



	T 0118 / SHA2986S /	CL(st)			
Our Ref : Your Ref:	12-Feb-18		CDGE Taxi Claims Dept	ComfortDelGro 205 Braddell Ro	Engineering Pte Ltd ad Singapore 579701
Date :	-	CF LTD	59 Loyang Drive 4th Floo	110	sinline +65 6383 6280 simille +65 6280 9755
AIG ASIA PA	ACIFIC INSURANCE PT	EL	Singapore 508969		www.cdge.com.sg
CHARTIS B	uliding			Company	Registration No. 199506046W
78 Shenton V					Workshops
#07-16					Braddell 205 Braddell Road Singapore 579701
Singapore 07	/9120	WITHOUT	PREJUDICE		Loyang
	or Claims Department				59 Loyang Drive Singapore 508969
Dear Sir	INVOLVING OUR TAXI	SHA2986S	OUR INSURED SKS6	934K	Sin Ming 383 Sin Ming Drive Singapore 575717
AND OTHE	R		ON 21.01.18	e owner of moto	r Pandan
We are the a	authorised repair workshop	for Comfort I	ransportation resident with	your insured ve	hicle ingapore 609286
Vahiola No	authorised repair workshop SHA2986S which was owner and the taxi driver of their claims against the pro-		and authoriz	ed us to assist i	them Ubi 320 Ubi Road 3 Singapore 408649
in presenting	their claims against the pa	arty responsib	le for all applicable man		Senoro
the damage	to the venicle.	u test of w	our insured driving SKS	6934K	24 Senoko Loop Singapore 758156
As the accid	dent was caused by the neg mitting these claim for your	consideration	on behalf of the claiman		Sungei Kadut 7 Sungei Kadut Way Singapore 728791
TAXLOWN	ER'S CLAIM		\$	695.50	Yishun
1 Cost		¢ 120.28	per day \$	387.84 50	1 Yishun Industrial Park A Singapore 768732
2 3	days Loss of Rental @	by M/s I Kh	\$	-	Dings Pro
3 Surv	rey Report Fees (Surveye	a by Mis Litt	\$ \$ \$ \$	7.49	
4 GIA	/ LTA Search Fees		\$		
5 GIA	/ Police Report Fees	n		-	
6 Tow	ing / Medical / Transporation)(1	Sub Total : \$	1,090.83	
HIRER'S	CLAIM	@ \$ 80 00	per days \$	240.00	
7	a days Loss of Income		Total Claims	1,330.83	
We enclos	sed herewith the following of	ocuments to s	support the claims: -	10 pcs	4
a) Orig	ginal repair bill and photoco	DICO OF PITT			
b) LT/	A search slip/s of :	311000	One		
\ C1/	/ Police report/s of :	SHA29			
d) Let	ter of authority from owner	/ hirer / operat	tor		
u) Let) Photograph/s of Accident S	Scene	() Continuous	ice	
		(X) DOWN	ime/Mileage record		
(k into the matter and let us	hear from you	on the settlement of the	e said claims as	
soon as	JOGGIDIO.	101 4	reached that it shall be	without prejudice	9
Please no to any pe	ote that it is a condition of a ersonal injury claim (if any)	of the taxi driv	er.		

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 | i 40 SHA2986S , SKS6934K , UNKNOWN ECP TWDS AIRPORT B4 MARINE VISTA EXIT

ON 21-Jan-18 14:35

ALONG

(Hirer) NRIC No.: 50279910C

I/We

(Relief) NRIC No.:

and/or

Taxi Number

SHA29865

TAN PHUAY HONG

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

22-Jan-2018

Name of Hirer

TAN PHUAY HONG

Hirer NRIC

S0279910C

Signature :

and we

Address

210 SERANGOON CENTRAL #02-262

550210

Contact No.

96375371



A member of COMFORTDELGRO

TAX INVOICE

Workshoos 59 Loyang Drive Singspore 508969 383 Sin Ming Drive Singapore 575717 45 Pandan Road Singapore 509268

ComfortDelGro Engineering Pte Ltd

COMPANY REG. NO.: 199506048W

Page: 1

GST REG. NO. M2-8921817-3

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

#08-16 78 SHENTON WAY.CHARTIS BUILD SINGAPORE 079120

CONTACT NO: 64193000

3225094

VEHCLE NO SHA2986S

INV. NO/DATE 91354516 30.01.2018

MAKE HYUNDAI JOB NO. 305109204

MODEL I - 40

ODOMETER READING

DATE OF REG 29.03.2014

CHASSIS CODE KMHLB41UMEU052352

JOB TYPE

Description: 3P 21.01.18

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt 7.000 % Add GST @

Total Invoice amount

695.50

CHEWBEELENG 30.01.2018 11:50:53

Issued by : CHEWBEELENG 30.0 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
			Y
			<u> </u>

Our Ref: CT18010625

Date: 29 January 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

21/01/2018 @ 14:35 hrs

ALONG

ECP > CHANGHI AI4RPORT B4 MARIN3E VISTA EXIT

SKS6934K, UNKNOWN INVOLVING

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 SHA2986S (the "Taxi"). The Taxi was hired to TAN PHUAY HONG IC NO S0279910C 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.

= 5				
CU I		FROM	TO	
DATE NAME OF DRIVER	5-9 (KNN)	2000	130	
1	100000	1.10	1000	
16-01-18	10	07.15	16.13	
.18 p-11 1on	7 0 0 7	0	as a.	
1 10-11	0.27 250	0/0	10/	
	- 1	07.00	20.02	
10 0-14 la	1/	3 45	1001	
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	2007	07:50	14-21	
21-11-18 12-11 Tan	- 1	8	05 60	
+	160921120	0/1-	11/2	
22-01-18 F-17-1am		0415		
12 Academy	N. C.	1	133	
17				

Costata

54A 29865

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

SKS6934K 21 Jan 2018 / 14:35:00 Successful

A04

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Previous

OK





Goh Cheng Chuan Andrew Cornelius has successfully logged out. Your last login date and time was 22 Jan 2018, 12:01:27. To return to ONE.MOTORING, please click here For security reasons, please <u>CLEAR YOUR CACHE</u> after each session.

Session Transaction History

Session Tran	saction Hist		20	Transaction	Log Date/Time
S/No.Asset Ty	pe Asset ID	Owner ID		Amount(S\$)	22 Jan 2018 /
1 Vehicle	SKS6934K	Clean-en-a	18.32 Insurance Enquiry (GIRO Payment)	7,49	12:02:04



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 - 17:00

UEN: 556550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: SHA2986S _Vehicle Registration No: __ MCD618010395-01 Original Report No :_ NRIC/FIN/Passport No : S0279910 TAN PHUAY HONG Name(as shownin NRIC): __ (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Singapore(Address Mobile No.:____ Contact (Tel) **Email Address** 1435 21.1.2018 _Time of Accident : Date of Accident ECP > CHANGI AIRPORT B4 MARINE VISTA EXIT Place of Accident First Capital Insurance Ltd Insurance Company: (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: VIDEO FOOTAGE - YES Reporting Centre Personnel's Signature

Policyholder / Driver's Signature

Date: 25.1.2018 NRIC/FINNO.: MDM FOO

Date:

25.1..2018

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.
- Any false reporting may be referred to the Police for investigation.
- 6. This 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 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

 By the lodgement of this report to the insurers, you hereby consistences. 	ent to the archiving of this report at the centre and to copies of the report being more a second
	ACCIDENT STATEMENT
Date Of Report	22/01/2018 11:45
Date Of Accident	21/01/2018 14:35
Exact Location Of Accident	ECP > CHANGI AIRPORT B4 MARINE VISTA EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHA2986S
nsured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	140
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
nsurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH

Cover Note Number Driver

TAN PHUAY HONG Name of Driver

S0279910C NRIC No. 06/09/1949 Date Of Birth OUTDOOR Occupation 15/01/1970 Date Of Driving Pass

48 YEARS AND 0 MONTHS **Driving Experience**

MALE Gender

Mobile Number Fax Number Contact Number

NOEMAIL **EMail Address**

Address

210 SERANGOON CENTRAL # 02-282

Postcode

S550210

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - TAXI DRIVER

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR DRY

NO

Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Vas any injured conveyed to hospital by

ambulance?

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

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 SEE ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES

'Vas 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

SKS6934K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT RHT & LEFT FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

UNKNOWN

Page 2 of 19

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to This Form must be completed by the Policyholder and/or the Authorised Driver.
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- 6. This 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 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

foresaid.	ACCIDENT STATEMENT
An analysis was a second	22/01/2018 11:45
Date Of Report	21/01/2018 14:35
Date Of Accident	ECP > CHANGI AIRPORT B4 MARINE VISTA EXIT
Exact Location Of Accident	SINGAPORE
Country/State of Loss	DETAILS OF OWN VEHICLE

Country/State of Loss	DETAILS OF OWN VEHICLE
	SHA2986S

Vehicle Registration Number

Insured/Policyholder

COMFORT TRANSPORTATION PTE LTD Name Of Registered Owner

199303821R

Co Reg No FLEETSAFETY@CDGETAXI.COM.SG **Email Address**

Mobile Phone No

OFFICE-65508768 Alternative Phone No

Vehicle Particulars

HYUNDAL Manufacturer 140 Model

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?

THIRD PARTY

If No, Please state action to be taken TAXI Vehicle Category

Insurance Company MS FIRST CAPITAL INSURANCE LTD Name of Insurance Company THIRD PARTY FIRE AND/OR THEFT

Type Of Coverage YES

Fleet Policy D-18088936MFSH Policy Number

Cover Note Number

Driver

TAN PHUAY HONG Name of Driver

S0279910C NRIC No 06/09/1949 Date Of Birth OUTDOOR Occupation 15/01/1970

Date Of Driving Pass 48 YEARS AND 0 MONTHS

Driving Experience MALE

Mobile Number Fax Number

Contact Number

NOEMAIL EMail Address

Address

210 SERANGOON CENTRAL # 02-282

S550210

Postcode

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

- 1

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?
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 SEE ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKS6934K

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT RHT & LEFT FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Page 2 of 17

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

REAR

Sketch Plan Pg. 1

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- 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.
- 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:
 - 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")
- 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.

OMFORT TRANSPORTATION PTE LID CO. REG. NO. 19920321R

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.:

Sketch Plan Pg. 2

SKETCH PLAN	THE REPORT OF THE PERSON OF THE	
	FCP TWE	DS AIRPORT
	0 0 00	
	DIF ITIAKI	06 1/87A EXT
		
A: SHA 29865		
B: 8KS 6934K	++++++++++	
KIA		
		1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
C. UNKNOWN		aule
CAR	III D	1 C P OZ
ESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
		4
	As per attacher	7.
	113 /-1	
	4.3.1.	
VALUE OF THE PARTY		
Well of the second		
	All Control of the Co	
	THE PERSON NAMED IN COLUMN 2 I	
DECLARATION		
/We declare the foregoing particular	s are true in every respect.	N 1 1
		22/01/18:
CO REG NO 199303	N PTE LID Abullel	201011
		Reporting Centre Perganel's Signature
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Name:
rece of families	Data & Times	AIDIC (EIN) Ne.

Sketch Plan Pg. 3

On 21 Jan 2018 at about 14:35 hrs I was driving straight on Lane 2 along ECP leading towards

Describe Circumstances of the Accident

Policyholder's Signature/Date &

Time

he direction of the Airport at a cruising speed of about 80 km/ph.
Somewhere before the Marine Vista exit suddenly I felt and impact coming from the right
nand side of by taxi followed by a jerk. Shortly after I stopped my taxi and stepped out to
theck. Found that a red Kia car SKS6934K had collided onto the rear of the unknown car on
ane 1. A split second later the car veered to its left into lane 2. As a result of this, the left
hand side front of the car hit and grazed the right hand side front towards the right hand side
rear including the right hand side rear wheel of my taxi thus damaging them in the process.
No passenger on board my taxi. No injury at the point of the accident.
Declaration
/We declare the foregoing particulars are true in every respect.
OMFORT TRANSPORTATION PTE LTD

Driver's Signature(if driver is not the policyholder)/Date

& Time

Witnessed by Reporting

Centre Personnel



























