

Our Ref : T 0318 / SHD3176R / JW(st)
Your ref :
Date : 12-Mar-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

EQ Insurance Company Limited
5 Maxwell Road, MND Complex
#17-00 Tower Block
Singapore 069110

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHD3176R YOUR INSURED SJE8907L
AND OTHER ON 04.03.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SHD3176R** 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 **SJE8907L** we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

- 1 Cost of Repair
- 2 3 days Loss of Rental @ \$ 117.00 per day
- 3 Survey Report Fees (Surveyed by M/s LKK)
- 4 LTA Search Fees
- 5 GIA / Police Report Fees
- 6 Towing / Medical / Transporation Fees

\$	2,633.01
\$	351.00
\$	-
\$	7.49
\$	-
\$	-

Sub Total : \$ 2,991.50

HIRER'S CLAIM

- 7 3 days Loss of Income @ \$ 80.00 per day

\$	240.00
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Total Claims: \$ 3,231.50

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

- a) Original repair bill and photocopies of photographs : 4 pcs.
- b) LTA search slip/s of : **SJE8907L**
- c) GIA / Police report/s of : **SHD3176R**
- d) Letter of authority from owner / hirer / operator
 - () Witness statement/s () Towing/Medical bill/receipts () Certificate of Insurance
 - (X) Photograph/s of Accident Scene (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

Jim Wong

Deputy Manager

CDGE Claims Department

Tel : 6214 8374 Fax: 6214 1843 Email : jimwong@cdge.com.sg

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

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****i 40 SHD3176R , SJE8907L
EDGEDALE PLAINS X PUNGGOL PLAINS****ON 04-Mar-18 12:30**

I / We

WONG HEE HOW(Hirer) NRIC No.: **S2089018E**

and/or

LU CHEET OEI(Relief) NRIC No.: **S1685385B**

Taxi Number

SHD3176R

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

05-Mar-2018Name of Hirer
Hirer NRIC**WONG HEE HOW
S2089018E**

Signature :



Address

**99A LORONG 2 TOA PAYOH #06-39
310099**

Contact No.

98340891Name of Relief
Relief NRIC**LU CHEET OEI
S1685385B**

Signature :



Address

**17 LORONG 7 TOA PAYOH #20-222
310017**

Contact No.

96913999

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 1

8010325

EQ INSURANCE COMPANY LIMITED

#17-00 5 MAXWELL ROAD TOWER BLOCK
SINGAPORE SG 069110

CONTACT NO: 62239433

VEHICLE NO
SHD3176R

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
08.07.2016

CHASSIS CODE
KMHL841UMG1091847

INV. NO/DATE
91361399 09.03.2018

JOB NO.
305121910

ODOMETER READING

DATE/TIME IN
04.03.2018 13:15

Description : 3P 04.03.18

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0103-2164	I40V3 GRILLE ASSY-RADIATO	1	1,480.00	20.00	1,184.00
0002	04-01-0103-2322	I40V3 BUMPER W LIP & FOG	1	1,052.20	20.00	841.76
0003	FNPS	NO PLATE(S)	1	55.00	0.00	55.00
SUB-TOTAL			:			2,080.76

JOB NATURE

0001	L	PANEL BEATING	200.00	200.00
0002	L	SPRAY PAINTING CHARGE	180.00	180.00
SUB-TOTAL			:	380.00

- 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.
- CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY ADVISE THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLE WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
- 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 DUE DATE FOR THE PERIOD OF DEFAULT).
- 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.
8010325	91361399	2,633.01	

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 2

8010325

EQ INSURANCE COMPANY LIMITED

#17-00 5 MAXWELL ROAD TOWER BLOCK
SINGAPORE SG 069110

CONTACT NO: 62239433

VEHICLE NO
SHD3176R

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
08.07.2016

CHASSIS CODE
KMHLB41UMGU091847

INV. NO/DATE
91361399 09.03.2018

JOB NO.
305121910

ODOMETER READING

DATE/TIME IN
04.03.2018 13:15

Items total	2,460.76
Add GST @ 7.000 %	172.25
Invoice amount	2,633.01

Issued by : KATHERINETAN 09.03.2018 11:26:54
Repair type : CLSO/57/57
Payment Type/Term: /Credit 30 days

- 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.
- CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SIGN WITHIN 2 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.
- 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).
- 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.
8010325	91361399	2,633.01	

Our Ref: CT18030115

Date: 09 March 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	04/03/2018 @ 12:30 hrs
ALONG	EDGEDALE PLAINS X PUNGGOL PLAINS
INVOLVING	SJE8907L

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 **SHD3176R** (the "Taxi"). The Taxi was hired to **WONG HEE HOW IC NO S2089018E** a registered hirer-operator of **Comfort Transportation 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.

READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		FROM	TO
1117	940	0645	1705
236	113	1700	2230
477	247	0600	1730
415	438	1750	0545
255	340	0550	1745
413	185	1730	2350
593	180	0750	1758
383	391	1740	0620
160	177	0605	1730
633	470	1745	0620
945	312	0600	2330

DATE		NAME OF DRIVER	MILEAGE READING			MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
							FROM	TO
1-3-18		Sim Jik Kiam	3	1	3	224	0915	1720
1/3/18		Wong Kue Huan	3	1	3	159	061800	0040
2/3		Lo	3	1	3	285	7:45	18:10
2-3-18		Sim Jik Kiam	3	1	4	436	1815	0555
3/3/18		Wong Kue Huan	3	1	4	281	0600	1745
3-3-18		Sim Jik Kiam	3	1	4	440	1750	0528
4/3/18		Lu Chuet Cui	3	1	5	223	0535	1315
#			3	1	5			
4/3/18		Accident PLY				IN	1315	—
6/3/18		Repair PLY				OUT	—	1545

SHD 3176R

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJE8907L	04 Mar 2018 / 12:30:00	Successful	E04	EQ INSURANCE COMPANY LTD

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

SUD 3176 R

Thank you



Goh Cheng Chuan Andrew Cornelius has successfully logged out.

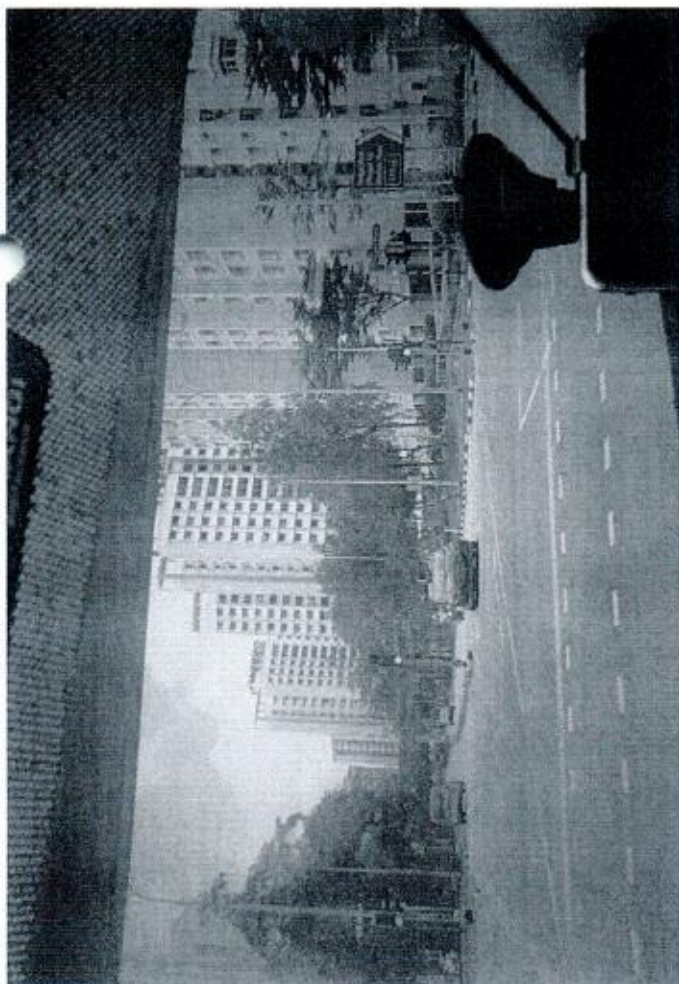
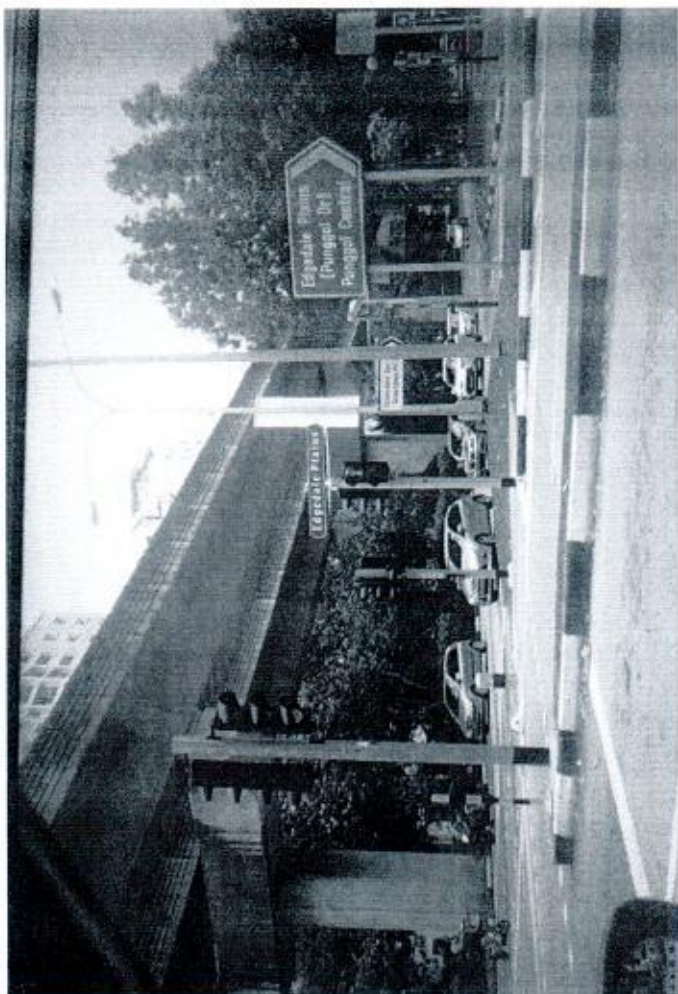
Your last login date and time was 05 Mar 2018, 10:39:46.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

<u>S/No.</u>	<u>Asset Type</u>	<u>Asset ID</u>	<u>Asset Owner ID</u>	<u>Transaction Type</u>	<u>Transaction Amount(S\$)</u>	<u>Log Date/Time</u>
1	Vehicle	SJE8907L	-	18.32 Insurance Enquiry (GIRO Payment)	7.49	05 Mar 2018 / 10:40:15



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	05/03/2018 10:48
Date Of Accident	04/03/2018 12:30
Exact Location Of Accident	EDGEDALE PLAINS X PUNGGOL PLAINS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3176R
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	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-18088936MFSH
Cover Note Number	

Driver

Name of Driver	LU CHEET OEI
NRIC No	S1685385B
Date Of Birth	19/07/1965
Occupation	OUTDOOR
Date Of Driving Pass	23/11/1988
Driving Experience	29 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	LUCHETTOEI@GMAIL.COM

Address	17 20-222 LORONG 7 TOA PAYOH
Postcode	310017
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 (Tp reverse)
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

SEE ATTACH.(TP REVERSE)

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	SJE8907L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

SKETCH PLAN

Refer attachment

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 4 March 2018 around 12.30pm, at the junction of Edgedale Plains and Punggal Field in the direction towards Block 122A

Refer attachment

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

CO REG NO 199303821R

Policyholder's Signature

Date & Time

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name

Moorthy
CSO

5/3/18

Untitled

Incident :

At 4 March 2018 around 12.30pm, at the junction of Edgedale Plains and Punggol Field in the direction towards Block 122A, Edgedale Plains, Motor vehicle SJE8907L (Toyota ALLION) for some reason, suddenly reverse itself and knock onto my taxi SHD3176R.
My front bumper and car plate were damage.

How it happen :

Traffic light was RED at that time. SJE8907L have already stop and my taxi SHD3176R also stop behind SJE8907L with clearance.
Both vehicle were stopped & waiting for light to turn GREEN. Suddenly I saw the front vehicle reverse light was ON and brake light when OFF and it start moving backward.
Before I could horn him, the back of SJE8907L have already hit on the front of my taxi SHD3176R with a loud bang.

Ask why he suddenly reverse, he told me he wanted to reverse back and wanted to turn left onto Punggol Field.


5/3/18


S R Moorthy
OSO
5/3/18

