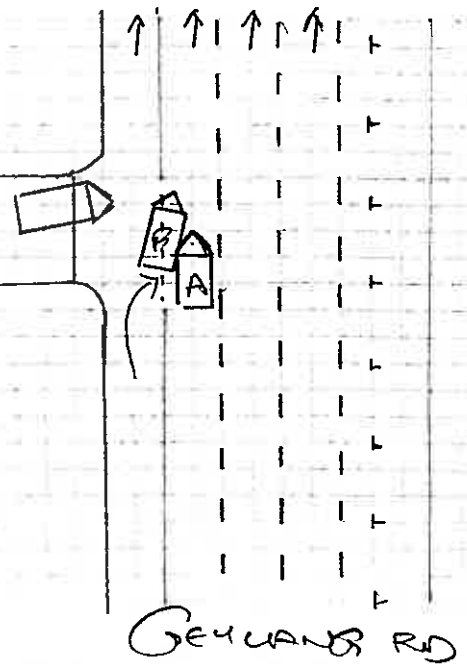

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

SKETCH PLAN

A = SHC 16454

B = SH 78563
(SONATA)
COMFORT TAXI

LOR 30
GEYUANG



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 30.12.2018 at about 20:20hrs. I was travelling along Geyuangs Rd on the Lorong 30 Geyuangs. with no passengers on board.

I was on the extreme left lane 2. while travelling straight. Suddenly, veh B) (SH 78563) a comfort taxi, cut into my lane, and hit my car's front left portion. My taxi's front left portion was damaged.

No injury in this accident.

I had company video footage and scene photos to support my claim.

veh B) (SH 78563) a comfort taxi. No. 120 from Hume. HP: 8845 7758.

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: 31 DEC 2019

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

SHE1645 Y

(IME)

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
				FROM	TO
26/12/19	TAM	085256	269	1520	0305
27/12/19	VIC	-8557	317	0503	1558
27/12/19	Tam 37	-85838	265	1600	0345
28/12/19	NG BP	-86222	384	0425	1635
28/12/19	VIC	-86256	35	143	2310
29/12/19	NG BP	-86652	396	0255	1435
30/12/19	VIC	-86938	287	0350	1536
30/1/2019	In Workshop			20:20	
9/1/2020	Out of Workshop				16:00

Our Ref: CT19120742

Date: 02 January 2020



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 30/12/2019 @ 20:20 hrs
ALONG ALONG GEYLANG RD AT LOR 30 GEYLANG T-
JUNCTION
INVOLVING SH7856J

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 **SHC1645Y** (the "Taxi"). The Taxi was hired to **TANG WEE LEE VICTOR IC NO SXXXX515A** 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.