

Our Ref : T 0118 / SH 9260P /WT(st)  
Your Ref :  
Date : 12-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: 199506048W

CHINA INSURANCE CO LTD  
3 ANSON ROAD  
#16-00 SPRINGLEAF TOWER  
SINGAPORE 079909

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI SH 9260P YOUR INSURED GBC 909P  
AND OTHER ON 06.01.18

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SH 9260P 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 GBC 909P we are submitting these claims for your consideration on behalf of the claimants.

## TAXI OWNER'S CLAIM

- 1 Cost of Repair
- 2 5 days Loss of Rental @ \$ 129.28 per day
- 3 Survey Report Fees (Surveyed by M/s LKK)
- 4 LTA Search Fees
- 5 GIA / Police Report Fees
- 6 Towing / Medical / Transportation Fees

\$	2,568.00
\$	646.40
\$	-
\$	7.49
\$	-
\$	-
<b>Sub Total :</b>	<b>\$ 3,221.89</b>

## HIRER'S CLAIM

- 7 5 days Loss of Income @ \$ 80.00 per days

\$	400.00
<b>Total Claims :</b>	<b>\$ 3,621.89</b>

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

- a) Original repair bill and photostat photographs : 9 pcs.
- b) LTA search slip/s of : GBC 909P
- c) GIA / Police report/s of : SH 9260P
- d) Letter of authority from owner / hirer / operator
  - ( ) Traffic Compound ( ) Towing/Medical bill/receipts ( ) Certificate of Insurance
  - ( X ) Photograph/s of Accident Scen ( x ) Downtime/Mileage record ( x ) Rental Rate letter

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  
ALONG****I 40 SH9260P , GBC909P****ON 06-Jan-18 00:00****BLK 669A MULTI-STOREY CAR PARK AT DECK 3  
OFF CHOA CHU KANG CRESCENT**

I / We

**ABDUL GHANI BIN BUJ...** (Hirer) NRIC No.: **S1803532D**

and/or

(Relief) NRIC No.:

Taxi Number

**SH9260P**

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

**08-Jan-2018**Name of Hirer  
Hirer NRIC**ABDUL GHANI BIN BUJANG  
S1803532D**

Signature :



Address

**673 CHOA CHU KANG CRESCENT #0...  
680673**

Contact No.

**81269648**

GST REG. NO. M2-8921817-3

## TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO(S) PTE L  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO  
SH 9260P

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
10.07.2014

CHASSIS CODE  
KMHLEB41UMEU056093

INV. NO/DATE  
91354444 30.01.2018

JOB NO.  
305105077

ODOMETER READING

JOB TYPE

Description : 3P 06.01.2018

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt.	2,400.00
Add GST @ 7.000 %	168.00
<b>Total Invoice amount.</b>	<b>2,568.00</b>

Issued by : KATHERINETAN 30.01.2018 10:03:02  
Repair Type : CLSO/57/57  
Payment Type/Term : /Credit 30 days

1) WHILE TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR DAMAGE OR LOSS OF OTHER VEHICLES ALLOWING TO CUSTOMERS AND DRIVERS WHO HAVE BEEN ADVISED OF THE RISK.

2) CUSTOMERS SHALL SURRENDER THEIR VEHICLE IMMEDIATELY UPON RECEIPT OF THE INVOICE AND SHALL WITHIN 7 DAYS FOLLOWING DELIVERY OF NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS OTHERWISE, THE VEHICLE WILL BE CONSIDERED TO HAVE BEEN ACCEPTED IN GOOD ORDER.

3) INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT OR AFTER 10 DAYS FROM THE INVOICE DATE.

4) PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 10 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

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: CT18010188

Date: 18 January 2018



## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	06/01/2018 @ 00:05 hrs
ALONG	BLK 669A MULTI-STOREY CAR PARK AT DECK 3 OFF
	CHOA CHU KANG CRESCENT
INVOLVING	GBC909P

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 **SH9260P** (the "Taxi"). The Taxi was hired to **ABDUL GHANI BIN BUJANG IC NO S1803532D** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$129.28** 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.

[illegible][illegible]

1/8/2018

**Enquire Vehicle Insurer**

**Vehicle No. Incident Date/Time Search Status Insurance Company Code Insurance Company Name**

GBC909P 06 Jan 2018 / 00:05:00 Successful C01

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous

OK

SH9260P

# Thank you



Goh Cheng Chuan Andrew Cornelius has successfully logged out.

Your last login date and time was 08 Jan 2018, 14:52:41.

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	GBC909P	-	18.32 Insurance Enquiry (GIRO Payment)	7.49	08 Jan 2018 / 14:53:21

## 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 08/01/2018 14:43  
 Date Of Accident 06/01/2018 00:05  
 Exact Location Of Accident BLK 669A MULTI-STOREY CAR PARK AT DECK 3  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SH9260P  
**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 HYOSUNG  
 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-18088936MFSH  
 Cover Note Number

### Driver

Name of Driver ABDUL GHANI BIN BUJANG  
 NRIC No S1803532D  
 Date Of Birth 18/02/1967  
 Occupation OUTDOOR  
 Date Of Driving Pass 02/10/1996  
 Driving Experience 21 YEARS AND 3 MONTHS  
 Gender MALE  
 Mobile Number  
 Fax Number  
 Contact Number  
 EMail Address GHANIPC@HOTMAIL.COM

Address BLK 673 CHOA CHU KANG CRESCENT #03-383  
 Postcode 680673  
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED  
 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) 0

#### Details of Police Action

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

#### Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180107/2078

#### 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 GBC909P  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
 Nature Of Damage RIGHT FRT  
 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  
CC REG NO. 199303821R

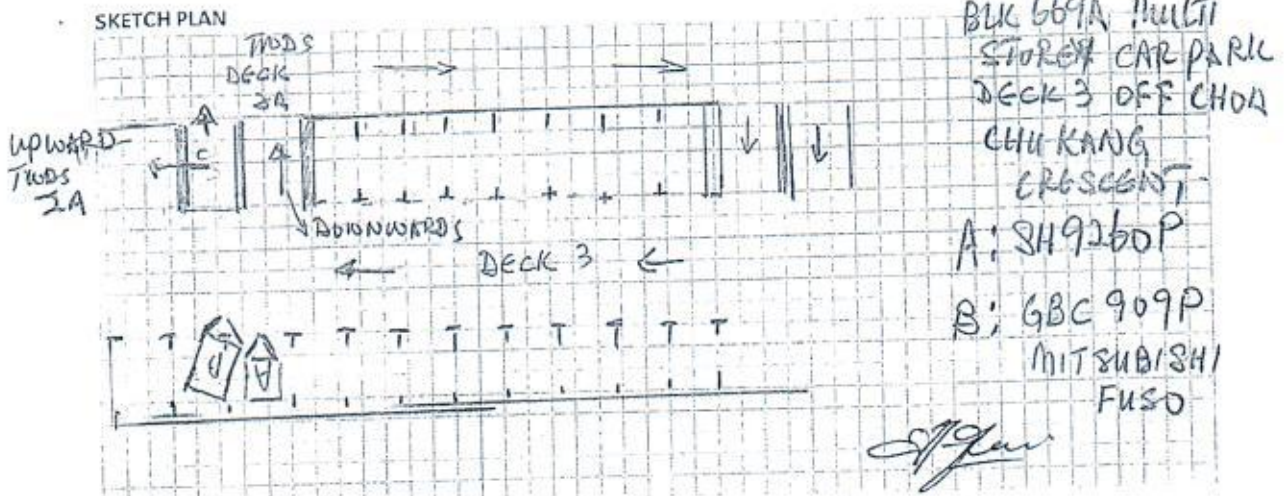
Policyholder's Signature  
Date & Time:

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

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

08/01/18

# Sketch Plan Pg. 2



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report # T/20180107/2078

### 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:

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



**SINGAPORE  
POLICE FORCE**



T/20180107/2078

3 of 3

Report No. T/20180107/2078

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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:

J /  
Sgt 3 SITI AMINAH BINTE MOHD  
JAMALUDDIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
SSI 2 SOH PENG GUAN  
Contact No.: 65476171

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
07/01/2018 19:04

Classification Of Case:

