

Your Ref : D20000180MFSH
Our Ref : SHA 3083 R

D20/180/CTPL/MC

Hq chee kuong %
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 068771

WITHOUT PREJUDICE

FCI



Dear Sir / Madam,

RE: ACCIDENT INVOLVING SHA 3083 R & SHC 8350B

ALONG BOON LAY WAY ON 27/12/19

I am the owner/hirer of motor vehicle/taxi, SHA 3083 R, 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\$ 32,100.00
2) Loss of Rental	S\$ 2,633.40 (\$125.40 x 21 DAYS)
3) Loss of Income	S\$
4) GIA Report Fee	S\$
5) LTA Search Fee	S\$
6) Survey Report Fee	S\$
	<u>S\$ 34,733.40</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 LIMITED 36 ROBINSON ROAD #16-01 CITY HOUSE SINGAPORE 068877	VEHICLE NO SHA 3083 R	DATE 31.01.2020
	MAKE TOYOTA	INVOICE NO 11296
	MODEL PRIUS	ACC DATE/TIME 27.12.2019 @ 09:45 HRS

Cost of Repair \$ 30,000.00

Sub-total \$ 30,000.00

Add : 7 % - GST \$ 2,100.00

Total \$ 32,100.00

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



LETTER OF AUTHORITY

To Whom It May Concern :

ACCIDENT INVOLVING SHA 3083 R L SHC 8350 B

ALONG DOON LAY WAY ON 27/12/19

I, NG CHIE KIONG, NRIC NO. S XXXX 137 A of

BLK 345 KANG CHING RD #104-93 STORE 610345

Owner/hirer of motor vehicle Registration No SHA 3083 R, 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. SHC 8350 B 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 : 30/12/19

Signature :



(Company's chop if necessary)

SHA 3083R

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
				FROM	TO
23/12		162639	194/120-21		
24/12					
25/12					
26/12					
27/12	IW LOTAVA work shop			09:45	21/
16/1/20	OUT OF WORK SHOP			21/	13:00

Our Ref: CT19120650

Date: 04 January 2020



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	27/12/2019 @ 09:45 hrs
ALONG	BOON LAY WAY X JURONG GATEWAY
INVOLVING	SHC8350B

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 **SHA3083R** (the "Taxi"). The Taxi was hired to **NG CHEE KWONG IC NO SXXXX137A** 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 **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.