



LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****i 40 SHC346S , SJL3303A
UNITED SQ DRIVEWAY TWDS THOMSON RD****ON 01-Feb-18 13:25**

I / We

NOR AKASHA BIN ABDU... (Hirer) NRIC No.: **S8541601D**

and/or

(Relief) NRIC No.:

Taxi Number

SHC346S

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

NOR AKASHA BIN ABDUL RAHMAN

Hirer NRIC

S8541601D

Signature :



Address

**218C BOON LAY AVE #09-289
643218**

Contact No.

92429985

GST REG. NO. M2-8921817-3

TAX INVOICE

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

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

CONTACT NO: 64193000 3225094

VEHICLE NO
SHC 346S

MAKE
HYUNDAI

MODEL
i-40

DATE OF REG
31.10.2013

CHASSIS CODE
KMHLB41UMDU042168

INV. NO/DATE
91356371 08.02.2018

JOB NO.
305112762

ODOMETER READING

JOB TYPE

Description : 3P 01.02.18

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt.	2,350.00
Add GST @ 7.000 %	164.50
Total Invoice amount.	2,514.50

Issued by : KATHERINETAN 08.02.2018 15:02:52
Repair Type : CFSO/57/57
Payment Type/Term : /Credit 30 days

WE HEREBY TAKING ALL RESPONSIBILITY FOR ANYTHING ARISING FROM THE USE OF ANY VEHICLE, INCLUDING THE VEHICLE, AND THE COMPANY'S LIABILITY FOR RESPONSIBILITY FOR ANY LOSS OR OTHER INCIDENTS INCLUDING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND PARKED AT OWNERS RISK. CUSTOMERS SHALL NOT BE RESPONSIBLE FOR ANY DAMAGE TO THE VEHICLE OR TO THE COMPANY'S PROPERTY OR TO THE COMPANY'S REPUTATION. NOTICE IS GIVEN TO THE COMPANY OF ANY COMPLAINTS, OTHERWISE THE VEHICLE WILL BE HELD TO HAVE BEEN ACCEPTED BY THE CUSTOMER. INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE WHICH REMAINS UNPAID TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE BUSINESS DAY OF PAYMENT. IF AFTER 30 DAYS FROM THE PRODUCTION OF THE PERIOD OF DEFECT. PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 15 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND UNDISPUTED.

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: CC18020013



Date: 08 February 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 01/02/2018 @ 13:25 hrs
ALONG UNITED SQ DRIVEWAY TWDS THOMSON RD
INVOLVING SJL3303A

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 **SHC0346S** (the "Taxi"). The Taxi was hired to **NOR AKASHA BIN ABDUL RAHMAN IC NO S8541601D** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$117.28** 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.

规则

与在换班前将里数记录在簿上。记录里数时，后的数字。

撕掉记录簿内的任何页数。

局官理局官员随时检查。

好報告。

簧的工友，采取纪律行动。

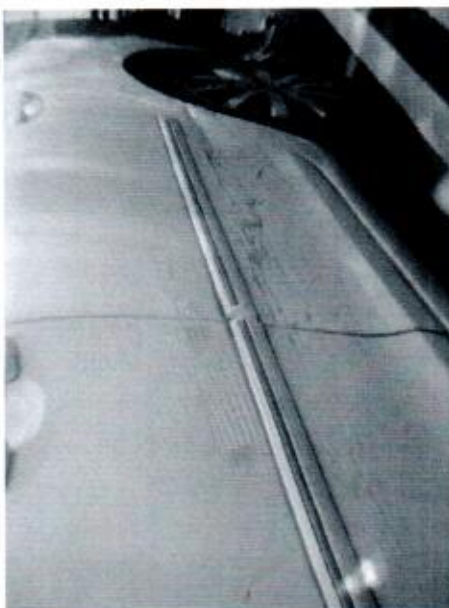
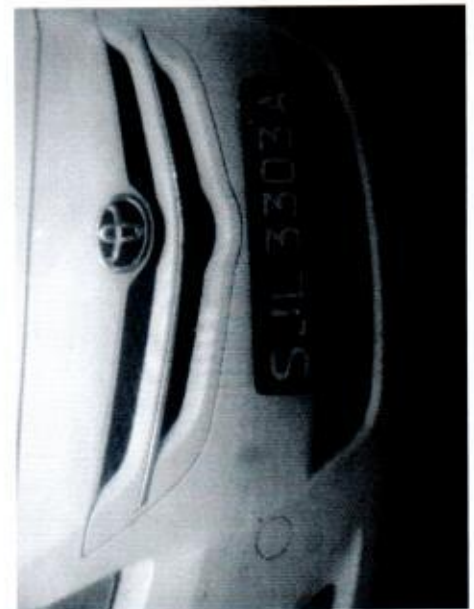
須註明在簿子內。工友必須保存一切有关的

DATE	NAME OF DRIVER	MILEAGE READING						MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		5	4	2	8	76	FROM		TO	
27/01/18	AKASHA	5	4	2	8	76	—	✓	—	
27/01/18	CH TAIL	5	4	3	2	18	353	0600	1800	
27/01/18	Ravi	5	4	3	9	57	739	1815	1752	
30/01/18	Akasha	5	4	4	5	54	—	—	—	
30/1/18	irwan	5	4	4	8	48	294 (400)	2000	0440	
31/1/18	Akasha	5	4	5	0	55	245	0600	1800	
31/1/18	Ravi	5	4	5	4	60	345	2000	0615	
01/02/18	Accident							IN	1505	—
03/02/18	Repair							OUT	—	1200

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJL3303A	01 Feb 2018 / 13:25:00	Successful	A04	AIG ASIA PACIFIC INSURANCE 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	01/02/2018 16:06
Date Of Accident	01/02/2018 13:25
Exact Location Of Accident	UNITED SQ DRIVEWAY TWDS THOMSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC346S
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	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	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	NOR AKASHA BIN ABDUL RAHMAN
NRIC No	S8541601D
Date Of Birth	24/12/1985
Occupation	OUTDOOR
Date Of Driving Pass	13/09/2016
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 218C BOON LAY AVE #09-289
Postcode	643218
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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

REFER 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	SJL3303A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM LAY PENG
NRIC/Passport Number	S8012423F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH CENTRE
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

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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.
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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.

CITYCAB PTE LTD
REG. NO. 199502839G

Policyholder's Signature
Date & Time:

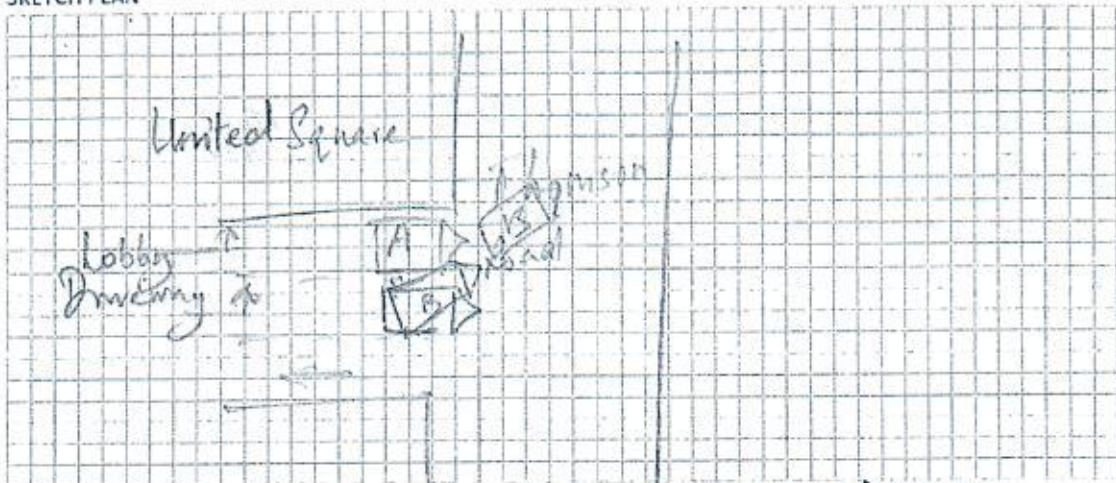
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

S R Moorthy
CSO

GIA/DAE Sketch Plan Pg. 1/1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A) SHC 346 S B) STL 3303 A

On 1/2/18 at about 1325hrs while I Veh A was stationary at the T-junction beside the United Square, Veh B grazed the front right side of my stationary vehicle when it moved forwards towards the main road.

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.:

S R Moorthy
CSO

CANAC 3333333333333333

