



CDG.VARS.V.LetofAuthorisation

## LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING  
ALONGi 40 SHC3760J , SKS8672C  
HOUGANG STREET 61 TWDS HOUGANG AVE 4.  
(INFRONT OF BLOCK 554)

ON 06-Jun-18 21:40

I / We

MOHAMED AMIR BIN MO... (Hirer) NRIC No.: S7211933I

and/or

(Relief) NRIC No.:

Taxi Number

SHC3760J

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

07-Jun-2018

Name of Hirer  
Hirer NRICMOHAMED AMIR BIN MOHAMED ALI  
S7211933I

Signature :



Address

193 PASIR RIS STREET 12 #09-64  
510193

Contact No.

98296668

## TAX INVOICE

8010010

AXA INSURANCE PTE LTD

#24-01 8 SHENTON WAY AXA TOWER  
SINGAPORE 068811

CONTACT NO: 63387288

VEHICLE NO  
SHC3760J

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
14.08.2014

CHASSIS CODE  
KMHLB41UMEU057726

INV. NO/DATE  
91378043 14.06.2018

JOB NO.  
305170925

ODOMETER READING

JOB TYPE

Description : 3P 06.06.2018

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	3,150.00
Add GST @ 7.000 %	220.50
<b>Total Invoice amount</b>	<b>3,370.50</b>

Issued by : CHEWBEELING 14.06.2018 13:52:27  
Repair Type : CLSO/57/57  
Payment Type/Term : /Credit 30 days

1. WE MUST TAKE ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE. THE COMPANY ACCEPTS NO RESPONSIBILITY FOR DAMAGE TO 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.



Our Ref: CT18060214



Date: 14 June 2018

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON  
ALONG  
INVOLVING

06/06/2018 @ 21:40 hrs  
HOUGANG STREET 61 TWDS HOUGANG AVE 4.  
SKS8672C

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 **SHC3760J** (the "Taxi"). The Taxi was hired to **MOHAMED AMIR BIN MOHAMED ALI IC NO S7211933I** 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

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

SAC 37603

OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING					MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
TO	FROM			3	9	0	1	5		FROM	TO
0100		13/4-16/4	Amir	3	9	0	1	5	4	1500	0140
0555 AM		16/4/18	Amir	3	9	0	1	6	8	0905	0940
2135		16/4-23/4	Amir	3	9	2	1	4	0	1530	0045
		23/4/18	Amir	3	9	2	2	3	8	0800	1200
0030		23/4-25/4	Amir	3	9	2	9	0	2	1300	0200
0735 PM		25/4	Amir	3	9	3	0	2	0	0800	1400
0030		25/4-23/5	Amir	3	9	9	7	6	2	1500	0330
2030		23/5/18	Amir	3	9	9	8	0	2	0700	1000
2245		23/5	Amir							1300	
2245		06.06.18	ACCIDENT							2240	-
0050		11.06.18	REPAIR							-	1700

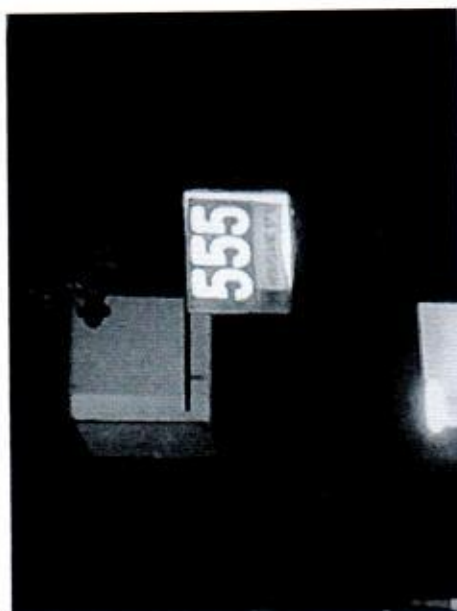
**Enquire Vehicle Insurer**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SKS8672C	06 Jun 2018 / 21:40:00	Successful	A12	AXA INSURANCE PTE LTD

Previous

OK





## 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	07/06/2018 15:46
Date Of Accident	06/06/2018 21:40
Exact Location Of Accident	HOUGANG STREET 61 TWDS HOUGANG AVE 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3760J
<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	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	MOHAMED AMIR BIN MOHAMED ALI
NRIC No	S7211933I
Date Of Birth	27/03/1972
Occupation	OUTDOOR
Date Of Driving Pass	16/06/2009
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98296668
Fax Number	
Contact Number	
EMail Address	WAMIRDA@GMAIL.COM



Address	BLK 193 PASIR RIS STREET 12 #09-64
Postcode	510193
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?	YES
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE

#### 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

REFER POLICE REPORT NO: T/20180607/2094

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS8672C
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD IZZUDDIN ABDUL MANAF
NRIC/Passport Number	
Contact Number	84446254
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	MOHAMED AMIR BIN MOHAMED ALI
Approximate Age	
Injuries Sustain	LOWER BACK AND NECK
Injured person in which vehicle?	SHC3760J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan Pg. 1


### 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. 169303821R

+ 

Policyholder's Signature  
Date & Time:

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

7/6/18  
Jackson Heng  
CSO

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





# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer: Police Report attach. T/20180607/2094.

## DECLARATION

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

7/6/18  
Jackson Hong  
CSO

JACKSON



**SINGAPORE  
POLICE FORCE**



T/20180607/2094

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

1 of 3

Report No. T/20180607/2094

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/06/2018 13:51		Vide Report No.:		Station Diary No.: 68	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMED AMIR BIN MOHAMED ALI			Address: APT BLK 193 PASIR RIS STREET 12 #09-64 SINGAPORE 510193		
ID Type / ID No.: NRIC NO / S7211933I			Contact No.: Home/Office: Mobile: 98296668		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 27/03/1972	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 06/06/2018 21:40	Type of Location: Straight Road
Location: Along Road 1 HOUGANG STREET 51  In front of Block 554				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Light
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
SHC3760J	Car				Slightly Damaged	3
SKS8672C	Car				Slightly Damaged	1

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20180607/2094

2 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/20180607/2094

## CONTINUATION OF REPORT

Driver			
Name	MOHAMED AMIR BIN MOHAMED ALI	ID No.	S7211933I
Related Vehicle	SHC3760J (Car)	Contact No.	98296668
Hospital/Clinic	HAMID FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/06/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On the 06/06/2018 at about 2140hrs I had just stopped my said vehicle on the second lane of the two lane road of Hougang Street 51, just in front of Blk 554. Right before I stopped the vehicle I turned on my hazard light and stopped the vehicle so as for my passengers to alight. A few seconds later I felt an impact on the right rear end of my car.

I made a check with my passengers if they were alright to which they informed that they were. I then proceeded out to make a check on my vehicle and the damage sustained from the collision. There were dents and few other damages on my right rear end of my bumper. I then made a check with the person that collided with me, his vehicle was slightly damaged on the front left side of his vehicle. I made a check with the driver and he informed that he was alright and don't need any medical attention. We exchanged our particulars among one another and we continued on our ways.

My car has an in-car-camera facing on the front end of my vehicle and I was recording but it does not show the footage as accident occurred on the rear of my vehicle. I am unsure if the other party on his car. I managed to get the following particulars of the other party:

Muhammad Izzuddin Bin Abdul Manaf

S9608260F

13/03/1996

84446254





**SINGAPORE  
POLICE FORCE**



T/20180607/2094

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

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Report No. T/20180607/2094

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 / *Khairul Nader*  
Sgt 2 MUHAMMAD FIRDAUS BIN ABDULLAH  
SHAFIE

Signature Of Informant:

*AB*

Signature Of Interpreter:  
Not applicable

Date/Time:  
07/06/2018 13:51

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

Classification Of Case:

Authentication Stamp  
NP168



