

Our Ref : T 1117 / SHD3896X / JW(st)

Your ref :

Date : 24-Nov-17

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: 199506048W

EQ Insurance Company Limited
5 Maxwell Road, MND Complex
#17-00 Tower Block
Singapore 069110

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHD3896X YOUR INSURED GBE5515Z
AND OTHER ON 20.11.17**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SHD3896X** 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 **GBE5515Z** we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 695.50
2	2 days Loss of Rental @ \$ 98.25 per day	\$ 196.50
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 5.35
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transporation Fees	\$ -
Sub Total :		\$ 897.35

HIRER'S CLAIM

7	2 days Loss of Income @ \$ 80.00 per day	\$ 160.00
Total Claims:		\$ 1,057.35

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

- a) Original repair bill and photocopies of photographs : 6 pcs.
- b) LTA search slip/s of : **GBE5515Z**
- c) GIA / Police report/s of : **SHD3896X**
- d) Letter of authority from owner / hirer / operator
- () Witness statement/s () Towing/Medical bill/receipts () Certificate of Insurance
- (X) Photograph/s of Accident Scene (x) Downtime/Mileage record (x) Rental Rate letter

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

Jim Wong

Deputy Manager

CDGE Claims Department

Tel : 6214 8374 Fax: 6214 1843 Email : jimwong@cdge.com.sg

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

A member of

COMFORTDELGRO



LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****SONATA SHD3896X , GBE 5515 Z
ROCHOR CANAL ROAD X SELEGIE ROAD****ON 20-Nov-17 06:50**

I / We

NEZEERAHBI D/O PALL... (Hirer) NRIC No.: **S1782881I**

and/or

(Relief) NRIC No.:

Taxi Number

SHD3896X

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

20-Nov-2017

Name of Hirer

NEZEERAHBI D/O PALLIVALAPPIL MUSTAFFA

Hirer NRIC

S1782881I

Signature :



Address

**342 TAMPINES STREET 33 #02-300
520342**

Contact No.

90258846

GST REG. NO. M2-8921817-3

TAX INVOICE

8010325

EQ INSURANCE COMPANY LIMITED

#17-00 5 MAXWELL ROAD TOWER BLOCK
SINGAPORE 069110

CONTACT NO: 62239433

VEHICLE NO
SHD3896X

MAKE
HYUNDAI

MODEL
SONATA

DATE OF REG
23.09.2010

CHASSIS CODE
KMHE141VMAA793833

INV. NO/DATE
91342206 22.11.2017

JOB NO.
305090624

ODOMETRIC READING

JOB TYPE

Description : 3P 20.11.17

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	650.00
Add GST @ 7.000 %	45.50
Total Invoice amount	695.50

Issued by : KATHERINETAN 22.11.2017 16:32:18
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.

Our Ref: CT17110672

Date: 22 November 2017



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	20/11/2017 @ 06:50 hrs
ALONG	ROCHOR CANAL ROAD X SELEGIE ROAD
INVOLVING	GBE 5515 Z

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 **SHD3896X** (the "Taxi"). The Taxi was hired to **NEZEERAHBI D/O PALLIVALAPPIL MUSTAFFA IC NO S1782881I** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$98.25** 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.

DATE	NAME OF DRIVER

DATE	NAME OF DRIVER	MILEAGE READING			MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
						FROM	TO
17-11	K225	230	880	0	402	16.13	2-57
18/11	Naz	231	170	0	2890	0400	1550
18-11	1555	231	525	5	355	16.20	3-55
19/11	Naz	232	044	4	518	0400	1830
20/11	Naz	232	091	1	46	0600	0730 1830
21/11 - 20/11/17	Naz - Accident	233				0400	
20/11/17	Accident	234			IN	0740	—
21/11/17	Repair				OUT	—	1400

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
GBE5515Z	20 Nov 2017 / 06:50:00	Successful	E04	EQ INSURANCE COMPANY LTD

[Previous](#)[OK](#)

SND 3896X

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 GlA 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	20/11/2017 08:54
Date Of Accident	20/11/2017 06:50
Exact Location Of Accident	ROCHOR CANAL ROAD X SELEGIE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3896X
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	SONATA
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-15072701MFSH
Cover Note Number	

Driver

Name of Driver	NEZEERAHBI D/O PALLIVALAPPIL MUSTAFFA
NRIC No	S1782881I
Date Of Birth	05/12/1966
Occupation	OUTDOOR
Date Of Driving Pass	12/02/2001
Driving Experience	16 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NAZ@LUVSION.COM

Address	342 #02-300 TAMPINES STREET 33
Postcode	520342
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	SIDE SWIPE
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

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	GBE5515Z
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHEN SHUIPING
NRIC/Passport Number	077647449
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT LEFT
No. Of Passenger (Including Driver)	

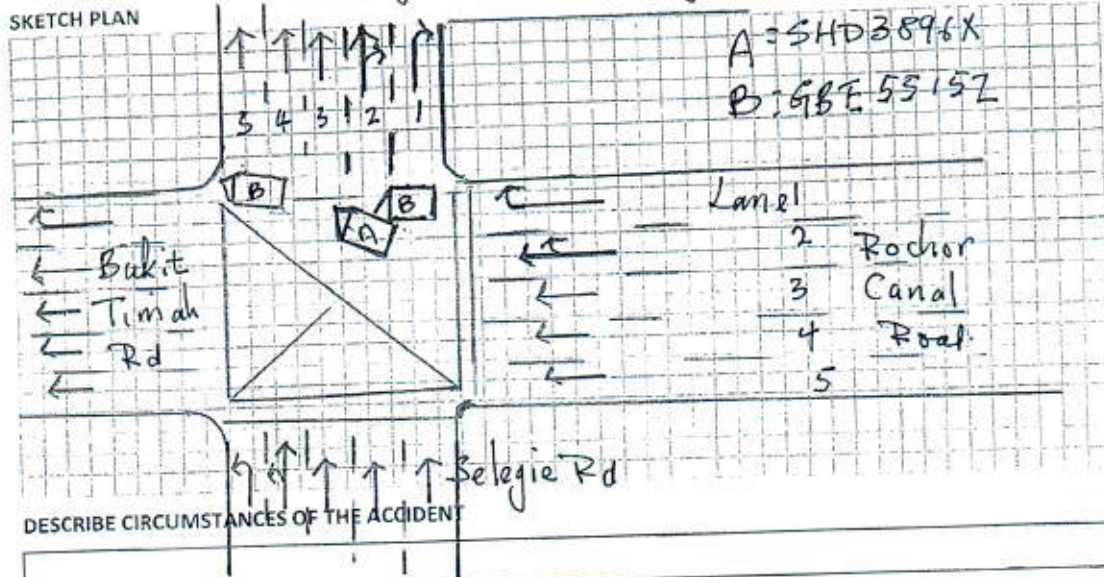
Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan Pg. 1

Perangoon Rd → Sungai Road

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As attached

DECLARATION

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

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

Policyholder's Signature
Date & Time:

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

20/11/17

Lim Ee Soon
CSO

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

Sketch Plan Pg. 2

SHD 3896 X

- ACCIDENT STATEMENT

This morning (20/11/2017), I travelled on Rochor Canal Road after crossing Rochor Road at about 6.50 am. I was then on the way to my destination at Sungei Road.

It was green light in my direction as I was nearing Selegie Road. I was then moving on lane 2 of Rochor Canal Road while vehicle B (GBE 5515Z), a commercial van, travelling on lane 1.

As seen in the video footage, before I could turn into lane 2 on the side of Serangoon Road, I felt a sudden jerk and impact when it was vehicle B that hit into the right rear portion of my turning car.

As also shown in the photos taken, vehicle B intently travelled straight instead of turning right at this junction.

Although I could move into other lanes on Serangoon Road side but chose lane 2 instead because I could only turn from lane 2 into Sungei Road

The position of vehicle B after the accident clearly reflected the driver B intended to drive straight across the junction.

No passenger in my taxi.

I affirmed the above-statement is true and correct.



Driver name : Nezeerahbi d/o P mustaffa
NRIC NO : S 1782881I
Date: 20/11/2017

Recorded by Alex Lim



