清河

CHENG HOE MOTOR PTE LTD

Blk 1019, Yishun Industrial Park A, #01-374/382, Singapore 768761

Tel: 67556142 Fax: 67557719 Email: chmotor@singnet.com.sg

0 8 JUN 2020

Your Ref: D2000175 MFSH

THE MOTOR CLAIMS DEPT MS FIRST CAPITAL INSURANCE LTD Singapore WITHOUT PREJUDICE

Dear Sir / Madam

T/ACCIDENT INVOLVING M/V GX2508E & SHC8638Y ON 01/01/2020 ALONG LOADING BAY (BLK 608 ELIAS RD).

We are authorized by the owner of GX2508E for his/her/their above claims.

As you are the insurer of SHC8638Y, we therefore wish to seek your compensation. Quantum of the claims as follow:-

COST OF REPAIR	:	S\$	2193.50	(As recommended by your appointed surveyor)
LOSS OF USE (5x 460/Day)	:	S\$	300.00	
HIRE OF VEHICLE	:	S\$	0.00	
SURVEY FEE	:	S\$	0.00	
LTA SEARCH	:	S\$	0.00	
GIA SEARCH	:	S\$	0.00	
OTHERS	:	S\$	0.00	
		S\$	2493.50	
			=======	

Copies of all the relevant documents are enclosed.

Please advise settlement within ten (10) days.

Thank you.

Yours Faithfully,

Cheng Hoe Motor Pte Ltd

Blk 1019, Yishun Industrial Park A #01-374/382, Singapore 768761 TEL: 67556142 (YIS) FAX: 67557719 (YIS) Email: chmotor@singnet.com.sg GST:201001158E RCB NO:201001158E

M/S:

MS FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD

#16-01 CITY HOUSE

SINGAPORE 068877

TEL:

65073848

FAX: 65073849

ATTN: Motor Claim Department

WS Ref:

TP/FC/YS

Claim Type:

Third Party

Accident Date:

01/01/2020

TP Veh Reg No: SHC8638Y

Final Repair Bill

Claim No:

ES2090124

NO:

PS2000238

Date:

19 Mar 2020

Policy No:

5106186775

Veh Reg No:

GX2508E

Make/Model:

TOYOTA LITEACE 5DR

Description	Quantity	List Price	Amount
		<u>S\$</u>	<u>S</u> \$
To Supply all replaced parts, all necessary and agreed labour & miscellaneous charges.	1 PC	S\$ 2,050.00	S\$ 2,050.00
(As recommended by your appointed surveyor)			

Total	S\$ 2,050.00
Add GST @ 7%	143.50
Total Amount payable	S\$ 2,193.50

For Cheng Hoe Motor Pte Ltd

AUTHORISED SIGNATURE

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	02/01/2020 15:53
Date Of Accident	01/01/2020 21:55
Exact Location Of Accident	LOADING BAY (BLK 608 ELIAS ROAD)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GX2508E
Insured/Policyholder	
Name Of Registered Owner	QUEK GIM TOH
NRIC No	SXXXX581I
Email Address	GTQUEK@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97454050
Alternative Phone No	OTHERS-97454050
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	LITEACE 5DR
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5106186775
Cover Note Number	10/12/18 - 12/03/20
Driver	
Name of Driver	QUEK GIM TOH
NRIC No	SXXXX581I
Date Of Birth	01/03/1954
Occupation	OUTDOOR
Date Of Driving Pass	25/01/1979
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97454050

OTHERS-97454050

GTQUEK@YAHOO.COM.SG

Address

BLK 403 YISHUN AVE 6 #05-1226

Postcode

760403

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

_

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

٥

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

My van GX2508E was parked at loading bay infront of Blk 608 Elias Road. At about 9.55pm when I was about to close the back door of my van after selling ice-cream, I and my wife saw a taxi (SHC8638Y) mount onto the cement pavement. It then suddenly turned towards the direction of my parked van. My wife shouted and ran to Blk 608. The taxi came crashing & hit the left back part of the van. It then moved on to hit the big recycling bin infront of the Garbage Collection Centre. The taxi only then came to a halt.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC8638Y

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

LIM CHIN HWEE

NRIC/Passport Number

Contact Number

91995398

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN Refer Attached **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT** Ins: NTUC Veh No: GX2508E Collection Centre. The tax: only then Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information. DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature Policyholder/s signature **Driver's Signature** Date & Time: (If driver is not the policyholder) Name:

NRIC/FIN No .:

(/) Claim Third Party () Reporting Only

GIARMC SketchPlanForm_V3 () Claim Own Policy

() Claim OD/TP at other workshop (

MT/ 1078272-001

SKETCH PLAN

VEHICLE NO .: GX 2508 E **INSURER** DATE & TIME: 11120

IMPORTANT NOTICE

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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:

- 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)
 - (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
- 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.
- 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.
- 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.

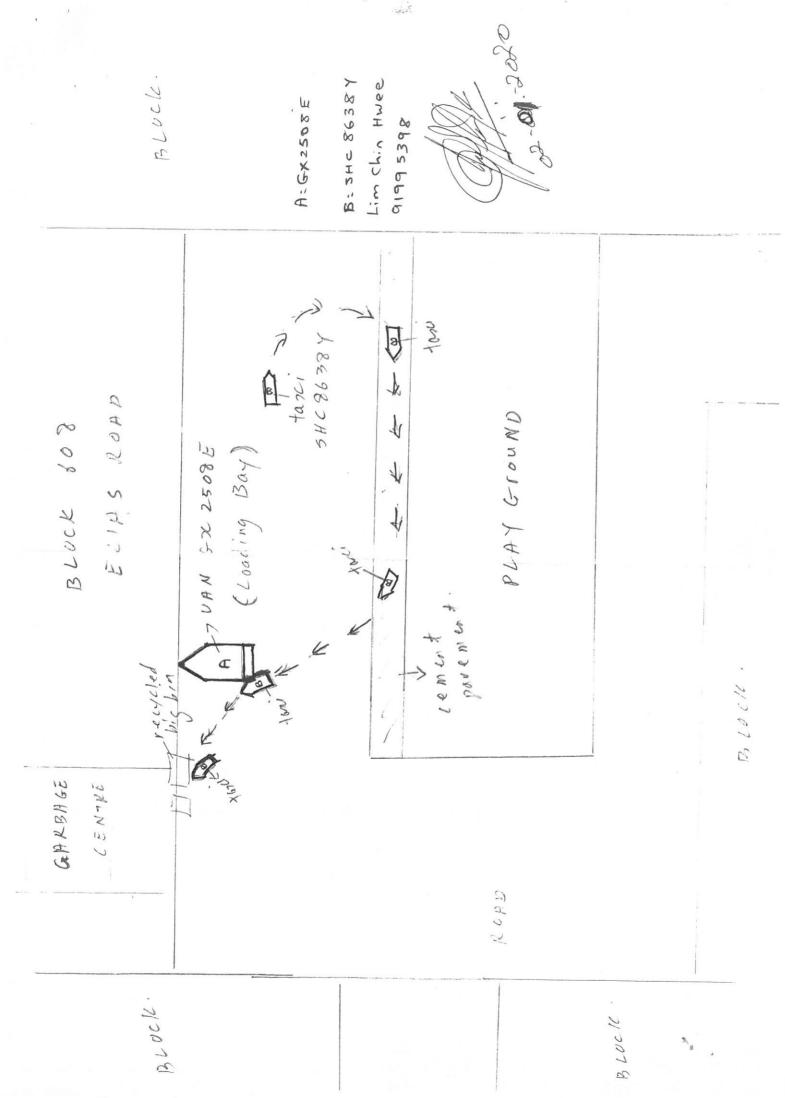
nature Policyhol Date & Ti

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

Reporting Centre Personnel's Signature Name:

1

NRIC/FIN No .:





Certificate of Insurance

	Certifica	ite of insura	ince
MOTOR VEHICLES (THIRD PARTY	RISKS AND COMPENSATI		R 189)
ROAD TRANSPORT ACT, 1987 (M			
MOTOR VEHICLES (THIRD PARTY		LAYSIA)	
Certificate Number: 51061867	1975 P	Cover :	Third Party, Fire & Theft
 Index mark and Registration 	Number of Vehicle	: GX2508E	There is a superior to the superior
Chassis Number		: CR42500	8317
Name of Policyholder		: QUEK GIN	м тон
3. Effective Date of Insurance		: 10 Dec-20	018
Expiry Date of Insurance		: 12 Mar 2	020
Persons or Classes of Persons	entitled to drive#		
(a) The Policyholder.			
(b) Any other person who is	driving on the Policyholde	er's order or with h	his/her permission.
the Motor Vehicle or has	driving is permitted in ac been so permitted and is in that behalf from driving	not disqualified b	licensing or other laws or regulations to drive y order of a Court of Law or by reason of any le.
Limitations as to Use#			
(a) Use for social domestic a	nd pleasure purposes and	in connection wit	th the Policyholder's business or profession.
(b) Use for the carriage of pa	ssengers or goods in conr	nection with the Po	olicyholder's business.
This Policy does not cover			
(a) Use for hire or reward.			
(b) Use for racing, pace-maki	ng, reliability trial or spee	d-testing.	
(c) Use whilst drawing a trail	er except the towing of ar	ny one disabled me	echanically propelled vehicle.
# Limitations rendered inop Act (Chapter 189) and Sec headings.	erative by Section 8 of th tion 95 of the Road Trans	e Motor Vehicle (1 port Act, 1987 (M	Third Party Risks and Compensation) alaysia), are not to be included under these
EXCESS (SECTION 1)	: N/A		
EXCESS (SECTION 2)	: N/A		
INSURE WITH COE	: YES		
HIRE PURCHASE COMPANY	: N/A		
SUM INSURED	: MARKET VALUE	OF INSURED VEHI	CLE AT TIME OF LOSS
Vehicles (Third Party Risks and Cor Agency : LQ INS	v to which this Certificate inpensation) Act (Chapter URANCE AGENCY PTE LTD 2018 11:10 hrs	189) and Part IV o	a accordance with the provisions of the Motor of the Road Transport Act, 1987 (Malaysia) C INCOME INSURANCE CO-OPERATIVE LIMITED
Countersigned By:	Authorised Officer		Chief Executive

<u>LETTER OF AUTHORISATION</u> (FOR PROPERTY DAMAGE CLAIM ONLY)

	OVOECOD
Re:	Motor Insurance Claim GX2508E
	in respect of the traffic accident on1/1/2020
	at/along Loading Bay (Blk 608 Elias Road)
	ON W
	I/We,Quek Gim Toh
	NRIC <u>S00995811</u> of <u>Blk 403 Yishun Ave 6 #05-1226</u>
	Singapore 760403
	owner of motor vehicle GX2508E , insured by NTUC Income Insurance
	Co-operative Ltd under policy no. 5106186775
	hereby authorise M/s CHENG HOE MOTOR PTE LTD on Blk 1019 Yishun
	Industrial Park A #01-374 Singapore 768761, to act as my/our representative in
	my/our claim against the owner /driver of motor vehicle SHC8638Y in respect of the above-mentioned accident.
	of the above-mentioned accident.
	I/We further authorise that any payment due to me/us from the aforesaid claim is to be
	directed to my/our abovenamed representative.
	directed to my/our abovenamed representative.
	And I/We hereby indemnify my/our abovenamed representative against any claim
	and/or damage which may arise from any action taken on my/our behalf.
	I/We affirm all the above by my/our signature below.
	A A
	$\mathcal{L}(\mathcal{L}(\mathcal{L}))$
	Signed
	Signed: 2/1/2020
	Date : 2/1/2020 '