

Our Ref : T 1117 / SHD3269G /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. 199506048W

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 SHD3269G YOUR INSURED SLG8240S  
AND OTHER \_\_\_\_\_ ON 26.11.17

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHD3269G 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 SLG8240S we are submitting these claims for your consideration on behalf of the claimants.

## TAXI OWNER'S CLAIM

- 1 Cost of Repair
- 2 2 days Loss of Rental @ \$ 125.00 per day
- 3 Survey Report Fees (Surveyed by M/s LKK)
- 4 LTA Search Fees
- 5 GIA / Police Report Fees
- 6 Towing / Medical / Transportation Fees

\$	679.45
\$	250.00
\$	-
\$	5.35
\$	-
\$	-
<b>Sub Total :</b>	<b>\$ 934.80</b>

## HIRER'S CLAIM

- 7 2 days Loss of Income @ \$ 80.00 per days

\$	160.00
<b>Total Claims :</b>	<b>\$ 1,094.80</b>

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

- a) Original repair bill and photostat photographs : 6 pcs.
- b) LTA search slip/s of : SLG8240S
- c) GIA / Police report/s of : SHD3269G
- 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  
ALONGi 40 SHD3269G , SLG8240S  
TAN TOCK SENG EMERGENCY DRIVE WAY.

ON 26-Nov-17 00:10

I / We

ROSLAN BIN KHAMIS

(Hirer) NRIC No.: S7925151H

and/or

(Relief) NRIC No.:

Taxi Number

SHD3269G

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

26-Nov-2017

Name of Hirer

ROSLAN BIN KHAMIS

Hirer NRIC

S7925151H

Signature :



Address

482 PASIR RIS DRIVE 4 #07-393  
510482

Contact No.

82566697

GST REG. NO. M2-8921817-3

## TAX INVOICE

COMPANY REG. NO.: 199506048W  
Page: 1

8010012

CHINA TAIPING INSURANCE CO(S) PTE L  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO  
SHD3269G

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
21.07.2016

CHASSIS CODE  
KMHLB41UMGU091921

INV. NO/DATE  
91343787 30.11.2017

JOB NO.  
305092278

ODOMETER READING

DATE/TIME IN  
27.11.2017 08:30

Description : 3P 26.11.2017

S/No	Part No.	Qty	Unit Price	%Disc	Net
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### PART REQUISITION

0001	28-01-0103-0003 (I40)FRT DOOR LOGO SONATA	1	75.00	0.00	75.00
SUB-TOTAL				:	75.00

### JOB NATURE

0001	L	PANEL BEATING	200.00		200.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA	360.00		360.00
SUB-TOTAL				:	560.00

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	91343787	679.45	



Workshops

59 Layan Drive Singapore 508986  
383 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 509286  
320 Ubi Road 3 Singapore 408649

24 Serangoon Loop Singapore 758156  
7 Simei Kallang Way Singapore 728791  
8 Delu Avenue 1 Singapore 539537

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W  
Page: 2

8010012

CHINA TAIPING INSURANCE CO(S) PTE L  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO  
SHD3269G

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
21.07.2016

CHASSIS CODE  
KMHLB41UMGU091921

INV. NO/DATE  
91343787 30.11.2017

JOB NO.  
305092278

ODOMETER READING

DATE/TIME IN  
27.11.2017 08:30

Items total	635.00
Add GST @ 7.000 %	44.45
Invoice amount	679.45

Issued by : CHEWBEELENG 30.11.2017 16:09:00  
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	91343787	679.45	

Our Ref: CT17110882

Date: 30 November 2017



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON	26/11/2017 @ 00:10 hrs
ALONG	TAN TOCK SENG HOSPITAL EMERGENCY DRIVEWAY
INVOLVING	SLG8240S

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 **SHD3269G** (the "Taxi"). The Taxi was hired to **ROSLAN BIN KHAMIS IC NO S7925151H** 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.

ING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		FROM	TO
29	211.4	0800	1900
30	396.3	1925	0620
31	91.2	0655	1900
32	281.7	2110	0630
33	97.6	0700	18.70
34	215.4	1850	0640
35	257.3	0655	18.70
AKDOWN		2359	0130
36	89.3	14.00	1900
37	226.9	2359	0700
38	171.0	0740	2145

DATE	NAME OF DRIVER	MILEAGE READING				MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		1	8	6	1		FROM	TO
24/11/2017	Roslan Bin Khamis	1	8	6	1	9	2312	0955
25/11/2017	Roslan Bin Khamis	1	8	6	3	6	10.00	22.25
25/11/2017	Roslan Bin Khamis	1	8	6	6	0	2250	0925
26/11/2017	Roslan Bin Khamis	1	8	6	6	8	11.30	2136
26/11/2017	Roslan Bin Khamis	1	8	6	8	3	2359	0825
27/11/17	Accident?						0830	—
28/11/17	Repair						—	1500



SHD 3269 G

**Enquire Vehicle Insurer**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLG8240S	26 Nov 2017 / 00:10:00	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	27/11/2017 08:06
Date Of Accident	26/11/2017 00:10
Exact Location Of Accident	TAN TOCK SENG HOSPITAL EMERGENCY CAR PARK DRIVEWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3269G
<b>Insured/Policyholder</b>	
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	ROSLAN BIN KHAMIS
NRIC No	S7925151H
Date Of Birth	20/08/1979
Occupation	OUTDOOR
Date Of Driving Pass	05/08/2004
Driving Experience	13 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address 482 PASIR RIS DRIVE 4#07-393  
 Postcode S510482  
 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) 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 (TYPE OF ACCIDENT - 3P REVERSED & HIT STATIONARY TAXI)

#### 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 SLG8240S  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage RHT FRT  
 No. Of Passenger (Including Driver)

#### Details of Witness

Name  
 Phone Number  
 Email Address









