

16005840/H1hg3

Our Ref : T 0316 / SHD 3446L / AG (J)  
Your Ref : \_\_\_\_\_  
Date : 13-Apr-16

CDGETaxi Claims Dept  
59 Loyang Drive  
4th Floor  
Singapore 508969  
Fax: 6214 1843



ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701

Mainline +65 6383 6280  
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199004488

AIG Asia Pacific Insurance Pte. Ltd  
CHARTIS Buliding  
#07-16, 78 Shenton Way  
Singapore 079120

Attn : Motor Claims Department  
Dear Sir

WITHOUT PREJUDICE

**ACCIDENT INVOLVING OUR TAXI**  
SGP 3344X      **OTHERS**      SHD 3446L      **YOUR INSURED**  
**ON**      29.03.16

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHD 3446L 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 : SGP 3344X we are submitting these claims for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair		<b>S\$</b>	<u>3156.50</u>
2	<u>3</u> days Loss of Rental @\$ <u>109.14</u> per day		<b>S\$</b>	<u>327.42</u>
3	Survey Report Fees (Surveyed by M/s LKK)		<b>S\$</b>	<u>-</u>
4	LTA Search Fees		<b>S\$</b>	<u>5.35</u>
5	GIA / Police Report Fees		<b>S\$</b>	<u>-</u>
6	Towing / Medical / Transportation Fees		<b>S\$</b>	<u>-</u>
	<b>Sub Total :</b>		<b>S\$</b>	<u>3,489.27</u>

**HIRER'S CLAIM**

1	<u>3</u> days Loss of Income @\$ <u>80.00</u> per days		<b>S\$</b>	<u>240.00</u>
	<b>Total Claims</b>		<b>S\$</b>	<u>3,729.27</u>

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

- a) Original repair bill, :
- b) LTA search slip/s of : SGP 3344X
- c) GIA / Police report/s of : SHD 3446L
- d) Letter of authority from owner / hirer / operator
  - ( ) Photocopies of Accident Scene Photo/s      ( ) 3P Written Admitted note
  - ( ) Witness statement/s      ( x ) Rental Rate letter      ( 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. This condition shall apply even if medical expenses are claimed herewith and part of the settlement reached.

Please note that, for the time being, we are not making this claim via solicitors provided you treat this letter as our intention to file a claim in court according to the provisions of the Non-Injury Motor Accident Litigation ("NIMA") protocol and further, you agree that if negotiations should breakdown and this claim is referred to solicitors you shall not raise any objection that the NIMA protocol has not been complied with. If you disagree with this condition please reply in writing within the next 2 working days failing which we shall proceed to negotiate with you on the basis that you have acquiesced to the said condition by your conduct.

Yours faithfully  
Andrew Goh  
Motor Claims Specialist  
CDGE Claims Department  
Tel : 6214 8734 Fax : 6214 1843 Email : andrewgoh@cdge.com.sg

- 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 608286
- Ubi  
320 Ubi Road 3  
Singapore 408649
- Senoko  
24 Senoko Loop  
Singapore 758198
- Sungei Kadut  
7 Sungei Kadut Way  
Singapore 728791
- Defu  
6 Defu Avenue 1  
Singapore 539537
- Yishun  
10 Yishun Industrial Park A  
Singapore 768732



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  
SHD34461  
MAKE  
HYUNDAI  
MODEL  
SONATA  
DATE OF REG  
22.01.2009  
CHASSIS CODE  
KMHE141VR9A663296  
INV. NO/DATE  
91232977 08.04.2016  
JOB NO.  
304889276  
ODOMETER READING  
JOB TYPE

Description : ACC.29.03.16/R

**Invoice for Lump Sum Repair**

Total Lump Sum Repair Amt		2,950.00
Add GST @ 7.000 %		206.50
<b>Total Invoice amount</b>		<b>3,156.50</b>

Issued by : KATHERINETAN 08.04.2016 11:51:28  
Repair Type : CL80/57/57  
Payment Type/Term : /Credit 30 days

WE HEREBY WARRANT ALL REPAIRS TO BE PHYSICALLY COMPLETED WITHIN THE TIME ESTIMATED, UNLESS THE COMPANY ACCEPTS NO RESPONSIBILITY FOR DAMAGE OR OTHER INCIDENTS BELONGING TO CUSTOMERS AND VEHICLES ARE DAMAGED AND TESTED AT OWNERS RISK.  
CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM EACH DELIVERY AND SERVICE BY WRITING TO THE COMPANY OF ANY DAMAGE WITH OVERWRITE. THE VEHICLE WILL BE RETURNED TO YOUR SIGNATURE RECEIVED ORDER.  
PAYMENT OF THE WORK ORDER WILL BE DEDUCTED ON A DAY TO DAY BASIS IN ACCORDANCE WITH AGREEMENTS AND CHARGED TO THE ACCOUNT BY THE CUSTOMER AND NOT PAID ON THE DATE OF RECEIPT. WE RESERVE THE RIGHT TO WITHHOLD THE VEHICLE FROM THE RETURN OF SERVICE.  
PLEASE CONTACT THE SERVICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY DAMAGE OR DISCREPANCIES WITHIN 7 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THE ISSUE AS CORRECT AND COMPLETE.

**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: CT16031070

Date: 30 March 2016



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON            29/03/2016 @ 12:05 hrs  
ALONG                    BALESTIER ROAD  
INVOLVING              SGP3344X

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 **SHD3446L** (the "Taxi"). The Taxi was hired to **GOH CHEW CHUAN IC NO S0108113F** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$109.14** 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.

MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
							FROM	TO
371	53							
375	4							
375	48							
375	85							
375	65							
376	76							
			29/3/16					1.5 hr
			31/3/16	Richard Kaper				1 hr

MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
							FROM	TO
150	32							
150	15							
200	22							
240	18							
280	13							
310	14							
330	17							
330	18							
336	14							
339	19							
400	3							
415	15							

Text size + -

**Enquire Vehicle Insurer**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SGP3344X	29 Mar 2016 / 12.05.00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

Land Transport  Authority

Please read through the Privacy Statement, Terms of Use and Disclaimer.

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## 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 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	29/03/2016 15:00
Date Of Accident	29/03/2016 12:05
Exact Location Of Accident	BALESTIER ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3446L
<b>Insured/Policyholder</b>	
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
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	First Capital Insurance Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	Yes
Policy Number	D-1572701MFSH
Cover Note Number	

### Driver

Name of Driver	GOH CHEW CHUAN
NRIC No	S0108113F
Date Of Birth	13/06/1953
Occupation	Outdoor
Date Of Driving Pass	11/06/2013
Driving Experience	2 Years And 9 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 115 WHAMPOA ROAD #05-109
Postcode	320115
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- Same Direction
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	Yes
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

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGP3344X
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	90883344
Address	
Postcode	
Insurance Company Name	AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage	REAR RH
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

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 willful 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 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.
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.

Form 1007 (Rev. 2014) - 1007 (Rev. 2014)  
00 RES. 00 1007 (Rev. 2014)

S. Ravi Moorthy  
29/3/16

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Balestier Rd

A: SHD 3446L  
B: SGP3344X



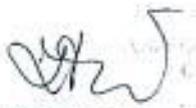
Describe Circumstances of the Accident

No passenger No injury

On 29/3/16 at about 1205 hrs whilst I veh A - SHD3446L was travelling in my lane, Veh B - SGP3344x suddenly changed lane and cut in to my lane and for no reason also stopped abruptly. The action of his caused my vehicle to collide on his rear right side.

Declaration

We declare the foregoing particulars are true in every respect.



VIJAYA TRANSPORTATION PTE LTD  
REG NO. TD9322621R



S Rama Moorthy  
29/3/16

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

