

Our Ref : T 0217 / SHB 6220L / WT (J)

Date : 07-Mar-17

M/s China Taiping Insurance (Singapore) Pte Ltd
3 ANSON ROAD
#16-00 SPRINGLEAF TOWER
SINGAPORE 079909.

CDGE Taxi Claims Department
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. 19950648W

Attn : Motor Claims Department
Dear Sir

WITHOUT PREJUDICE

ACCIDENT INVOLVING OUR TAXI
PA 4747H OTHER

SHB 6220L

YOUR INSURED
ON 01.02.17

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
Yishun Industrial Park A
Singapore 768732

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHB 6220L 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 :
we are submitting this claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

- 1 Cost of Repair
- 2 3 days Loss of Rental @\$ 127.33 per day
- 3 Survey Report Fees (Surveyed by M/s LKK)
- 4 LTA Search Fees
- 5 GIA / Police Report Fees
- 6 Towing / Medical / Transportation Fees

Sub Total :

S\$ 3542.56
S\$ 381.99
S\$ -
S\$ 2.00
S\$ -
S\$ -
S\$ 3,926.55

HIRER'S CLAIM

- 1 days Loss of Income @\$ per days

Total Claims

S\$ 0.00
S\$ 3,926.55

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

- a) Original repair bill :
- b) LTA search slip/s of : PA 4747H
- c) GIA / Police report/s of : SHB 6220L
- d) Letter of authority from owner / hirer / operator

- () Photocopies of Accident Scene Photo/s () Traffic Police Result
() 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.

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
William Tan

Deputy Manager

CDGE Claims Department

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

A member of

COMFORTDELGRO



LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONGi 40 SHB6220L , PA4747H
ANSON ROAD

ON 01-Feb-17 09:00

I / We

LIM AH THONG

(Hirer) NRIC No.: S1402729G

and/or

(Relief) NRIC No.:

Taxi Number

SHB6220L

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

01-Feb-2017

Name of Hirer

LIM AH THONG

Hirer NRIC

S1402729G

Signature :



Address

682A JURONG WEST CENTRAL 1 #1...
641682

Contact No.

96232425

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 1

8010012

CHINA TAIPING INSURANCE CO(S) PTE L
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SHR6220L

MAKE
HYUNDAI

MODEL
i-40

DATE OF REG
05.01.2017

CHASSIS CODE
KMHLB41UMHU097909

INV. NO/DATE
91293523 27.02.2017

JOB NO.
305005720

OILMETER READING

DATE/TIME IN
01.02.2017 09:38

Description : ACC: 01.02.17

S/No	Part No.	Qty	Unit Price	%Disc	Net
PART REQUISITION					
0001	04-01-0103-2292	1	1,052.20	20.00	841.76
0002	04-01-0103-0639	1	24.60	20.00	19.68
0003	04-01-0103-0781	1	1,388.00	20.00	1,110.40
0004	04-01-0103-0637	1	22.40	20.00	17.92
0005	04-01-0103-0574	1	619.00	20.00	495.20
0006	04-01-0103-2834	1	169.80	20.00	135.84
SUB-TOTAL:					2,620.80

JOB NATURE

0001	L	PANEL BEATING- FRT.	300.00	300.00
0002	L	SPRAY PAINTING CHARGE	360.00	360.00

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.
8010012	91293523	3,542.56	

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 2

8010012

CHINA TAIPING INSURANCE CO(S) PTE L
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SHB62201

MAKE
HYUNDAI

MODEL
i-40

DATE OF REG
05.01.2017

CHASSIS CODE
KMHL841UMHJ097909

INV. NO/DATE
91293523 27.02.2017

JOB NO.
305005720

ODIOMETER READING

DATE/TIME IN
01.02.2017 09:38

S/No	Part No.	Qty	Unit Price	%Disc	Net
0003	I.	TUFF KOTK	30.00		30.00
SUB-TOTAL :					690.00

Items total	3,310.80
Add GST @ 7.000 %	231.76
Invoice amount	3,542.56

Issued by : KATHERINETAN 27.02.2017 11:44:25
Repair type : CLSO/57/57
Payment Type/Term: /Credit 30 days

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.
8010012	91293523	3,542.56	

Our Ref: CT17020008



Date: 10 February 2017

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	01/02/2017 @ 09:00 hrs
ALONG	-ANSON ROAD NEAR MAXWELL RD
INVOLVING	PA4747H

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 **SHB6220L** (the "Taxi"). The Taxi was hired to **LIM AH THONG IC NO S1402729G** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate \$127.33 per day (inclusive of GST).

Please be advised that the Taxi was insured with **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
Executive, Fleet Safety

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

[illegible]

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

RECORDS MANAGEMENT CENTRE

Third Party Insurer Enquiry

Our Ref No: GR-17-014321
Date of Request: 01/02/2017

Your Ref No: Online Purchase

ComfortDelGro Engineering Pte Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date 01/02/2017
Enquiry By ROGER HOW
TP Vehicle No. PA4747H
Accident Date 01/02/2017

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
PA4747H	China Taiping Insurance (Singapore) Pte. Ltd.	13/01/2017-12/01/2018	6389 6111

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.

SHB6220L



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-17-014321
Date of Request: 01/02/2017

Your Ref No: Online Purchase

ComfortDelGro Engineering Pte Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date: 01/02/2017
Enquiry By: ROGER HOW
TP Vehicle No: PA4747H
Accident Date: 01/02/2017

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

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	01/02/2017 14:47
Date Of Accident	01/02/2017 09:00
Exact Location Of Accident	ANSON ROAD NEAR MAXWELL RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6220L
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	First Capital Insurance Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	Yes
Policy Number	D-1572701MFSH
Cover Note Number	

Driver

Name of Driver	LIM AH THONG
NRIC No	S1402729G
Date Of Birth	21/08/1960
Occupation	Outdoor
Date Of Driving Pass	24/07/1984
Driving Experience	32 Years And 6 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	TELESERV@PACIFIC.NET.SG

Address	682A JURONG WEST CENTRAL 1 # 10-106
Postcode	S641682
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	Hit and run
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
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?	Yes
If Yes, Please state which Police Station	
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Address	ROAD: 1 Pasir Ris Drive 4 , POSTCODE: 519457 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

PLS SEE 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	PA4747H
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	NOT SURE
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 willful 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.
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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

EMPORT TRANSPORTATION PTE.
230 SIN MING DRIVE
SINGAPORE 570117
TEL 6555 1188 FAX 6555 1189
CORPORATE NO. 101

Policyholder's Signature / Date & Time

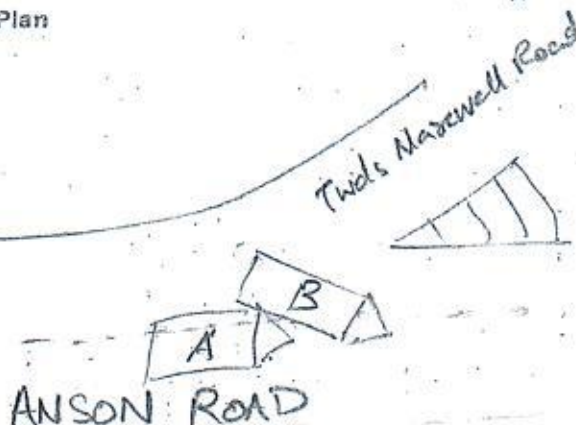
Sketch Plan

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

Witnessed by Reporting Centre Personnel

S R Moorthy
CSO 1/2/17

A) SHB6220L
B) PA4747H



Describe Circumstances of the Accident

Refer Police Report 7/20170201/2030

Declaration

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
393 SIN MING DRIVE
SINGAPORE 650147
TEL: 6555 1188 FAX: 6555 1193
CO REG NO: 142047015

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel


SR Moorthy
CSG
12/17



**SINGAPORE
POLICE FORCE**



T/20170201/2030

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20170201/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2017 11:22	Vide Report No.:	Station Diary No.: 26
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Informant's Particulars

Name of Informant: LIM AH THONG			Address: APT BLK 682A JURONG WEST CENTRAL 1 #10-106 SINGAPORE 641682		
ID Type / ID No.: NRIC NO / S1402729G			Contact No.: Home/Office: Mobile: 96232425		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 21/08/1960	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/02/2017 09:00	Type of Location: Straight Road
Location: Along Road 1 ANSON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA4747H	Bus/Coach/Minibus	ISUZU	LT133P			0
SHB6220L	Car	HYUNDAI	I40	Blue	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20170201/2030

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3

Report No. T/20170201/2030

CONTINUATION OF REPORT

Brief Details.

On 01/02/2017 at about 0900hrs, I was driving my blue Comfort taxi bearing plate number SHB6220L along Anson Rd. It was a 5 lane road and I was driving on the second lane from the left. When I was trying to filter left, I saw a private bus bearing plate number PA4747H coming from my left side filtering right at a high speed. As such, I stopped my vehicle. However, the driver steered to the left into the bus lane while crossing a double white line before the bus was completely past my vehicle, causing the tail of the bus to swing and hit the left side of my vehicle. After the collision, the bus continued driving off without stopping. As a result of the collision, the left front panel of my vehicle was damaged.

I wish to add that I have a camera installed inside my vehicle, and I have already submitted the footage to my company. I did not sustain any injuries and I did not have any passengers inside my taxi at that point in time.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



T/20170201/2030

3 of 3

Report No. T/20170201/2030

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Cpl CLEON ONG JUN JIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt LIM WOON TIONG

Contact No.: 65476418

Signature Of Informant:

Date/Time:

01/02/2017 11:22

Classification Of Case:

Authentication Stamp

NR 168

SN 163

Signature:

Singapore Police Force

