

Our Ref : T 1217 / SHA4766Y /CL(st)
Your Ref :
Date : 12-Jan-18

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 **SHA4766Y** **YOUR INSURED** **SJV3482M**
AND OTHER **ON 28.12.17**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SHA4766Y** 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 **SJV3482M** we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,187.53
2	2 days Loss of Rental @ \$ 125.00 per day	\$ 250.00
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	GIA / LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation	\$ -
Sub Total :		\$ 1,445.02

HIRER'S CLAIM

7	2 days Loss of Income @ \$ 80.00 per days	\$ 160.00
Total Claims :		\$ 1,605.02

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 : SJV3482M
- c) GIA / Police report/s of : SHA4766Y
- 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)

ON 28-Dec-17 21:15

**ACCIDENT INVOLVING
ALONG****i 40 SHA4766Y , SJV3482M****UPPER SERANGOON RD TWDS HOUGANG NEAR LAMP POST 8611**

I / We

ROSLAN B YUSOFF(Hirer) NRIC No.: **S1416883D**

and/or

MUHD ROSHAIZAD BIN ... (Relief) NRIC No.: **S8208477J**

Taxi Number

SHA4766Y

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-2017Name of Hirer
Hirer NRIC**ROSLAN B YUSOFF
S1416883D**

Signature :



Address

**214 TAMPINES STREET 23 #02-83
520214**

Contact No:

94898774Name of Relief
Relief NRIC**MUHD ROSHAIZAD BIN ROSLAN
S8208477J**

Signature :



Address

**210A PUNGGOL PLACE 08-1214
821210**

Contact No:

91996502

1,187.53

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
SHA4766Y

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
05.03.2015

CHASSIS CODE
KMHLB41UMFU064735

INV. NO/DATE
91350034 05.01.2018

JOB NO.
305102199

ODOMETER READING

DATE/TIME IN
29.12.2017 08:50

Items total		1,109.84
Add GST @	7.000 %	77.69
Invoice amount		1,187.53

Issued by : KATHERINETAN 05.01.2018 14:56:55
Repair type : CISO/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	91350034	1,187.53	

Our Ref: CT17120993



Date: 05 January 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	28/12/2017 @ 21:15 hrs
ALONG	UPPER SERANGOON RD TWDS HOUGANG NEAR
	LAMP POST 8611
INVOLVING	SJV3482M

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 **SHA4766Y** (the "Taxi"). The Taxi was hired to **ROSLAN B YUSOFF IC NO S1416883D** 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.

SHA 4766 Y

MILEAGE READING	MILEAGE TRAVELLED (KM)	NAME OF DRIVER	DATE	MILEAGE READING			HOURS OPERATED (TIME)	
				4	2	4	FROM	TO
422025	4019	Roshan	29/12	4	2	4	0630	0900
422269	243.9	Accident	29-12-17	4	2	4	0850	-
422557	288.2	Darpan	30-12-17	4	2	4	1330	-
422917	360.5							
423317	400							
423705	388.1							
424082	376.7							
424232	149.5							
424429	197.5							
424625	196.1							
424689	63.3							

MILEAGE READING			HOURS OPERATED (TIME)		MILEAGE TRAVELLED (KM)
4	2	4	FROM	TO	
4	2	2	0325	1645	4019
4	2	2	1654	0329	243.9
4	2	2	0615	1450	288.2
4	2	2	1813	0645	360.5
4	2	3	0840	0230	400
4	2	3	0700	0110	388.1
4	2	4	1652	0411	376.7
4	2	4	0850	1545	149.5
4	2	4	1822	0236	197.5
4	2	4	0700	1810	196.1
4	2	4	1833	2045	63.3

12/29/2017

Insurance Particulars Enquiry By Agents Detail

Enquire Vehicle Insurer

Vehicle No. Incident Date/Time

Search Status

Insurance Company Code

Insurance Company Name

SJV3482M 28 Dec 2017 / 21:15:00

Successful

A04

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Previous

OK

SHA4766Y

Thank you



Goh Cheng Chuan Andrew Cornelius has successfully logged out.

Your last login date and time was 29 Dec 2017, 10:35:33.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

<u>S/No.</u>	<u>Asset Type</u>	<u>Asset ID</u>	<u>Asset Owner ID</u>	<u>Transaction Type</u>	<u>Transaction Amount(S\$)</u>	<u>Log Date/Time</u>
1	Vehicle	SJV3482M	-	18.32 Insurance Enquiry (GIRO Payment)	7.49	29 Dec 2017 / 10:40:47

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	29/12/2017 10:58
Date Of Accident	28/12/2017 21:15
Exact Location Of Accident	UPPER SERANGOON RD TWDS HOUGANG NEAR L/P 8611
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4766Y
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	MUHAMMAD ROSHAIZAD BIN ROSLAN
NRIC No	S8208477J
Date Of Birth	16/03/1982
Occupation	OUTDOOR
Date Of Driving Pass	29/12/2009
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	PROJECT@SLAMDESIGN.COM.SG

Address BLK 210A PUNGGOL PLACE #08-1214
 Postcode 821210
 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
 Weather Conditions CLEAR
 Road Surface DRY

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) 4
 Passenger 1

NAME: : -
 GENDER: : FEMALE

Passenger 2

NAME: : -
 GENDER: : FEMALE

Passenger 3

NAME: : -
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] PUNGGOL N.P.C
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO ATTACHED

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 SJV3482M
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver TAN KENG KOK

NRIC/Passport Number

S0188507C

Contact Number

Address

Postcode

Insurance Company Name

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

RIGHT REAR

No. Of Passenger (Including Driver)

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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 192002321R

Policyholder's Signature
Date & Time:

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

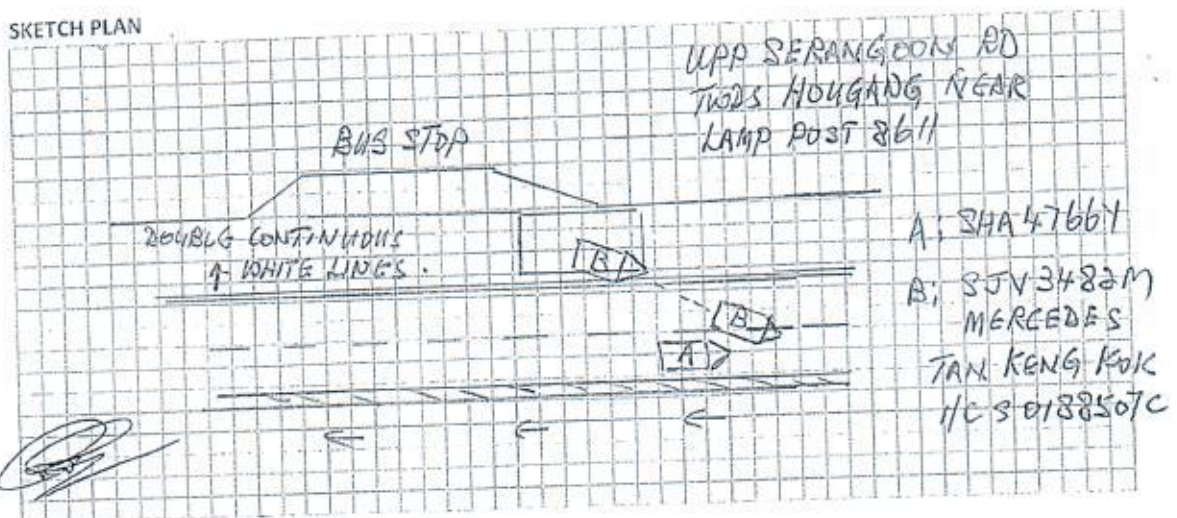
29/12/17
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/MAC Sketch Plan Form_V2



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached.

DECLARATION

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

PRIMA TRANSPORTATION PTE LTD
C.A. REG. NO. 192203321R

Policyholder's Signature
Date & Time:

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

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

SPRINTAC Sketch Plan Form 03

Describe Circumstances of the Incident

On 28 Dec 2017 at about 21:15 hrs I was driving straight on the right lane along Upper Serangoon Rd leading towards the direction of Hougang.

Somewhere near the bus stop suddenly a red Mercedes car SJV3482M coming from my left from the extreme left lane cut across the double continuous white lines towards the right lane. Upon seeing this I immediately honked at the car repeatedly at the same time applied the brakes to avoid a collision but it was too late.

In the process, the right hand side rear of the car hit and grazed the left hand side front of my taxi.

03 passengers(02 female and a male) on board my taxi. No injury at the point of the accident.

Enclosed is a video footage to support my claims.

Declaration

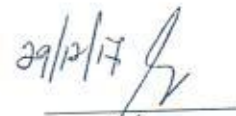
I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO REG NO: 192202321R

Policyholder's Signature/Date &
Time



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



Witnessed by Reporting
Centre Personnel

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Muhammad Roshaid Bin Roslan, NRIC/FIN S8208477J, has reported to the Police a non-injury traffic accident which occurred along Upper Serangoon Road towards Hougang on 28/12/2017 at 2120hrs involving the following vehicles:

1. SHA4766J
2. SJV3482M

- 2 If this accident was reported to the Police within 24 hours of its occurrence, Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt Benny Lim

Date: 28/12/2017

Time: 2225hrs

S/D Ref: 65

Police Post/Unit: Punggol NPC


Punggol NPC
21A Tebing Lane
S (828837)
Tel: 6243 5045

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002

