

Our Ref : T 0214 / SHC 8553H / AG (J)

Your Ref :

Date : 14-Feb-14

AIG Asia Pacific Insurance Pte. Ltd
CHARTIS Buliding
#07-16, 78 Shenton Way
Singapore 079120

CDGETaxi Claims Dept

59 Loyang Drive
4th Floor

Singapore 508969

Fax: 6214 1843

**COMFORTDELGRO
ENGINEERING**

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199508048W

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI

SHC 8553H

YOUR INSURED

EC 72S

OTHERS

ON

04.02.14

Workshops

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SHC 8553H** 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.

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

Defu
6 Defu Avenue 1
Singapore 539537

As the accident was caused by the negligent act of your insured driving : **EC 72S** we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	S\$	2140.00
2	2.5 days Loss of Rental @\$ 100.58 per day	S\$	251.45
3	Survey Report Fees (Surveyed by M/s LKK)	S\$	-
4	LTA Search Fees	S\$	5.35
5	GIA / Police Report Fees	S\$	-
6	Towing / Medical / Transporation Fees	S\$	-
Sub Total :		S\$	2,396.80

HIRER'S CLAIM

1	2.5 days Loss of Income @\$ 80.00 per days	S\$	200.00
Total Claims		S\$	2,596.80

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

- a) Original repair bill, : - pcs.
b) LTA search slip/s of : **EC 72S**
c) GIA / Police report/s of : **SHC 8553H**
d) Letter of authority from owner / hirer / operator
() Photocopy/s of Accident Scene Photo/s () Hirer Income Tax
() Witness statement/s (x) Rental Rate letter (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. This condition shall apply even if medical expenses are claimed herewith and part of the settlement reached.

Please note that, for the time being, we are not making this claim via solicitors provided you treat this letter as our intention to file a claim in court according to the provisions of the Non-Injury Motor Accident Litigation ("NIMA") protocol and further, you agree that if negotiations should breakdown and this claim is referred to solicitors you shall not raise any objection that the NIMA protocol has not been complied with. If you disagree with this condition please reply in writing within the next 2 working days failing which we shall proceed to negotiate with you on the basis that you have acquiesced to the said condition by your conduct.

Yours faithfully

Andrew Goh

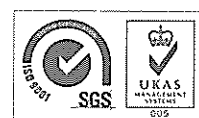
Motor Claims Specialist

CDGE Claims Department

Tel : 6214 8734 Fax : 6214 1843 Email : andrewgoh@cdge.com.sg

A member of

COMFORTDELGRO



COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

GST REG. NO. M2-8921817-3

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 408649

24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728
6 Defu Avenue 1 Singapore 539537

COMPANY REG. NO.: 1995060481

Page: 1

TAX INVOICE

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD.

#08-16 78 SHENTON WAY. CHARTIS BULL.
SINGAPORE 079120

CONTACT NO: 64193000 3225094

VEHICLE NO
SMC8553H

MAKE
HYUNDAI

MODEL
SONATA

DATE OF MKG
22.11.2007

CHASSIS CODE
KMHET41VR7A423151

INV. NO/DATE
91074231 13.02.2014

JOB NO.
304464510

ODOMETER READING

JOB TYPE

Description : ACC.04.02.14/C

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt.	2,000.00
Add GST @ 7.000 %	140.00
Total Invoice amount	2,140.00

Issued by : KATHERINETAN 13.02.2014 11:58:23
Repair Type : CL80/57/57
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.

OFFICE COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ

Our Ref: CT14020209

Date: 12 February 2014



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 04/02/2014 @ 15:55 hrs
ALONG SLIP RD FROM CLEMENTI AVE 6 TO PIE(CHANGI
 AIRPORT)
INVOLVING EC72S, , ,
 KERB/DIVIDER/PAVEMENT/HUMP/PLATFORM, LAMP
 POST/TRAFFIC LIGHT/CABLE

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 **SHC8553H** (the "Taxi"). The Taxi was hired to **TAN LIAN LEE RANDY IC NO S8105221B** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$100.58** per day (inclusive of GST).

Please be advised that the Taxi was insured with **India International Insurance Pte 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.



LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING Hyundai SHC8553H, EC72S 0 LAMP POST KERB ON 04-Feb-14
15:55

ALONG SLIP ROAD FM CLEMENTI AVE 6 TO PIE (AIRPORT)

I / We TAN LIAN LEE, RANDY (Hirer) NRIC No.: S8105221B

and/or 0 (Relief) NRIC No.: 0

Taxi number SHC8553H hereby authorise ComfortDelGro Engineering Pte Ltd (CDGE) :

1. To submit my/our claims for damages, costs and expense, including loss of income, loss or 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 : 5-Feb-2014

Name of Hirer : TAN LIAN LEE, RANDY

Hirer NRIC : S8105221B

Address : BLK 303A PUNGGOL CENTRAL #08-778 S821303

Contact No. : 84846656

Name of Relief : _____

Relief NRIC : _____

Address : _____

Contact No. : _____

Signature :  _____

Signature : _____

External Copy

Text size + -

Enquire Vehicle Insurance Particulars

Vehicle No.	Search Date/Time	Search Status	Insurance Company Code	Insurance Company Name
EC72S	04 Feb 2014 / 15:55:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

[Previous](#)[OK](#)Land Transport  Authority

Please read through the Privacy Statement, Terms of Use and Disclaimer.

Please do not use the Back or Forward buttons on your browser as this may alter the results of the transactions.

Best viewed with IE 6.0 SP3 and above. 1024 X 768 resolution

Copyright © 2014 LTA | [Privacy Statement](#) | [Terms of Use](#) | [Disclaimer](#) | [Rate the Website](#)

S1C8553H

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	05/02/2014 13:18
Date Of Accident	04/02/2014 15:55
Exact Location Of Accident	SLIP RD FROM CLEMENTI AVE 6 TO PIE(CHANGI AIRPORT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8553H
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA-2.0 (A)
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	India International Insurance Pte Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	Yes
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	TAN LIAN LEE RANDY
NRIC No	S8105221B
Date Of Birth	18/02/1981
Occupation	Outdoor
Date Of Driving Pass	18/05/2007
Driving Experience	6 Years And 8 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
EMail Address	FIREBLACKBLADERINGO@YAHOO.COM.SG
Address	303A PUNGGOL CENTRAL #08-778
Postcode	S821303
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- Same Direction
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
Was there any video captured by Car Camera?	No

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 STATEMENT

Are accident photos available for attachment?	Yes
---	-----

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EC72S
Vehicle Make/Model/Colour	
Details Of Properties	KERB & LAMP POST
Name of Driver	GENO LIM JIA YANG
NRIC/Passport Number	S9309023C
Contact Number	
Address	34 JLN MAT JAMBOL
Postcode	S119515
Insurance Company Name	AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage	LEFT FRT , LEFT REAR & UNDERCARRIAGE
No. Of Passenger (Including Driver)	

Details of Witness

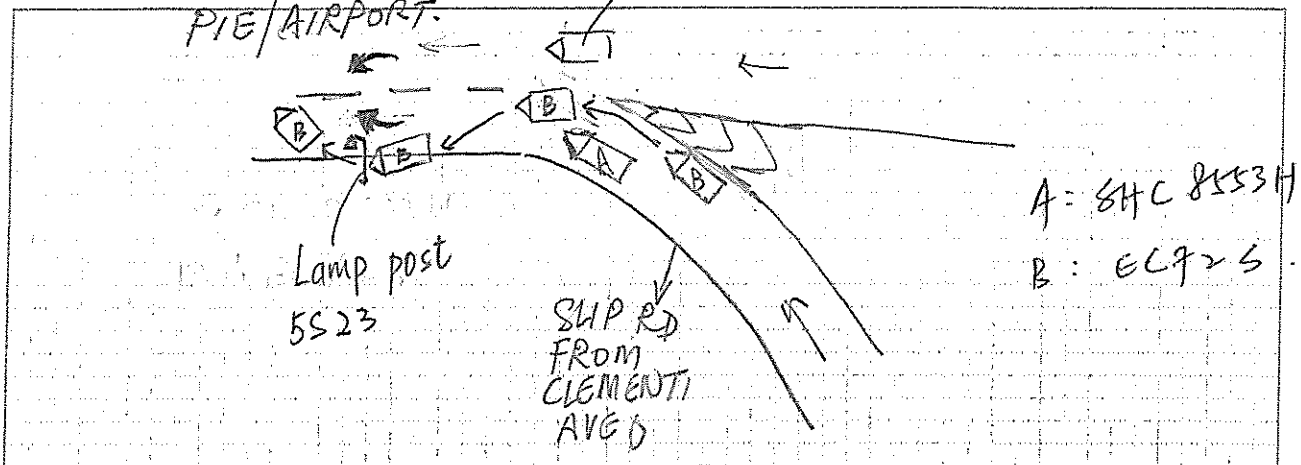
Name
Phone Number
Email Address

SKETCH PLAN

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 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.

Sketch Plan



Describe Circumstances of the Accident

As per statement!

Declaration

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

COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE 575717
TEL: 6555 1188 FAX: 6453 3183
CO. REG. NO. 199303821R

Policyholder's Signature / Date &
Time

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


Witnessed by Reporting Centre
Personnel

SHC8553H - ACCIDENT STATEMENT

On 04 Feb 2014@ about 15:55hrs, my taxi (A) was traveling from Clementi Ave 6 towards PIE (Changi), the slip road is a merging road with the side road. While my taxi (A) was approaching near to the exit, Veh B suddenly overtook my taxi with a very fast speed by crossing the chevron line, forced my taxi went near to the kerb. However, it tried to avoid another vehicle which came from the side road, it swerved back to left and collided to my taxi right front portion, due to the speed & the impact, it lost control and mounted to the kerb and hit to the lamp post, eventually landed in front of my taxi.

Damage: A – Moderate damage on the right front portion
 B – Serious damage on left rear, left front and undercarriage.
 Kerb – no damage
 Lamp post – moderate damage.

No passenger & no injury at the point of accident.


Tan Lian Lee, Randy
S8105221B