

Our Ref : CC18070058/ SHD8867Y /CL(st)

Date : 17-Jul-18

AIG ASIA PACIFIC INSURANCE PTE LTD
CHARTIS Building
78 Shenton Way
#07-16
Singapore 079120

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

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
501 Yishun Industrial Park A
Singapore 768732

Attn : Motor Claims Department WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHD8867Y YOUR INSURED
SLJ 797P AND OTHER ON 03.07.18**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor vehicle no: **SHD8867Y** 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 **SLJ 797P** we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,765.50
2	4 days Loss of Rental @ \$ 167.80 per day	\$ 671.20
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation Fees	\$ -
Sub Total :		\$ 2,444.19

HIRER'S CLAIM

7	4 days Loss of Income @ \$ 80.00 per day	\$ 320.00
Total Claims :		\$ 2,764.19

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

- a) Original repair bill and photocopies of photographs : 8 pcs.
b) LTA search slip/s of : **SLJ 797P**
c) GIA / Police report/s of : **SHD8867Y**
d) Letter of authority from owner / hirer / operator
() Witness statement/s () Certificate of Insur: (x) Rental Rate letter
(X) Photograph/s of Accident Scene (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.

A member of

COMFORTDELGRO



LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONGMERCEDES E220 SHD8867Y , SLJ797P
TEMASEK AVE X RAFFLES AVE

ON 03-Jul-18 09:40

I / We

OW CHIEN HAO (OU JI... (Hirer) NRIC No.: S7516234J

and/or

(Relief) NRIC No.:

Taxi Number

SHD8867Y

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

03-Jul-2018

Name of Hirer

OW CHIEN HAO (OU JIANHAO)

Hirer NRIC

S7516234J

Signature :



Address

331 SEMBAWANG CLOSE #12-365
750331

Contact No.

91837468

Workshops59 Loyang Drive Singapore 508969 24 Senoko Loop Singapore 758156
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609286 501 Yishun Industrial Park A Singapore 768773
320 Ubi Road 3 Singapore 408649

COMPANY REG. NO.: 199506048W

Page: 1

TAX INVOICE

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

#08-16 78 SHENTON WAY.CHARTIS BUILD
SINGAPORE 079120

CONTACT NO: 64193000 3225094

VEHICLE NO
SHD8867YMAKE
MERCEDES BENZMODEL
E220CDI (E5)DATE OF REG
12.09.2012CHASSIS CODE
WDD2120022A680089INV. NO/DATE
91383693 12.07.2018JOB NO.
305183052

ODOMETER READING

JOB TYPE

Description : 3P 03.07.2018

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,650.00
Add GST @ 7.000 %	115.50
Total Invoice amount	1,765.50

Issued by : CHEWBEELENG 12.07.2018 16:29:32
Repair Type : CFSO/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 LtdA 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: CC18070058



Date: 12 July 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON
ALONG
INVOLVING

03/07/2018 @ 09:40 hrs
TEMASEK AVE X RAFFLES AVE
SLJ797P

We refer to the above-mentioned accident and wish to inform that **CityCab Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHD8867Y** (the "Taxi"). The Taxi was hired to **OW CHIEN HAO (OU JIANHAO) IC NO S7516234J** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$167.80** 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

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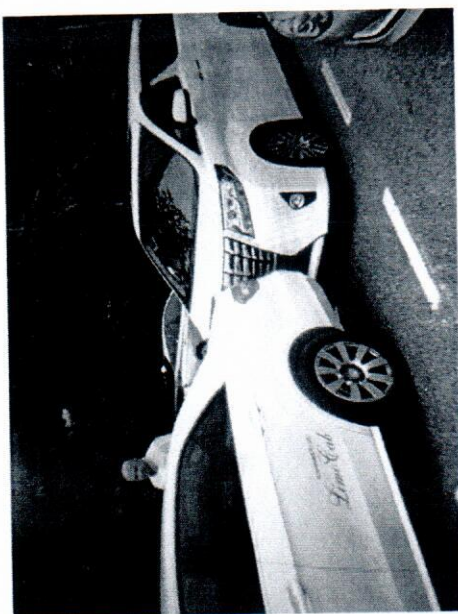
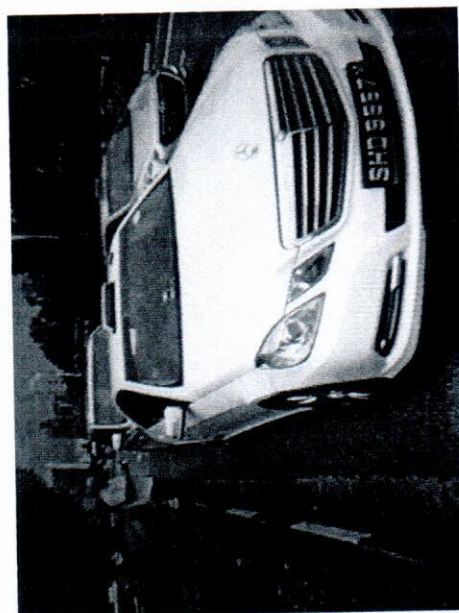
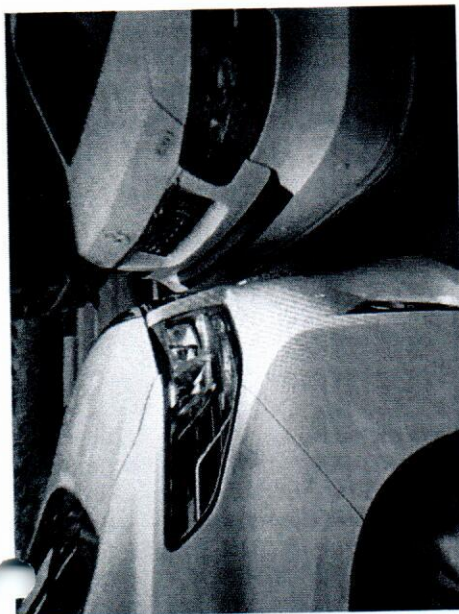
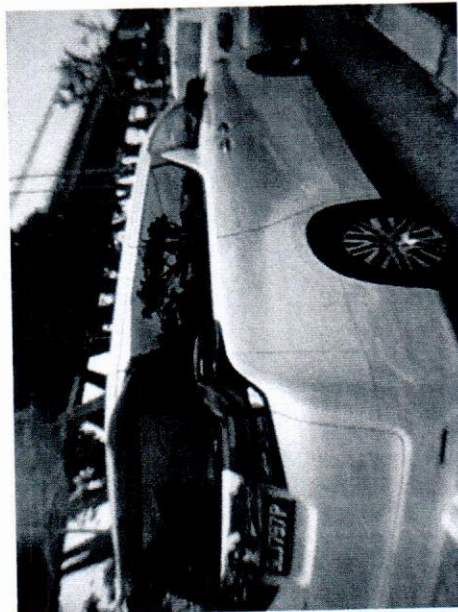
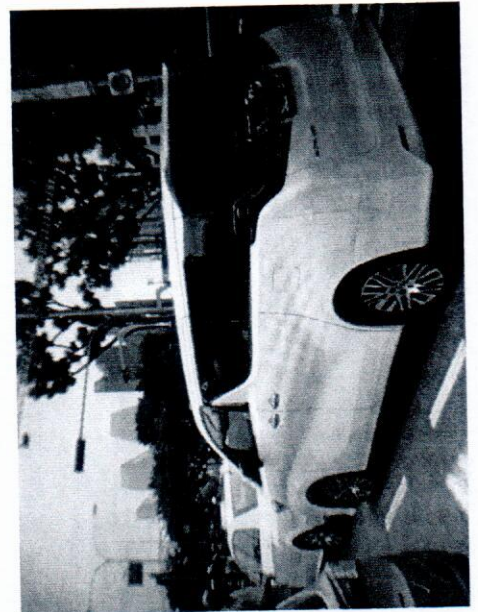
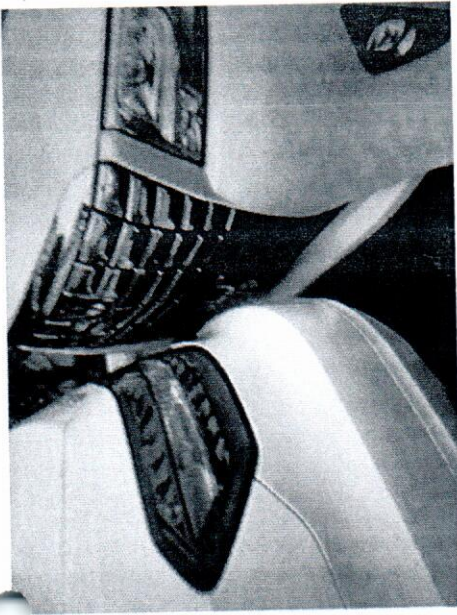
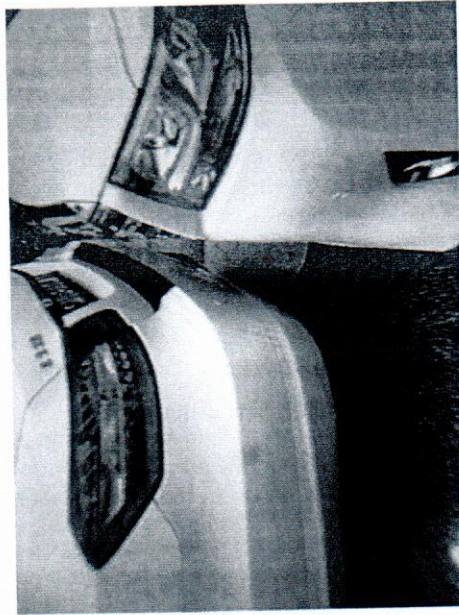
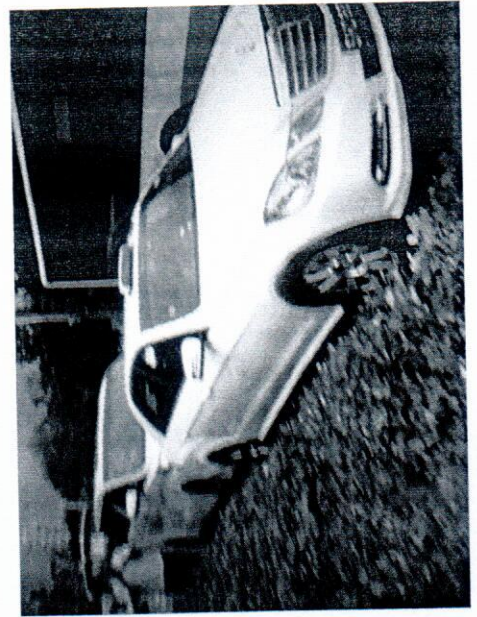
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Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLJ797P	03 Jul 2018 / 09:40:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

Previous OK



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 : MCD618085567- Vehicle Registration No: SHD8867Y
Name (as shown in NRIC) : OW CHIEN HAO (OU JIANHAO) NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 03/07/2018 Time of Accident : 09:40
Place of Accident : TEMASEK AVE X RAFFLES AVE
Insurance Company : MS 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:

ENCLOSED POLICE REPORT NO: T/20180703/2061

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: JANET
NRIC/FIN No.:
Date: 10.07.18

Address	BLK 331 SEMBAWANG CLOSE #12-365
Postcode	750331
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20180703/2061

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	SLJ797P
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RIDZUAN BIN ABDUL RAHMAN
NRIC/Passport Number	S7323326G
Contact Number	
Address	
Postcode	
Insurance Company Name	



**SINGAPORE
POLICE FORCE**



T/20180703/2061

1 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20180703/2061

09 JUL 2018

CC 187058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/07/2018 14:03	Vide Report No.:	Station Diary No.: 95
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Informant's Particulars

Name of Informant: OW CHIEN HAO			Address: APT BLK 331 SEMBAWANG CLOSE #12-365 SINGAPORE 750331		
ID Type / ID No.: NRIC NO / S7516234J			Contact No.: Home/Office: Mobile: 91837468		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 28/05/1975	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:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/07/2018 09:40	Type of Location: X-Junction
Location: Along Road 1 TEMASEK AVENUE RAFFLES AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SHD8867Y	Car	MERCEDES BENZ		White	Slightly Damaged	0
SLJ797P	Car	TOYOTA		White		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180703/2061

2 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20180703/2061

CONTINUATION OF REPORT

Driver			
Name	OW CHIEN HAO	ID No.	S7516234J
Related Vehicle	SHD8867Y (Car)	Contact No.	91837468
Hospital/Clinic	Intemedical 24 Hr Clinic	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/07/2018	Date Discharge	03/07/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	RIDZUAN BIN ABDUL RAHMAN	ID No.	S7323326G
Related Vehicle	SLJ797P (Car)	Contact No.	0
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 03/07/2018 at 0940hrs, while waiting at the traffic light junction of Temasek Avenue turning right to Raffles Avenue, the right green arrow light turned on as such I began to slowly move forward when suddenly I felt a strong impact. I then stopped and exited from my vehicle and discovered that one car (SLJ797P) collided with my taxi (SHD8867Y) from the rear resulting in damages.

I felt pain at my neck and back region as such I visited the clinic where I was given 5 days of MC.

There is a company in-car camera. There were no passengers in my taxi at that time. I am lodging this report for insurance claim purposes.



SINGAPORE
POLICE FORCE



T/20180703/2061

3 of 3

Report No. T/20180703/2061

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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 /
Sgt 2 REEMA KAUR SANDHU

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Signature Of Informant:

Date/Time:
03/07/2018 14:03

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SN 061