

Our Ref : CC17110819/ SHA9469Y /JW(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: 195006048W

## 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 758158

**Sungei Kadut**  
7 Sungei Kadut Way  
Singapore 728791

**Yishun**  
501 Yishun Industrial Park A  
Singapore 768732

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 SHA9469Y YOUR INSURED SKT2503S  
AND OTHER \_\_\_\_\_ ON 24.11.17

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No :  
SHA9469Y 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 : SKT2503S  
we are submitting these claims for your consideration on behalf of the claimants.

### TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 2,086.50
2	4 days Loss of Rental @ \$ 106.81 per day	\$ 427.24
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA / GIA Search Fees	\$ 5.35
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation Fees	\$ -
Sub Total :		\$ 2,519.09

### HIRER'S CLAIM

7	4 days Loss of Income @ \$ 80.00 per days	\$ 320.00
Total Claims :		\$ 2,839.09

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

- a) Original repair bill and photocopies of photographs : 4 pcs.  
b) LTA search slip/s of : SKT2503S  
c) GIA / Police report/s of : SHA9469Y  
d) Letter of authority from owner / hirer / operator  
( ) Witness statement/s ( ) Towing/Medical bill/receipts ( ) Certificate of Insurance  
( X ) Photograph/s of Accident Scer ( 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 SHA9469Y , SKT2503S****ON 24-Nov-17 07:20****SLIP RD FROM SENGKANG WEST RD TWDS YIO CHU KANG RD**

I / We

**ENG KWEE HENG**(Hirer) NRIC No.: **S1490509Z**

and/or

(Relief) NRIC No.:

Taxi Number

**SHA9469Y**

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

**24-Nov-2017**

Name of Hirer

**ENG KWEE HENG**

Hirer NRIC

**S1490509Z**

Signature :



Address

**371 HOUGANG STREET 31 #11-31  
530371**

Contact No.

**90856909**

## TAX INVOICE

COMPANY REG. NO.: 199506048W  
Page: 1

8010325

EQ INSURANCE COMPANY LIMITED

#17-00 5 MAXWELL ROAD TOWER BLOCK  
SINGAPORE 069110

CONTACT NO: 62239433

VEHICLE NO  
SHA9469Y

MAKE  
HYUNDAI

MODEL  
SONATA

DATE OF REG  
28.10.2010

CHASSIS CODE  
KMHET41VMAA795987

INV. NO/DATE  
91343201 28.11.2017

JOB NO.  
305091923

ODOMETER READING

JOB TYPE

Description : 3P 24.11.2017

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,950.00
Add GST @ 7.000 %	136.50
Total Invoice amount	2,086.50

Issued by : CHEWBEELENG 28.11.2017 15:06:21  
Repair Type : CFSO/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: CC17110819



Date: 28 November 2017

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	24/11/2017 @ 07:20 hrs
ALONG	SLIP RD FROM SENGKANG WEST RD TWDS YIO CHU KANG RD
INVOLVING	SKT2503S

We refer to the above-mentioned accident and wish to inform that **CityCab Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHA9469Y** (the "Taxi"). The Taxi was hired to **ENG KWEE HENG IC NO S1490509Z** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$106.81** 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.

SHA 9469 Y

HOURS OPERATED (TIME)		MILEAGE TRAVELLED (KM)	MILEAGE READING		NAME OF DRIVER	DATE	HOURS OPERATED (TIME)	
FROM	TO		FROM	TO			FROM	TO
144	2315	24.11.17	ACCIDENT	/			0750	-
145	0005	27.11.17	REPAIR				-	1645
030	0007							
150	2301							
133	2325							
353	2332							
200	2332							
837	2215							
700	2244							
1805	2251							
800	2322							

**Enquire Vehicle Insurer**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SKT2503S	24 Nov 2017 / 07:20:00	Successful	E04	EQ INSURANCE COMPANY LTD

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

SUA 9469 Y

## 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	24/11/2017 09:25
Date Of Accident	24/11/2017 07:20
Exact Location Of Accident	SLIP RD FROM SENGKANG WEST RD TO YIO CHU KANG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9469Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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-15072702MFSH
Cover Note Number	

### Driver

Name of Driver	ENG KWEE HENG
NRIC No	S1490509Z
Date Of Birth	21/09/1961
Occupation	OUTDOOR
Date Of Driving Pass	16/10/1981
Driving Experience	36 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	371 #11-31 HOUGANG STREET 31
Postcode	530371
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)	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	SKT2503S
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	83887215
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT LEFT
No. Of Passenger (Including Driver)	

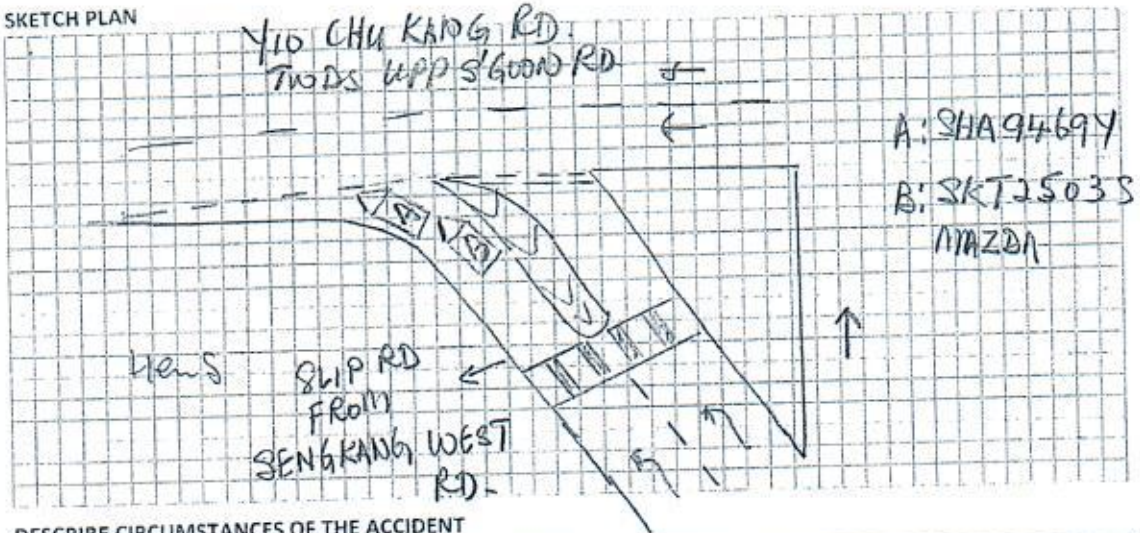
#### Details of Witness

Name	
Phone Number	
Email Address	



# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached.

## DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

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.:

CityCab Sketch Plan Form\_V2

Sketch Plan Pg. 2

Describe Circumstances of the Accident

On 24 Nov 2017 at about 07:20 hrs I was driving on the left lane along a Slip Rd from

Sengkang West Rd heading towards the direction of Yio Chu Kang Rd.

As I approached the give way line I slowed down to give way to the traffic from my right.

In the midst of doing so suddenly a Mazda car SKT2503S came from behind collided onto the

Rear Right Corner of my taxi.

No passenger 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.

CITYCAB PTE LTD  
CO. REG. NO. 199502837

Policyholder's Signature/Date &  
Time

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

24/11/17  
Witnessed by Reporting  
Centre Personnel



