



中英汽車(私人)有限公司 シーエルオート PTE LTD

CL AUTO PTE LTD

(ACRA No. 198800292M)

48 Toh Guan Road East, #02-125 Enterprise Hub, Singapore 608586

Website: www.clauto.com.sg E-mail: vincent@clauto.com.sg

Tel: +65 6795 6125 Fax: +65 6795 0920

Date : 27/11/2019

WITHOUT PREJUDICE
SAVE WITH COSTS

M/S MS FIRST CAPITAL INSURANCE LIMITED
36 ROBINSON ROAD
#16-01 CITY HOUSE
SINGAPORE 068877

TEL NO: (65) 65073848
FAX NO: (65) 65073849
EMAIL: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG

ATTENTION: MOTOR CLAIMS DEPARTMENT

3RD PARTY CLAIM AGAINST YOUR INSURED VEHICLE SHC7393J, ACCIDENT ON 07/12/2019 @ 1430 HOURS ALONG PIE TOWARDS TUAS NEAR THOMSON ROAD EXIT.

Dear Sir/Madam

We have been instructed by the owner of GBF2384Z, to notify your office of a road traffic accident that occurred on 07/12/2019 at 1430 Hours along PIE towards Tuas near the Thomson Road exit with your insured vehicle SHC7393J.

The said vehicle owner intends to make claim against your office, being the insurer of Vehicle SHC7393J

Kindly be informed that our client's vehicle GBF2384Z is not in our workshop at the moment.

Please revert back to us within 2 working days upon receipt of this letter whether your office would like to conduct a pre-repair survey (PRS).

Kindly ask your surveyor to contact the undersigned to arrange for a suitable date and time pre-repair survey at our workshop which is at 48, Toh Guan Road East, #02-2125 Enterprise Hub. Singapore 608586.

If after 2 working days upon receipt of this letter, we do not receive any word from your office, we will proceed to appoint an independent surveyor.

Yours Faithfully,

Paul Antony Fernandez
Insurance Claims Assistant
CL Auto Pte Ltd
E-mail: claim1@clauto.com.sg
Tel: (65) 6795 6125
Fax: (65) 6795 0920



C L Auto Pte Ltd

48 TOH GUAN ROAD EAST #02-125 ENTERPRISE HUB SINGAPORE 608586
 TEL: 6795 6125 FAX: 6795 0920 Email: vincent@clauto.com.sg
 RCB NO:198800292M

M/S : FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD #16-01

CITY HOUSE

SINGAPORE 068877

TEL: 6507 3848

FAX: 6507 3849

ATTN: Motor Claim Department

Your Ref No: GBF2384Z

Claim Type: Third Party

Accident Date: 07/12/2019

TP Veh Reg No: SHC7393J

Estimate No: EST1900303

Date: 09 Jan 2020

Policy No: D19MCV000730

Veh Reg No: **GBF2384Z**

Make/Model: TOYOTA LITEACE

Chassis No: S402M0055253

Engine No: 3SZDFP4457

Reg. Date: 08/08/2016

Estimate Repair Cost to Vehicle No :GBF2384Z

Description	Quantity	List Price	Amount
		<u>S\$</u>	<u>S\$</u>
Special Net:			
1 RH FRONT FENDER INNER SHIELD CLIPS	1 SET	45.00	
2 RH FRONT DOOR COMPANY DATA STICKER	1 PC	30.00	
3 FRONT WHEEL RIM RH	1 PC	180.00	
		255.00	255.00
List Price:			
4 RH FRONT FENDER	1 PC	489.00	
5 RH FRONT FENDER INNER SHIELD	1 PC	139.00	
6 RH HEADLAMP ASSY	1 PC	1,289.00	
7 FRONT BUMPER ASSY	1 PC	682.00	
8 FRONT BUMPER RETAINER RH - INNER	1 PC	65.00	
9 FRONT BUMPER RETAINER RH - OUTER	1 PC	65.00	
10 RH FRONT DOOR	1 PC	980.00	
11 RH FRONT DOOR HINGE - TOP	1 PC	65.00	
12 RH FRONT DOOR HINGE - BOTTOM	1 PC	65.00	
		3,839.00	
	Less 25%	959.75	2,879.25
Labour Charges:			
13 WHEEL ALIGNMENT	1 JOB	80.00	
14 TO REMOVE & REFIT ACCIDENT DAMAGED SECTIONS. TO REPAIR FRONT RH DOOR PILLAR, STRAIGHTEN UP BODY PARTS AND FITTINGS AND ALIGN WHICHEVER PARTS NECESSARY.	1 JOB	1,000.00	
15 TO SPRAY RH FRONT FENDER, RH FRONT DOOR, FRONT DOOR PILLAR & FRONT BUMPER ASSY.	1 JOB	1,300.00	
16 TO CHECK WIRING & REFOCUS HEADLIGHTS.	1 JOB	50.00	
17 RUST PROOFING	1 JOB	90.00	
18 TRANSFER FRONT DOOR MECHANISM.	1 JOB	180.00	
		2,700.00	2,700.00
Total			S\$ 5,834.25

TOTAL: SINGAPORE DOLLAR FIVE THOUSAND EIGHT HUNDRED THIRTY FOUR AND CENTS TWENTY FIVE ONLY

For C L Auto Pte Ltd

AUTHORISED SIGNATURE

MCLA19164408-02 / C L Auto Pte Ltd - HQ
ENTRY DATE & TIME: 13/12/2019 18:13
SUBMITTED BY: Yeo Kim Sung

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 07/02/2020 10:32

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 13/12/2019 18:13
Date Of Accident 07/12/2019 14:30
Exact Location Of Accident PIE TOWARDS TUAS NEAR THOMSON EXIT
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF2384Z
Insured/Policyholder
Name Of Registered Owner DAINAN TECH (S) PTE LTD
Co Reg No 1XXXXX767H
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-96449921
Alternative Phone No Office-68977924

Vehicle Particulars

Manufacturer TOYOTA
Model LITEACE-1.5 (M)
Exact Purpose for which vehicle was being used at time of accident WORK RELATED

Are you claiming under your own insurance policy for repair to your vehicle? NO

☐ No, Please state action to be taken THIRD PARTY
Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number D19MCV000730
Cover Note Number

Driver

Name of Driver SATHASIVAM SHANMUGANATHAN
NRIC No GXXXX040K
Date Of Birth 08/03/1981
Occupation OUTDOOR
Date Of Driving Pass 09/03/2009
Driving Experience 10 YEARS AND 8 MONTHS
Gender MALE
Mobile Number +65-96449921

Fax Number	
Contact Number	OFFICE-68977924
E-Mail Address	NOEMAIL
Address	10, GUL STREET 3
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - EMPLOYEE
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

ON 07/12/2019 AT ABOUT 2030 HOURS, I WAS DRIVING MY COMPANY VAN REG NO: GBF2384Z ALONG PIE TOWARDS TUAS. I WAS DRIVING IN LANE 3. NEAR THOMSON ROAD EXIT, SUDDENLY A MOTOR TAXI REG NO: SHC7393T WHICH WAS IN LANE 2 ON MY RIGHT LOST CONTROL AND SKIDDED. THIS RESULTED IN THE TAXI LEFT REAR SIDE COLLIDING ONTO MY COMPANY VAN REG NO: GBF2384Z FRONT RIGHT DRIVER'S CABIN DOOR. AFTER THE ROAD TRAFFIC ACCIDENT, THE TAXI DRIVER ADMITTED HIS MISTAKE AND ASKED ME TO PROCEED WITH 3RD PARTY INSURANCE CLAIM AGAINST HIS MOTOR TAXI REG NO: SHC7393T. AT THE TIME OF THE ACCIDENT ROAD SURFACE WAS DRY AND WEATHER WAS FINE.

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	SHC7393J
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	

Sketch Plan

SKETCH PLANIMPORTANT NOTICE

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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.



Policyholder's Signature
Date & Time:



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



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

Accident Sketch Plan

2/7/2020

E-FILE

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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 - (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.



Policyholder's Signature
Date & Time:

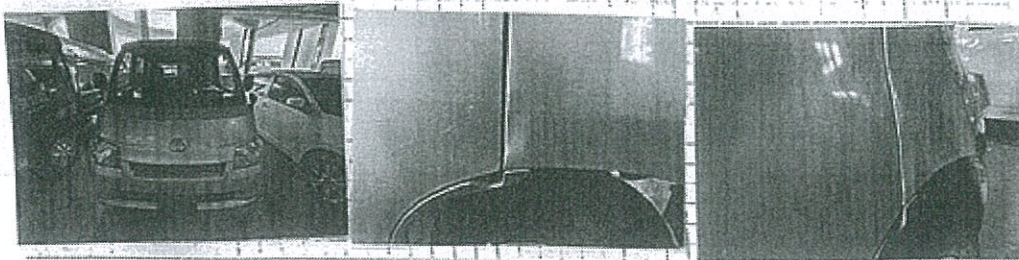


Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Vehicles: GBF2384Z (Client) & SHC 7393T

Date of Accident: 07/12/2019

Time of Accident: At about 2030 hours

Location: PIE towards Tuas near Thomson Road Exit

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BRIEF FACTS OF ACCIDENT CASE

On 07/12/2019 at about 2030Hours, I was driving my Company Van Reg No: GBF2384Z along PIE towards Tuas. I was driving on Lane 3

Near Thomson Road Exit, suddenly a Taxi Reg No: SHC7393T which was in Lane 2 on my right lost control and skidded.

This resulted in the taxi left rear side colliding onto my company van front right driver's cabin door.

After the road traffic accident, the taxi driver admitted his mistake and asked me to proceed with 3rd Party Insurance claim against his taxi.

At the time of the road traffic accident, weather was fine and road surface dry.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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