

Our Ref : T 1117 / SH 6009U /CL(st)
Your Ref: _____
Date : 24-Nov-17

AIG ASIA PACIFIC INSURANCE PTE LTD
CHARTIS Building
78 Shenton Way
#07-16
Singapore 079120

Attn : Motor Claims Department **WITHOUT PREJUDICE**

Dear Sir

ACCIDENT INVOLVING OUR TAXI SH 6009U YOUR INSURED SKB2528R
AND OTHER _____ ON 15.11.17

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SH 6009U which was involved in the captioned accident with your insured vehicle. The vehicle owner and the taxi driver concerned have requested and authorized us to assist them in presenting their claims against the party responsible for all applicable matters arising from the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving SKB2528R we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

| | | |
|-------------|--|-------------|
| 1 | Cost of Repair | \$ 1,134.71 |
| 2 | <u>3</u> days Loss of Rental @ \$ 125.00 per day | \$ 375.00 |
| 3 | Survey Report Fees <i>(Surveyed by M/s LKK)</i> | \$ - |
| 4 | GIA / LTA Search Fees | \$ 2.00 |
| 5 | GIA / Police Report Fees | \$ - |
| 6 | Towing / Medical / Transportation | \$ - |
| Sub Total : | | \$ 1,511.71 |

HIRER'S CLAIM

| | | |
|----------------|--|-------------|
| 7 | <u>3</u> days Loss of Income @ \$ 80.00 per days | \$ 240.00 |
| Total Claims : | | \$ 1,751.71 |

We enclosed herewith the following documents to support the claims: -

- a) Original repair bill and photocopies of photographs : 8 pcs.
b) LTA search slip/s of : SKB2528R
c) GIA / Police report/s of : SH 6009U
d) Letter of authority from owner / hirer / operator
(X) Photograph/s of Accident Scene () Certificate of Insurance
() Witness statement/s (x) Downtime/Mileage record

Kindly look into the matter and let us hear from you on the settlement of the said 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 taxi driver.

Yours faithfully

Cecilia Lee

Executive

CDGE Claims Department

Tel : 6214 8354 Fax: 6214 1843 Email : cecilialee@sparkcarcare.com

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

CDGE Taxi Claims Dept
59 Loyang Drive 4th Flr
Singapore 508969

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 189526048W

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508969

Sin Ming
383 Sin Ming Drive
Singapore 575717

Pandan
45 Pandan Road
Singapore 609286

Ubi
320 Ubi Road 3
Singapore 408649

Senoko
24 Senoko Loop
Singapore 758156

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Yishun
501 Yishun Industrial Park A
Singapore 768732

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****i 40 SH6009U , SKB2528R
CTE(SLE) BF UPP SERANGOON EXIT****ON 15-Nov-17 21:30**

I / We

RAVICHANDRAN SAMIK... (Hirer) NRIC No.: **S2651112G**

and/or

(Relief) NRIC No.:

Taxi Number

SH6009U

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

1. To submit my/our claims for damages, costs and expense, including loss of income, loss of rental, medical fee and legal costs.
2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal injuries and medical claims).
3. To sign Discharge Voucher on my/our behalf.
4. To accept any payment (claim proceeds) in respect of the claim against third party and payment by cheque shall be forward directly to CDGE in accordance with CDGE's instruction and made in favour of **"ComfortDelGro Engineering Pte Ltd"**.

Date

16-Nov-2017Name of Hirer
Hirer NRIC**RAVICHANDRAN SAMIKKANNU
S2651112G**

Signature :



Address

**17A CIRCUIT ROAD #14-204
371017**

Contact No.

98504098

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 1

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

#08-16 78 SHENTON WAY, CHARTIS BUILD
SINGAPORE SG 079120

CONTACT NO: 64193000 3225094

VEHICLE NO
SH 6009U

MAKE
HYUNDAI

MODEL
i-40

DATE OF REG
22.10.2015

CHASSIS CODE
KMHLB41UMG1079230

INV. NO/DATE
91342151 22.11.2017

JOB NO.
305090096

ODOMETER READING

DATE/TIME IN
16.11.2017 12:10

Description : 3P 15.11.2017

| S/No | Part No. | Qty | Unit | Price | %Disc | Net |
|------------------|-----------------|-----|------|--------|-------|--------|
| PART REQUISITION | | | | | | |
| 0001 | 04-01-0103-0579 | 1 | | 603.60 | 20.00 | 482.88 |
| 0002 | 04-01-0103-0738 | 1 | | 225.00 | 20.00 | 180.00 |
| 0003 | 04-01-0101-0111 | 10 | | 2.20 | 20.00 | 17.60 |
| SUB-TOTAL | | | | : | | 680.48 |

JOB NATURE

| | | | | | |
|-----------|--------|-----------------------------|--------|---|--------|
| 0001 | L | PANKI, BKATING | 200.00 | | 200.00 |
| 0002 | 23-502 | SPRAYPAINT ON AFFECTED AREA | 180.00 | | 180.00 |
| SUB-TOTAL | | | | : | 380.00 |

IN WHIST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR LOSS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE KEPT ON THE OWNER'S RISK. CUSTOMERS SHALL REPORT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND WITHIN 24 HOURS FROM DELIVERY OF THE NOTICE IN WRITING TO THE COMPANY OF ANY DAMAGE OR DAMAGE TO THE VEHICLE. THE VEHICLE WILL BE DEEMED TO HAVE BEEN DELIVERED IN GOOD ORDER. INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OUTSTANDING TO THE COMPANY BY THE CUSTOMER AND NOT PAID BY THE DATE OF PAYMENT. 1% AFTER 10 DAYS FROM THE DATE OF DELIVERY OF DEFAULT. PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY DISCREPANCY WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND UNDISPUTED.

ComfortDelGro Engineering Pte Ltd
A member of COMFORTDELGRO

Head Office:
205 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. |
|-------------|-------------|----------|--------------|
| 8010004 | 91342151 | 1,134.71 | |

GST REG. NO. M2-8921817-3

TAX INVOICE

(COMPANY REG. NO.: 199506048W

Page: 2

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

#08-16 78 SHENTON WAY, CHARTIS BUILD
SINGAPORE SG 079120

CONTACT NO: 64193000 3225094

VEHICLE NO
SH 6009U

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
22.10.2015

CHASSIS CODE
KMHLB41UMGU079230

INV. NO/DATE
91342151 22.11.2017

JOB NO.
305090096

OJXMMETER READING

DATE/TIME IN
16.11.2017 12:10

| | |
|-------------------|----------|
| Items total | 1,060.48 |
| Add GST @ 7.000 % | 74.23 |
| Invoice amount | 1,134.71 |

Issued by : KATHERINETAN 22.11.2017 14:19:57
Repair type : CLSO/57/57
Payment Type/Term: /Credit 30 days

ComfortDelGro Engineering Pte Ltd
A member of COMFORTDELGRO

Head Office:
205 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. |
|-------------|-------------|----------|--------------|
| 8010004 | 91342151 | 1,134.71 | |
| | | | |
| | | | |

Our Ref: CT17110588

Date: 22 November 2017



TO WHOM IT MAY CONCERN

Dear Sir/Madam

| | |
|-------------|--------------------------------------|
| ACCIDENT ON | 15/11/2017 @ 21:30 hrs |
| ALONG | CTE (SLE) B4 UPPER SERANGOON RD EXIT |
| INVOLVING | SKB2528R |

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 **SH6009U** (the "Taxi"). The Taxi was hired to **RAVICHANDRAN SAMIKKANNU IC NO S2651112G** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate \$125.00 per day (inclusive of GST).

Please be advised that the Taxi was insured with **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

Christine Tay
Executive, Fleet Safety

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

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S 116009 U



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-17-171913
Date of Request: 16/11/2017

Your Ref No: Online Purchase

ComfortDelGro Engineering Pte Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date 16/11/2017
Enquiry By FOO KOK POO
TP Vehicle No. SKB2528R
Accident Date 15/11/2017

Enquiry Result

| TP Vehicle No. | Insurer | Period of Insurance | Insurer Tel. No. |
|----------------|--------------------------------------|-----------------------|------------------|
| SKB2528R | AIG Asia Pacific Insurance Pte. Ltd. | 24/05/2017-23/05/2018 | 65-6419-3000 |

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-17-171913
Date of Request: 16/11/2017

Your Ref No: Online Purchase

ComfortDelGro Engineering Pte Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date 16/11/2017
Enquiry By FOO KOK POO
TP Vehicle No. SKB2528R
Accident Date 15/11/2017

| DESCRIPTION | AMOUNT (S\$) |
|----------------------------------|--------------|
| TP Insurer Enquiry | 1.87 |
| GST Amount | 0.13 |
| Total Amount Due (GST Inclusive) | 2.00 |

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

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 | 16/11/2017 13:24 |
| Date Of Accident | 15/11/2017 21:30 |
| Exact Location Of Accident | CTE (SLE) B4 UPPER SERANGOON RD EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SH6009U |
| Insured/Policyholder | |
| 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 | HYUNDAI |
| Model | I40 |
| 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 | THIRD PARTY |
| 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 | RAVICHANDRAN SAMIKKANNU |
| NRIC No | S2651112G |
| Date Of Birth | 10/05/1965 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 07/05/2007 |
| Driving Experience | 10 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | |
| Fax Number | |
| Contact Number | |
| EMail Address | SRCHAND_R@YAHOO.COM |

| | |
|---|-------------------------|
| Address | 17A CIRCUIT ROAD#14-204 |
| Postcode | S371017 |
| 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 | COLLISION - HEAD TO REAR |
| 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) | 3 |

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

PLS SEE ATTACHED

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 | SKB2528R |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Name of Driver | BALA |
| NRIC/Passport Number | |
| Contact Number | 94578974 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | FRT |
| No. Of Passenger (Including Driver) | |

Details of Witness

| | |
|---------------|--|
| Name | |
| Phone Number | |
| Email Address | |

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.
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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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 190303821R

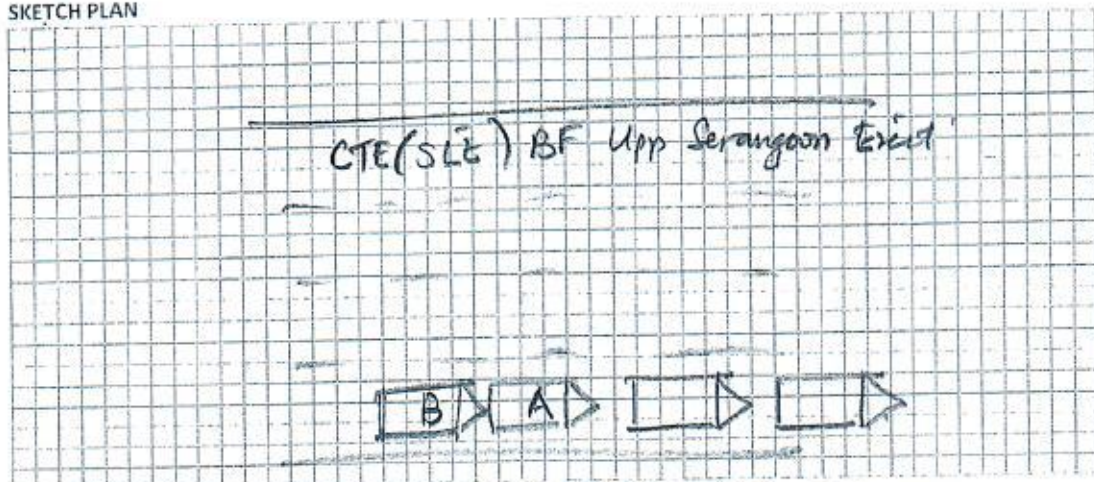
Policyholder's Signature
Date & Time:

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

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

[Signature] 16/4/17
SR Moorthy
CSO

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT A) SH60094 B) SKB2828R

On 15/11/17 at about 2:30pm while I Veh A stopped my vehicle gradually because vehicles in front stopped. Veh B collided on the rear of my stationary vehicle

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199701000001

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.:

SR Moorthy 6/11/17
CSO





