

Our Ref : T 0318/ SHA7736P /WT(st)
 Your Ref :
 Date : 09-Apr-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

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 758158

Sungei Kadut
 7 Sungei Kadut Way
 Singapore 728791

Yishun
 Yishun Industrial Park A
 Singapore 768732

AXA Insurance Pte Ltd
8 Shenton Way
#24-01, AXA Tower
Singapore 068811
Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHA7736P YOUR INSURED SGK8026H
 AND OTHER _____ ON 29.03.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : SHA7736P 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 SGK8026H we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair		\$ 2,407.50
2	<u>5</u> days Loss of Rental @ <u>\$ 119.28</u> per day		\$ 596.40
3	Survey Report Fees <i>(Surveyed by M/s LKK)</i>		\$ -
4	GIA / LTA Search Fee		\$ 7.49
5	GIA / Police Report Fees		\$ -
6	Towing / Medical / Transportation Fees		\$ -
Sub Total :			\$ 3,011.39

HIRER'S CLAIM

7	<u>5</u> days Loss of Income @ <u>\$ 80.00</u> per days		\$ 400.00
Total Claims:			\$ 3,411.39

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 : SGK8026H
 c) GIA / Police report/s of : SHA7736P
 d) Letter of authority from owner / hirer / operator
 Photocopies of Accident Scene Photo/s Traffic Compound PIR
 Witness statement/s Rental Rate letter 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

William Tan

Deputy Manager
 CDGE Claims Department

Tel: 6214 8737 Fax : 6214 1843 Email : williamtan@cdge.com.sg

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

A member of

COMFORTDELGRO



LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****i 40 SHA7736P , SGK8026H
ROBINSON RD JUCTION AND CROSS STREET****ON 29-Mar-18 17:30**

I / We

ANG TEOW HON (HONG... (Hirer) NRIC No.: **S8106106H**

and/or

(Relief) NRIC No.:

Taxi Number

SHA7736P

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

31-Mar-2018

Name of Hirer

ANG TEOW HON (HONG CHAOFENG)

Hirer NRIC

S8106106H

Signature :



Address

**128A PUNGGOL FIELD WALK #10-343
821128**

Contact No.

81280658

TAX INVOICE

8010010
AXA INSURANCE PTE LTD
#24-01 8 SHENTON WAY AXA TOWER
SINGAPORE 068811
CONTACT NO: 63387288

VEHICLE NO
SHA7736P
MAKE
HYUNDAI
MODEL
I-40
DATE OF REG
26.03.2015
CHASSIS CODE
KMHLB41UMFU065951
INV. NO/DATE
91366193 05.04.2018
JOB NO.
305137066
ODOMETER READING

JOB TYPE

Description : 3P 29.03.18

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt.		2,250.00
Add GST @ 7.000 %		157.50
Total Invoice amount:		2,407.50

Issued by : KATHERINETAN 05.04.2018 14:33:02
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 SHALL WITHIN 7 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.

Our Ref: CT18030980



Date: 05 April 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 29/03/2018 @ 17:30 hrs
ALONG ROBINSON RD JUNCTION AND CROSS STREET
INVOLVING SGK8026H

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 **SHA7736P** (the "Taxi"). The Taxi was hired to **ANG TEOW HON (HONG CHAOFENG) IC NO S8106106H** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$119.28** 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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SHM 7736P

MILEAGE READING		MILEAGE TRAVELLED (KM)	HOURS OPERATED (HOURS)		NAME OF DRIVER	DATE	MILEAGE READING		MILEAGE TRAVELLED (KM)	HOURS OPERATED (HOURS)	
FROM	TO		FROM	TO			FROM	TO			
377	127	390	0900	0900	Augi Zewu h...	26/3/2018	379	434	209	1600	0230
377	248	121	1500	1500	"	27/3/2018	379	524	89	0900	0200
377	495	246	0900	0900	"	27/3/2018	379	822	258	1600	0900
377	772	277	0900	0900	"	28/3/2018	379	988	115	0900	0230
378	031	258	0900	0900	"	28/3/2018	380	198	300	1600	0900
378	264	233	0900	0530	"	29/3/2018	380	273	74	0900	0200
378	449	184	1600	0900	"	29/3/2018	380	584	311	1600	0900
378	687	230	0900	0430	"	30/3/2018	380	624	40	0900	0100
379	058	371	1200	2300	"	30/3/2018	380	777	153	0900	1400
379	078	39			Accident	31/3/2018	41		41	0915	-
379	225	147	0300	0800	Repair	04/04/18			047	1100	-

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SGK8026H	29 Mar 2018 / 17:30:00	Successful	A12	AXA INSURANCE PTE LTD

Previous

OK

SHA 77368

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	01/04/2018 08:19
Date Of Accident	29/03/2018 17:30
Exact Location Of Accident	ROBINSON RD JUCTION AND CROSS STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7736P
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

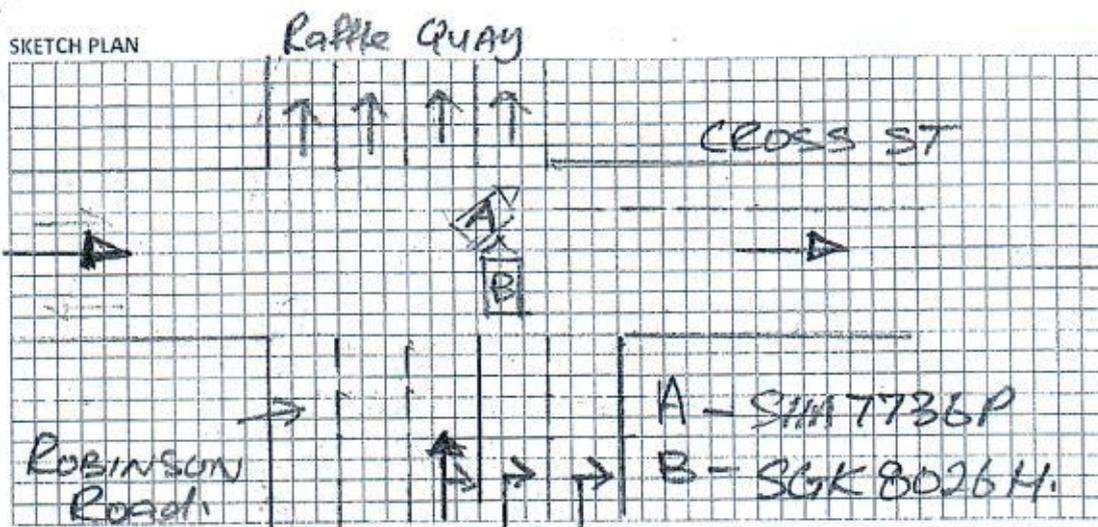
Insurance Company

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	ANG TEOW HON (HONG CHAOFENG)
NRIC No	S8106106H
Date Of Birth	01/03/1981
Occupation	OUTDOOR
Date Of Driving Pass	01/11/2000
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Sketch Plan Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 29/03/2018 @ 1730hr, I was driving along Robinson Road on 3rd lane to turning right towards Cross st, When my taxi approaching right turn Suddenly Vehicle (B) SGK 8026H on my right lane moving forward and hit my taxi on the rear right portion Cause damaged.

There is Video Footage on the Scene.
There is no injury on the incident.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

CO REG NO 199393821R

Policyholder's Signature

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

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.

COMFORT TRANSPORTATION PTE LTD
CO REG. NO. 199303821R

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.:

