

Our Ref : T 1118/ SHB4322P /WT(st)

Your Ref :

Date : 18-Dec-18**AXA Insurance Pte Ltd****8 Shenton Way****#24-01, AXA Tower****Singapore 068811****Attn : Motor Claims Department**

CDGE Taxi Claims Dept

59 Loyang Drive 4th Flr

Singapore 508969

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701Mainline +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**
504 Yishun Industrial Park A
Singapore 768732**WITHOUT PREJUDICE**

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHB4322P YOUR INSURED SHF 630E
AND OTHER 2 VEHICLES ON 12.11.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : SHB4322P 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 : SHF 630E we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 11,181.50
2	4.5 days Loss of Rental @ \$ 119.28 per day	\$ 536.76
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	GIA / LTA Search Fee	\$ -
5	GIA / Police Report Fees	\$ -
6	Towing Fees	\$ -
Sub Total :		\$ 11,718.26

HIRER'S CLAIM

7	4.5 days Loss of Income @ \$ 80.00 per days	\$ 360.00
Total Claims:		\$ 12,078.26

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

- a) Original repair bill and photocopies of photographs 9 pcs
- b) LTA search slip/s of : SHF 630E
- c) GIA / Police report/s of : SHB4322P
- d) Letter of authority from owner / hirer / operator
- (X) Photocopies of Accident Scene Photo/s () Towing/Medical bill/receipts
- () 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

CDGE Claims Department

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

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

TAX INVOICE

8010010

AXA INSURANCE PTE LTD

8 SHENTON WAY AXA TOWER #24-01
SINGAPORE 068811

CONTACT NO: 63387288

VEHICLE NO
SHB4322P

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
16.04.2015

CHASSIS CODE
KMHLB41UMFU068034

NO/DATE
91410888 29.11.2018

JOB NO.
305238588

ODOMETER READING

JOB TYPE

Description : 3P 12.11.2018

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	10,450.00
Add GST @ 7.000 %	731.50
Total Invoice amount	11,181.50

Issued by : CHEWBEELENG 29.11.2018 10:55:46
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.

Our Ref: CT18110368

Date: 19 November 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	12/11/2018 @ 19:35 hrs
ALONG	CTE TWDS SLE LAMP POST 332
INVOLVING	SHF630E, SJT2650L, SLT3418L

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 **SHB4322P** (the "Taxi"). The Taxi was hired to **LIM WILLIAM IC NO S1318387B** 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 **India International Insurance Pte 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.

OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING		MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
	TO						FROM	TO
	0113	12.11.18	ACCIDENT			IN	2155	-
	1645	16.11.18	REPAIR			OUT	-	1030
	2347							
	1705							
	2208							
	0957							
	2042							
	1058							
	2225							
	2256							
	2311							
	2126							

SHB 4322 P

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING i 40 SHB4322P , SHF630E , SJT2650L , ... **ON 12-Nov-18 19:35**
ALONG CTE TWDS SLE LAMP POST 332

I / We **LIM WILLIAM** (Hirer) NRIC No.: **S1318387B**

and/or **TEO KANG HOE** (Relief) NRIC No.: **S1690714F**

Taxi Number **SHB4322P**
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 **13-Nov-2018**

Name of Hirer **LIM WILLIAM**
Hirer NRIC **S1318387B**

Signature :



Address **537 SERANGOON NORTH AVENUE 4 ...**
550537

Contact No. **91159982**

Name of Relief **TEO KANG HOE**
Relief NRIC **S1690714F**

Signature :



Address **465 ANG MO KIO AVENUE 10 08-1056**
560465

Contact No. **94786228**



**SINGAPORE
POLICE FORCE**



T/20181113/2042

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20181113/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/11/2018 11:56	Vide Report No.:	Station Diary No.: 44
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Informant's Particulars

Name of Informant: TEO KANG HOE			Address: APT BLK 465 ANG MO KIO AVENUE 10 #08-1056 SINGAPORE 560465	
ID Type / ID No.: NRIC NO / S1690714F			Contact No.: Home/Office:	Mobile: 94786228
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 53	Date of Birth: 01/07/1965	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/11/2018 19:35	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY Along CTE towards SLE at 10km mark on the first lane Lamp Post Number: 332				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	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
SHB4322P	Car	HYUNDAI	I40	Blue	Slightly Damaged	2
SHF630E	Car	RENAULT	LATITUDE	Red	Slightly Damaged	0
SJT2650L	Car	KIA		Silver	Slightly Damaged	0
SLT3418L	Car	VOLVO	S90	White	Slightly Damaged	0



SINGAPORE
POLICE FORCE



T/20181111

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Report No. T/20181111

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	TEO KANG HOE	ID No.	S1690714F
Related Vehicle	SHB4322P (Car)	Contact No.	94786228
Hospital/Clinic	FINEST HEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	13/11/2018	Date Discharge	13/11/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 12/11/18 at about 7.40pm, I am working as a Taxi driver under Comfort Delgo, with 2 passengers driving along CTE towards SLE. At the 10km mark at lamp post 332, I am driving at about 85km/h on the first lane, when a car (SLT3418L) suddenly did a hard braking, resulting in a chained collision with 4 vehicles.

I am at the third vehicle when this happened.

I hit onto the car in front of me (SJT2650L), which resulted in scratches and dents at his rear bumper. I only know the driver as Mr Juston with contact no: 90024496.

My car (SHB4322P) front bumper cracked suffered from dents, and my front vehicle registration plate fell out.

The car behind me (SHF630E) hit onto my rear bumper, which resulted in scratches and dents on his car. I only know the driver as Mr Sim with contact no: 97427733.

My car suffered from scratches and slight dents at the rear bumper.

The 2 passengers in my car, who I only known as Mr Seo and Mr Do were Korean middle age men, with contact no: +821068465800. Ambulance was called initially as they requested for one, however when the ambulance arrived, they changed their mind and said they doesn't require the ambulance anymore and left with their friend. I informed them to contact Comfort Delgo if they require any assistance.

As a result, I suffered from stiff neck and sore shoulders. I went to a clinic on the 13/11/18 and the doctor gave me 3 days MC.

SINGAPORE
POLICE FORCE



T/20181113/2042

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Report No. T/20181113/2042

Location Of Origin:
Toa Payoh N.P.C
Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
No: 1800-2519999

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 MUHAMMAD FARIS BIN SUPARLI

Sgt (2) TOM LIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/11/2018 11:56

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414



SINGAPORE
POLICE FORCE

Classification Of Case:

SN 168

Authentication Stamp

NP168

SIGNATURE



