

Our Ref : T 1117 / SHA2416X /CL(st)  
Your Ref: \_\_\_\_\_  
Date : 27-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 SHA2416X YOUR INSURED SKL5447T**  
**AND OTHER \_\_\_\_\_ ON 21.11.17**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHA2416X 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 SKL5447T we are submitting these claim for your consideration on behalf of the claimants.

#### TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,257.14
2	2 days Loss of Rental @ \$ 125.40 per day	\$ 250.80
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	GIA / LTA Search Fees	\$ 5.35
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation	\$ -
Sub Total :		\$ 1,513.29

#### HIRER'S CLAIM

7	2 days Loss of Income @ \$ 80.00 per days	\$ 160.00
Total Claims :		\$ 1,673.29

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 : SKL5447T  
c) GIA / Police report/s of : SHA2416X  
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.

A member of

**COMFORTDELGRO**

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: 199506049W

#### 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****TOYOTA PRIUS SHA2416X , SKL5447T  
ONE FULLERTON LOBBY EXIT X FULLERTON RD****ON 21-Nov-17 14:20**

I / We

**WONG CHONG SON**(Hirer) NRIC No.: **S0226994E**

and/or

(Relief) NRIC No.:

Taxi Number

**SHA2416X**

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

**21-Nov-2017**

Name of Hirer

**WONG CHONG SON**

Hirer NRIC

**S0226994E**

Signature :



Address

**303 CLEMENTI AVENUE 4 #11-529  
120303**

Contact No.

**96629152**

GST REG. NO. M2-8921817-3

## TAX INVOICE

(COMPANY REG. NO.: 199506048W

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8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

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

CONTACT NO: 64193000 3225094

VEHICLE NO  
SHA2416X

MAKE  
TOYOTA

MODEL  
PRIUS HYBRID(G4)

DATE OF REG  
23.08.2017

CHASSIS CODE  
JTDKB3FUX03563554

INV. NO/DATE  
91342478 24.11.2017

JOB NO.  
305091314

OJOMETER READING

DATE/TIME IN  
21.11.2017 14:55

Description : 3P 21.11.17

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0302-2267	PRIVC BUMPER PIECE	10	2.20	25.00	16.50
0002	04-01-0302-2282	PRIG4 COVER REAR BUMPER	1	458.60	25.00	343.95
0003	04-01-0302-2287	PRIG4 GUARD-REAR BUMPER C	1	552.60	25.00	414.45
SUB-TOTAL				:		774.90

### JOB NATURE

0001	L	PANEL BEATING- REAR	200.00	200.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA	180.00	180.00
0003	L	REMOVE/REFIX REVERSE SENSOR	20.00	20.00
SUB-TOTAL :				400.00

WHILE TAKING ALL NECESSARY PRECAUTIONS, WE ACCEPT NO RESPONSIBILITY FOR DAMAGE TO OR LOSS OF ANYTHING BELONGING TO CUSTOMERS AND WE HOLD THE CUSTOMER RESPONSIBLE FOR THE LOSS OF ANYTHING BELONGING TO THEM. CUSTOMERS SHALL INSURE THEIR VEHICLES AGAINST THEFT AND DAMAGE. NOTICE IN WRITING TO THE COMPANY OF ANY DAMAGE TO THE VEHICLE SHALL BE SUBMITTED TO THE COMPANY WITHIN 15 DAYS OF THE DATE OF THE DAMAGE. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER WITHIN 15 DAYS OF THE DATE OF THE DAMAGE, THE COMPANY SHALL BE DEEMED TO HAVE ACCEPTED THE LOSS OF THE VEHICLE. A FINE OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN ADDITION TO THE LOSS OF THE VEHICLE. THE COMPANY SHALL NOT BE RESPONSIBLE FOR THE LOSS OF ANYTHING BELONGING TO CUSTOMERS AND WE HOLD THE CUSTOMER RESPONSIBLE FOR THE LOSS OF ANYTHING BELONGING TO THEM. PLEASE BRING THE PAYMENT MANIFEST / UPON RECEIPT AND ATTEND THE COMPANY TO GET THE VEHICLE. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER WITHIN 15 DAYS OF THE DATE OF THE DAMAGE, THE COMPANY SHALL BE DEEMED TO HAVE ACCEPTED THE LOSS OF THE VEHICLE.

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	91342478	1,257.14	



GST REG. NO. M2-8921817-3

## TAX INVOICE

COMPANY REG. NO.: 199506048W

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8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

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

CONTACT NO: 64193000 3225094

VEHICLE NO.

SHA2416X

MAKK

MARKS  
'TOYOTA'

MODKI.

PR1US HYBRID(G4)

DATE OF REG.

23.08.2017

CHASSTS CODE

JTDKR3FUX03563554

TNV NO/DATK

91342478 24.11.2017

JOB NO.

JOB NO.  
305091314

ODIOMETER READING

DATE/TIME IN

21.11.2017 14:55

Items total		1,174.90
Add GST @	7.000 %	82.24
Invoice amount		1,257.14

Issued by : KATHERINETAN 24.11.2017 10:40:15  
Repair type : CISO/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	91342478	1,257.14	

Our Ref: CT17110743

Date: 24 November 2017



## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	21/11/2017 @ 14:20 hrs
ALONG	ONE FULLERTON LOBBY EXIT X FULLERTON RD
INVOLVING	SKL5447T

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 **SHA2416X** (the "Taxi"). The Taxi was hired to **WONG CHONG SON IC NO S0226994E** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.40** 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.

X9176 BH8

READING		MILEAGE TRAVELLED (KM)		HOURS OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING				MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		FROM	TO	FROM	TO			FROM	TO	FROM	TO			
705	119	2035	0020	18-11-17	WONG C.S	034941	113	1208	1745					
824	296	0650	1925	18-11-17	Tay T.P	035054	271	1810	0315					
120	50	2010	2220	19-11-17	WONG C.S	035325	291	1118	1927					
170	249	0632	1714	20-11-17	WONG C.S	035616	358	0636	1842					
419	171	1800	0137	21-11-17	WONG C.S	035974	245	0636	1500					
590	239	0645	1708	21-11-17	Loyang Drive	036219		1500						
829	174	1800	0136	21-11-17	Accident	by Phil.	UN	1455	-					
4005	293	0636	1725	22-11-17	Repair		ON	1615	-					
4298	149	1800	0147											
4448	274	0650	1730											
4722	318	1800	0333											

**Enquire Vehicle Insurer**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SKL5447T	21 Nov 2017 / 14:20:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

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

SHA2416X



## 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	21/11/2017 16:20
Date Of Accident	21/11/2017 14:20
Exact Location Of Accident	ONE FULLERTON LOBBY EXIT X FULLERTON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2416X
<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	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	WONG CHONG SON
Work Permit No	S0226994E
Date Of Birth	24/02/1953
Occupation	OUTDOOR
Date Of Driving Pass	22/09/1976
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 303 CLEMENTI AVENUE 4 #11-529
Postcode	120303
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)	4

### 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 REFER TO 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	SKL5447T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MICHAEL SUTTER
NRIC/Passport Number	S7886190H
Contact Number	96485077
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	FRT LEFT
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.
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 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.

QUMI DET TRANSPORTATION PTE LTD  
CO REG NO 192201321R

Policyholder's Signature  
Date & Time:

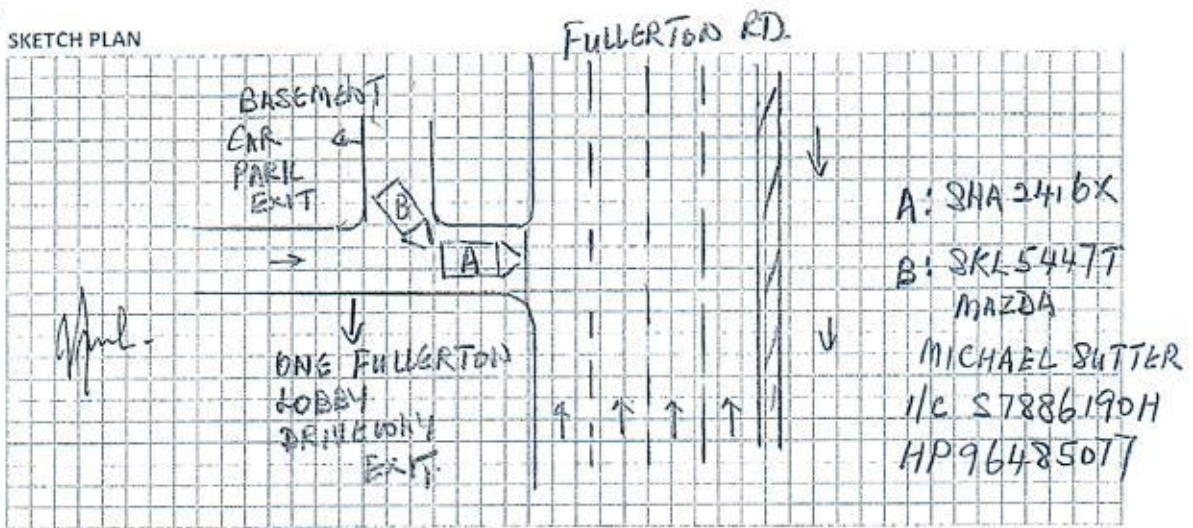
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

as per attached

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
67-700 NG MOH ROAD

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.:



## Describe Circumstances of the Accident

On 21 Nov 2017 at about 14:20 hrs I stopped my taxi at the One Fullerton Lobby Driveway exit waiting to turn left towards Fullerton Rd.

Suddenly a few seconds later I felt an impact coming from the rear left of my taxi followed by a jerk. Shortly after I stepped out from my taxi to check. Found that a red Mazda car SKL5447T had driven out from the hotel's basement car park exit and made a left turn thus caused this accident to happen.

As a result of this, the front left of the car hit the rear left corner of my taxi.

03 passengers on board my taxi. No injury at the point of the accident.

Enclosed is a video footage and scene photos to support my claims.

## Declaration

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

AIRPORT TRANSPORTATION PTE LTD  
 01-4288 4020/4021/4022/4023

Policyholder's Signature/Date &  
Time

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

Witnessed by Reporting  
Centre Personnel

