

Our Ref : T 0418 / SHA2456E /CL(st)
 Your Ref: _____
 Date : 11-Apr-18

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

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 SHA2456E YOUR INSURED SJH4964G
 AND OTHER _____ ON 03.04.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHA2456E 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 SJH4964G we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 2,479.22
2	<u>2.5</u> days Loss of Rental @ \$ 125.40 per day	\$ 313.50
3	Survey Report Fees (<i>Surveyed by M/s LKK</i>)	\$ -
4	GIA / LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation	\$ -
Sub Total :		\$ 2,800.21

HIRER'S CLAIM

7	<u>2.5</u> days Loss of Income @ \$ 80.00 per days	\$ 200.00
Total Claims :		\$ 3,000.21

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

- a) Original repair bill and photocopies of photographs : 7 pcs.
- b) LTA search slip/s of : SJH4964G
- c) GIA / Police report/s of : SHA2456E
- 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.

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****TOYOTA PRIUS SHA2456E , SJH4964G
SIN MING AVE TWDS THOMSON RD.****ON 03-Apr-18 16:35**

I / We

SOH KOK SENG(Hirer) NRIC No.: **S1428751E**

and/or

(Relief) NRIC No.:

Taxi Number

SHA2456E

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

04-Apr-2018Name of Hirer
Hirer NRIC**SOH KOK SENG
S1428751E**

Signature :



Address

**220 HOUGANG STREET 21 #08-50
530220**

Contact No.

97530523

Workshops

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
 Page: 1

8010004
 AIG ASIA PACIFIC INSURANCE PTE LTD
 #08-16 78 SHENTON WAY, CHARTERS BUILD
 SINGAPORE SG 079120
 CONTACT NO: 64193000 3225094

VEHICLE NO: SHA2456K
 INV. NO/DATE: 91366710 09.04.2018
 MAKE: TOYOTA
 JOB NO: 305138402
 MODEL: PRIUS HYBRID(G4)
 ODOMETER READING:
 DATE OF REG: 14.09.2016
 DATE/TIME IN: 03.04.2018 17:45
 CHASSIS CODE: JTDKB3PU103529339

Description : 3P 03.04.2018

S/No	Part No.	Qty	Unit Price	%Disc	Net
PART REQUISITION					
0001	04-01-0302-2865 PRIG4 FILLER-REAR BUMPER	1	148.41	25.00	111.31
0002	04-01-0302-2288 PRIG4 REINFORCMENT SUB-A	1	318.80	25.00	239.10
0003	04-01-0302-2267 PRIG4 BUMPER PIECE	10	2.20	25.00	16.50
0004	09-01-0302-2005 PRIG4 REVERSE SENSOR ASSY	1	135.70	0.00	135.70
0005	04-01-0302-2286 PRIG4 COVER REAR BUMPER-T	1	82.70	25.00	62.02
0006	04-01-0302-2282 PRIG4 COVER REAR BUMPER	1	458.60	25.00	343.95
0007	04-01-0302-2287 PRIG4 GUARD-REAR BUMPER C	1	552.60	25.00	414.45
0008	04-01-0302-2347 PRIG4 COVER REAR FLOOR	1	232.00	25.00	174.00
SUB-TOTAL				:	1,497.03

JOB NATURE

- WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR GARS 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 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

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHO No.
8010004	91366710	2,479.22	

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 2

8010004
AIG ASIA PACIFIC INSURANCE PTE LTD
#08-16 78 SHENTON WAY, CHARTIS BUILD
SINGAPORE SG 079120
CONTACT NO: 64193000 3225094

VEHICLE NO
SHA2456E
INV. NO/DATE
91366710 09.04.2018
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TOYOTA
JOB NO.
305138402
MODEL
PRIUS HYBRID(G4)
ODOMETR READING
DATE OF REG
14.09.2016
DATE/TIME IN
03.04.2018 17:45
CHASSIS CODE
JTDKB3FU103529339

S/No	Part No.	Qty	Unit Price	%Disc	Net
0001	L PANRI, BRATING rear	400.00			400.00
0002	23-502 SPRAYPAINT ON AFFECTED AREA	400.00			400.00
0003	20-22 REMOVE/REFIX REVERSE SENSOR	20.00			20.00
SUB-TOTAL :					820.00

Items total 2,317.03
Add GST @ 7.000 % 162.19
Invoice amount 2,479.22

Issued by : KATHERINETAN 09.04.2018 11:58:41
Repair type : CRISO/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 CARDS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS' RISK.
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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.
8010004	91366710	2,479.22	

Our Ref: CT18040070

Date: 09 April 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 03/04/2018 @ 16:35 hrs
ALONG SIN MING AVE TWDS THOMSON RD
INVOLVING SJH4964G

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 **SHA2456E** (the "Taxi"). The Taxi was hired to **SOH KOK SENG IC NO S1428751E** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.40** 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.

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJH4964G	03 Apr 2018 / 16:35:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

Previous

OK

SHAWJBE

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	04/04/2018 09:43
Date Of Accident	03/04/2018 16:35
Exact Location Of Accident	SIN MING AVE TWDS THOMSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2456E
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	TOYOTA
Model	PRIUS
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	SOH KOK SENG
NRIC No	S1428751E
Date Of Birth	05/12/1960
Occupation	OUTDOOR
Date Of Driving Pass	17/01/1980
Driving Experience	38 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 220 HOUGANG STREET 21 #08-50
Postcode	530220
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
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

PLS REFER TO ATTACHED

Attachment(s)

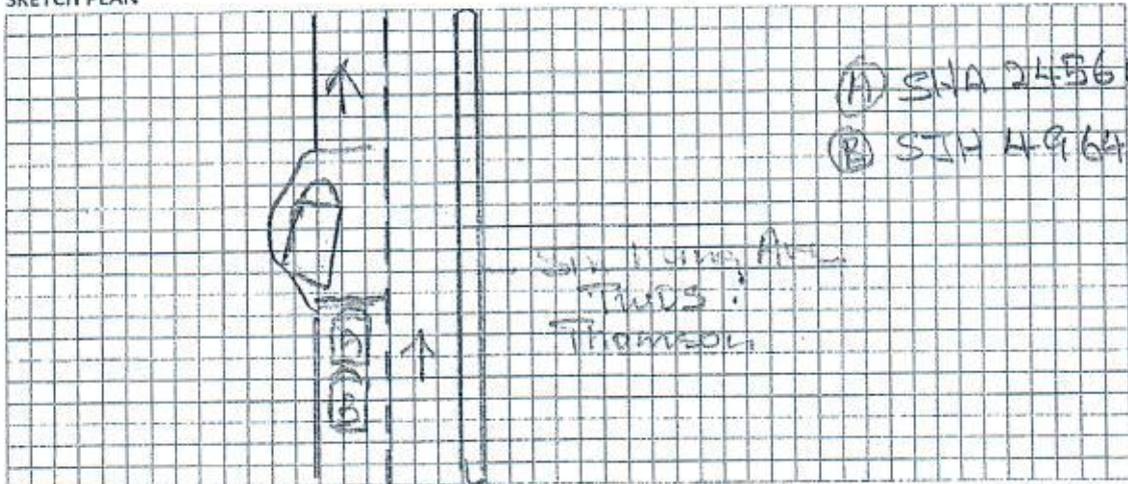
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJH4964G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA PENG SING
NRIC/Passport Number	S7973325C
Contact Number	91847945
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/4/2018 at about 1635 hrs, I vehicle A was driving along Sin mung ave toward thomson, while I approaching to the bus stop, I stop for the bus to come out from a bus. Suddenly, vehicle B came from my back and hit onto my taxi near position, my taxi sustain a damaged.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303221R

Policyholder's Signature
Date & Time:

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

Jackson Heng
CEO

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/PMC SketchPlanForm_V3

