

REF: CS/CTU17013796/M/rbs2

Special Instruction:

ASSIGNMENT (Office)

From (Person): Alfred Toh of CTI Date/Time: 11-07-2017  
Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

Third Parties:

Claimant:

Surveyor:

Workshop:

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SH 85368 Insured: XD1826Y  
at Workshop m/s Comfort Delgo Tel: 6550 8606 (Dons)  
of 383 sin ming Drive  
Policy No: \_\_\_\_\_ Claim No: SHM1700134262/6  
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
Make of Veh: \_\_\_\_\_ D.O.A. 13-03-2017  
(Client's Record)

19.07.2017 (Wednesday) @ 11am

H.O.D. Enrolment/Date: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle IN / OUT \_\_\_\_\_

Date/Time: 28/1/17 Confirmed with 236 Final Fig         ,          days (Red S          /          %; Original          days)

Date/Time: 2/8/17 Submit Final Fig 975.84, 2 days (Red 5535.22 72 %; Original        days)

[illegible]

Para(1) : Parts found not replaced	(To highlight <i>R or UB, LR, Etc</i> )
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Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)
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**Para(3) : Nett Value**

Market Value :

Salvage Value :

Nett Value : \_\_\_\_\_

Inspected/  
Evaluated by:

Fee Charged:

Date: \_\_\_\_\_

Basic &amp; Add

Transport

## Photos

Others

Total

1) Date/Time 2/8/17 File Pass to typist

2) Date/Time \_\_\_\_\_ File Return to \_\_\_\_\_

3) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_

4) Date/Time \_\_\_\_\_ File Return to \_\_\_\_\_

5) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_

6) Date/Time \_\_\_\_\_ File Return to \_\_\_\_\_



**Catherine Chong (LKK Auto)**

---

**From:** Janice Lee (LKKAuto) <JaniceLee@lkkauto.com>  
**Sent:** Tuesday, 11 July, 2017 12:11 PM  
**To:** assignments  
**Subject:** FW: ACCIDENT INVOLVING XD1826Y & SH8536B ON 13 MARCH 2017  
ALONG SLE (SNM17D01542C02/6)  
**Attachments:** LETTER OF DEMAND.pdf

fyna

Thank you.

Best Regards,

**Janice Lee (Ms) | Case Handler**

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [janicelee@lkkauto.com](mailto:janicelee@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

**From:** Claims Dept of CTI [mailto:claimsdept@sg.cntaiping.com]  
**Sent:** Tuesday, July 11, 2017 12:01 PM  
**To:** Fleet Safety; Christine Tay Siew Hway; SUR; Admin A  
**Cc:** Daren Ong; Fecelia Ong; Irene Tay; Chee So Chow; Alfred Toh; KKLau; Olivia Lau (LKKAuto)  
**Subject:** RE: ACCIDENT INVOLVING XD1826Y & SH8536B ON 13 MARCH 2017 ALONG SLE  
(SNM17D01542C02/6)

*Without Prejudice*

Your Ref: 28.4/03.17/SH8536B  
Our Ref: SNM17D01542C02/6 (XD1826Y)

**ATTN: MS CHRISTINE TAY/DORIS LIM**

Dear Christine/Doris

We thank you for your email of even date pertaining to the above matter.

**Please note that we shall be appointing M/s LKK Auto Consultants Pte Ltd to survey your client's vehicle.**

***Aside to M/s LKK Auto Consultants Pte Ltd, please assist to arrange for the survey and let us have your findings/report and bill via EMAIL. (no Merimen folder shall be created for this claim)***

Aside to Irene, please assist to keep track on the matter.

**Regards**

Alfred Toh  
Senior Executive  
Claims Department  
China Taiping Insurance (Singapore) Pte Ltd  
3 Anson Road  
#15-00 Springleaf Tower  
Singapore 079909  
Co. Reg. No. 200208384E  
TEL: +65 6389 6116  
FAX: +65 6224 7175/6224 7478  
Email: [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)

**alfred.toh@sg.cntaiping.com**  
**Website: [www.sg.cntaiping.com](http://www.sg.cntaiping.com)**

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**From:** Doris Lim Puay Noi [[mailto:doris\\_lim@cdgtaxi.com.sg](mailto:doris_lim@cdgtaxi.com.sg)] **On Behalf Of** Fleet Safety  
**Sent:** Tuesday, July 11, 2017 11:03 AM  
**To:** Claims Dept of CTI <[claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)>  
**Cc:** Alfred Toh <[alfred.toh@sg.cntaiping.com](mailto:alfred.toh@sg.cntaiping.com)>; Alice Ng <[alice.ng@sg.cntaiping.com](mailto:alice.ng@sg.cntaiping.com)>; Chong Boon Sen <[boonsen.chong@sg.cntaiping.com](mailto:boonsen.chong@sg.cntaiping.com)>; Chai Chui Ai <[chuiai.chai@sg.cntaiping.com](mailto:chuiai.chai@sg.cntaiping.com)>; Daren Ong <[daren@daglen.com](mailto:daren@daglen.com)>; Fecelia Ong <[fecelia@daglen.com](mailto:fecelia@daglen.com)>; Irene Tay <[irene.tay@sg.cntaiping.com](mailto:irene.tay@sg.cntaiping.com)>; Hwang Shiang Yi <[shiangyi.hwang@sg.cntaiping.com](mailto:shiangyi.hwang@sg.cntaiping.com)>; Chee So Chow <[sochow.chee@sg.cntaiping.com](mailto:sochow.chee@sg.cntaiping.com)>; Christine Tay Siew Hway <[christine\\_tay@cdgtaxi.com.sg](mailto:christine_tay@cdgtaxi.com.sg)>  
**Subject:** Re: ACCIDENT INVOLVING XD1826Y & SH8536B ON 13 MARCH 2017 ALONG SLE (SNM17D01542C02/6)  
**Importance:** High

Dear Alfred

Our taxi is available for physical survey on 19/7/2017 (Wednesday) @ 11 am, Comfort Building, 383 Sin Ming Drive, Singapore 575717.

The appointed surveyor can contact me at 6550 8606 should he need any information/assistance.

Please let us have your confirmation.

Thank you.

Regards  
Doris Lim  
Fleet Safety Department  
Hotline Contact No: 6550 8768  
ComfortDelGro, Taxi Business

"Start your day with road safety in mind"

**From:** Claims Dept of CTI <[claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)>  
**To:** "fleetsafety@cdgtaxi.com.sg" <[fleetsafety@cdgtaxi.com.sg](mailto:fleetsafety@cdgtaxi.com.sg)>  
**Cc:** Irene Tay <[irene.tay@sg.cntaiping.com](mailto:irene.tay@sg.cntaiping.com)>, Alfred Toh <[alfred.toh@sg.cntaiping.com](mailto:alfred.toh@sg.cntaiping.com)>, Chee So Chow <[sochow.chee@sg.cntaiping.com](mailto:sochow.chee@sg.cntaiping.com)>, Hwang Shiang Yi <[shiangyi.hwang@sg.cntaiping.com](mailto:shiangyi.hwang@sg.cntaiping.com)>, Fecelia Ong <[fecelia@daglen.com](mailto:fecelia@daglen.com)>, Daren Ong <[daren@daglen.com](mailto:daren@daglen.com)>, Chai Chui Ai <[chuiai.chai@sg.cntaiping.com](mailto:chuiai.chai@sg.cntaiping.com)>, Alice Ng <[alice.ng@sg.cntaiping.com](mailto:alice.ng@sg.cntaiping.com)>, "Chong Boon Sen" <[boonsen.chong@sg.cntaiping.com](mailto:boonsen.chong@sg.cntaiping.com)>  
**Date:** 04/07/2017 10:30 AM  
**Subject:** ACCIDENT INVOLVING XD1826Y & SHD8536B ON 13 MARCH 2017 ALONG SLE (SNM17D01542C02/6)

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**Without Prejudice**

**Your Ref:** 28.4/03.17/SH8536B  
**Our Ref:** SNM17D01542C02/6 (XD1826Y)

**ATTN: MS CHRISTINE TAY**

Dear Ms Tay

We refer to your Letter of Demand dated 8 June 2017 for the sum of \$4,376.26.

It is noted that there is no notification on pre-repair survey on your vehicle.

In view of the above, we would want to conduct survey prior to negotiation of claim.

We await your favourable reply for our next course of action.

Aisde to Irene, please assist to keep track on the matter.

**Regards**

**Alfred Toh**  
**Senior Executive**  
**Claims Department**  
**China Taiping Insurance (Singapore) Pte Ltd**  
**3 Anson Road**  
**#15-00 Springleaf Tower**  
**Singapore 079909**  
**Co. Reg. No. 200208384E**  
**DID : +65 6389 6183**  
**FAX: +65 6224 7175/6224 7478**  
**Email: [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)**  
**[alfred.toh@sg.cntaiping.com](mailto:alfred.toh@sg.cntaiping.com)**  
**Website: [www.sg.cntaiping.com](http://www.sg.cntaiping.com)**

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[attachment "LETTER DATED 8 JUNE 2017.pdf" deleted by Doris Lim Puay Noi/cdgtaxi/delgronotes]

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CityCab Pte Ltd [Registration No, 199502839G]

Comfort Transportation Pte Ltd [Registration No, 199303821R]

## 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 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 ability
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 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	14/03/2017 15:12
Date Of Accident	13/03/2017 16:00
Exact Location Of Accident	SLE (BKE) B4 YISHUN EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8536B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	
Alternative Phone No	Office-65508768

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Reporting Only
Vehicle Category	Taxi

### Insurance Company

Name of Insurance Company	First Capital Insurance Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	Yes
Policy Number	D-1572701MFSH
Cover Note Number	

### Driver

Name of Driver	CHOO HUAN WHEE
NRIC No	S1142694H
Date Of Birth	28/09/1955
Occupation	Outdoor
Date Of Driving Pass	07/09/1973
Driving Experience	43 Years And 6 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
EMail Address	HUANWHEE@HOTMAIL.COM

Address	471B 11-109 FERVALE STREET
Postcode	792471
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	Unknown - HIT BY TYRE
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	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)	2

#### 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

SEE ATTACH.

#### Attachment(s)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Remarks/ Reasons:	-
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD1826Y
Vehicle Make/Model/Colour	TYRE
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

**SKETCH PLAN****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 reputate 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 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.
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.

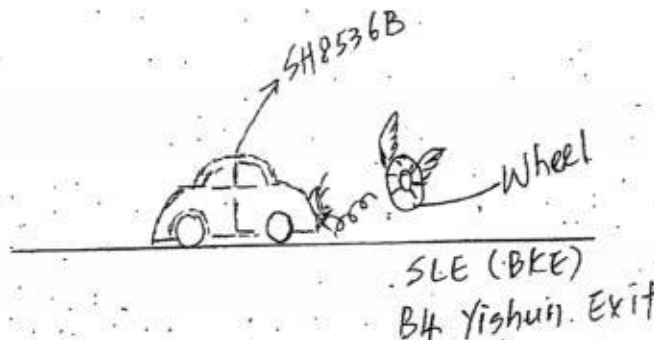
COMFORT TRANSPORTATION PTE.  
CO. REG. NO. 1993038215

14/3/2017

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

Travelling along SLE towards Woodland. Accident occurred before  
exit to Yishik.  
Eaten fire from LORRY: YB 12358 (HINO LORRY)  
driving across the overpass. Hitting a scooter, my taxi  
and another car on the overpass.  
Damage to my taxi: FRONT BUMPER: TIRE rubber traces  
on my right wheel rim.  
Accident happened around 14:45 in afternoon on a clear  
day and light traffic condition.  
I had 1 pax and no injury

Declaration

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE.  
CO. REG. NO. 199303821R

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



## 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 ability.
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 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	14/03/2017 17:14
Date Of Accident	13/03/2017 16:10
Exact Location Of Accident	SLE towards WOODLANDS
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD1826Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TECK LEE HUAT & COMPANY
Co Reg No	23612300M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-97384283

### Vehicle Particulars

Manufacturer	HINO
Model	FS1ETKA
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Reporting Only
Vehicle Category	Commercial Vehicle

### Insurance Company

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	DMCVSN1621871600
Cover Note Number	

### Driver

Name of Driver	NG TECK HUAT
NRIC No	S1193043C
Date Of Birth	17/12/1956
Occupation	Outdoor
Date Of Driving Pass	30/03/1976
Driving Experience	40 Years And 11 Months
Gender	Male
Mobile Number	(Local) +65-97384283
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLOCK 502 HOUGANG AVENUE 8 #08-614
Postcode	530502
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	Unknown - REFER TO ATTACHMENT
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	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

PLEASE REFER TO THE ATTACHMENT.

#### 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	SHB8536B
Vehicle Make/Model/Colour	TAXI
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### Details of Witness

Name	
Phone Number	
Email Address	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. The Form must be completed by the Policyholder and/or the Authorised 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 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.

#### 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' law yers/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' law yers/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/on be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

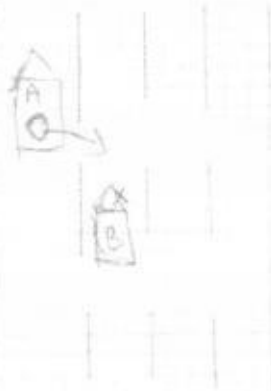
16 21 02 01  
Teck Lee Huat & Co

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: XD 1826Y

O: Tyre drop

B: SH 8536 B

Date: 13/3/17

Time: 16:10 Hr.



# Accident Sketch Plan

Describe Circumstances of the Accident

On 13/3/17 @ 1610, I was driving XD 1826Y along the road when, I heard motorist horn to alert me that the Goods (Tyre) on my lorry about to fall off, I jam brake thus the "tyre" loaded on my lorry had fell off and causes damage to a taxi front bumper. The taxi car plate SH 8536 B.

## Declaration

We declare the foregoing particulars are true in every respect.

Lee Lee Huat & Co.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079909  
Tel: 6389 6111 Fax: 6222 1033  
Website: www.sg.cntaiping.com  
Co. Reg. No. 200208384E

OUR REF : SNM17D01542/0001042671

YOUR REF : SH8536B

DATE : 14 JUNE 2017

BY FAX ( 64533183 )  
& POST

COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DR.  
SINGAPORE 575717

-----  
(WHICHEVER APPLICABLE)

Dear Sir/Madam,

Re : XD1823Y & SH8536B ON 13.03.17

We acknowledge receipt of your letter/claim form dated 14 JUNE 2017 with enclosure(s), which will be subjected to further verification by our office. Should we require additional information or other documents relating to the claim, we shall contact you again.

Please be assured that we are looking into your claim immediately and will revert to you shortly.

Kindly take note that this acknowledgement of the above-mentioned submitted to our office shall not be construed as an admission of liability.

Kindly contact our Claims Department @ 6389 6116 for further assistance.

Thank you.

Claims Department



Our Ref : 28.4/03.17/SH8536B

Comfort Transportation Pte Ltd  
383 Sin Ming Drive Singapore 575717

08 June 2017

Mainline +65 6555 1188  
Facsimile +65 6453 3183

www.cdgtaxi.com.sg

Company Registration No: 199303821R

China Taiping Insurance (Singapore) Pte Ltd  
3 Anson Road  
#16-00 Springleaf Tower  
Singapore 079909

Dear Sirs

**ACCIDENT ON** 13.03.17 @ 1600hr  
**ALONG** SLE (BKE) B4 YISHUN EXIT  
**INVOLVING** SH8536B AND XD1826Y

We refer to the above matter in which you were the insurer of motor vehicle  
Registration No: XD1826Y.

From the circumstances of the accident, we are of the opinion that the accident  
arose as a result of your insured's negligent driving.

Our loss in this connection comprises the following:

1	Cost of repair	S\$3,511.06
2	3 days' loss of rental @ \$128.40 per day	385.20
3	3 days' loss of earnings for hirer @ \$80.00 per day	240.00
4	3 days' loss of earnings for relief driver @ \$80.00 per day	240.00
Total:		<u>\$4,376.26</u>

Enclosed are all the relevant documents for your attention.

We would also like to inform you that Mr Leow Kok Hin was the registered hirer  
and Mr Choo Huan Whee was the registered relief driver of motor vehicle  
SH8536B at the material time of the above accident. As such, we are assisting  
them to claim against you for their losses arising from the accident.

Kindly let us have your settlement of our claim within the next two weeks from the  
date of this letter.

Yours faithfully

Christine Tay  
Assistant Manager, Fleet Safety

A member of

COMFORTDELGRO



14 JUN 2017

# COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701  
Maritime + 65 6383 6280 Facsimile + 65 6280 9755

### Workshops

59 Loyang Drive Singapore 508969  
383 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 609286  
320 Ubi Road 3 Singapore 408649

7 Sungei Kadut Way Singapore 728  
6 Delu Avenue 1 Singapore 539537  
600 Sin Ming Avenue Singapore 571

### INTERNAL REFERENCE

CUSTOMER: 7010045

ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE 575717  
65508755

JOB NO : 305017074  
REGN NO : SH 8536B  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID  
DATE OF REGN : 14.09.2016  
DATE/TIME IN : 14.03.2017 11:55  
ACCIDENT DATE : 13.03.2017

JOB / PARTS DESCRIPTION	QTY	IND	UNIT	PRI	DISC%	Amount
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### PART REQUISITION

0001 04-01-0302-2292-G	PRIG4 COVER FRONT BUMPER	1	L	490.50	25.00	367.87 ✓
0002 04-01-0302-4991-G	PRIG4 LAMP ASSY FOG RH	1	L	277.30	25.00	207.97 ✓
0003 04-01-0302-2915-G	PRIG4 UNIT ASSY HEADLAMP	1	L	3,380.30	25.00	2,535.22 ✓ <i>over</i>

SUB-TOTAL : 3,111.06

### JOB NATURE

0000 L	PANEL BEATING	200.00 ✓
0001 23-502	SPRAYPAINT ON AFFECTED AREA	180.00 ✓
0002 17-01	CHECK ALL LIGHTING	20.00 ✓

SUB-TOTAL : 400.00

TOTAL : 3511.06  
INVOICE AMOUNT : 3511.06

*2w days*



# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

## Affiliated to Federation Internationale Des Experts En Automobile

CHINA TAIPING INSURANCE (S) PTE LTD

Ref : CS/CT117013796/M1rbs2

3 ANSON ROAD #16-00  
SPRINGLEAF TOWERS SINGAPORE 079909

Date : 03-08-2017



Code : CTI

### 1. Policy Particulars :- THIRD PARTY CLAIM (RESURVEY INSPECTION)

Insured Veh.	XD 1826Y	Veh. Inspected	SH 8536B
Policy No.	DMCVSN1621871600	Coverage (\$)	0.00
Claim No.	SNM17D01542C02/6	Excess (\$)	0.00
Assign From	ALFRED TOH	Assign Date	11/07/2017

### 2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JTDKB3FU703529197	Colour	BLUE
Odometer	122856	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65R15	BRIDGESTONE	8 mm
L/H Front Tyre	195/65R15	BRIDGESTONE	8 mm
R/H Rear Tyre	195/65R15	BRIDGESTONE	8 mm
L/H Rear Tyre	195/65R15	BRIDGESTONE	8 mm

### 4. Description of Damages

THE VEHICLE HAD COMPLETED ITS REPAIR WORKS. REPAIR CONDITION SEE DETAILS.
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### 5. General Information

Accident Date	13/03/2017	Inspection Date	19/07/2017
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 383 SIN MING DRIVE SINGAPORE 575717		

### 5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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## LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 8536B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	L PRIG4 COVER FRONT BUMPER	REPLACED	367.87	367.87
1	L PRIG4 LAMP ASSY FOG RH	REPLACED	207.97	207.97
1	L PRIG4 UNIT ASSY HEADLAMP	SERVICEABLE	2,535.22	-
			3,111.06	575.84
<b>LABOUR</b>				
	PANEL BEATING.		200.00	200.00
	SPRAY PAINT ON AFFECTED AREA.		180.00	180.00
	CHECK ALL LIGHTING.		20.00	20.00
			400.00	400.00
<b>GRAND TOTAL</b>			<b>3,511.06</b>	<b>975.84</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>975.84</b>

Report Ref No. CS/CT117013796/M1rbs2

MA CHIN FOOK

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,  
MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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