

Our Ref : T 1217 / SHD7076U /CL(st)
Your Ref: _____
Date : 29-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 SHD7076U YOUR INSURED SFV2800H
AND OTHER _____ ON 10.12.17

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SHD7076U** 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 **SFV2800H** we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 749.00
2	3.5 days Loss of Rental @ \$ 125.00 per day	\$ 437.50
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	GIA / LTA Search Fees	\$ 5.35
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transporation	\$ -
Sub Total :		\$ 1,191.85

HIRER'S CLAIM

7	3.5 days Loss of Income @ \$ 80.00 per days	\$ 280.00
Total Claims :		\$ 1,471.85

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

- a) Original repair bill and photocopies of photographs : 6 pcs.
b) LTA search slip/s of : SFV2800H
c) GIA / Police report/s of : SHD7076U
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: 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

Yishun
501 Yishun Industrial Park A
Singapore 768732

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONG

i 40 SHD7076U , SFV2800H

ON 10-Dec-17 11:25

TAMPINES AVE 2(TWDS AVE 5) X TAMPINES ST 22

I / We

TOH KAH TEONG

(Hirer) NRIC No.: S1628457B

and/or

(Relief) NRIC No.:

Taxi Number

SHD7076U

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

11-Dec-2017

Name of Hirer
Hirer NRICTOH KAH TEONG
S1628457B

Signature :



Address

636C SENJA ROAD #08-339
673636

Contact No.

94562929

GST REG. NO. M2-8921817-3

TAX INVOICE

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

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

CONTACT NO: 64193000 3225094

VEHICLE NO
SHD7076U

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
15.10.2015

CHASSIS CODE
KMHLB41UMGU078613

INV. NO/DATE
91348109 27.12.2017

JOB NO.
305096866

ODOMETER READING

JOB TYPE

Description : 3P 10.12.2017

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	700.00
Add GST @ 7.000 %	49.00
Total Invoice amount	749.00

Issued by : CHEWBEELENG 27.12.2017 09:36:32
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.

Our Ref: CT17120353

Date: 26 December 2017



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON
ALONG
INVOLVING

10/12/2017 @ 11:25 hrs
TAMPINES AVE 2(TWDS AVE 5) X TAMPINES ST 22
SFV2800H

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 **SHD7076U** (the "Taxi"). The Taxi was hired to **TOH KAH TEONG IC NO S1628457B** 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.

DATE	NAME OF DRIVER	MILEAGE READING				MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		26	7	0	6		FROM	TO
5/12	SHD 70761	210	26	7	0	359	7.30	7.26
6/12		200	26	7	4	405	7.30	2030
7/12		230	26	7	8	426	7.30	2018
8/12		210	26	8	3	438	7.40	2217
9/12		170	26	8	6	331	9.10	2300
10/12	Acc	110	26	8	7	107	9.05	12PM
10/12	Acc	110	26	8	9	183	3.15	2052
10/12/17	Accident					Loyang	2105	—
13/12/17	Repair					TOH KAH PEONG	—	1330

[illegible]

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SFV2800H	10 Dec 2017 / 11:25:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

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

SHD70764

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 14:53
Date Of Accident	10/12/2017 11:25
Exact Location Of Accident	TAMPINES AVE 2(TWDS AVE 5) X TAMPINES ST 22
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7076U
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-1572701MFSH
Cover Note Number	

Driver

Name of Driver	TOH KAH TEONG
NRIC No	S1628457B
Date Of Birth	25/10/1964
Occupation	OUTDOOR
Date Of Driving Pass	30/06/1986
Driving Experience	31 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 636C SENJA ROAD #08-339
Postcode	673636
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?	YES
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHANGKAT NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20171210/2049

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	SFV2800H
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TAY THIAM KWEE
NRIC/Passport Number	S1527470J
Contact Number	90106502
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	TOH KAH TEONG
Approximate Age	53
Injuries Sustain	PAIN TO NECK, RIGHT ARM. RIGHT LEG AND BACK. ON 6 DAYS MC.
Injured person in which vehicle?	SHD7076U
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

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 lodgment 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' lawyers/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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

GENERAL INVESTMENT TRANSPORTATION PTE LTD
CO REG NO 199203321R

Policyholder's Signature
Date & Time:

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

11/12/17
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 11/12/17 BY 11/12/17

DATE 11/12/17 BY 11/12/17

SKETCH PLAN

As per attached.

[Signature]

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to P/Report T/20171210/2540

DECLARATION

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

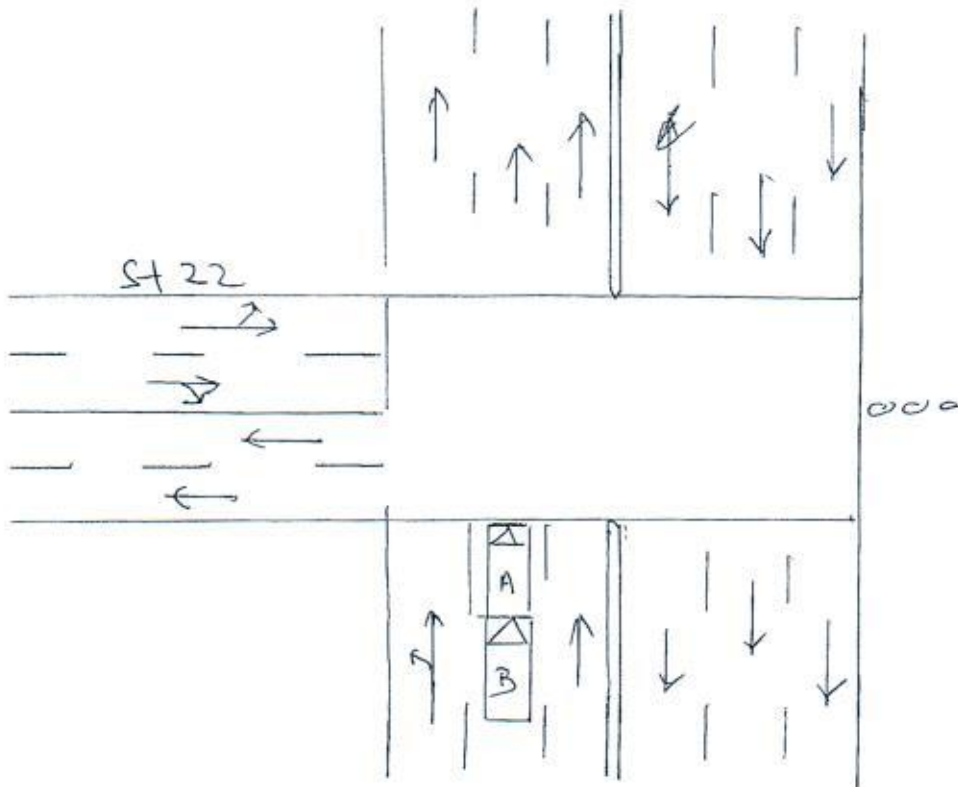
COMFORT TRANSPORTATION PTE LTD.
CORPORATE NO. 192003251R

Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(if driver is not the policyholder)
Date & Time:

11/12/17 *[Signature]*
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Tampines Ave 2



A-SHD-7076-U

B-SFV-2800-H



TOH KAH TEONG

94562929

S1628457B



**SINGAPORE
POLICE FORCE**



T/20171210/2049

1 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20171210/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2017 14:57		Vide Report No.:		Station Diary No.: 16	
Informant's Particulars					
Name of Informant: TOH KAH TEONG			Address: APT BLK 636C SENJA ROAD #08-339 SINGAPORE 673636		
ID Type / ID No.: NRIC NO / S1628457B			Contact No.: Home/Office: Mobile: 94562929		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 25/10/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/12/2017 11:25	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 TAMPINES AVENUE 2 TAMPINES AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFV2800H	Car	KIA	PICANTO 1.1A	Silver		0
SHD7076U	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999



T/20171210/2049

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Report No. T/20171210/2049

CONTINUATION OF REPORT

Driver			
Name	TAY THIAM KWEE		ID No. S1527470J
Related Vehicle	SFV2800H (Car)		Contact No. 90106502
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TOH KAH TEONG		ID No. S1628457B
Related Vehicle	SHD7076U (Car)		Contact No. 94562929
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	10/12/2017	Date Discharge	NIL
No. of Days granted Medical Leave	06	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and location. I was driving my vehicle "SHD7076U" along Tampines Ave 2 toward Tampines Ave 5. When coming near to the T-junction of Tampines Ave 2 and Tampines St 22, the traffic light turned amber. As such I stop my vehicle. Suddenly I felt a impact on the back and I realized one of the vehicle "SFV2800H" had collided into the rear of my vehicle. I am lodging this police report for insurance claim.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999



T/20171210/2049

3 of 3

Report No. T/20171210/2049

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G/

Sgt 2 CHOO WEI CHONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Authentication Stamp
NP168

Signature:

Signature Of Informant:

Date/Time:

10/12/2017 14:57

Classification Of Case:

3N 107

Singapore Police Force

