

Our Ref : T 0118 / SHC8436M /CL(st)
Your Ref: _____
Date : 22-Jan-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

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

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 **SHC8436M** **YOUR INSURED** **SLM7071M**
AND OTHER **ON 12.01.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SHC8436M** 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 **SLM7071M** we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,515.25
2	5 days Loss of Rental @ \$ 125.00 per day	\$ 625.00
3	Survey Report Fees	\$ -
4	GIA / LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transporation	\$ -
Sub Total :		\$ 2,147.74

HIRER'S CLAIM

7	5 days Loss of Income @ \$ 80.00 per days	\$ 400.00
Total Claims :		\$ 2,547.74

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

- a) Original repair bill and photocopies of photographs : 9 pcs.
b) LTA search slip/s of : SLM7071M
c) GIA / Police report/s of : SHC8436M
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.

A member of

COMFORTDELGRO



LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONGi 40 SHC8436M , SLM7071M
HILLVIEW AVE BEFORE BT BATOK AVE 4

ON 12-Jan-18 09:00

I / We

WILSON MAK

(Hirer) NRIC No.: S7213350A

and/or

(Relief) NRIC No.:

Taxi Number

SHC8436M

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

12-Jan-2018

Name of Hirer
Hirer NRICWILSON MAK
S7213350A

Signature :



Address

538 JELAPANG ROAD #22-24
670538

Contact No.

97696644

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHO No.
8010004	91352258	1,515.25	

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
SHC8436M

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
19.11.2015

CHASSIS CODE
KMHLB41UMGU080555

INV. NO/DATE
91352258 18.01.2018

JOB NO.
305106379

ODOMETER READING

DATE/TIME IN
12.01.2018 10:55

Items total	1,416.12
Add GST @ 7.000 %	99.13
Invoice amount	1,515.25

Issued by : CHEWBEELENG 18.01.2018 11:40:06
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	91352258	1,515.25	

Our Ref: CT18010326

Date: 18 January 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	12/01/2018 @ 09:00 hrs
ALONG	HILLVIEW AVE BEFORE BT BATOK AVE 4
INVOLVING	SLM7071M

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 **SHC8436M** (the "Taxi"). The Taxi was hired to **WILSON MAK IC NO S7213350A** 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.

SHC8436M

DATE	NAME OF DRIVER	MILEAGE READING					MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
								FROM	TO
8/1/2018	Law	380	01	31			249	1300	2205
9/1/2018	Wilson M	380	33	5			204	0345	1215
9/1/2018	Law	380	60	2			267	1300	2245
10/1/2018	Wilson M	380	85	7			255	0345	1215
10/1/2018	Law	380	110	4			247	1300	2245
11/1/2018	Wilson M	380	135	2			258	0345	1353
11/1/2018	Law	380	161	8			256	1400	2305
12/1/2018	Wilson M	380	184	2			224	0345	1100
12/1	Accident						5	1055	—
16/1	rep air		m				Cut	—	1230

DATE	NAME OF DRIVER
22/7/17	Law
23/7/2017	Wilson M
23/7/17	Law
24/7/2017	Wilson M
24/7/2017	Law
25/7/2017	Wilson M
25/7/2017	Law
26/7/2017	Wilson M
26/7/2017	Law
27/7/2017	Wilson M
27/7/2017	Law

22/7/17

1/12/2018

Enquire Vehicle Insurer

Vehicle No. Incident Date/Time

Search Status

Insurance Company Code

Insurance Company Name

SLM7071M 12 Jan 2018 / 09:00:00

Successful

A04

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Previous

OK

SHC8436M

Thank you



Goh Cheng Chuan Andrew Cornelius has successfully logged out.

Your last login date and time was 12 Jan 2018, 11:53:22.

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	SLM7071M -		18.32 Insurance Enquiry (GIRO Payment)	7.49	12 Jan 2018 / 11:53:48

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	12/01/2018 11:56
Date Of Accident	12/01/2018 09:00
Exact Location Of Accident	HILLVIEW AVE BEFORE BT BATOK AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8436M
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-18088936MFSH
Cover Note Number	

Driver

Name of Driver	WILSON MAK
NRIC No	S7213350A
Date Of Birth	17/04/1972
Occupation	OUTDOOR
Date Of Driving Pass	22/08/1998
Driving Experience	19 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	KRAKENARMS@GMAIL.COM

Address	BLK 538 JELAPANG ROAD #22-24
Postcode	670538
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	DRIZZLING
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

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	SLM7071M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	FRT RIGHT



