

Our Ref : T 0318 / SHD4036E /CL(st)  
Your Ref :  
Date : 11-Apr-18

**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 SHD4036E YOUR INSURED SGA 44K**  
**AND OTHER ON 15.03.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SHD4036E** 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 **SGA 44K** we are submitting these claim for your consideration on behalf of the claimants.

#### TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,658.50
2	3 days Loss of Rental @ \$ 98.25 per day	\$ 294.75
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	GIA / LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transporation	\$ -
<b>Sub Total :</b>		<b>\$ 1,960.74</b>

#### HIRER'S CLAIM

7	3 days Loss of Income @ \$ 80.00 per days	\$ 240.00
<b>Total Claims :</b>		<b>\$ 2,200.74</b>

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 : SGA 44K  
c) GIA / Police report/s of : SHD4036E  
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 : cecilialee@sparkcarcare.com

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

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

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

(NAF / PAF)

ON 15-Mar-18 15:15

(Hirer) NRIC No.: **S0516340D**

(Relief) NRIC No.:

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

- 15-Mar-2018

Signature :

97888683



GST REG. NO. M2-8921817-3

## TAX INVOICE

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

#08-16 78 SHENTON WAY, CHARTIS BUILDING  
SINGAPORE 079120

CONTACT NO: 64193000 3225094

VEHICLE NO  
SHD4036E

MAKE  
HYUNDAI

MODEL  
SONATA

DATE OF REG  
02.02.2012

CHASSIS CODE  
KMHFT141VMB820802

INV. NO/DATE  
91365654 31.03.2018

JOB NO.  
305126327

ODOMETER READING

JOB TYPE

Description : 3P 15.03.2018

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt.	1,550.00
Add GST @ 7.000 %	108.50
<b>Total Invoice amount</b>	<b>1,658.50</b>

Issued by : KATHERINETAN 02.04.2018 16:39:39  
Repair Type : CLSD/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 OWNER'S RISK.
- CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY GIVE 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.

Our Ref: CT18030473

Date: 03 April 2018



## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	15/03/2018 @ 15:15 hrs
ALONG	PIE TWDS KPE, SIMS AVE EXIT
INVOLVING	SGA44K

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 **SHD4036E** (the "Taxi"). The Taxi was hired to **LIM BAH SOON IC NO S0516340D** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$98.25** 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

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DATE	NAME OF DRIVER	MILEAGE READING			MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE
		96	4892	2		FROM	TO			
15/3/18	B S Lim	96	4892	2	223	750	1730			
15/3/18	T. C. Lee	96	5062	2	170	1900	0530			
16/3/18	B S Lim	96	5165	5	103	720	1725			
16/3/18	Wong	96	5442	2	<del>100</del> 278	1735	0448			
17/3/18	B S Lim	96	5684	4	242	810	1725			
17/3/18	T. C. Lee	96	5784	4	100	1940	0515			
18/3/18	B S Lim	96	6030	30	246	730	1730			
18/3/18	B S Lim	96	6112	12	86	705	950			
19/3/18	B S Lim	96	6112		Sum 40361	1000				
19/03/18	Accident	Repair				-	1500			
21/03/18										

**Enquire Vehicle Insurer**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SGA44K	15 Mar 2018 / 15:15:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

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

SUO 4036 E



## 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	16/03/2018 07:36
Date Of Accident	15/03/2018 15:15
Exact Location Of Accident	PIE TWDS KPE SIMS AVE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4036E
<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	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	LIM BAH SOON
NRIC No	S0516340D
Date Of Birth	21/05/1943
Occupation	OUTDOOR
Date Of Driving Pass	12/02/1964
Driving Experience	54 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL







