

Our Ref : T 0916 / SHA 7111S / AG (J)

Your Ref :

Date : 11-Oct-16

AIG Asia Pacific Insurance Pte. Ltd

CHARTIS Buliding

#07-16, 78 Shenton Way

Singapore 079120

CDGETaxi Claims Dept

59 Loyang Drive  
4th Floor

Singapore 508969

Fax: 6214 1843

**COMFORTDELGRO  
ENGINEERING**

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

Attn : Motor Claims Department

**WITHOUT PREJUDICE**

Dear Sir

**ACCIDENT INVOLVING OUR TAXI**

**SKQ 6773T**

**OTHERS**

**SHA 7111S**

**YOUR INSURED**

**ON**

**04.09.16**

**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

**Defu**  
6 Defu Avenue 1  
Singapore 539537

**Yishun**  
501 Yishun Industrial Park A  
Singapore 768732

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor

Vehicle No : SHA 7111S 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 : SKQ 6773T we are submitting these claims for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	S\$	5082.50
2	5.5 days Loss of Rental @\$ 100.58 per day	S\$	553.19
3	Survey Report Fees (Surveyed by LKK)	S\$	-
4	LTA Search Fees	S\$	5.35
5	GIA / Police Report Fees	S\$	-
6	Towing / Medical / Transporation Fees	S\$	-
Sub Total :		S\$	5,641.04

**HIRER'S CLAIM**

1	5.5 days Loss of Income @\$ 80.00 per days	S\$	440.00
Total Claims		S\$	6,081.04

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

- a) Original repair bill, : - pcs.  
b) LTA search slip/s of : SKQ 6773T  
c) GIA / Police report/s of : SHA 7111S  
d) Letter of authority from owner / hirer / operator  
( ) Photocopie/s of Accident Scene Photo/s ( ) Hirer Income Tax  
( ) 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

A member of

**COMFORTDELGRO**



A member of COMFORTDELGRO

# TAX INVOICE

205 Braddell Road Singapore 579701  
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

59 Loyang Drive Singapore 508969  
383 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 609286  
320 Ubi Road 3 Singapore 408649

24 Senoko Loop Singapore 758156  
7 Sungei Kadut Way Singapore 72879  
6 Defu Avenue 1 Singapore 539537

Singapore 400045  
COMPANY REG. NO.: 199506048W  
Page: 1.

CONTACT NO: 64193000 3225094

CHASSIS CODE  
KMHE741VMB811600

ODIOMETER READING

**JOB TYPE**

Description : ACC: 04.09.16/C

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt.	4,750.00
Add GST @ 7.000 %	332.50
Total Invoice amount.	5,082.50

Issued by : KATHERINETAN 30.09.2016 14:47:39  
Repair Type : CSO/57/57  
Payment Type/Term : /Credit 30 days

Head Office:  
205 Braddell Road  
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

[illegible]

Our Ref: CT16090136

Date: 16 September 2016



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON                      04/09/2016    @   17:10 hrs  
ALONG                                UPP PICKERING ST @ PARK ROYAL HOTEL  
   ENTRANCE  
INVOLVING                        SKQ6773T

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 **SHA7111S** (the "Taxi"). The Taxi was hired to **HO PENG KWANG IC NO S1791646G** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$100.58** per day (inclusive of GST).

Please be advised that the Taxi was insured with **India International Insurance Pte 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.

86871115

DATE	NAME OF DRIVER	MILEAGE READING			MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER
						FROM	TO		
31/8/16	AS ALB	069087			325	04:20	16:00		
31/8	Kan	069271			1897	16:10	22:30		
1/9	AS ALB	069565			295	04:25	15:50		
1/9	Kan	069762			197	16:15	22:10		
2/9	AS ALB	070026			277	04:30	15:25		
2/9	RC	070341			314	16:30	04:00		
3/9	AS ALB	070673			332	04:20	15:45		
3/9	RC	070968			254	16:30	04:00		
4/9	AS ALB	071287			319	04:15	14:50		
04/9/16						17:00	-		
09/9/16	Grandstand	Report				-	14:00		

## LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING  
ALONG

SONATA SHA7111S , SKQ6773T

ON 04-Sep-16 17:10

UPP PICKERING ST @ PARK ROYAL HOTEL ENTRANCE

I / We

HO PENG KWANG

(Hirer) NRIC No.: S1791646G

and/or

WONG KIN WAH

(Relief) NRIC No.: S1703060D

Taxi Number

SHA7111S

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 directiy to CDGE in accordance with CDGE's instruction and made in favour of "ComfortDelGro Engineering Pte Ltd".

Date

05-Sep-2016

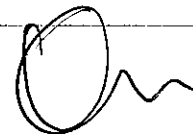
Name of Hirer

HO PENG KWANG

Hirer NRIC

S1791646G

Signature :



Address

127C KIM TIAN ROAD #38-541  
163127

Contact No.

90285569

Name of Relief

WONG KIN WAH

Relief NRIC

S1703060D

Signature :



Address

127D KIM TIAN RD #33-555  
164127

Contact No.

90406040

Percentage
100%

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SKQ6773T	04 Sep 2016 / 17:10:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

OK



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Best viewed with IE 6.0 SP3 and above. 1024 X 768 resolution  
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SHA 10965

## 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 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	05/09/2016 14:45
Date Of Accident	04/09/2016 17:10
Exact Location Of Accident	UPP PICKERING ST @ PARK ROYAL HOTEL ENTRANCE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7111S
<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-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	India International Insurance Pte Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	Yes
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	WONG KIN WAH
NRIC No	S1703060D
Date Of Birth	13/05/1965
Occupation	Outdoor
Date Of Driving Pass	07/11/1995
Driving Experience	20 Years And 9 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
Email Address	RICARDOWONG13@GMAIL.COM

Address	BLK 127D KIM TIAN ROAD #33-555
Postcode	164127
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	SKQ6773T
Vehicle Make/Model/Colour	MAZDA 5
Details Of Properties	
Name of Driver	CHEAH SAI MUN
NRIC/Passport Number	S2532786A
Contact Number	81218105
Address	
Postcode	
Insurance Company Name	AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage	LH FRONT
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 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 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.

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

5/9/2016

Anikka Lai  
CSO

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan

As p. 8 2

**D Describe Circumstances of the Accident**

At 4 Sept 2016, 1710 hrs. I was making a left turn from New Bridge Rd, after the turn, I signal right, making a lane by lane filter to the right side of the road. Another vehicle SKR 6773T was behind me making the same turn. But when I filter till far right lane, the vehicle overtake me by the right side and coming very fast, he hit me on my right driver and passenger side.  
No pax on board and no injury at the point of accident.

Upper Pickering Street

SHA 7111 S

Porte Royal  
Upper Pickering St

SKR  
6773T

**Declaration**

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 19930382TR

5 Sept 2016

Anikka Lai  
CSO

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

12 25 pm

