

Our Ref : T 1217 / SHA2846M /CL(st)
Your Ref: _____
Date : 21-Dec-17

AIG ASIA PACIFIC INSURANCE PTE LTD
CHARTIS Buliding
78 Shenton Way
#07-16
Singapore 079120

Attn : Motor Claims Department **WITHOUT PREJUDICE**

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHA2846M YOUR INSURED SLM2378L
AND OTHER 3 VEHICLES ON 09.12.17

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHA2846M 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 SLM2378L we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 2,255.97
2	<u>3</u> days Loss of Rental @ \$ 125.00 per day	\$ 375.00
3	Survey Report Fees <i>(Surveyed by M/s LKK)</i>	\$ -
4	GIA / LTA Search Fees	\$ 5.35
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transporation	\$ -
Sub Total :		\$ 2,636.32

HIRER'S CLAIM

7	<u>3</u> days Loss of Income @ \$ 80.00 per days	\$ 240.00
Total Claims :		\$ 2,876.32

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 : SLM2378L
c) GIA / Police report/s of : SHA2846M
d) Letter of authority from owner / hirer / operator
(X) Photograph/s of Accident Scene () Certificate of Insurance
() Witness statement/s (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.

Yours faithfully

Cecilia Lee

Executive

CDGE Claims Department

Tel : 6214 8354 Fax: 6214 1843 Email : cecilialee@sparkcarcare.com

This is a computer generated letter. No signature is required.

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: 19950648W

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

Yishun
501 Yishun Industrial Park A
Singapore 768732

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****i 40 SHA2846M , SLM2378L , SJQ1752Z ,... ON 09-Dec-17 21:45
PIE TWDS AIRPORT ALONG PAYA LEBAR FLYOVER**

I / We

SEAH SENG HO(Hirer) NRIC No.: **S1629237J**

and/or

LIM CHENG HAI(Relief) NRIC No.: **S1649045H**

Taxi Number

SHA2846M

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

10-Dec-2017Name of Hirer
Hirer NRIC**SEAH SENG HO
S1629237J**

Signature :



Address

**794 YISHUN RING ROAD #12-3460
760794**

Contact No.

94577309Name of Relief
Relief NRIC**LIM CHENG HAI
S1649045H**

Signature :



Address

**752 YISHUN STREET 72 02-206
760794**

Contact No.

93808315

2,255.97

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY RKG. NO.: 199506048W
Page: 2

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

#08-16 78 SHENTON WAY, CHARTIS BUILD
SINGAPORE SG 079120

CONTACT NO: 64193000 3225094

VEHICLE NO
SHA2846M

MAKE
HYUNDAI

MODEL
I-40

DATE OF RKG
03.09.2015

CHASSIS CODE
KMH1B41UMGU077258

INV. NO/DATE
91347205 20.12.2017

JOB NO.
305096473

ODOMETER READING

DATE/TIME IN
10.12.2017 08:00

S/No	Part No.		Qty	Unit Price	%Disc	Net
0001	I	PANEL BEATING	200.00		200.00	
0002	23-502	SPRAYPAINT ON AFFECTED AREA	360.00		360.00	
0003	I	REMOVE/REFIT REVERSE SENSOR	20.00		20.00	
SUB-TOTAL			:			580.00

Items total	2,108.38
Add GST @ 7.000 %	147.59
Invoice amount	2,255.97

Issued by : KATHERINETAN 20.12.2017 14:12:06
Repair type : CL80/57/57
Payment Type/Term: /Credit 30 days

WE HEREBY TAKE ALL REASONABLE PRECAUTIONS TO ENSURE THAT THE INFORMATION IS CORRECT. THE COMPANY ACCEPTS NO RESPONSIBILITY FOR LOSS OR DAMAGE TO ANY INFORMATION OR DOCUMENTS OR MATERIALS FOR WHICH THE CUSTOMER IS RESPONSIBLE. CUSTOMERS SHALL RESPECT THE PRIVACY OF ALL INFORMATION AND DOCUMENTS AND MATERIALS FOR WHICH THE CUSTOMER IS RESPONSIBLE. NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS CONCERNING THE INFORMATION WILL BE DEEMED TO HAVE BEEN RECEIVED BY THE COMPANY. IN SUCH CASES, THE COMPANY WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND PAYABLE TO THE COMPANY BY THE CUSTOMER AND NOT PAYABLE TO THE DATE OF PAYMENT OF THE INVOICE. THE CUSTOMER SHALL BE RESPONSIBLE FOR THE PERIOD OF DEFAULT. PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND SIGN THE RECEIPT ON THE BOTTOM OF THE INVOICE. IF THE CUSTOMER DOES NOT HEAR FROM THE COMPANY, THE COMPANY WILL BE AT THE CUSTOMER'S REQUEST AND SIGNING.

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.
8010004	91347205	2,255.97	

Our Ref: CT17120303

Date: 19 December 2017



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	09/12/2017 @ 21:45 hrs
ALONG	PIE TWDS AIRPORT ALONG PAYA LEBAR FLYOVER
INVOLVING	SLM2378L, SJQ1752Z, GY7001L, SHC8447G

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 **SHA2846M** (the "Taxi"). The Taxi was hired to **SEAH SENG HO IC NO S1629237J** 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.

2 HA 28+6 M

[illegible]

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLM2378L	09 Dec 2017 / 21:45:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

Previous

OK

SIA 2846m

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	11/12/2017 08:00
Date Of Accident	09/12/2017 21:45
Exact Location Of Accident	PIE TWDS AIRPORT ALONG PAYA LEBAR FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2846M
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-15072701MFSH
Cover Note Number	

Driver

Name of Driver	LIM CHENG HAI
NRIC No	S1649045H
Date Of Birth	29/02/1964
Occupation	OUTDOOR
Date Of Driving Pass	12/10/1992
Driving Experience	25 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	LIMAHHAI08@GMAIL.COM

Address	752 #02-206 YISHUN STREET 72
Postcode	760752
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	CHAIN COLLISION
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)	2

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	SLM2378L
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ONG ENG HOE
NRIC/Passport Number	S7311684H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT & REAR
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJQ1752Z
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Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage FRT

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GY7001L

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage FRT & REAR

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SHC8447G

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

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. 1

SKETCH PLAN

A: SHA2846M
 B: SLM2378L
 ONG ENG HOLE →
 I/C S7311684H
 C: SSQ1752Z →
 D: GY7001L → [E] [D] [C] [B] [A]
 E: SHC8447G
 COMFORT ← ← ←

PIE TWDS AIRPORT
 ALONG PAYA LEBAR FLYOVER

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached

DECLARATION

I/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)

Reporting Centre Personnel's Signature
 Name:

Sketch Plan Pg. 2

Describe Circumstances of the Accident

On 09 Dec 2017 at about 21:45 hrs I was driving straight on Lane 1 along PIE leading towards the direction of the Airport.

Somewhere along the Paya Lebar Flyover the front car braked abruptly and stopped. I immediately followed suit. Fortunately I was able to brake in time.

However a few seconds later a car SLM2378L came from behind collided onto the Rear Portion of my taxi.

Shortly after I found that there are 05 vehicles(including my taxi) are involved in this Chain Collision Accident.

They are as follow:-

- A) SHA2846M
- B) SLM2378L
- C) SJQ1752Z
- D) GY7001L
- E) SHC8447G(Comfort Taxi)

01 passenger on board my taxi. No injury at the point of the accident.

Declaration

I/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



