

Our Ref : T 0418/ SHD3606S /WT(st)

Your Ref :

Date : 03-May-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

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 SHD3606S YOUR INSURED SJH5114L
AND OTHER _____ ON 23.04.18

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : SHD3606S 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 SJH5114L we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	374.50
2	3 days Loss of Rental @ \$ 125.40 per day	\$	376.20
3	Survey Report Fees (Surveyed by M/s LKK)	\$	-
4	GIA / LTA Search Fee	\$	7.49
5	GIA / Police Report Fees	\$	-
6	Towing / Medical / Transportation Fees	\$	-
Sub Total :		\$	758.19

HIRER'S CLAIM

7	3 days Loss of Income @ \$ 80.00 per days	\$	240.00
Total Claims:		\$	998.19

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

- a) Original repair bill and photocopies of photographs 4 pcs
- b) LTA search slip/s of : SJH5114L
- c) GIA / Police report/s of : SHD3606S
- d) Letter of authority from owner / hirer / operator
 - (X) Photocopy/s of Accident Scene Photo/s () Traffic Compound () PIR
 - () 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.

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****TOYOTA PRIUS SHD3606S , SJH5114L
CHOA CHU KANG WEST FLYOVER X KJE****ON 23-Apr-18 15:15**

I / We

CHONG KUM SENG(Hirer) NRIC No.: **S1563377H**

and/or

(Relief) NRIC No.:

Taxi Number

SHD3606S

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

24-Apr-2018Name of Hirer
Hirer NRIC**CHONG KUM SENG
S1563377H**

Signature :



Address

**308 YISHUN RING ROAD #06-1256
760308**

Contact No.

90466698

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 1

8010010

AXA INSURANCE PTE LTD

#24-01 8 SHENTON WAY AXA TOWER
SINGAPORE SG 068811

CONTACT NO: 63387288

VEHICLE NO
SHD3606S

MAKE
TOYOTA

MODEL
PRIUS HYBRID(G4)

DATE OF REG
14.09.2016

CHASSIS CODE
JTDKB3FUX03530229

INV. NO/DATE
91369885 27.04.2018

JOB NO.
305145434

ODOMETER READING

DATE/TIME IN
24.04.2018 10:55

Description : 3P 23.04.2018

S/No Part No.

Qty Unit Price %Disc Net

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0001	L	REAR BUMPER MAT	50.00	50.00
0002	L	PANEL BEATING	100.00	100.00
0003	23-502	SPRAYPAINT ON AFFECTED AREA	200.00	200.00
SUB-TOTAL :			350.00	

- 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 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.
8010010	91369885	374.50	

Workshops

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 2

8010010

AXA INSURANCE PTE LTD

#24-01 8 SHENTON WAY AXA TOWER
SINGAPORE SG 068811

CONTACT NO: 63387288

VEHICLE NO
SHD3606S

MAKE
TOYOTA

MODEL
PRIUS HYBRID(G4)

DATE OF REG
14.09.2016

CHASSIS CODE
JTDKB3FUX03530229

INV. NO/DATE
91369885 27.04.2018

JOB NO.
305145434

ODOMETER READING

DATE/TIME IN
24.04.2018 10:55

Items total	350.00
Add GST @ 7.000 %	24.50
Invoice amount	374.50

Issued by : CHEWBEELENG 27.04.2018 16:53:12
Repair type : CLSO/57/57
Payment Type/Term: /Credit 30 days

- 1) 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.
- 2) 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.
- 3) 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.
- 4) 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.
8010010	91369885	374.50	

Our Ref: CT18040658

Date: 27 April 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	23/04/2018 @ 15:15 hrs
ALONG	CHOA CHU KANG WEST FLYOVER X KJE
INVOLVING	SJH5114L

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 **SHD3606S** (the "Taxi"). The Taxi was hired to **CHONG KUM SENG IC NO S1563377H** 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.

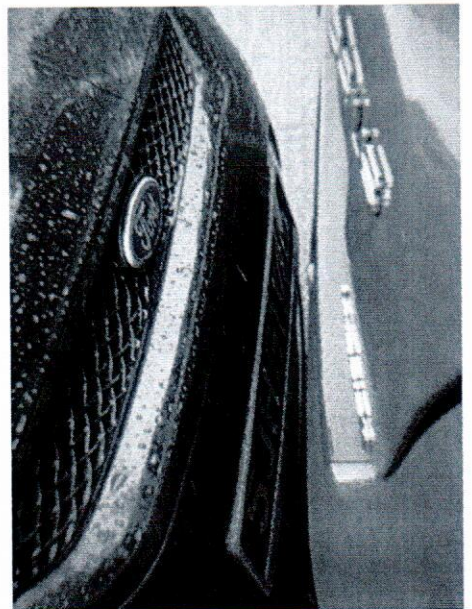
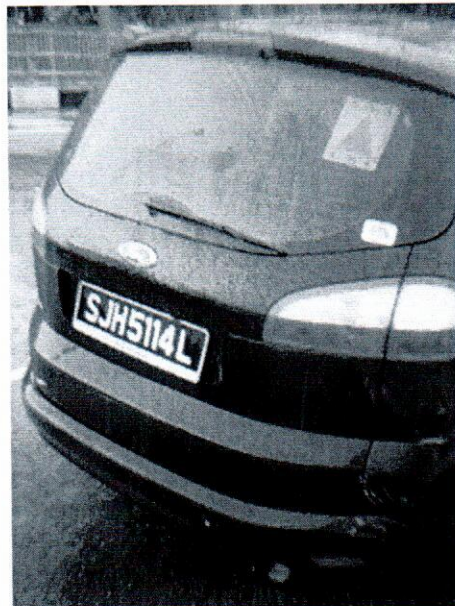
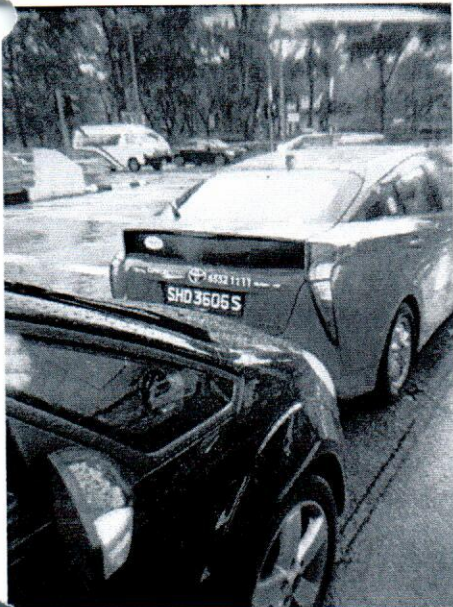
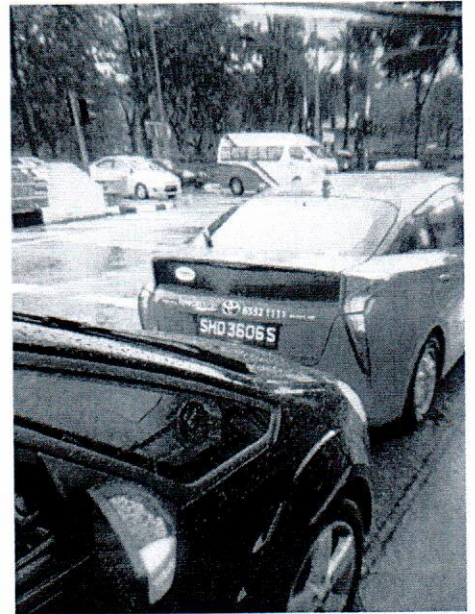
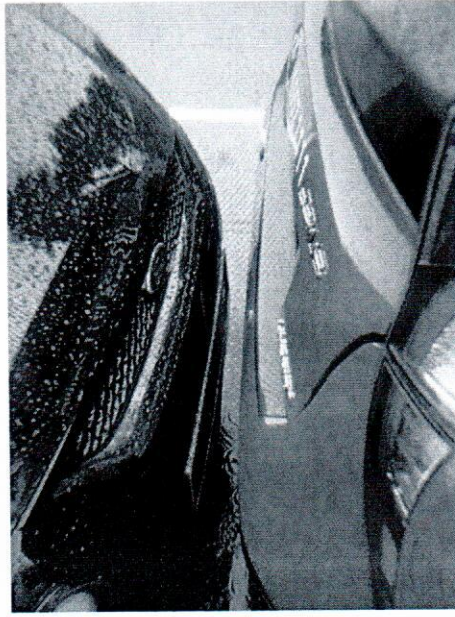
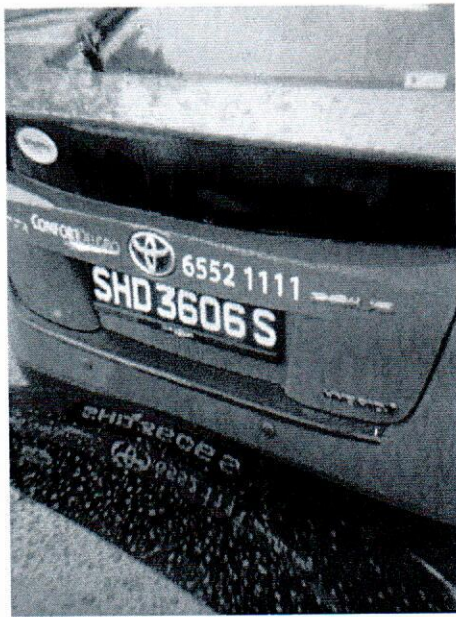
[illegible][illegible]

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJH5114L	23 Apr 2018 / 15:15:00	Successful	A12	AXA INSURANCE PTE LTD

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

SND 3606 S



LKE



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : WCD 61808 3907 Vehicle Registration No: SXD 3606 J

Name (as shown in NRIC) : Chong Kun Seng NRIC/FIN/Passport No : _____

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 23/11/18 Time of Accident : 1815h

Place of Accident : Choa Chu Kang W Flyover

Insurance Company : First Capital Insurance Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Submit police report

XY
Policyholder / Driver's Signature
Date: 26/11/18

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



SINGAPORE POLICE FORCE



T/20180424/2046

1 of 3

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

Report No. T/20180424/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/04/2018 13:42	Vide Report No.:	Station Diary No.: 16
--	------------------	--------------------------

Informant's Particulars

Name of Informant: CHONG KUM SENG			Address: APT BLK 308 YISHUN RING ROAD #06-1256 SINGAPORE 760308	
ID Type / ID No.: NRIC NO / S1563377H			Contact No.: Home/Office: Mobile: 90466698	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 55	Date of Birth: 23/06/1962	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/04/2018 15:15	Type of Location: X-Junction
Location: Along Road 1 CHOA CHU KANG WAY				
turning right into KJE				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3606S	Taxi					2
SJH5114L	Car					0

Details of Person Involved

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL		



**SINGAPORE
POLICE FORCE**



T/20180424/2046

2 of 3

Police Station Of Origin:

Whampoa NPP

29 Jalan Bahagia #01-368 SINGAPORE
320029

Tel No: 1800-2507999

Report No. T/20180424/2046

CONTINUATION OF REPORT

Driver			
Name	CHONG KUM SENG	ID No.	S1563377H
Related Vehicle	SHD3606S (Taxi)	Contact No.	90466698
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	24/04/2018	Date Discharge	24/04/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 23 April 2018 at about 1515hrs, I was driving along the first lane along Choa Chu Kang Way. At the junction along Choa Chu Kang Way turning right into KJE, I stopped at the traffic light junction as the traffic light turned red. My taxi was in stationary position. Whilst waiting for the traffic light to turn green, a vehicle SJH5114L came from the rear and collided onto my vehicle. Due to the collision, I suffered pain on my back. None of my passengers were injured.

On 24 April 2018, I went to Mount Alvernia Hospital to seek treatment. I was issued with 5 days of MC. I am lodging this report for police assistance and for insurance claiming purposes.



**SINGAPORE
POLICE FORCE**



T/20180424/2046

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

3 of 3

Report No. T/20180424/2046

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:
E /
Staff Sgt AMERULZAID BIN AZIZ

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
24/04/2018 13:42

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430



SINGAPORE
POLICE FORCE

Classification Of Case:

SN 072

Authentication Stamp
NP168

SIGNATURE