

Your Ref: 24/24/24/VC05/030145/Eric Woo  
Our Ref: PTE/SML5488B/241103/TP-AL  
Date: 06.02.2025



LONPAC INSURANCE BERHAD

ComfortDelGro Engineering Pte Ltd

Attn : Motor Claims Department

Without Prejudice

**Corporate Office**  
205 Braddell Road Singapore 579701  
Mainline +65 6383 6280  
Facsimile +65 6280 9755  
Company Registration No: 19950604W

Dear Sir/Madam

**ACCIDENT ON 03.11.2024 INVOLVING SML5488B & YQ 8276H ALONG BUKIT TIMAH ROAD**

We are the authorised repair workshop for the owner of vehicle No, SML5488B, which was involved in the captioned accident with your insured vehicle No, YQ 8276H.

The vehicle owner has requested and authorised us to assist in presenting his/her claims against the party responsible for all applicable matters arising from the damage of the vehicle.

As the vehicle was caused by the negligent act of your insured driver, we are submitting these claims for your consideration on behalf of the the owner/driver/claimant.

1. Cost of Repairs / <del>Excess</del>		S\$	2,071.00
2. Car Rental	6 days x S\$ 68.00	S\$	408.00
3. Loss of Use	days x S\$ 0.00	S\$	0.00
4. Survey Report Fee		S\$	0.00
5. LTA Search Fee		S\$	27.25
6. GIA / Police Report Fee		S\$	0.00
7. Medical Expenses		S\$	0.00
8. Others [1]		S\$	0.00
9. Others [2]		S\$	0.00

[E&OE]	<b>Total Claims</b>	<b>S\$</b>	<b>2,506.25</b>
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A copy each of the following supporting documents is enclosed:

<input checked="" type="checkbox"/> Original Repair/ <del>Excess</del> Bill	<input checked="" type="checkbox"/> Insurance Certificate
<input type="checkbox"/> Survey Report / Bill	<input checked="" type="checkbox"/> Power of Attorney
<input type="checkbox"/> Coloured Photographs	<input checked="" type="checkbox"/> Car Rental Bill
<input checked="" type="checkbox"/> GIA/Police Report(s)	<input type="checkbox"/> Medical Bill
<input checked="" type="checkbox"/> GIA/TP Search	<input type="checkbox"/> Witness Statement
<input type="checkbox"/> Others: _____	

Kindly look into the matter and let us hear from you on the settlement of our clients' claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/driver/claimant.

Yours sincerely,

Alice Lau

CDGE Claims Department

DID:62148307

FAX: -

Email: alicelau@cdge.com.sg

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

A member of

**COMFORTDELGRO**

OUR REF: 24/24/24/VC05/030145 -TP CLAIM / SML5488B / DOA 03.11.2024 / YR INSURED YQ8276H

From ERIC WOO JUN KIAT <ERICWOO@lonpac.com>

Date Mon 25/11/24 10:19 AM

To Kelvin Su Khai Wen <kelvinsukwen@cdge.com.sg>; assignments <assignments@lkkauto.com>

Cc MT\_Claim\_SG <mt\_claim@lonpac.com>; admin-a@lkkauto.com <admin-a@lkkauto.com>; Spark Car Care <SparkARC@comfortdelgro.com>

CAUTION : This email originated from an external party outside ComfortDelGro. Do not click on links or open attachment unless you know the sender.

Lonpac External - General

Lonpac External - General

Without Prejudice

Dear Kelvin,

We are agreeable to Direct Settlement, quantum to be agreed.

Dear LKK,

Please provide liability to third-party workshop in timely manner for future cases.

Thank you.

Best Regards

Eric Woo

Executive | Lonpac Insurance Bhd

300 Beach Road, #17-04 The Concourse, Singapore 199555

DID: 6279 9240 | Fax: (65) 6296 2706



**GST REG. NO. M2-8921817-3**

**TAX INVOICE**

**COMPANY REG. NO.: 199506048W**

**Page: 1**

8010042

LONPAC INSURANCE BERHAD  
THE CONCOURSE

300 BEACH ROAD #17-04/07  
SINGAPORE 199555

CONTACT NO: 62507388

**VEHICLE NO**  
SML5488B

**NO/DATE**  
95913927 23.12.2024

**MAKE**  
TOYOTA

**JOB NO.**  
305612045

**MODEL**  
PRIUS/ PRIUS+/PRIUS

**ODOMETER READING**

**DATE OF REG**  
27.05.2019

**CHASSIS CODE**  
JTDKB3FU003081000

**JOB TYPE**

Description : TP - INDIA - LONPAC

**Invoice for Lump Sum Repair**

Total Lump Sum Repair Amt	1,900.00
Add GST @ 9.00 %	171.00
<b>Total Invoice amount</b>	<b>2,071.00</b>

Issued by : SIEWHWA 03.02.2025 13:18:52  
Repair Type : CESO/52/5T  
Payment Type/Term : /Credit 30 days

- 1) WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS' RISK.
- 2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY OR NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
- 3) INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE PERIOD OF DEFAULT.
- 4) PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

**ComfortDelGro Engineering Pte Ltd**

Head Office:  
205 Braddell Road  
Singapore 579701

**ACCOUNT No.**

**INVOICE No.**

**AMOUNT**

**BANK/CHQ No.**

Kindly note that no receipt shall be issued unless requested.

**CUSTOMER'S COPY**

ComfortDelGro Rent-A-Car Pte Ltd  
205 Braddell Road Singapore 579701  
Mainline +65 6882 0888  
Facsimile +65 6665 1818  
www.cdgrentacar.com.sg  
Company Registration No: 198105775H

VA No. : 80000039  
Vehicle No. : SML5488B  
Make & Model : TOYOTA PRIUS PHV

**HIRER/DRIVER**

Driver's Name. : LAM TZE YUEN  
Address :  
Postal :  
Country : SINGAPORE  
Nationality : SINGAPOREAN

Handphone No.  
Email :  
Licence Issued In : 25-Nov-1992

**REMARKS (GENERAL / DELIVERY)**

TOYOTA PRIUS PHV 364days @\$68/day (before GST)

Section I - Excess : \$2500 (before GST)  
Section II - Excess : \$2500 (before GST)

**RENTAL CHARGES**

\$68 per day (before GST)

Time / Date End (Agreed / Actual) : 06/06/2025  
Time / Date Start (Agreed / Actual) : 07/06/2024

Rental Charges :  
Discount :  
Subtotal :  
GST (9%) :  
Estimated Total :

Estimated Rental Duration : 364 Days  
Malaysia Use : Inclusive  
Payment Method : Giro  
Sales Person : Collin Goh  
Remarks :

Hirer :

1. agrees to be bound by and comply with the terms and conditions above and the Owner's General Terms and Conditions overleaf;
2. agrees that all rates and insurance excess shall be subject to prevailing GST payable by the Hirer;
3. represents and warrants that the driving licence of the Hirer is current and he / she is not disqualified from driving and that the Hirer holds a valid Private Hire Car Driver's Vocational Licence (PDVL) or Taxi Driver's Vocational Licence (TDVL);
4. agrees that he / she is responsible for breach of traffic laws / regulations, ERP charges and parking fines / surcharges during the period of hire;
5. agrees that he / she is liable for the insurance excess for each accident, regardless of whether he / she is at fault; and
6. agrees that all amounts due or payable in connection with this rental shall be paid via GIRO or such other payment methods as determined by Owner.

**This is a computer-generated document. No Signature is required.**



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 06 Nov 2024 / 16:49:09  
Receipt Date/Time : 06 Nov 2024 / 16:49:09

Tax Invoice/Receipt

Receipt No. : ITNET-00000-241106-003105

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - YQ8276H				
As at 03 Nov 2024/08:30:00				
Insurance Co: INCOME INSURANCE LIMITED				
1	Insurance Enquiry - YQ8276H Enquiry Fee 20241106164813055920	25.00	2.25	27.25
Sub-Total		25.00	2.25	27.25
Total Before Rounding		25.00	2.25	27.25
Rounding Difference				0.00
Total Amount Payable				27.25
Paid By				
448533XXXXXX3620		eNETS Credit Card		27.25
Total				27.25
Cash Change				0.00
Tendered Amount				27.25
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

**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 lodgment 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.

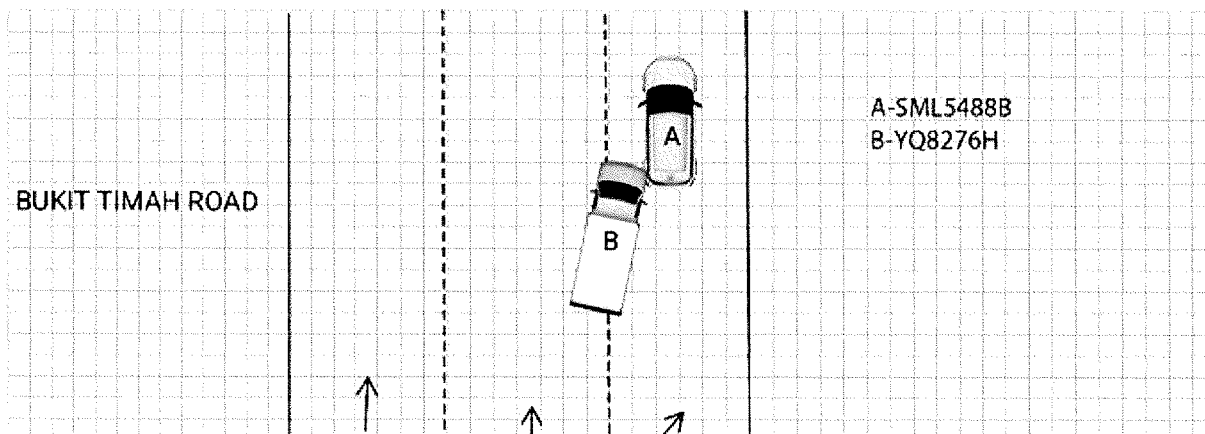
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

03/11/24  
10:50HRS




Describe Circumstances of the Accident

ON 03/11/24 AROUND 08:30HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SML5488B ALONG BUKIT TIMAH ROAD ENROUTE FORM ROCHOR ROAD TOWARDS BUKIT TIMAH ROAD I GO BACK TO HOME.AS I TRAVELING LANE 1 TO TURN RIGHT SUDDENLY VEHICLE BEARING REGISTRATION NUMBER YQ8276H HIT ONTO MY LEFT HAND SIDE.NOBODY WAS INJURED

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  
  
 03/11/24  
 10:50HRS

Witnessed by Reporting Centre Personnel







## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

**All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.**

<b>CERTIFICATE NO.:</b> D18MFL0003414_05		<b>COVER:</b> Comprehensive
<b>1. Index Mark and Registration Number of Vehicle</b>	: SML5488B	
<b>Chassis No</b>	: JTDKB3FU003081000	
<b>2. Name of Policyholder</b>	: COMFORTDELGRO RENT-A-CAR PTE LTD	
<b>3. Effective date of Insurance</b>	: 01 Jul 2024	
<b>4. Expiry date of Insurance</b>	: 30 Jun 2025	
<b>5. Persons or Classes of Persons entitled to drive*</b>	<p>Any person who is driving on the Policyholder's order or with his/their permission. The Hirer.</p> <p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle</p>	
<b>6. Limitations as to use*</b>	<p>Use for the carriage of passengers in connection with the Policyholder's business or the hirer's business. Use for social, domestic, pleasure purposes and business purposes of the Policyholder or of any person to whom the vehicle is hired</p> <p><b>The Policy does not cover</b></p> <p>(1) Use for racing, pace-making, reliability trial, or speed-testing. (2) Use for the carriage of goods (other than samples) in connection with any trade or business. (3) Use for any purpose in connection with the Motor Trade.</p> <p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</p>	
<b>Windscreen Excess</b>	: SGD	100.00
<b>Hire Purchase Company</b>	: N.A	
"EXCESS : AS PER POLICY SCHEDULE.		
POLICY DOES NOT COVER ANY DRIVER WHO IS BELOW 22 YEARS OLD OR WITH LESS THAN 12 MONTHS SINGAPORE DRIVING EXPERIENCE. THIS EXCLUSION SHALL NOT APPLY TO EMPLOYEES OF COMFORTDELGRO RENT-A-CAR PTE. LTD.		
PRIVATE HIRE SERVICE (USE FOR HIRE & REWARD) - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE ONLY		
FOR SOCIAL, DOMESTIC & LEISURE PURPOSES ONLY - GEOGRAPHICAL AREA: WITHIN SINGAPORE, WEST MALAYSIA AND THAT PART OF THAILAND WITHIN 50 MILES OF THE BORDER BETWEEN THAILAND AND WEST MALAYSIA."		
III ASSIGNED WORKSHOP: ACCIDENT REPAIRS MUST BE DONE AT A WORKSHOP ASSIGNED BY THE COMPANY. THE COMPANY WILL NOT PROVIDE INDEMNITY UNDER SECTION I OF THE POLICY IF THE MOTOR VEHICLE IS REPAIRED AT A WORKSHOP NOT ASSIGNED BY III.		
I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).		
<b>Agent/Broker</b>	: B000018/COMFORTDELGRO INSURANCE BROKERS PTE LTD	
<b>Date of Issuc</b>	: 21/06/2024 17:55:49	
<b>MZ406 - Hire Car</b>	(U/G)	
		<p><i>Nalini</i></p> <p>Nalini Venugopal MD &amp; CEO</p>

A member of COMFORTDELGRO

ACCIDENT INVOLVING (Owner's Vehicle No.) SML5488B and (Third Party's Vehicle No.) YQ8276H on 03.11.2024 along Bukit Timah Road, Singapore

File