

Our Ref : T 0218 / SHA3296T /CL(st)
Your Ref: _____
Date : 20-Feb-18

CDGE Taxi Claims Dept
59 Loyang Drive 4th Floor
Singapore 508969

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline +65 6383 6280
Facsimile +65 6280 9755
www.cdge.com.sg

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 SHA3296T **YOUR INSURED** SKN9229U
AND OTHER _____ **ON** 03.02.18

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHA3296T 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 SKN9229U we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,016.50
2	3 days Loss of Rental @ \$ 107.88 per day	\$ 323.64
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	GIA / LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation	\$ -
Sub Total :		\$ 1,347.63

HIRER'S CLAIM

7	3 days Loss of Income @ \$ 80.00 per days	\$ 240.00
Total Claims :		\$ 1,587.63

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

- a) Original repair bill and photocopies of photographs : 6 pcs.
- b) LTA search slip/s of : SKN9229U
- c) GIA / Police report/s of : SHA3296T
- 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 : ceciliale@sparkcarcare.com

This is a computer generated letter. No signature is required.

A member of

COMFORTDELGRO



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
SHA3296T

MAKE
HYUNDAI

MODEL
SONATA

DATE OF REG
19.04.2012

CHASSIS CODE
KMHET41VMCA822805

INV. NO/DATE
91356368 08.02.2018

JOB NO.
305113485

ODOMETER READING

JOB TYPE

Description : 3P 03.02.18

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	950.00
Add GST @ 7.000 %	66.50
Total Invoice amount	1,016.50

Issued by : KATHERINETAN 08.02.2018 14:57:35
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

1) WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS' RISK.
2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY OR NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED 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 (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE PERIOD OF DEFAULT.
4) PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 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.

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****SONATA SHA3296T , SKN9229U
BISHAN ST 12 BLK 119 OPEN CARPARK****ON 03-Feb-18 12:30**

I / We

CHOW CHEE WAI(Hirer) NRIC No.: **S1743814Z**

and/or

(Relief) NRIC No.:

Taxi Number

SHA3296T

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

04-Feb-2018Name of Hirer
Hirer NRIC**CHOW CHEE WAI
S1743814Z**

Signature :



Address

**200A SENGKANG EAST ROAD #08-18
541200**

Contact No.

96881626

Our Ref: CT18020078

Date: 08 February 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	03/02/2018 @ 12:30 hrs
ALONG	BISHAN ST 12 BLK 119 OPEN CARPARK
INVOLVING	SKN9229U

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 **SHA3296T** (the "Taxi"). The Taxi was hired to **CHOW CHEE WAI IC NO S1743814Z** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$107.88** 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.

MILEAGE READING						MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING					MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		
1	2	3	4	5	6		FROM	TO			1	2	3	4	5		6	FROM	TO
1	2	8	1	4	7	370	0620	2207	27/1/18	CHOW CHIEF WAI	1	3	0	1	5	8	24	1450	2149
1	2	8	5	1	7	392	0618	2210	28/1/18	"	1	3	0	1	8	2	96	1115	2216
1	2	8	9	0	9	204	0620	2218	29/1/18	"	1	3	0	2	7	8	162	0625	2201
1	2	9	1	1	3	148	0621	2040	30/1/18	"	1	3	0	4	4	0	334	0621	2204
1	2	9	2	6	1	116	1203	2203	31/1/18	"	1	3	0	7	7	4	344	0622	2209
1	2	9	3	7	7	85	1105	2055	1/2/18	"	1	3	1	1	1	8	297	0621	2007
1	2	9	4	6	2	326	0625	2103	2/2/18	"	1	3	1	4	1	5	378	0622	2212
1	2	9	7	8	8	252	0621	2003	3/2/18	"	1	3	1	7	9	3	280	0625	2218
1	3	0	0	4	0	088	-	-	4/2/18	"	1	3	2	0	7	3	133	0624	1136
1	3	0	0	4	0	088	-	-	5/2/18	"	1	3	2	2	0	6		1130	-
1	3	0	0	4	0	118	0902	2150	6/2/18	Accident Repair									1541

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

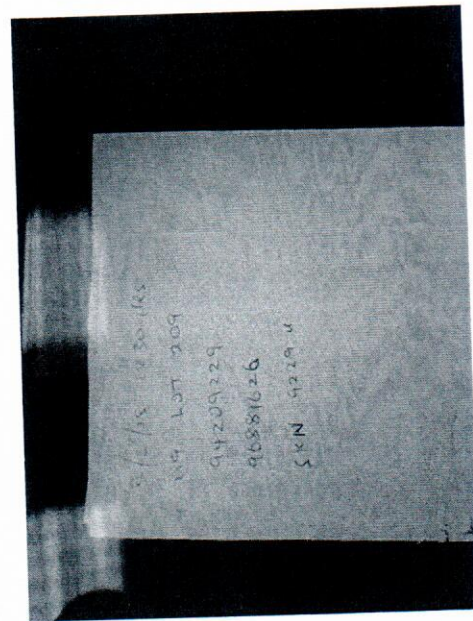
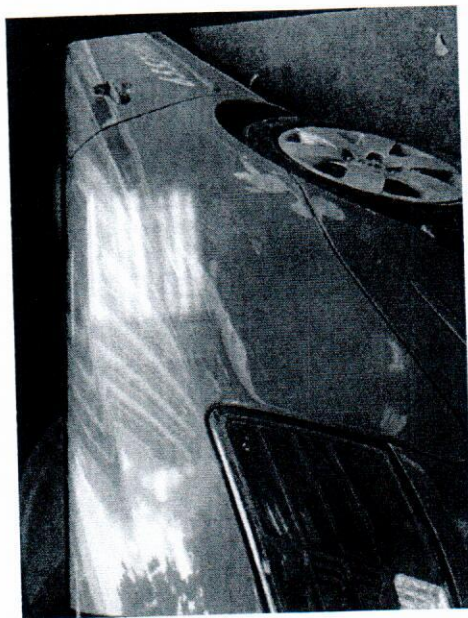
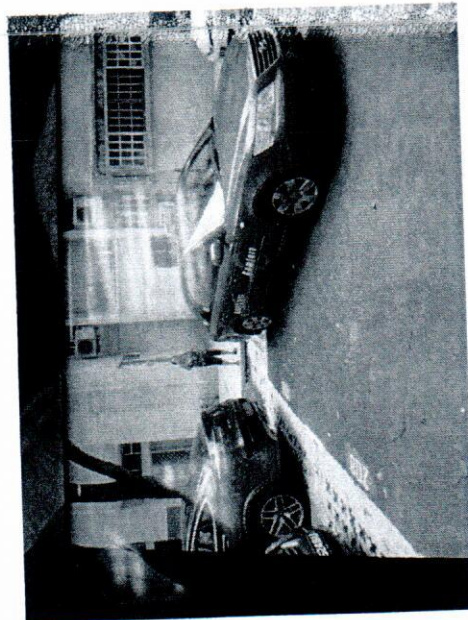
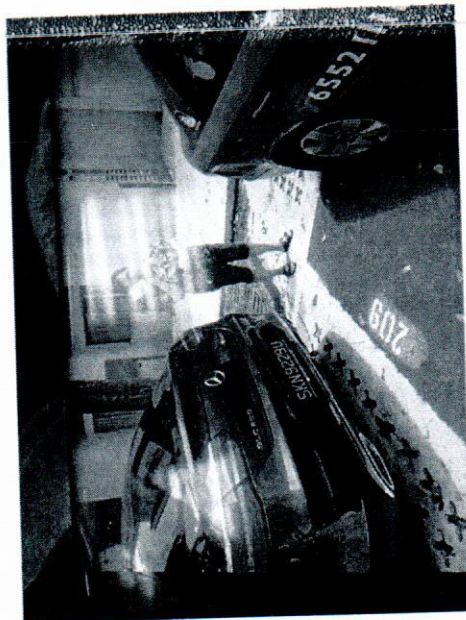
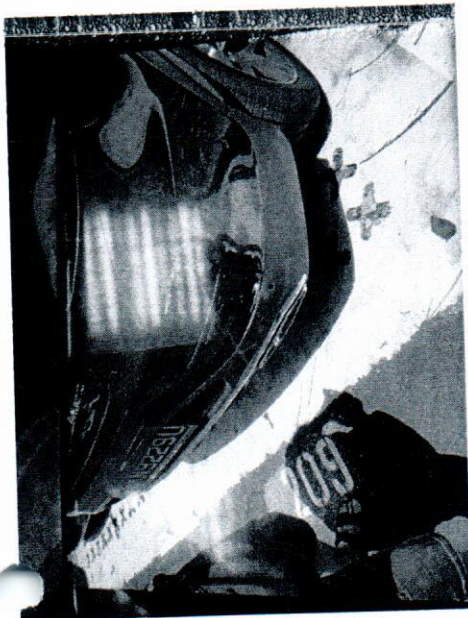
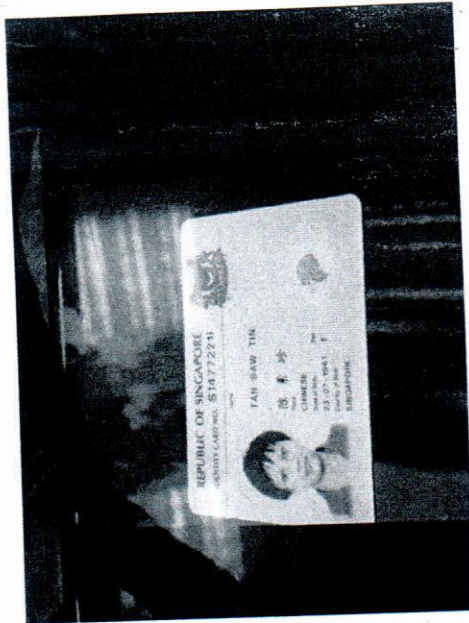
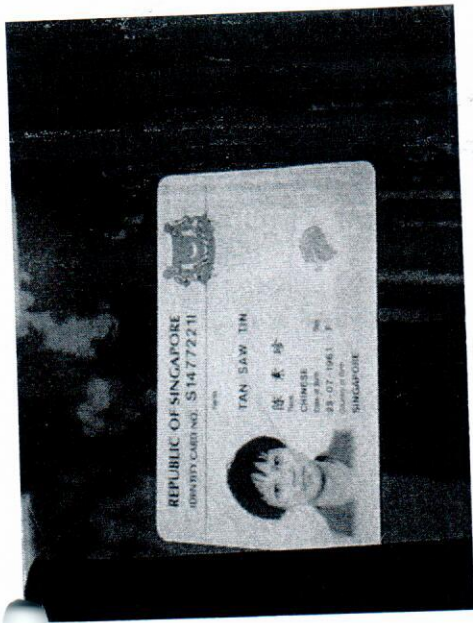
SKN9229U 03 Feb 2018 / 12:30:00

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	05/02/2018 08:44
Date Of Accident	03/02/2018 12:30
Exact Location Of Accident	BISHAN ST 12 BLK 119 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3296T
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	SONATA-2.0 (A)

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-18088936MFSH
Cover Note Number	

Driver

Name of Driver	CHOW CHEE WAI
NRIC No	S1743814Z
Date Of Birth	26/04/1966
Occupation	OUTDOOR
Date Of Driving Pass	14/07/1992
Driving Experience	25 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 200A SENGKANG EAST ROAD #08-18
Postcode	541200
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	COLLISION - HEAD TO REAR
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 * TYPE OF ACCIDENT :- 3P REVERSED

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	SKN9229U
Vehicle Make/Model/Colour	MERCEDES GLC 250
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN SAW TIN
NRIC/Passport Number	S1477221I
Contact Number	94209229
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR RH
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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.

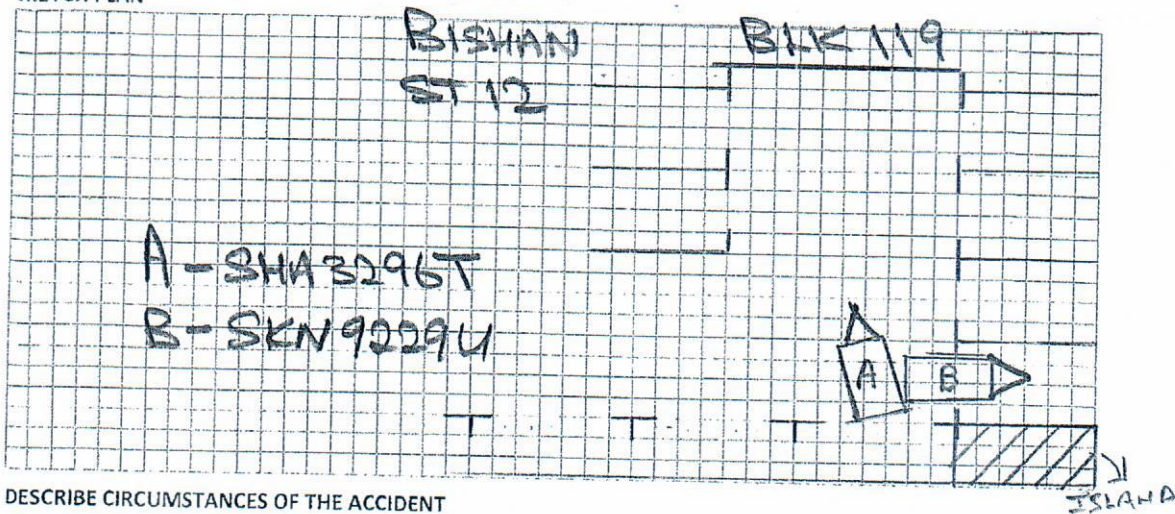
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 3/2/2018 ABOUT 1230 HRS, I WAS REVERSING MY CAR AT BLK 119 BISHAN ST. 12 OPEN CAR PARK TO GET OUT MY WAY AVE TO DEAD END OF CAR PARK. MY CAR WAS HEADING TO A EMPTY PARKING LOT WHILE REVERSING. WHEN I HAD FINISH REVERSING AND ABOUT TO MOVE FORWARD, CAR B FROM CAR PARK LOT NO. 209 REVERSE HER CAR OUT AND HIT MY CAR WHICH WAS ABOUT 3 FEET AWAY FROM THE PARKING LOT. SO ^{WHEN} I STOP MY CAR (WITH HANDBRAKE ON) AND GET OUT OF MY CAR, I SAW CAR B DRIVE HER CAR BACK INTO THE PARKING LOT AND I NOTICE THERE ARE DAMAGE TO MY CAR ON THE REAR RIGHT SIDE.

There is Video Footage on the Scene

DECLARATION

I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 190303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

