

Our Ref : CC18020207/ SHA8660S /CL(st)  
Date : 20-Feb-18

**AIG ASIA PACIFIC INSURANCE PTE LTD**  
**CHARTIS Building**  
**78 Shenton Way**  
**#07-16**  
**Singapore 079120**

CDGE Taxi Claims Dept ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive 4th Floor 205 Braddell Road Singapore 579701  
Singapore 508969  
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

Attn : Motor Claims Department **WITHOUT PREJUDICE**

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHA8660S YOUR INSURED**  
**GBG7498R AND OTHER ON 06.02.18**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor vehicle no: SHA8660S 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 GBG7498R we are submitting these claim for your consideration on behalf of the claimants.

### TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,622.31
2	<u>3</u> days Loss of Rental @ \$ 117.00 per day	\$ 351.00
3	Survey Report Fees <i>(Surveyed by M/s LKK)</i>	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation Fees	\$ -
Sub Total :		\$ 1,980.80

### HIRER'S CLAIM

7	<u>3</u> days Loss of Income @ \$ 80.00 per day	\$ 240.00
Total Claims :		\$ 2,220.80

We enclosed herewith the following documents to support the claims: -  
6 pcs.

- a) Original repair bill and photocopies of photographs : GBG7498R
- b) LTA search slip/s of : SHA8660S
- c) GIA / Police report/s of :
- d) Letter of authority from owner / hirer / operator
  - ( ) Witness statement/s
  - ( ) Certificate of Insur ( x ) Rental Rate letter
  - ( X ) Photograph/s of Accident Scene
  - ( 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**



CDG.VARS.V.LettofAuthorisation

## LETTER OF AUTHORISATION

(NAF / PAF)

ON 06-Feb-18 15:20

ACCIDENT INVOLVING  
ALONGi 40 SHA8660S , GBG7498R  
TAMPINES ST 11 TWDS TAMPINES AVE 2

I / We

WONG JIU FENG

(Hirer) NRIC No.: S1520603I

and/or

YEO HOOI CHYE

(Relief) NRIC No.: S1537042D

Taxi Number

SHA8660S

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

06-Feb-2018

Name of Hirer  
Hirer NRICWONG JIU FENG  
S1520603I

Signature :



Address

879 YISHUN STREET 81 #04-249  
760879

Contact No.

96605081

Name of Relief  
Relief NRICYEO HOOI CHYE  
S1537042D

Signature :



Address

879 YISHUN ST 81 #04-249  
760879

Contact No.

96605081



GST REG. NO. M2-8921817-3

## TAX INVOICE

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

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

CONTACT NO: 64193000 3225094

VEHICLE NO  
SHA8660S

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
14.07.2016

CHASSIS CODE  
KMHL841UMGU092288

INV. NO/DATE  
91356571 09.02.2018

JOB NO.  
305114398

ODMETER READING

DATE/TIME IN  
06.02.2018 15:40

Description : 3P 06.02.18

S/No	Part No.	Qty	Unit Price	%Disc	Net
PART REQUISITION					
0001	04-01-0103-0579	1	603.60	20.00	482.88
0002	04-01-0101-0111	10	2.20	20.00	17.60
0003	04-01-0103-0738	1	225.00	20.00	180.00
0004	04-01-0103-1150	1	50.00	0.00	50.00
0005	09-01-9999-0068	1	135.70	0.00	135.70
SUB-TOTAL:					866.18

### JOB NATURE

0001	I	PANEL BRATING- REAR	200.00	200.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA	180.00	180.00
0003	20-05	RENEW ADVERTISEMENT STICKER-	250.00	250.00

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	91356571	1,622.31	

Our Ref: CC18020207



Date: 09 February 2018

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON  
ALONG  
INVOLVING

06/02/2018 @ 15:20 hrs  
TAMPINES ST 11 TWDS TAMPINES AVE 2  
GBG7498R

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 **SHA8660S** (the "Taxi"). The Taxi was hired to **WONG JIU FENG IC NO S1520603I** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$117.00** 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.



2/6/2018

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

GBG7498R

06 Feb 2018 / 15:20:00

Successful

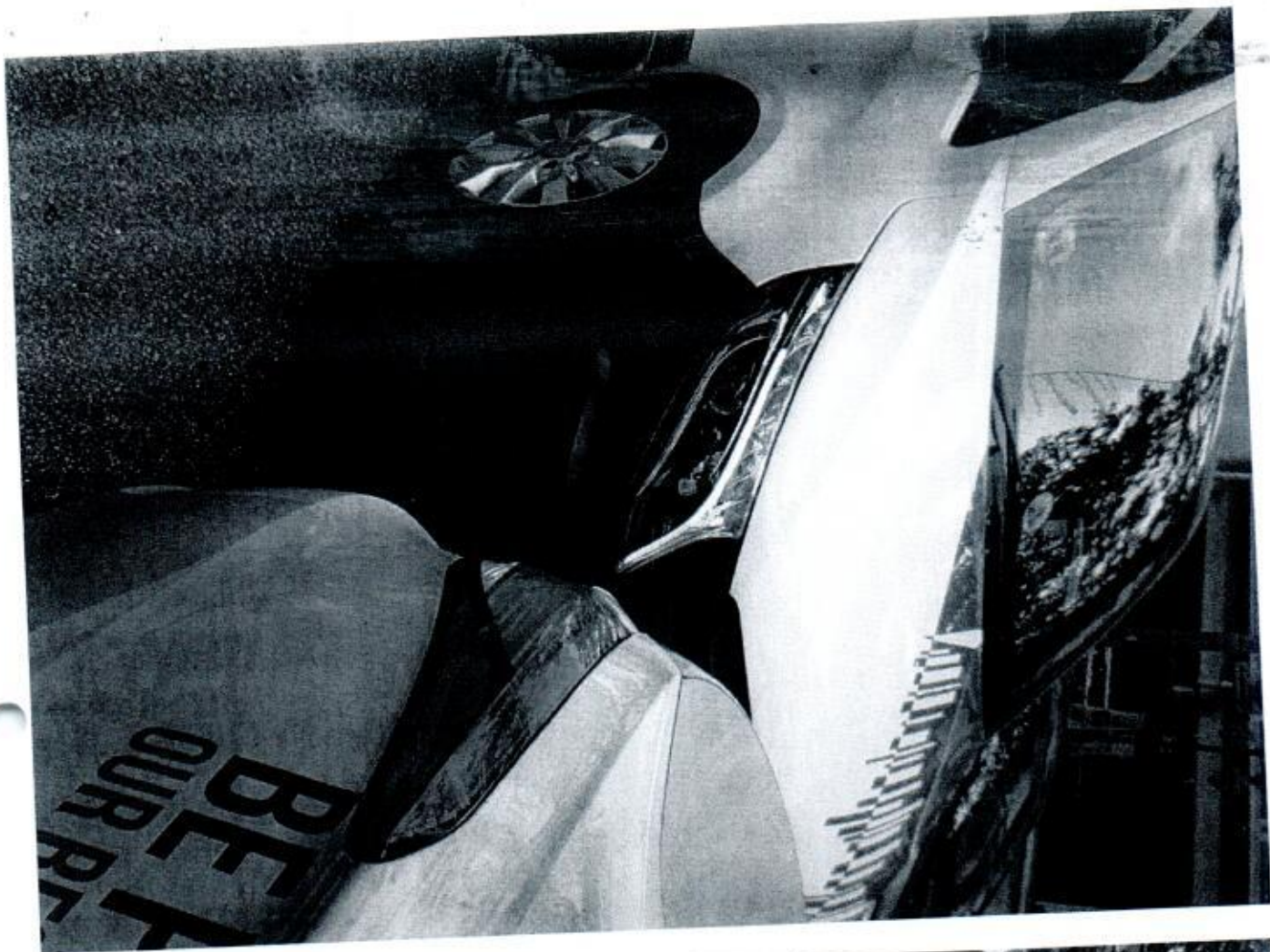
A04

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 06/02/2018 16:33  
Date Of Accident 06/02/2018 15:20  
Exact Location Of Accident TAMPINES ST 11 TWDS TAMPINES AVE 2  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHA8660S

### Insured/Policyholder

Name Of Registered Owner

CITYCAB PTE LTD

Co Reg No

199502839G

Email Address

FLEETSAFETY@CDGTAXI.COM.SG

Mobile Phone No

OFFICE-65508768

Alternative Phone No

### 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

YEO HOOI CHYE

NRIC No

S1537042D

Date Of Birth

28/12/1962

Occupation

OUTDOOR

Date Of Driving Pass

05/03/1980

Driving Experience

37 YEARS AND 11 MONTHS

Gender

MALE

Mobile Number

Fax Number

Contact Number

Email Address

NOEMAIL



Address: BLK 879 YISHUN STREET 81  
 #04-249  
 Postcode: 760879  
 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? 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): 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: GBG7498R  
 Vehicle Make/Model/Colour: VAN  
 Details Of Properties:  
 Vehicle Category: COMMERCIAL VEHICLE  
 Name of Driver: OO SUAY TEE  
 NRIC/Passport Number: S1408957H  
 Contact Number: 90677711  
 Address:  
 Postcode:  
 Insurance Company Name:  
 Nature Of Damage: FRONT  
 No. Of Passenger (Including Driver):

#### DETAILS OF INJURED PERSON 1

Name

YEO HOOI CHYE

Approximate Age

Injuries Sustain

GIDDY AND BACK PAIN

Injured person in which vehicle?

SHA8660S

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.

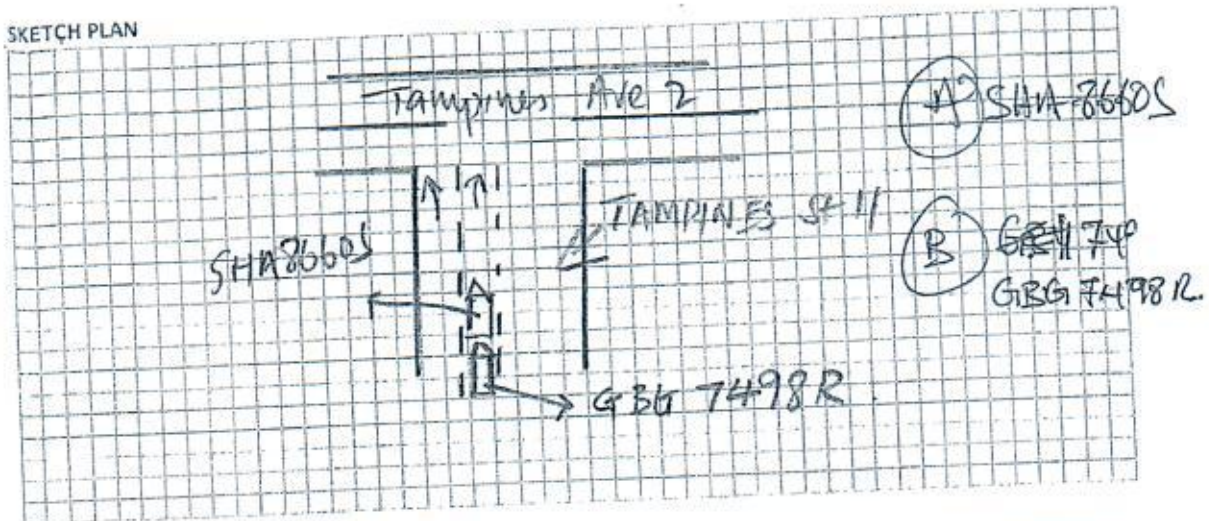
CITYCAB PTE LTD  
CO. REG. NO. 199502839G

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stopping at the T junction of Tampines St 11 towards Tampines Ave 2 (traffic light was red). The vehicle GBG 7498R (B) hit the back of my taxi SHA8660S (A). He told me he was looking at his phone. My taxi SHA8660S was still stationary.  
 Driver particular: Oo Suay Tee  
 S1406957H  
 90677711

The rear bumper cracked (SHA8660S).

DECLARATION

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

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.:



