

Our Ref : T1217/ SHC1160D /WT(st)

Your Ref :

Date : 26-Feb-18

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: 19950048W

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

Yishun Industrial Park A
Singapore 768732

AXA Insurance Pte Ltd

8 Shenton Way

#24-01, AXA Tower

Singapore 068811

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHC1160D YOUR INSURED SKP8083T
AND OTHER _____ ON 30.12.17**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : SHC1160D 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 SKP8083T we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 797.01
2	8 days Loss of Rental @ \$ 125.40 per day	\$ 1,003.20
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	GIA / LTA Search Fee	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation Fees	\$ -
Sub Total :		\$ 1,807.70

HIRER'S CLAIM

7	8 days Loss of Income @ \$ 80.00 per days	\$ 640.00
Total Claims:		\$ 2,447.70

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

- a) Original repair bill and photostat photographs 5 pcs
- b) LTA search slip/s of : SKP8083T
- c) GIA / Police report/s of : SHC1160D
- d) Letter of authority from owner / hirer / operator
 - (X) Photocopy/s of Accident Scene Photo/s () Traffic Compound (X) PIR
 - () Witness statement/s (x) Rental Rate letter (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

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 **TOYOTA PRIUS SHC1160D , SKP8083T** **ON 30-Dec-17 19:30**
ALONG **KILLINEY ROAD IN THE DIRECTION TOWARDS RIVER VALLEY ROAD**

I / We **YEO CHAI POH** (Hirer) NRIC No.: **S7729413I**

and/or **LIM KIAT SIONG** (Relief) NRIC No.: **S7639597G**

Taxi Number **SHC1160D**

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 **31-Dec-2017**

Name of Hirer **YEO CHAI POH**
Hirer NRIC **S7729413I**

Signature :



Address **327 ANG MO KIO AVENUE 3 #09-19...**
560327

Contact No. **94281080**

Name of Relief **LIM KIAT SIONG**
Relief NRIC **S7639597G**

Signature :



Address **987A BUANGKOK GREEN #10-11**
531987

Contact No. **97996649**

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 2

8010010

AXA INSURANCE PTE LTD

#24-01 8 SHENTON WAY AXA TOWER
SINGAPORE SG 068811

CONTACT NO: 63387288

VEHICLE NO
SHC1160D

MAKE
TOYOTA

MODEL
PRIUS HYBRID(G4)

DATE OF REG
06.10.2017

CHASSIS CODE
JTDKB3FU503568953

INV. NO/DATE
91358483 23.02.2018

JOB NO.
305103718

ODOMETER READING

DATE/TIME IN
03.01.2018 10:20

Items total	744.87
Add GST @ 7.000 %	52.14
Invoice amount	797.01

Issued by : CHEWBEELENG 23.02.2018 14:26:47
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.
8010010	91358483	797.01	

Our Ref: CT17121040

Date: 23 February 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	30/12/2017 @ 19:30 hrs
ALONG	KILLINEY ROAD IN THE DIRECTION TOWARDS RIVER VALLEY ROAD
INVOLVING	SKP8083T

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 **SHC1160D** (the "Taxi"). The Taxi was hired to **YEO CHAI POH IC NO S7729413I** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.40** 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
Assistant Manager, Fleet Safety

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

5HC1160D

5HC1160D

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SKP8083T	30 Dec 2017 / 19:30:00	Successful	A12	AXA INSURANCE PTE LTD

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

SHC1160D

Thank you



Goh Cheng Chuan Andrew Cornelius has successfully logged out.

Your last login date and time was 31 Dec 2017, 09:25:48.

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(\$\$)</u>	<u>Log Date/Time</u>
1	Vehicle	SKP8083T	-	18.32 Insurance Enquiry (GIRO Payment)	7.49	31 Dec 2017 / 09:26:08

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	31/12/2017 09:28
Date Of Accident	30/12/2017 19:30
Exact Location Of Accident	KILLINEY RD IN THE DIRECTION TWDS RIVER VALLEY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1160D
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	TOYOTA
Model	PRIUS
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	LIM KIAT SIONG (LIN JIXIANG)
NRIC No	S7639597G
Date Of Birth	30/11/1976
Occupation	INDOOR
Date Of Driving Pass	27/02/1997
Driving Experience	20 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	XENS76@GMAIL.COM

Address	BLK 987A BUANGKOK GREEN#10-11
Postcode	531987
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
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)	1

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 REFER TO ATTACHED / Type Of Accident : 3P REVERSE

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	SKP8083T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	REAR RIGHT
No. Of Passenger (Including Driver)	

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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. 199203321R

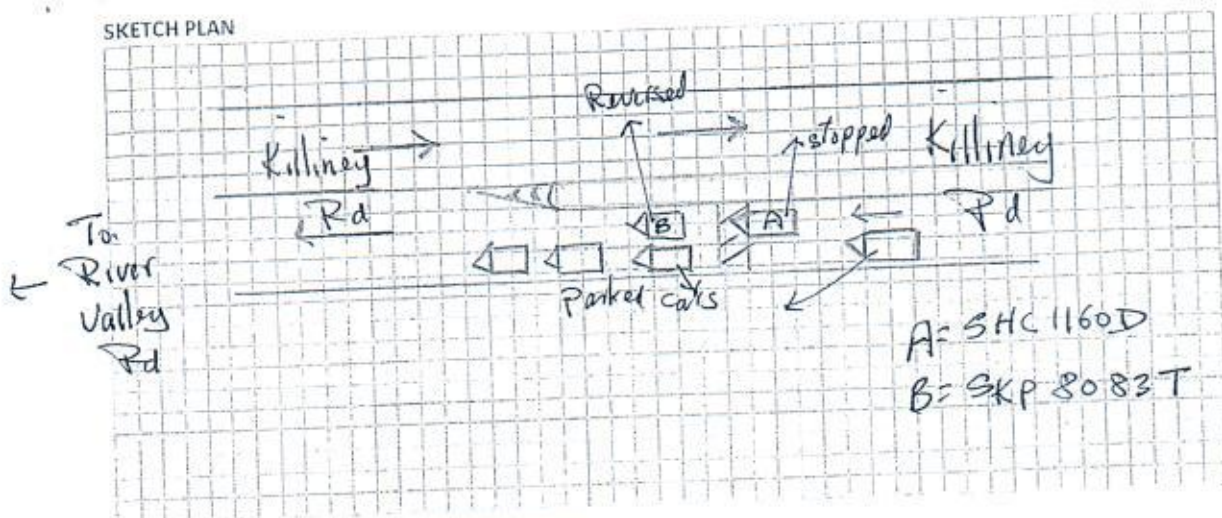
Policyholder's Signature
Date & Time:

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

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

31/12/17 0846

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As attached

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG NO 192203321R

Policyholder's Signature
Date & Time:

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

Lim Ee Soon
CSO

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

