

LYTAG LAW LLP

Formerly known as Low Yeap Toh & Goon LLP

Our Ref : GEP.4819.08.24.LL (VR-PD-CDGE)

24 September 2024

3 Shenton Way
#/22-03/04 Shenton House
Singapore 068805
Tel: (65) 6220 2666
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Branch Office:
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178 Toa Payoh Central
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Fax: (65) 6250 5071
Email: epei@lytag.com.sg
linda@lytag.com.sg

CENTRAL NARCOTICS BUREAU (CNB)

393 New Bridge Road
Singapore 088763



Dear Sirs,

ACCIDENT INVOLVING SHA4573L AND FBW939Y ALONG UPPER THOMSON ROAD, SINGAPORE SHELL PETROL STATION ON 11 MAY 2024 AT 1950 HOURS

We act for ComfortDelgro Engineering Pte Ltd, the Owners of **SHA4573L**.

We are instructed to claim damages against you in connection with an accident along Upper Thomson Road, Singapore Shell Petrol Station between our clients' vehicle registration number **SHA4573L** and **FBW939Y** which was driven by you, your servant and/or agent on 11 May 2024 at about 1950 hours.

For the sake of clarity, kindly note that we are not instructed to claim personal injuries (if any) in this current claim, such rights for personal injury are expressly reserved to the injured parties.

We are instructed that the accident was caused by you, your servant and/or agent's negligence in the driving and/or management of the vehicle. As a result of the accident, our clients' vehicle was damaged and our clients have been put to loss and expenses, particulars of which are as follows:

Damages

1. Costs of Repair	\$6,158.50
2. Loss of rental	\$ 558.03 (\$101.46 x 5.5 days)
3. Survey Report Fee	\$ 510.12
4. Loss of Income	\$ 440.00 (\$80.00 x 5.5 days)

\$7,666.65
=====

Disbursements

5. LTA Search Fees	\$ 27.25
6. Incidentals	\$163.50

	\$190.75 =====



Advocates & Solicitors
Notaries Public
Commissioners for Oaths
Trademark Agents

Contribution to legal costs at this stage \$1,090.00

A copy each of the following supporting documents are enclosed.

- a) GIA report of **SHA4573L**;
- b) Surveyor Report of **SHA4573L**;
- c) Repair Bill of **SHA4573L**
- d) Rental rate letter;
- e) Taxi driver's mileage record; and
- f) Vehicle Owner Details of **FBW939Y** from LTA.

The demand herein is strictly in respect of a claim for damages pertaining to the vehicle and any settlement following or subsequent to this demand shall not prejudice any claim in respect of damages and consequential loss in relation to any personal injuries.

We regard to the requirement for pre-repair inspection of our client's fleet of buses, our clients are providing public services in the field of public transportation and cannot afford to have their buses put on standby for pre-repair survey. To the best of our knowledge, you have waived the requirement of pre-repair inspection.

Please also note that if you have any claim against our clients arising out of the accident, you are also required to send to us a letter giving full particulars of your claim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Kindly also treat this letter as a **NOTICE** pursuant to Section 9(3) of the Motor Vehicles (Third Party Risks and Compensation) Act Cap 189 that our clients will commence legal proceedings against your insured.

In the meanwhile, all of our clients' rights are expressly reserved including the driver's rights to claim damages for personal injury.

Yours faithfully


c.c. clients
(Your Ref: CT0524/SHA4573L/CK(st)).

Encs..



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 Actual 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 First Submission	13/05/2024 22:36 (SGT)
Reported by	Actual Driver
Date of Accident	11/05/2024 19:50 (SGT)
Exact Location of Accident	Upper Thomson Rd, Singapore
Additional Location Information	SHELL PETROL STATION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4573L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-93623811
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1685

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24101861MFCT

DRIVER

Name of Driver	HENG HUA SUNG
NRIC No	SXXXXX508F
Date Of Birth	23/06/1953
Occupation	Outdoor

Driving Pass Date	28/02/1978
Driving experience	46 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93623811
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 204A COMPASSVALE DRIVE # 01 - 443
Address complement	-
Postcode	541204
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO : T/20240511/2075

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBW939Y
Vehicle Manufacturer	Yamaha
Vehicle Model	CZD 300 A / XMAX 300 TECH MAX

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT SIDE
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RIDER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
proximate Age Years Old	-
Injuries Sustained	ARM ABRASION
Injured person in which vehicle?	FBW939Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 lodging of this report to the insurers, you hereby consent to the archiving of this report at the center 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.

Policyholder's Signature / Date & Time

Sketch Plan

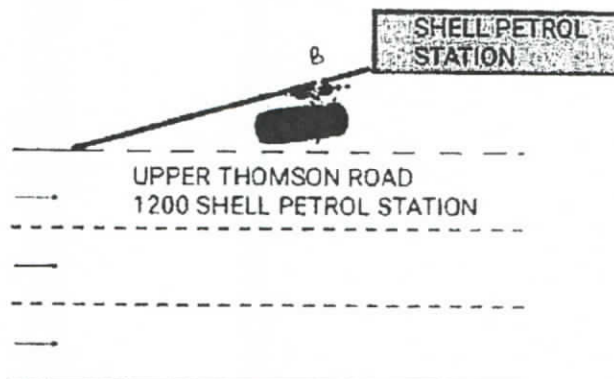
Driver's Signature (If driver is not the policyholder) / Date & Time

13.05.2024, 1125HRS

Witnessed by Reporting Centre Personnel

A - SHA4573L

B - FBW939Y



Describe Circumstances of the Accident

REFER TO POLICE REPORT NO : T/20240511/2075

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 13.05.2024. 1130HRS

Witnessed by Reporting Centre
Personnel



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA1K245D0010 Vehicle Registration No: SHA4573L
 Name (as shown in NRIC): Comfort Transportation Pte Ltd NRIC/FIN/Passport No: 1XXXXX821R
 (* Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 11/05/2024 Time of Accident: 19:50
 Place of Accident: Upper Thomson Rd.
 Insurance Company: MS First Capital Insurance Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

REMOVE VEHICLE PICTURES



Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 03.06.2024



**SINGAPORE
POLICE FORCE**



T/20240511/2075

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20240511/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/05/2024 22:35	Vide Report No.: L/20240511/0109	Station Diary No.: 130
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Informant's Particulars

Name of Informant: HENG HUA SUNG			Address: 204A COMPASSVALE DRIVE #01-443 SINGAPORE 541204		
ID Type / ID No.: NRIC NO / S0202508F			Contact No.:		
Nationality:			Home/Office:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/05/2024 19:50	Type of Location: Straight Rd turning left
Location: UPPER THOMSON ROAD				
Weather: Clear	Road Surface: Dry			
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
FBW939Y	Motorcycle				Slightly Damaged	0
SHA4573L	Motor car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20240511/2075

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20240511/2075

CONTINUATION OF REPORT

Driver			
Name	HENG HUA SUNG	ID No.	S0202508F
Related Vehicle	SHA4573L (Motor car)	Contact No.	93623811
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 11/05/24 at about 1950hrs I was driving my taxi (SHA4573L) at Upper Thomson Road. As I was reaching at the nearby shell station and intend to turn in however before I make a left tun in the shell station a motorcycle (FBW939Y) hit my left side of my vehicle and he fell after hitting.

Subsequently I called the ambulance. Both ambulance and Traffic Police were at scene. Motorcycle was conveyed by ambulance. I did not see any doctor as I have no injury.

That is all



**SINGAPORE
POLICE FORCE**



T/20240511/2075

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20240511/2075

CONTINUATION OF REPORT

Signature of Officer Recording The
F /
SGT 1 MUHAMMAD ANDIKA BIN
RASHID

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT MOHAMED SUFIAN BIN
MOHAMED JUNID
Contact No.: 65476247

Signature Of Informant:

Date/Time:
11/05/2024 22:35

Classification Of Case:

NP168



VICOM LTD

385 Sin Ming Drive Singapore 575718

Mainline (65) 6458 4555

Facsimile (65) 6458 1040

www.vicom.com.sg

Company Registration No: 198100320K

TAX INVOICE

COMFORTDELGRO ENGINEERING PTE LTD

#205 Braddell Road

Blk C Ext 1 3rd Level

Singapore 579701

ATTN : MOTOR CLAIMS DEPT.

GST REG No. : M9-0000652-A

CUSTOMER ID : VACC0013

INVOICE No. : LY015015

INVOICE DATE : 07/06/2024

PAYMENT TERM : 30 Days Credit

VEHICLE No. : SHA4573L
ACCIDENT DATE : 11/05/2024
CLAIM No. : 305591174

DESCRIPTION	QTY	UNIT PRICE (SG\$)	AMOUNT (SG\$)
Photographs	28	1.00	\$ 28.00
Transportation	1	60.00	\$ 60.00
VAC Assessment Fee	1	380.00	\$ 380.00

BANK ACCOUNT NAME : VICOM LTD

BANK : DBS Bank Ltd (DBS)

BANK ACCOUNT NO. : 015-002201-9

BANK BRANCH : Thomson Branch

BANK / BRANCH CODE: 7171 / 015

GROSS AMOUNT \$ 468.00

GST @ 9% \$ 42.12

INVOICE AMOUNT \$ 510.12

REMARKS

CTPL

This is a computer generated TAX INVOICE
No signature required

Cheque should be made payable to 'VICOM LTD'.

Sin Ming
385 Sin Ming Drive Singapore 575718
Tel: (65) 6455 5358 Fax: (65) 6455 8638

Bukit Batok
511 Bukit Batok St 23 Singapore 659545
Tel: (65) 6560 3312 Fax: (65) 6569 0722

Kaki Bukit
23 Kaki Bukit Ave 4 Singapore 415933
Tel: (65) 6741 6697 Fax: (65) 6740 2305

COMFORTDELGRO ENGINEERING PTE LTD
#205 Braddell Road
Blk C Ext 1 3rd Level
Singapore 579701



VICOM LTD
385 Sin Ming Drive Singapore 575718

Mainline (65) 6458 4555
Facsimile (65) 6458 1040

www.vicom.com.sg
Company Registration No: 198103320K

SURVEY REPORT

GENERAL INFORMATION			
VAC Ref. No.	: 573486	Claim No.	: 305591174
Accident Date	: 11/05/2024	Claim Type	: THIRD PARTY
Assignment Date	: 13/05/2024	Policy No.	:
Survey Date	: 13/05/2024	Finalised Dt.:	:
Survey Report Date	: 07/06/2024		

VEHICLE PARTICULARS			
Vehicle No.	: SHA4573L	Chassis No.	: KMHLB41UMHU097775
Registration Date	: 05/01/2017	Engine No.	: OBSCURED
Make	: HYUNDAI	Engine Cap.	: 1685 CC
Model	: I-40	Transmission	: AUTO
		Colour	: BLUE

CONDITION OF VEHICLE DURING SURVEY (VISUAL and STATIC TEST ONLY)			
Foot Brake	: SERVICEABLE	Steering	: SERVICEABLE
Hand Brake	: SERVICEABLE	Modification	: NONE
Mileage	:		

TYRES	SIZE	MAKE	BALANCE (mm)
FRONT RH	205/60R16	GITI	6
FRONT LH	205/60R16	GITI	6
REAR RH	205/60R16	GITI	6
REAR LH	205/60R16	GITI	6

SURVEY CONDUCTED AT	
59 Loyang Drive Singapore 508969	

REMARKS	
[1] Workshop Estimate : S\$ 9,948.88	
[2] Our Adjustment : S\$ 5,650.00	
[3] Repair Period : 4 days	
[4] We have not authorised repairs. This survey was carried out on without prejudice basis.	

VICOM LTD

SHA4573L @ 11/05/2024

SURVEY REPORT
Annex A: Adjustment on Spare Parts

#	Qty	Vehicle Parts Description	Condition	Workshop Estimate (S\$)	VAC Adjustment (S\$)
1	1	Bonnet	Repair	2508.80	0.00
2	1	Bonnet Hinge Lh	Reuse	35.70	0.00
3	1	Front Bumper	Deformed	1052.20	1052.20
4	1	Front Bumper Side Bracket Lh	Distorted	22.40	22.40
5	10	Front Bumper Clips	Necessary	22.00	22.00
6	1	Front Fender Lh	Dented	663.00	663.00
7	1	Front Fender Shield Lh	Reuse	174.30	0.00
8	10	Front Fender Clips	Necessary	22.00	22.00
9	1	Front Wheel Cap Lh	Grazed	217.20	217.20
10	1	Front Wing Mirror Lh	Snapped	670.00	670.00
11	1	Headlamp Lh	Grazed	1388.00	1388.00
	1	Front Windscreen Pillar Lh	Dented	1745.50	1745.50
Subtotal				: 8521.10	5802.30
Less 20 %				1704.22	1160.46
TOTAL				: 6816.88	4641.84

SPECIAL NETT ITEM

1	1	Front Door Comfortdelgro Logo Lh	Necessary	75.00	75.00
2	1	Front Tyre Lh	Reuse	216.00	0.00
3	1	Front Windscreen Sealant	Necessary	46.00	46.00
TOTAL				: 337.00	121.00

TOTAL FOR SPARE PARTS : 7153.88 4762.84

VICOM LTD
SURVEY REPORT

SHA4573L @ 11/05/2024

Annex B: Adjustment on Labour and Spray Painting

#	Job Description	Workshop Estimate (S\$)	VAC Adjustment (S\$)
1	Labour charges	1200.00	840.00
2	Spray painting charges	1200.00	1100.00
3	Tuff kote	60.00	40.00
4	Remove/ refix front windscreen glass	120.00	120.00
5	Towing fee	95.00	95.00
6	Adjust front wheel alignment	120.00	80.00
TOTAL FOR LABOUR AND SPRAY PAINTING		2795.00	2275.00

Summary

Description	Workshop Estimate (S\$)	VAC Adjustmt (S\$)
TOTAL FOR SPARE PARTS	7153.88	4762.84
TOTAL FOR LABOUR AND SPRAY PAINTING	2795.00	2275.00
TOTAL REPAIR COST	9948.88	7037.84

VICOM LTD
SURVEY REPORT
Annex C: Conclusion

SHA4573L @ 11/05/2024

ASSESSOR'S REPORT

At the place of inspection, we saw this vehicle sustained front nearside damage.

The damages seen during our survey were at front bumper, n/s headlamp, front n/s fender, bonnet, front n/s wheel, front n/s windscreen glass pillar and surrounding areas. A fuller detailed description of the damages is in Annex A of this survey report.

ASSESSOR'S RECOMMENDATION

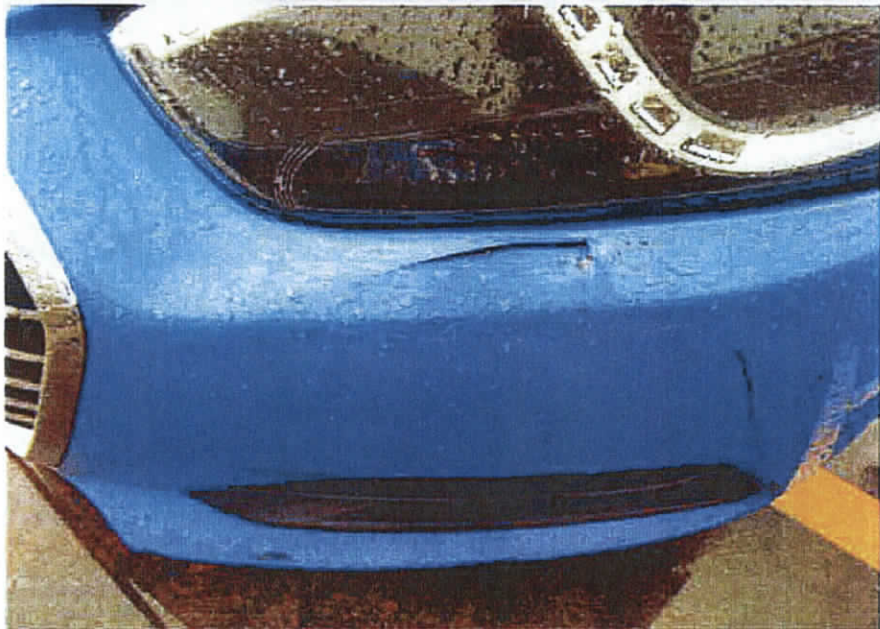
Comfortdelgro Engineering Pte Ltd (Loyang) estimated a repair cost of S\$9,948.88. We adjusted it to S\$7,037.84.

Accordingly, we recommend repairs to this vehicle be carried out on a lumpsum basis at S\$5,650.00.

The repairs would require a period of 4 working days.



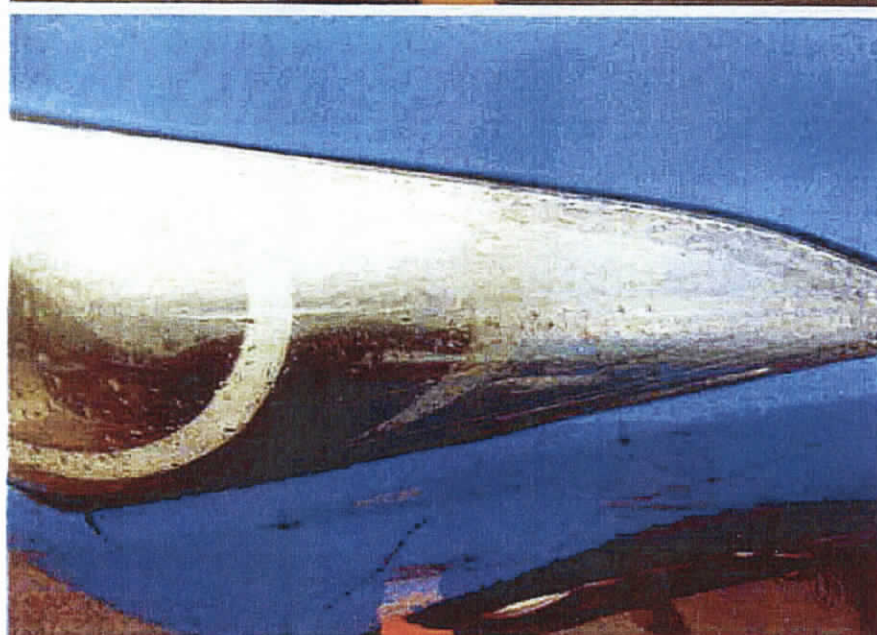
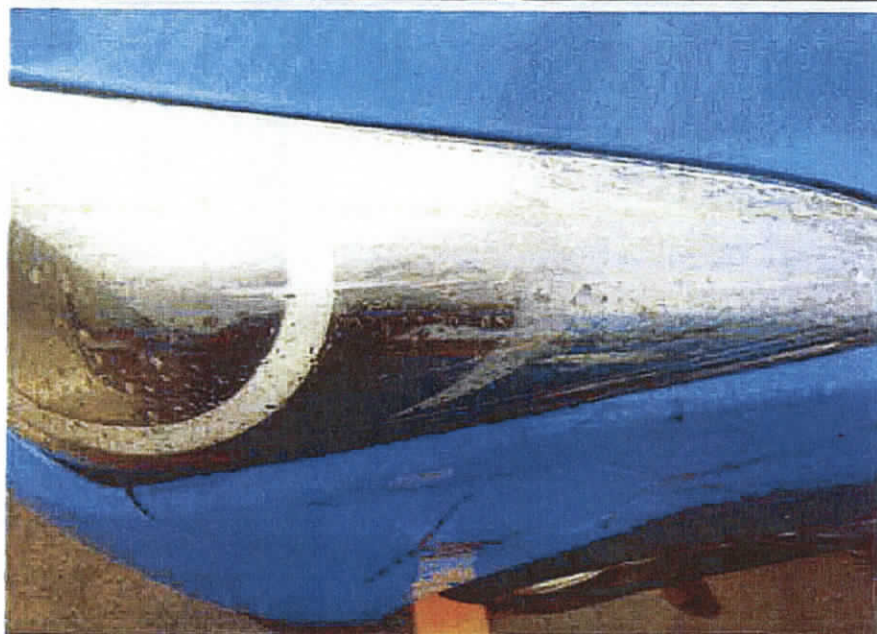
Kamarudin Abdul Kadir
for VICOM Ltd



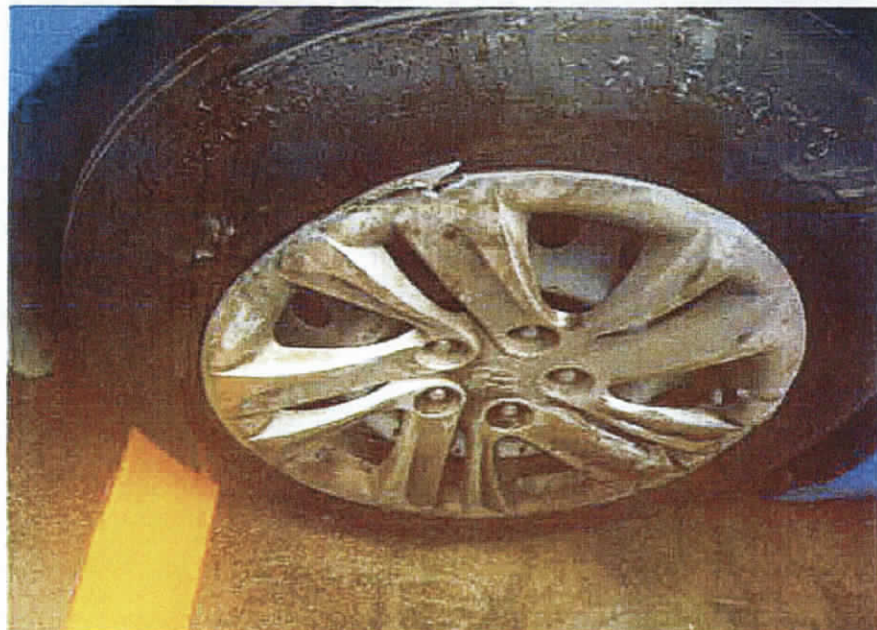
VICOM ASSESSMENT CENTRE VEHICLE No.: SHA4573L ACCIDENT DATE : 11/05/2024



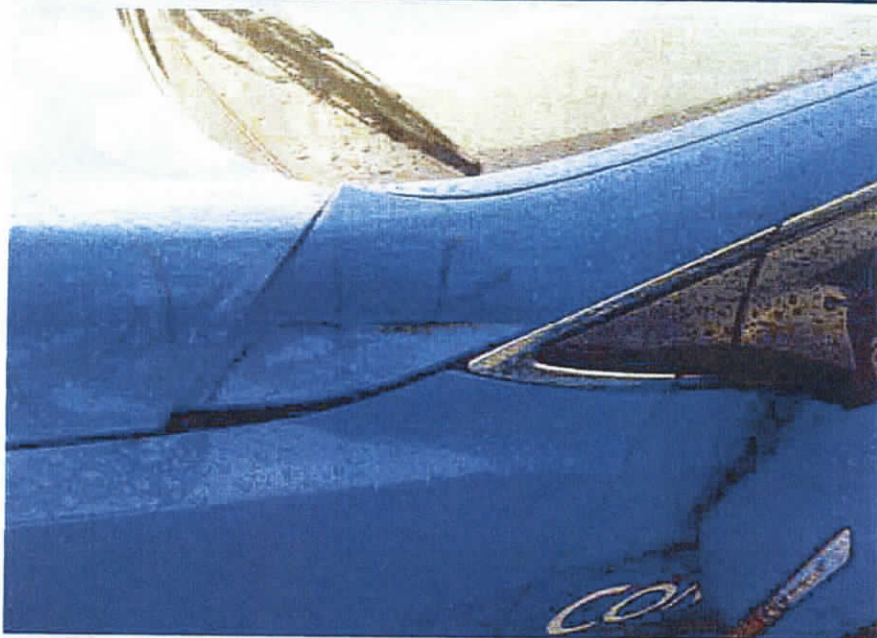
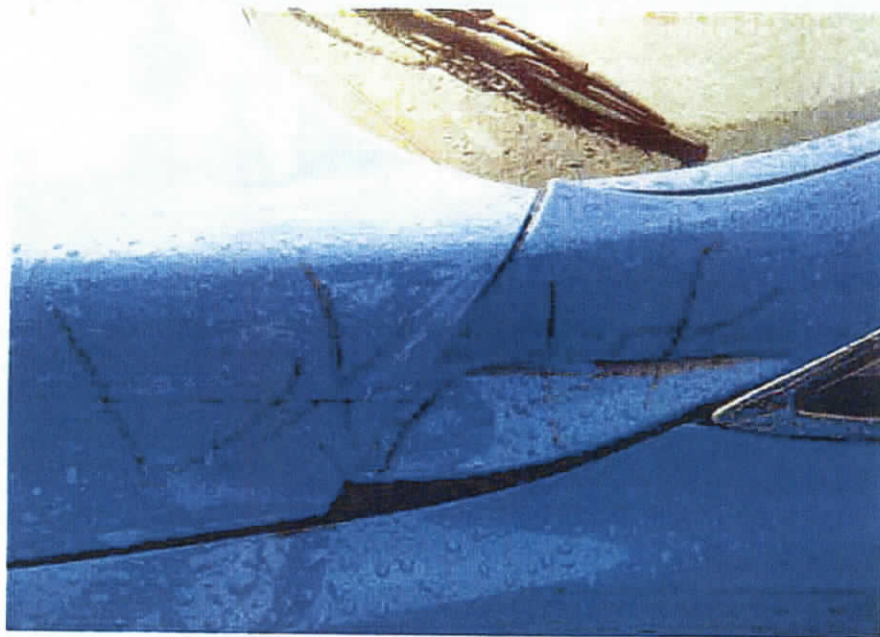
VICOM ASSESSMENT CENTRE VEHICLE No.: SHA4573L ACCIDENT DATE : 11/05/2024



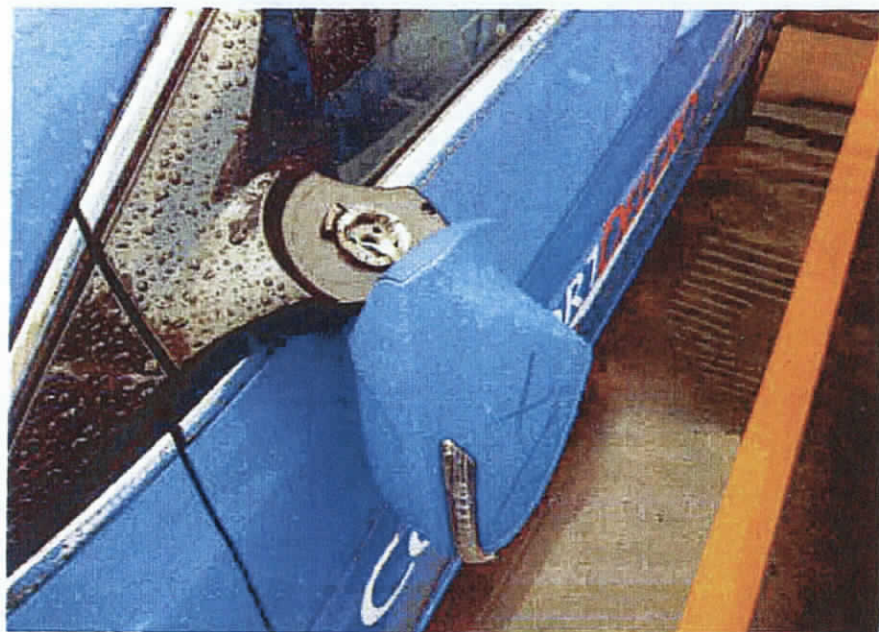
VICOM ASSESSMENT CENTRE VEHICLE No.: SHA4573L ACCIDENT DATE : 11/05/2024



VICOM ASSESSMENT CENTRE VEHICLE No.: SHA4573L ACCIDENT DATE : 11/05/2024

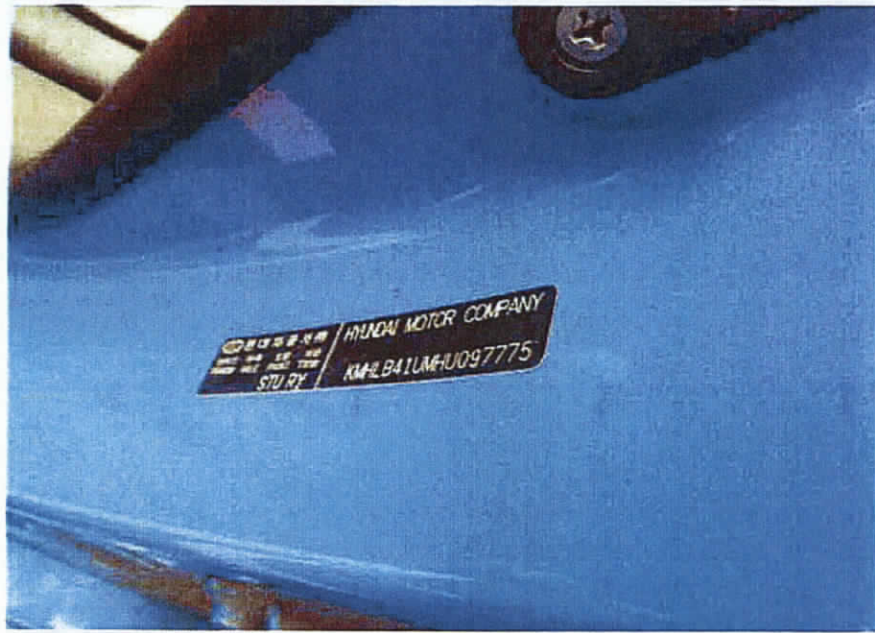


VICOM ASSESSMENT CENTRE VEHICLE No.: SHA4573L ACCIDENT DATE : 11/05/2024



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VICOM ASSESSMENT CENTRE VEHICLE No.: SHA4573L ACCIDENT DATE : 11/05/2024



VICOM ASSESSMENT CENTRE VEHICLE No.: SHA4573L ACCIDENT DATE : 11/05/2024



GST REG. NO. M2-8921817-3

TAX INVOICE

8010612
OWNER OF FBW 939Y

SINGAPORE
CONTACT NO:

VEHICLE NO
SHA4573L

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
05.01.2017

CHASSIS CODE
KMHLB41UMHU097775

NO/DATE
95884758 31.05.2024

JOB NO.
305591174

ODOMETER READING

JOB TYPE

Description : 3P 11.05.2024

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		5,650.00
Add GST @ 9.000 %		508.50
Total Invoice amount		6,158.50

Issued by : CHEWBEELENG 03.06.2024 14:37:49
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

ComfortDelGro Engineering Pte Ltd

Head Office:
05 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.

Our Ref: CT24050187

Date: 03 June 2024



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	11/05/2024 @ 19:50 hrs
ALONG	UPPER THOMSON ROAD SLIP ROAD INTO SHELL
	PETROL STATION
INVOLVING	FBW939Y

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 **SHA4573L** (the "Taxi"). The Taxi was hired to **TAN KWEE POH IC NO SXXXX814H** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$101.46** 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

Fleet Insurance Team
Asset Management

This is a computer generated letter. No signature is required.

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4 days

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Ins?

[illegible]

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

20 Sep 2024

Our ref 2009241801N002090908

LYTAG LAW LLP
3 SHENTON WAY
#22-03/04 SHENTON HOUSE
SINGAPORE 068805

Dear Sir/Madam

SEARCH FOR VEHICLE NO. : FBW939Y AS AT : 11 MAY 2024

We refer to your request of 20 Sep 2024. Details of the vehicle are as follows:

Owner Name	: CENTRAL NARCOTICS BUREAU
Owner Identification	: T08GA0031A
Vehicle Make	: YAMAHA
Owner Address	: 393 NEW BRIDGE ROAD BLK B, POLICE CANTONMENT CMLX SINGAPORE 088763

2. Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance.
3. Thank you.

Yours sincerely

Assistant Registrar of Vehicles
Vehicle Licensing Division
Land Transport Authority
[This is a computer-generated letter, no signature is required.]

Road Safety Reminder: Please drive safely and look out for fellow road users, including cyclists. Digital enforcement cameras are deployed island-wide to deter and detect traffic offences. A safer commute starts with you. Join the Community Watch Scheme at <https://go.gov.sg/spf-cws>. Let's keep everyone safe on our roads!