

Our Ref : T 1217 / SHA1506B /CL(st)
 Your Ref: _____
 Date : 5-Jan-18

CDGE Taxi Claims Dept
 59 Loyang Drive 4th Flr
 Singapore 508969

ComfortDelGro Engineering Pte Ltd
 205 Braddell Road Singapore 579701
 Mainline +65 6393 6280
 Facsimile +65 6280 9755
 www.cdge.com.sg

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

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 758158

Sungei Kadut
 7 Sungei Kadut Way
 Singapore 728791

Yishun
 501 Yishun Industrial Park A
 Singapore 768732

Attn : Motor Claims Department WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHA1506B YOUR INSURED SJP2884A
 AND OTHER _____ ON 25.12.17**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHA1506B 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 SJP2884A we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	486.85
2	<u>3</u> days Loss of Rental @ \$ 125.19 per day	\$	375.57
3	Survey Report Fees <i>(Surveyed by M/s LKK)</i>	\$	-
4	GIA / LTA Search Fees	\$	7.49
5	GIA / Police Report Fees	\$	-
6	Towing / Medical / Transportation	\$	-
Sub Total :		\$	869.91

HIRER'S CLAIM

7	<u>3</u> days Loss of Income @ \$ 80.00 per days	\$	240.00
Total Claims :		\$	1,109.91

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 : SJP2884A
- c) GIA / Police report/s of : SHA1506B
- 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.

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****i 40 SHA1506B , SJP2884A
SLE TWDS WOODLANDS B4 LENTOR AVE EXIT****ON 25-Dec-17 23:20**

I / We

LOY CHEE KWANG KELV... (Hirer) NRIC No.: **S1726122C**

and/or

LOY CHEE CHONG (Relief) NRIC No.: **S1567689B**

Taxi Number

SHA1506B

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-Dec-2017Name of Hirer
Hirer NRIC**LOY CHEE KWANG KELVIN
S1726122C**

Signature :



Address

**254 COMPASSVALE ROAD #09-702
540254**

Contact No.

91701502Name of Relief
Relief NRIC**LOY CHEE CHONG
S1567689B**

Signature :



Address

**506 HOUGANG AVE 8 #11-676
530506**

Contact No.

83880051

GST REG. NO. M2-8921817-3

TAX INVOICE

8010004
 AIG ASIA PACIFIC INSURANCE PTE LTD
 #08-16 78 SHENTON WAY.CHARTIS BUILD
 SINGAPORE SG 079120
 CONTACT NO: 64193000 3225094

VEHICLE NO
 SHA1506B
 MAKE
 HYUNDAI
 MODEL
 IONIQ
 DATE OF REG
 31.01.2017
 CHASSIS CODE
 KMH851CVHU017960
 INV. NO/DATE
 91349353 30.12.2017
 JOB NO.
 305101269
 ODOMETER READING
 DATE/TIME IN
 26.12.2017 09:30

Description : 3P 25.12.2017

S/No	Part No.	Qty	Unit Price	%Disc	Net	
PART REQUISITION						
0001	FNPS	NO PLATE(S)	1	55.00	0.00	55.00
SUB-TOTAL					:	55.00

JOB NATURE						
0001	L	PANEL BEATING	200.00		200.00	
0002	23-502	SPRAYPAINT ON AFFECTED AREA	180.00		180.00	
0003	L	REMOVE/REFIX REVERSE SENSOR	20.00		20.00	
SUB-TOTAL					:	400.00

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.
8010004	91349353	486.85	

Workshops

59 Loyang Drive Singapore 508889
363 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 408649

24 Serangoon Loop Singapore 758156
7 Sungei Kidul Way Singapore 738791
6 Defu Avenue 1 Singapore 536537

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. 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 SHA1506B
INV. NO/DATE 91349353 30.12.2017
MAKE HYUNDAI
JOB NO. 305101269
MODEL IONIQ
ODOMETER READING
DATE OF REG 31.01.2017
DATE/TIME IN 26.12.2017 09:30
CHASSIS CODE KMHC851CVHU017960

Items total		455.00
Add GST @	7.000 %	31.85
Invoice amount		486.85

Issued by : CHEWBEELENG 02.01.2018 15:21:45
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.
8010004	91349353	486.85	

Our Ref: CT17120866

Date: 02 January 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 25/12/2017 @ 23:20 hrs
ALONG SLE TWDS WOODLANDS B4 LENTOR AVE EXIT
INVOLVING SJP2884A

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 **SHA1506B** (the "Taxi"). The Taxi was hired to **LOY CHEE KWANG KELVIN IC NO S1726122C** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.19** 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.

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJP2884A	25 Dec 2017 / 23:20:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

Previous

OK

SHR1506 B

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	26/12/2017 13:25
Date Of Accident	25/12/2017 23:20
Exact Location Of Accident	SLE TWDS WOODLANDS B4 LENTOR AVE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1506B
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	IONIQ HYBRID

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	LOY CHEE CHONG
NRIC No	S1567689B
Date Of Birth	11/04/1962
Occupation	OUTDOOR
Date Of Driving Pass	07/01/1982
Driving Experience	35 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	506 #11-676 HOUGANG AVENUE 8
Postcode	530508
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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
Passenger 1	NAME: : - GENDER: : MALE

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	SJP2884A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH TING WEI
NRIC/Passport Number	S9548504I
Contact Number	82988169
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)



