

Our Ref : T 0618/ SHA2506U /KS(st)
Your Ref :
Date : 03-Jul-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: 199506549W

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

Yishun
Yishun Industrial Park A
Singapore 768732

Lonpac Insurance Bhd
300 Beach Road
#17-04 / 07, The Concourse
Singapore 199555
Attn : Motor Claim Department

WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHA2506U YOUR INSURED SFA3311G AND OTHER ON 21.06.18

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHA2506U 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 : SFA3311G we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

- 1 Cost of Repair
- 2 2 days Loss of Rental @ \$ 117.00 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

\$ 107.00

\$ 234.00

\$ -

\$ 7.49

\$ -

\$ -

Sub Total : \$ 348.49

HIRER'S CLAIM

- 7 2 days Loss of Income @ \$ 80.00 per days

\$ 160.00

Total Claims: \$ 508.49

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

a) Original repair bill and photocopies of photographs :

b) LTA search slip/s of : SFA3311G

c) GIA / Police report/s of : SHA2506U

d) Letter of authority from owner / hirer / operator

() Witness statement/s () Towing/Medical bill/receipts () Certificate of Insurance

(X) Photograph/s of Accident Scene (x) Downtime/Mileage record (x) Rental Rate letter

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
Kazali Hj Selahudin

Deputy Manager

CDGE Taxi Claims Department

Tel : 6214 8736 Fax: 6214 1843 Email: kazali@cdge.com.sg

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

A member of

COMFORTDELGRO



CDG.VARS.V.LetofAuthorisation

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****i 40 SHA2506U , SFA 3311G
MOUTH ELIZABETH LINK TWDS BIDEFORD ROAD.****ON 21-Jun-18 12:25**

I / We

WANG LOCK JIONG(Hirer) NRIC No.: **S0255639A**

and/or

(Relief) NRIC No.:

Taxi Number

SHA2506U

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

21-Jun-2018Name of Hirer
Hirer NRIC**WANG LOCK JIONG
S0255639A**

Signature :



Address

**363 HOUGANG AVENUE 5 #05-280
530363**

Contact No.

96551561

TAX INVOICE

(COMPANY REG. NO.: 199506048W
Page: 1

8010042

LONPAC INSURANCE BERHAD
#17-04 / 07 THE CONCOURSE

300 BEACH ROAD
SINGAPORE SG 199555

CONTACT NO: 62507388

VEHICLE NO
SHA2506U

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
29.09.2016

CHASSIS CODE
KMHFB41UMGU093610

INV. NO/DATE
91380902 29.06.2018

JOB NO.
305178303

OILMETER READING

DATE/TIME IN
21.06.2018 14:40

Description : 3P 21.06.18

S/No Part No.

Qty Unit Price %Disc Net

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

| S/No | Part No. | Description | Qty | Unit Price | %Disc | Net |
|------|----------|-----------------------|-------|------------|-------|-------|
| 0001 | L | PANEL BEATING | 50.00 | | | 50.00 |
| 0002 | L | SPRAY PAINTING CHARGE | 50.00 | | | 50.00 |

SUB-TOTAL : 100.00

Items total 100.00

Add GST @ 7.000 % 7.00

Invoice amount 107.00

- 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 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. |
|-------------|-------------|--------|--------------|
| 8010042 | 91380902 | 107.00 | |
| | | | |
| | | | |

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 2

8010042

LONPAC INSURANCE BERHAD
#17-04 / 07 THE CONCOURSE

300 BEACH ROAD
SINGAPORE SG 199555

CONTACT NO: 62507388

VEHICLE NO
SHA2506U

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
29.09.2016

CHASSIS CODE
KMHLB41UMGU093610

TIN. NO/DATE
91380902 29.06.2018

JOB NO.
305178303

ODMETER READING

DATE/TIME IN
21.06.2018 14:40

Issued by : KATHERINETAN 29.06.2018 13:50:44
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 CARDS 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.
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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/CHO No. |
|-------------|-------------|--------|--------------|
| 8010042 | 91380902 | 107.00 | |
| | | | |
| | | | |
| | | | |

Our Ref: CT18060643

Date: 27 June 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

| | |
|-------------|---|
| ACCIDENT ON | 21/06/2018 @ 12:25 hrs |
| ALONG | MOUTH ELIZABETH LINK TWDS BIDEFORD ROAD |
| INVOLVING | SFA 3311G |

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 **SHA2506U** (the "Taxi"). The Taxi was hired to **WANG LOCK JIONG IC NO S0255639A** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$117.00** 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.

SHA 2506 U

| DATE | NAME OF DRIVER | MILEAGE READING | | | MILEAGE TRAVELLED (KM) | HOURS OPERATED (TIME) | | DATE | NAME OF C |
|---------|----------------|-----------------|----|----|------------------------|-----------------------|------|------|-----------|
| | | | | | | FROM | TO | | |
| 17/6/18 | N H Gout | 22 | 34 | 12 | 340 | 1430 | 2050 | | |
| 18/6/18 | CJ Wamp | 22 | 36 | 53 | 235 | 0630 | 1545 | | |
| 19/6/18 | CJ Wamp | 22 | 38 | 03 | 250 | 0705 | 1640 | | |
| 20/6/18 | CJ Wamp | 22 | 40 | 78 | 175 | 0725 | 1534 | | |
| 20/6/18 | N H Gout | 22 | 42 | 39 | 240 | 1600 | 0248 | | |
| 21/6/18 | CJ Wamp | 22 | 44 | 64 | 144 | 0655 | 1440 | | |
| 21/6 | Accident | | | | In | 1440 | — | | |
| 22/6 | repair | | | 14 | Out | — | 1445 | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Quantity
22/6/18

Enquire Vehicle Insurer

| Vehicle No. | Incident Date/Time | Search Status | Insurance Company Code | Insurance Company Name |
|-------------|------------------------|---------------|------------------------|------------------------|
| SFA3311G | 21 Jun 2018 / 12:25:00 | Successful | L06 | LONPAC INSURANCE BHD |

Previous

OK

SFA3311G

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 21/06/2018 16:21
 Date Of Accident 21/06/2018 12:25
 Exact Location Of Accident MOUTH ELIZABETH LINK TWDS BIDEFORD ROAD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA2506U
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 WANG LOCK JIONG
 NRIC No S0255639A
 Date Of Birth 26/06/1944
 Occupation OUTDOOR
 Date Of Driving Pass 12/11/2007
 Driving Experience 10 YEARS AND 7 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-96551561
 Fax Number
 Contact Number
 EMail Address NOEMAIL

| | |
|---|----------------------------------|
| Address | BLK 363 HOUGANG AVENUE 5 #05-280 |
| Postcode | 530363 |
| 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 | SIDE SWIPE |
| 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) | 2 |
| Passenger 1 | NAME: : - GENDER: : MALE |

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 | SFA3311G |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | LONPAC INSURANCE BHD |
| Nature Of Damage | LEFT WING MIRROR |

IMPORTANT NOTICE

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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.

CO REG NO 1993038218

Policyholder's Signature
Date & Time:

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

21/6/18
Jackson Hong
CSO

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/6/2018 at about 12:15 hrs, I vehicle A was
 queue up stationary at mouth elizabeth link.
 There was two way traffic and 2 lane. Vehicle A
 was in this lane, vehicle B came from
 my right and hit against vehicle A right front
 wing mirror cracked. She come down and offer
 me fifty dollars. No one was injured at that time.

DECLARATION

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

UNIFORM TRANSPORTATION PTE LTD
 CO REG NO 19930321R

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.:

GARMC SketchPlanForm_V3

21/6/18
 Jackson Hong CSO Jackson

