

Our Ref : T 1215 / SHD 3456H / WT (J)

Date : 26-Jan-16

M/s China Taiping Insurance (Singapore) Pte Ltd
3 ANSON ROAD
#16-00 SPRINGLEAF TOWER
SINGAPORE 079909.

CDGE Taxi Claims Department

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: 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

Defu
6 Defu Avenue 1
Singapore 539537

Attn : Motor Claims Department

Dear Sir

WITHOUT PREJUDICE

ACCIDENT INVOLVING OUR TAXI SHD 3456H YOUR INSURED
GBB 2368S OTHER ON 29.12.15

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHD 3456H 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 : GBB 2368S we are submitting this claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	S\$	2728.50
2	3 days Loss of Rental @\$ 100.58 per day	S\$	301.74
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 / Transportation Fees	S\$	-
Sub Total :		S\$	3,035.59

HIRER'S CLAIM

1	3 days Loss of Income @\$ 80.00 per days	S\$	240.00
Total Claims		S\$	3,275.59

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

- a) Original repair bill, _____ pcs
b) LTA search slip/s of : GBB 2368S
c) GIA / Police report/s of : SHD 3456H
d) Letter of authority from owner / hirer / operator
() Photocopies of Accident Scene Photo/s () Traffic Police Compound
() 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

William Tan

Deputy Manager

CDGE Claims Department

Tel : 6214 8737 Fax : 6214 1843 Email : williamtan@cdge.com.sg

A member of
COMFORTDELGRO



Workshops59 Loryang Drive Singapore 508969 24 Senoko Loop Singapore 758156
383 Sin Ming Drive Singapore 575717 7 Sungai Kadul Way Singapore 728791
45 Pandan Road Singapore 609286 6 Defu Avenue 1 Singapore 539537
320 Ubi Road 3 Singapore 408649**COMPANY REG. NO.: 199506048W**
Page: 1**TAX INVOICE**

8010012

CHINA TAIPING INSURANCE CO(S) PTE L
SPRINGLEAF TOWER3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHD3456H**MAKE**
HYUNDAI**MODEL**
SONATA**DATE OF REG**
22.01.2009**CHASSIS CODE**
KMHT41VR9A663372**INV. NO/DATE**
91214814 07.01.2016**JOB NO.**
304849879**ODOMETER READING**
_____**JOB TYPE**

Description : ACC.29.12.15/C

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		2,550.00
Add GST @ 7.000 %		178.50
Total Invoice amount		2,728.50

Issued by : CHEWBEELENG 07.01.2016 09:16:45
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

1) WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS' RISK.

2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY GIVE NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.

3) INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE PERIOD OF DEFAULT.

4) PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

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: CT15121191

Date: 30 December 2015



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 29/12/2015 @ 14:45 hrs
ALONG ALONG POTONG PASIR AVENUE 1
INVOLVING GBB2368S

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 **SHD3456H** (the "Taxi"). The Taxi was hired to **NG CHIN HENG IC NO S1328897F** 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 **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.

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONGSONATA SHD3456H, GBB2368S
along potong pasir ave 1

ON 29-Dec-15 14:45

I / We

NG CHIN HENG

(Hirer) NRIC No.: S1328897F

and/or

(Relief) NRIC No.:

Taxi Number

SHD3456H

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

29-Dec-2015

Name of Hirer

NG CHIN HENG

Hirer NRIC

S1328897F

Signature :



Address

123 LORONG 1 TOA PAYOH #03-501
310123

Contact No.

97525724

Text size + -

0% 25% 50% 75% 100%

Enquire Vehicle Insurance Particulars

Vehicle No.	Search Date/Time	Search Status	Insurance Company Code	Insurance Company Name
GBB2368S	29 Dec 2015 / 14:45:00	Successful	C01	CHINA TAIPING INSURANCE (SINGAPORE) 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
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SHD3456H

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	30/12/2015 09:11
Date Of Accident	29/12/2015 14:45
Exact Location Of Accident	ALONG POTONG PASIR AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3456H
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	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	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	NG CHIN HENG
NRIC No	S1328897F
Date Of Birth	27/06/1958
Occupation	Outdoor
Date Of Driving Pass	06/10/1978
Driving Experience	37 Years And 2 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
Email Address	NCHINHENG_5858@YAHOO.COM

Address	123 LORONG 1 TOA PAYOH #03-501
Postcode	S310123
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
Number of Passengers (Including Driver)	3

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.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB2368S
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ONG SAYE KEAT
NRIC/Passport Number	S1010292H
Contact Number	
Address	
Postcode	
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	LEFT FRONT
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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

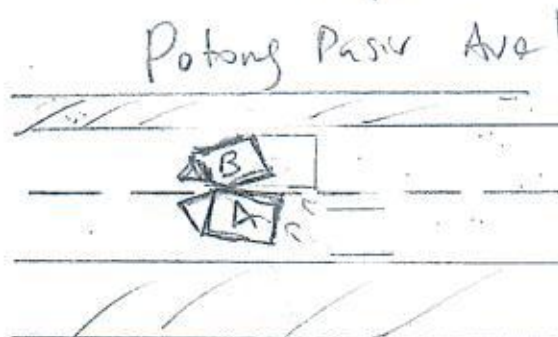
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident:

On 29 Dec 15 @ 14.45 hrs I was traveling along Potong Pasir Ave 1, After blk 121. After boarding my passenger I signal my intention to filter Right. And I started to move to the Right. Suddenly vehicle GBB 2368S came from my Right and graze against my front bumper.
there was 2 passenger on board.
No injuries was reported

Declaration

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
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

