

Our Ref : T 1117 / SHB4226J /CL(st)
 Your Ref: _____
 Date : 8-Dec-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

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

Company Registration No: 199506048W

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

Attn : Motor Claims Department WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHB4226J YOUR INSURED SLB3805Y
 AND OTHER _____ ON 22.11.17**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHB4226J 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 SLB3805Y we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,787.16
2	<u>3</u> days Loss of Rental @ \$ 125.00 per day	\$ 375.00
3	Survey Report Fees	\$ -
4	GIA / LTA Search Fees	\$ 5.35
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transporation	\$ -
Sub Total :		\$ 2,167.51

HIRER'S CLAIM

7	<u>3</u> days Loss of Income @ \$ 80.00 per days	\$ 240.00
Total Claims :		\$ 2,407.51

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

- a) Original repair bill and photocopies of photographs : 9 pcs.
 b) LTA search slip/s of : SLB3805Y
 c) GIA / Police report/s of : SHB4226J
 d) Letter of authority from owner / hirer / operator
 () 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



LETTER OF AUTHORISATION

(NAF / PAF)

ON 22-Nov-17 12:35

**ACCIDENT INVOLVING
ALONG**

**I 40 SHB4226J , SLB3805Y
OPEN SPACE CAR PARK NEAR BLK 701A OFF YISHUN ST 71**

I / We

LIM SAY TEE

(Hirer) NRIC No.: **S0064672E**

and/or

(Relief) NRIC No.:

Taxi Number

SHB4226J

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

22-Nov-2017

Name of Hirer
Hirer NRIC

**LIM SAY TEE
S0064672E**

Signature :



Address

**126 TAMPINES STREET 11 #07-458
521126**

Contact No.

91187317

Workshops

59 Loyang Drive Singapore 508919 24 Senoko Loop Singapore 750156
383 Sin Ming Drive Singapore 575717 7 Simei Kadut Way Singapore 728791
45 Pandan Road Singapore 609286 6 Delu Avenue 1 Singapore 539537
320 Ubi Road 3 Singapore 408649

GST REG. NO. M2-8921817-3

TAX INVOICE

8010004
AIG ASIA PACIFIC INSURANCE PTE LTD
#08-16 78 SHENTON WAY, CHARTIS BUILD
SINGAPORE SG 079120
CONTACT NO: 64193000 3225094

VEHICLE NO INV. NO/DATE
SHB4226J 91343445 29.11.2017
MAKE JOB NO.
HYUNDAI 305091662
MODEL ODOMETER READING
I-40
DATE OF REG DATE/TIME IN
30.06.2015 22.11.2017 13:50
CHASSIS CODE
KMHLEB4JUMGU075170

S/No	Part No.	Qty	Unit Price	%Disc	Net
SUB-TOTAL :					960.00

Items total		1,670.24
Add GST @	7.000 %	116.92
Invoice amount		1,787.16

Issued by : KATHERINETAN 29.11.2017 14:00:17
Repair type : CSO/57/57
Payment Type/Term: /Credit 30 days

- 1) WHOLE TAKING ALL MERCHANTABILITY WARRANTIES AND/OR OTHER WARRANTIES AND/OR CONDITIONS, TERMS AND CONDITIONS, INCLUDING BUT NOT LIMITED TO, THE COMPANY'S POLICY ON RESPONSIBILITY FOR DAMAGE TO OTHER PROPERTY OR PERSONS, INCLUDING THE COMPANY'S POLICY ON LIABILITY FOR DAMAGE TO OTHER PROPERTY.
- 2) CUSTOMERS SHALL ACCEPT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 3 DAYS CHECK ALL THE DELIVERIES AND NOTICES IN WRITING TO THE COMPANY OR ANY COMPANY'S AGENT/EMPLOYEE. THE VEHICLE WILL BE CONSIDERED AS DELIVERED IN GOOD ORDER.
- 3) INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT NOT PAID TO THE COMPANY BY THE CUSTOMER AND NOT PAID BY THE DUE DATE OF PAYMENT. IT APPLIES TO ALL DEBTS FROM THE INSTANT DATE TO PERIOD OF DEFULT.
- 4) PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OR ANY OTHER OF THE COMPANY'S AGENT/EMPLOYEE WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THE INVOICE AS CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd
A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHK No.
8010004	91343445	1,787.16	

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

Our Ref: CT17110770



Date: 29 November 2017

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON
ALONG
INVOLVING

22/11/2017 @ 12:35 hrs
OPEN CAR PARK NEAR BLK 701A YISHUN ST 71
SLB3805Y

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 **SHB4226J** (the "Taxi"). The Taxi was hired to **LIM SAY TEE IC NO S0064672E** 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.

EAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		NAME OF DRIVER	MILEAGE READING		MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		FROM	TO		FROM	TO		FROM	TO
19356	219	1730	0200		281908	398	740	18.30	
19577	218	745	16.00		282152	245	8.10	16.00	
19769	192	1715	0200		282432	277	1715	0400	
19964	198	8.30	15.00		282681	249	6.45	16.00	
20155	208	1715	0330		282886	204	1715	0300	
20402	246	745	16.00		283105	219	6.45	16.00	
20649	246	1715	0330		283325	220	1715	0315	
20873	224	705	16.00		2832765		13.50		
1061	187	1715	0315	9 Audena Rover				14.20	
1315	253	7.00	16.00						
1574	261	1730	0400						

SLB 42263

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLB3805Y	22 Nov 2017 / 12:35:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

Previous

OK

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	22/11/2017 15:19
Date Of Accident	22/11/2017 12:35
Exact Location Of Accident	OPEN CAR PARK NEAR BLK 701A YISHUN ST 71
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4226J
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	LIM SAY TEE
NRIC No	S0064672E
Date Of Birth	18/06/1945
Occupation	OUTDOOR
Date Of Driving Pass	09/09/1971
Driving Experience	46 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address 126 TAMPINES STREET 11 #07-458
 Postcode S521126
 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 -
 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) 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

PLS SEE ATTACHED (TYPE OF ACCIDENT - HEAD TO SIDE)

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 SLB3805Y
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver TAY LI LI
 NRIC/Passport Number S1776875A
 Contact Number 96579657
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage FRT
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

Sketch Plan Pg. 1

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)**

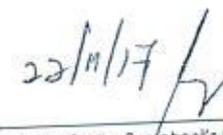
I understand, acknowledge, agree and consent that:

- (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.

COMFORT TRANSPORTATION PTE LTD
CO REG NO W

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. 3

Describe Circumstances of the Accident

On 22 Nov 2017 at about 12:35 hrs I was slowly driving along the open space car park driveway heading towards the car park exit near Blk 701A off Yishun St 71.

As I was slowly driving pass the parked cars on my left suddenly I felt an impact coming from the left hand side rear of my taxi followed by a jerk.

Shortly after I stopped my taxi and stepped out to check. Found that a parked car SLB3805Y on my left had driven out from the car park lot and hit my taxi. As a result of this, the front the car hit and grazed the left hand side rear door including the left hand side rear wheel towards the left hand side rear of my taxi.

01 passenger on board my taxi. No injury at the point of the accident.

Declaration

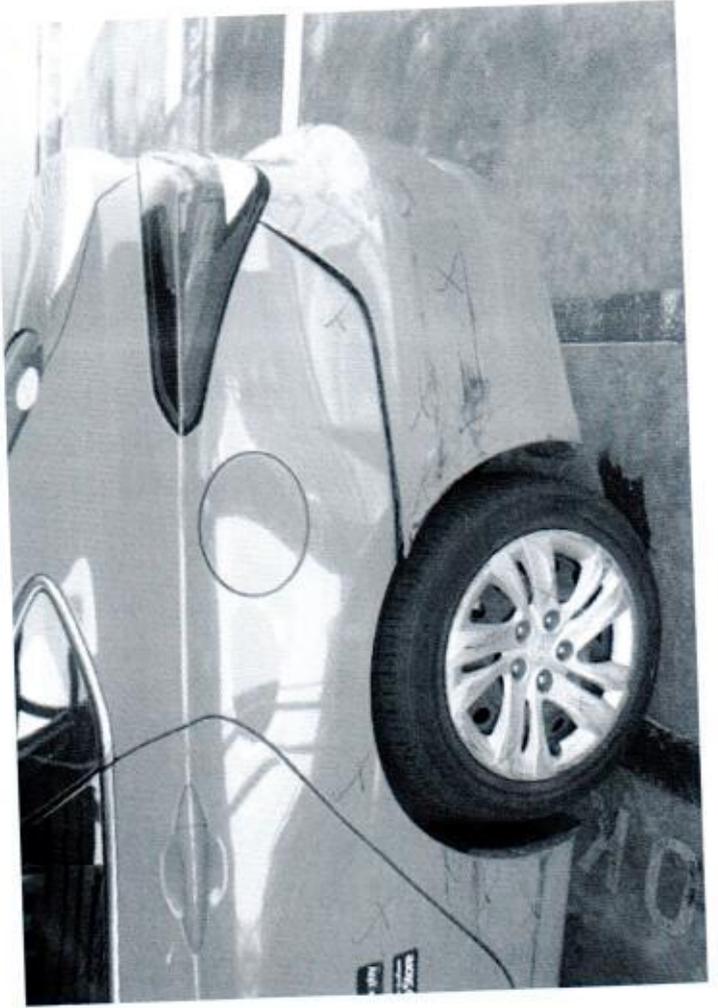
I/We declare the foregoing particulars are true in every respect.

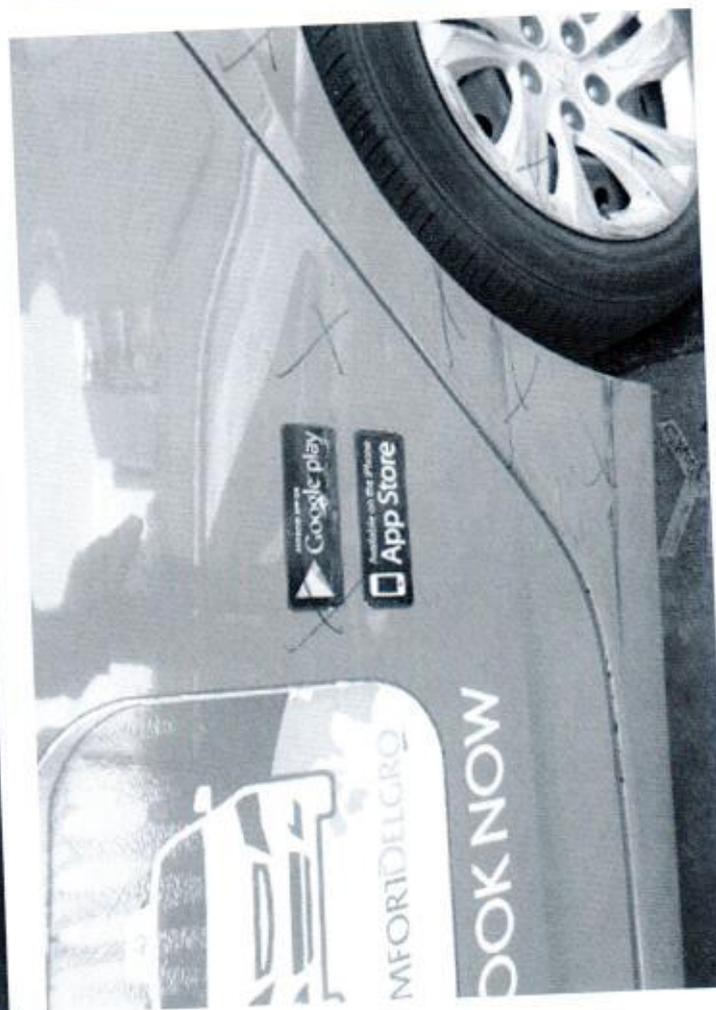
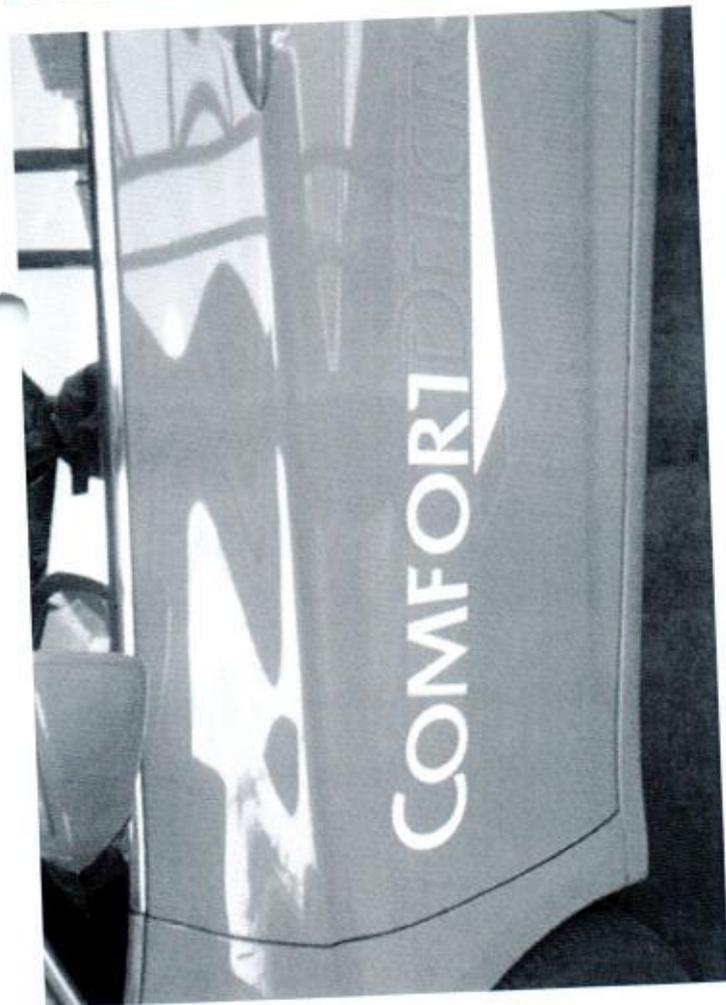
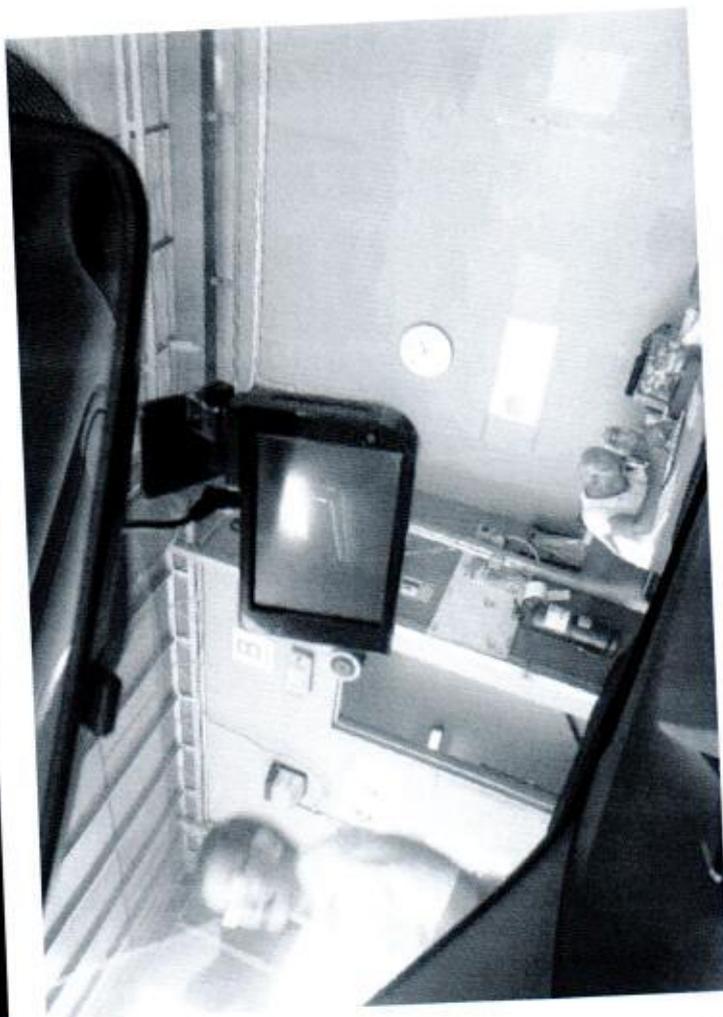
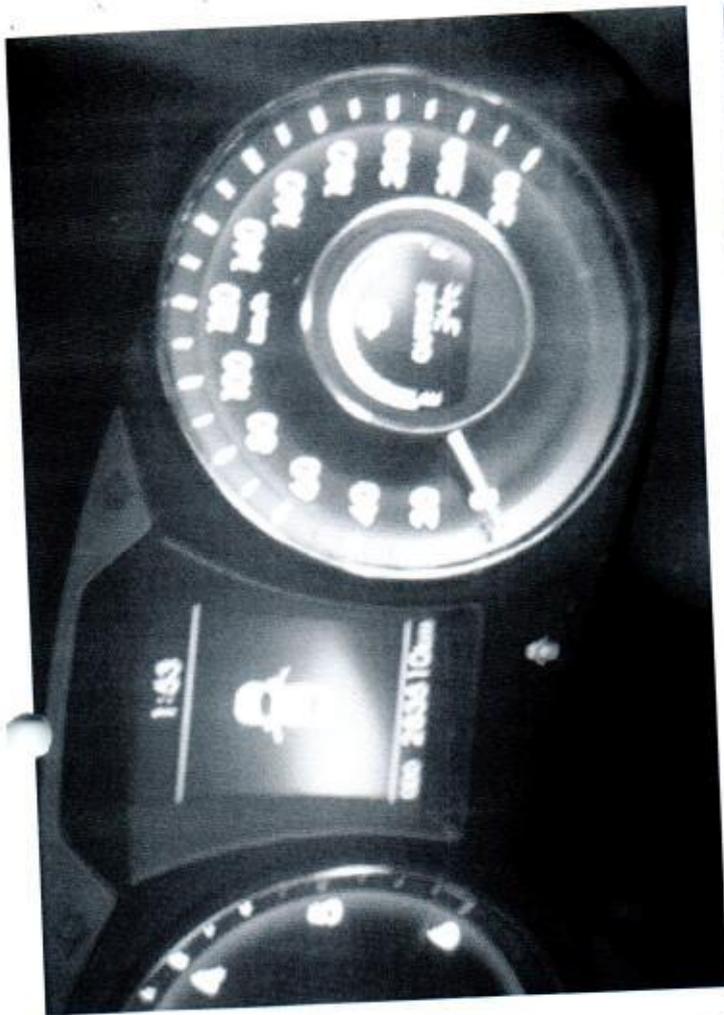
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 100303921R

Policyholder's Signature/Date &
Time

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

Witnessed by Reporting
Centre Personnel





현대자동차㈜
본부기차축도장의장
18003M AXLE PAINT TRIM
STURY

HYUNDAI MOTOR COMPANY

KMHLB41UMGU075170