

Our Ref : T 1117 / SHA7546X /WT(st)

Your Ref : _____

Date : 12-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

Company Registration No: 199506548W

CHINA INSURANCE CO LTD
3 ANSON ROAD
#16-00 SPRINGLEAF TOWER
SINGAPORE 079909

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHA7546X YOUR INSURED SLB1736B
AND OTHER _____ ON 23.11.17

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHA7546X 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 SLB1736B we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 3,362.67
2	3 days Loss of Rental @ \$ 129.28 per day	\$ 387.84
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 5.35
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation Fees	\$ -
Sub Total :		\$ 3,755.86

HIRER'S CLAIM

7	3 days Loss of Income @ \$ 80.00 per days	\$ 240.00
Total Claims :		\$ 3,995.86

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

- a) Original repair bill and photostat photographs : 10 pcs.
b) LTA search slip/s of : SLB1736B
c) GIA / Police report/s of : SHA7546X
d) Letter of authority from owner / hirer / operator
() Traffic Compound () 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
William Tan

Deputy Manager

CDGE Claims Department

Tel: 6214 8737 Fax: 6214 1843 Email: williamtan@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****i 40 SHA7546X , SLB 1736B****ON 23-Nov-17 07:30****OPEN AIR CARPARK IN FRONT BLK 215, BUKIT BATOK ST 21.**

I / We

CHAN KHENG THONG@...(Hirer) NRIC No.: **S1213952G**

and/or

(Relief) NRIC No.:

Taxi Number

SHA7546X

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

23-Nov-2017

Name of Hirer

CHAN KHENG THONG@CHAN KHENG TONG

Hirer NRIC

S1213952G

Signature :



Address

**217 BUKIT BATOK STREET 21 #09-...
650217**

Contact No.

83339388

GST REG. NO. M2-8921817-3

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO(S) PTE L.
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SHA7546X

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
14.05.2015

CHASSIS CODE
KMHLB41UMFU069073

INV. NO/DATE
91343247 28.11.2017

JOB NO.
305091820

ODOMETER READING

DATE/TIME IN
23.11.2017 10:10

Description : 3P 23.11.17

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0103-0578	I40V2 COVER-FR BUMPER#	1	562.30	20.00	449.84
0002	04-01-0103-0573	I40VC PANEL-FENDER RH#	1	619.00	20.00	495.20
0003	04-01-0103-0782	I40V2 LAMP ASSY-HEAD RH#	1	1,388.00	20.00	1,110.40
0004	04-01-0103-0654	I40V2 COVER-FR FOG BLANKI	1	40.30	20.00	32.24
0005	28-01-0103-0003	(140)FRONT DOOR LOGO SONATA	1	75.00	0.00	75.00
SUB-TOTAL:				:		2,162.68

JOB NATURE

0001	L	PANEL BEATING- FRF.	400.00		400.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA	540.00		540.00
0003	17-01	CHECK ALL LIGHTING	20.00		20.00

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.
8010012	91343247	3,362.67	

GST REG. NO. M2-8921817-3

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO(S) PTE L,
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SHA7546X

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
14.05.2015

CHASSIS CODE
KMHLB41UMFU069073

INV. NO/DATE
91343247 28.11.2017

JOB NO.
305091820

ODOMETER READING

DATE/TIME IN
23.11.2017 10:10

S/No	Part No.	Qty	Unit Price	%Disc	Net
0004	20-00	TUFF COAT ON AFFECTED PARTS.	20.00		20.00
SUB-TOTAL:					980.00

Items total	3,142.68
Add GST @ 7.000 %	219.99
Invoice amount	3,362.67

Issued by : KATHERINETAN 28.11.2017 16:16:19
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.
8010012	91343247	3,362.67	

Our Ref: CT17110791

Date: 28 November 2017



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	23/11/2017 @ 07:30 hrs
ALONG	OPEN CAR PARK INFRONT OF BLK 215 BT BATOK ST
	21
INVOLVING	SLB 1736B

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 **SHA7546X** (the "Taxi"). The Taxi was hired to **CHAN KHENG THONG@CHAN KHENG TONG IC NO S1213952G** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$129.28** 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.

X 9251-AMS

[illegible]

SUA7546 X

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLB1736B	23 Nov 2017 / 07:30:00	Successful	C01	CHINA TAIPING INSURANCE (SINGAPORE) 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	23/11/2017 12:08
Date Of Accident	23/11/2017 07:30
Exact Location Of Accident	OPEN CAR PARK INFRONT OF BLK 215 BT BATOK ST 21
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7546X
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	CHAN KHENG THONG@CHAN KHENG TONG
NRIC No	S1213952G
Date Of Birth	08/07/1957
Occupation	OUTDOOR
Date Of Driving Pass	28/02/1975
Driving Experience	42 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	KHENGTHONGCHAN@GMAIL.COM

Address	217 BUKIT BATOK STREET 21 #09-357
Postcode	S650217
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 - MAJOR/MINOR RD
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

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

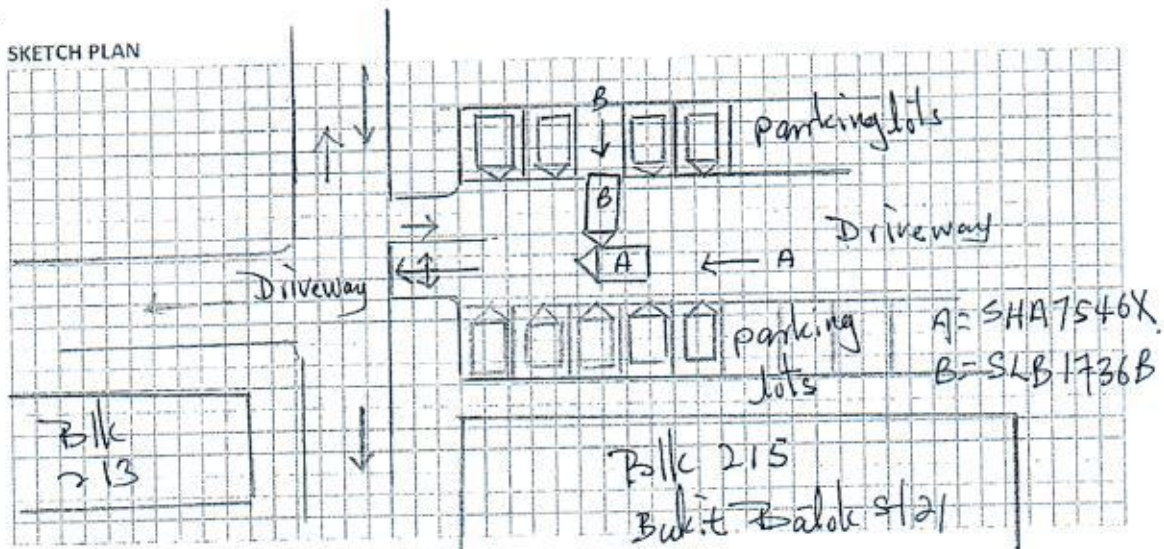
Vehicle Registration Number	SLB1736B
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	NASARUDDIN B ABDUL RAHMAN
NRIC/Passport Number	
Contact Number	96999478
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This morning (23/11/17), I drive along the carpark driveway in front Blok 215 at about 7.30 am towards the main road (Bukit Balo S/21).

As seen in the video, as I was travelling towards the exit, my taxi was collided into by car B (SLB1736B) moving off from the parking lot in the opposite side of the open air carpark.

Car B was a Lexus.

I took photos at the scene following the accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG NO. 1997

Policyholder's Signature
Date & Time:

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

Lim Ee Soon
CSO

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

20190401 SketchPlanForm_V2

