

Our Ref : CC18010992 / SHC 866H/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

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

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 SHC 866H YOUR INSURED SKX2064X
AND OTHER SLP 745H ON 31.01.18

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : SHC 866H 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 : SKX2064X we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 5,296.50
2	<u>5.5</u> days Loss of Rental @ \$ 167.80 per day	\$ 922.90
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transporation Fees	\$ -
Sub Total :		\$ 6,226.89

HIRER'S CLAIM

7	<u>5.5</u> days Loss of Income @ \$ 80.00 per days	\$ 440.00
Total Claims :		\$ 6,666.89

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

- a) Original repair bill and photostat photographs : 8 pcs.
- b) LTA search slip/s of : SKX2064X
- c) GIA / Police report/s of : SHC 866H
- d) Letter of authority from owner / hirer / operator
- (X) Photocopies of Accident Scene Photos () Certificate of Insurance
- () Witness statement/s (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.

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONG**MERCEDES E220 SHC866H , SKX2064X , SLP7... ON 31-Jan-18 20:40
ALONG PIE TOWARD CHANGI AIRPORT BEFORE EUNOS EXIT**

I / We

MUHAMMAD SALEEM S/O ... (Hirer) NRIC No.: **S8623461J**

and/or

(Relief) NRIC No.:

Taxi Number

SHC866H

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

01-Feb-2018

Name of Hirer

MUHAMMAD SALEEM S/O M.H.P

Hirer NRIC

S8623461J

Signature :

Address

**761 WOODLAND AVENUE 6 #04-98
730761**

Contact No.

87486708

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
SHC 866H

MAKE
MERCEDES BENZ

MODEL
E220CDI(E5)

DATE OF REG
13.05.2013

CHASSIS CODE
WDD2120022A732740

INV. NO/DATE
91356216 07.02.2018

JOB NO.
305113008

ODOMETER READING

JOB TYPE

Description : 3P 31.01.2018

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	4,950.00
Add GST @ 7.000 %	346.50
Total Invoice amount	5,296.50

Issued by : CHEWBEELENG 07.02.2018 15:48:33
Repair Type : CFSO/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.

Our Ref: CC18010992



Date: 07 February 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	31/01/2018 @ 20:40 hrs
ALONG	ALONG PIE TOWARD CHANGI AIRPORT B4 EUNOS EXIT
INVOLVING	SKX2064X, SLP745H

We refer to the above-mentioned accident and wish to inform that **CityCab Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHC0866H** (the "Taxi"). The Taxi was hired to **MUHAMMAD SALEEM S/O M.H.P IC NO S8623461J** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$167.80** per day (inclusive of GST).

Please be advised that the Taxi was insured with **MS 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.

[illegible][illegible]

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

SKX2064X 31 Jan 2018 / 20:40:00 Successful C01

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

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



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 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	02/02/2018 08:30
Date Of Accident	31/01/2018 20:40
Exact Location Of Accident	ALONG PIE TOWARD CHANGI AIRPORT B4 EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC866H
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E220

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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SALEEM S/O M.H.P
NRIC No	S8623461J
Date Of Birth	24/07/1986
Occupation	OUTDOOR
Date Of Driving Pass	17/03/2011
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	BOBOY_ACE86@HOTMAIL.SG

Address	BLK 761 WOODLAND AVENUE 6 #04-98
Postcode	730761
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20180201/2103

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	SKX2064X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO BOON CHONG
NRIC/Passport Number	S7317449Z
Contact Number	93828825

Address

Postcode

Insurance Company Name

Nature Of Damage FRONT AND REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLP745H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

RAMASAMY MURUGANANTHAM

NRIC/Passport Number

S2207760J

Contact Number

81139441

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD SALEEM S/O M.H.P

Approximate Age

Injuries Sustain

NECK, SHOULDER LOWER BACK & BODY

Injured person in which vehicle?

SHC866H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.

CITYCAB PTE LTD
CO. REG. NO. 199502839C

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

A = SMC 866H
 B = GEX 2064X
 C = SLP 745H

RTF towards
 Changi Airport
 before Eunos
 Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref to T/20180201/2103

DECLARATION

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

CITYCAB PTE LTD
 CO. REG. NO. 199502839G

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.:

COMPACT (Vehicle Insurance) 201



**SINGAPORE
POLICE FORCE**



T/20180201/2103

1 of 4

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20180201/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2018 15:09	Vide Report No.:	Station Diary No.: 101
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Informant's Particulars

Name of Informant: MUHAMMAD SALEEM S/O MOHAMED HAROON RASHEED			Address: APT BLK 662 HOUGANG AVE 4 #05-405 SINGAPORE 530662		
ID Type / ID No.: NRIC NO / S8623461J			Contact No.: Home/Office: Mobile: 87486708		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 24/07/1986	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/01/2018 20:40	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE towards Changi Airport before Eunos Exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC866H	Taxi	MERCEDES BENZ	E 220 CDI BLUEEFFICI ENCY	White	Slightly Damaged	1
SKX2064X	Car	BMW	730LI AT ABS D/AB 2WD 4DR NAV HID SR	Black	Slightly Damaged	1
SLP745H	Car	TOYOTA	PRIUS HYBRID 1.8	Silver	Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20180201/2103

2 of 4

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20180201/2103

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD SALEEM S/O MOHAMED HAROON RASHEED	ID No.	S8623461J
Related Vehicle	SHC866H (Taxi)	Contact No.	87486708
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	01/02/2018	Date Discharge	01/02/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	HO BOON CHONG	ID No.	S7317449Z
Related Vehicle	SKX2064X (Car)	Contact No.	93828825
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	RAMASAMY MURUGANANTHAM	ID No.	S2207760J
Related Vehicle	SLP745H (Car)	Contact No.	81139441
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I was travelling on PIE towards Airport road. Just before Eunos exit, due to the slow traffic, the vehicle that was in front of mine slowed down and came to stop. I followed suit, slowed down and stopped. Suddenly, I felt an impact from the rear of my vehicle. I realized that I was involved in a chain collision. The vehicle that was behind of mine (SKX2064X) collided onto the rear of my vehicle due to the impact caused from the vehicle behind of his (SLP745P).

I felt pain on my neck, shoulder and lower back portion of my body. As such I went to Mount Alvernia Hospital and was given 5 days of medical certificate.



**SINGAPORE
POLICE FORCE**



T/20180201/2103

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20180201/2103

CONTINUATION OF REPORT

100 100



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20180201/2103

4 of 4

Report No. T/20180201/2103

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: E / Sgt 2 MOHAMAD FAIZAL BIN HASHIM TOH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/02/2018 15:09
Officer In Charge Of Case: TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325	Classification Of Case:
 SINGAPORE POLICE FORCE Authorization Stamp NP168	SN 061

