

Our Ref : T 0519/ SHB4473L /KS(st)
Your Ref :
Date : 14-May-19

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

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
301 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 SHB4473L YOUR INSURED SKK 120Z
AND OTHER _____ ON 02.05.19**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHB4473L 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 : SKK 120Z we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,919.92
2	2 days Loss of Rental @ \$ 112.67 per day	\$ 225.34
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 : \$ 2,152.75

HIRER'S CLAIM

7	2 days Loss of Income @ \$ 80.00 per days	\$ 160.00
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Total Claims: \$ 2,312.75

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

- a) Original repair bill and photocopies of photographs : 7 pcs.
b) LTA search slip/s of : SJN5240Z
c) GIA / Police report/s of : SHB4473L
d) Letter of authority from owner / hirer / operator
() PIR () 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
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



TAX INVOICE

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

320 Ubi Road 3 Singapore 408649

24 Senoko Loop Singapore 758156

7 Sungei Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 768

(COMPANY REG. NO.): 199506048W

Page: 1

8010042

LAMPAC INSURANCE BERHAD
THE CONCOURSE

300 BEACH ROAD #17-04/07
SINGAPORE SG 199555

CONTACT NO: 62507388

VEHICLE NO
SRB4473H

INV. NO/DATE
91443013 10.05.2019

MAKE
HYUNDAI

JOB NO.
305292178

MODEL
I-40

ODOMETER READING

DATE OF WORK
08.12.2016

DATE/TIME IN
02.05.2019 13:20

CHASSIS CODE
KMH1B411M4H1096746

Description : 3P 02.05.19

S/No Part No.

Qty Unit Price %Disc Net

PART REQUISITION

0001	04-01-0103-2322	140VC BUMPER W JIP & KAS LAMP COVER+	1	544.50	20.00	435.60
0002	04-01-0103-0574	140VC PANEL-FENDER LH+	1	566.30	20.00	453.04
0003	04-01-0103-0658	140VC CAP ASSY-WHEEL, HUB	1	107.10	20.00	85.68
SUB-TOTAL						974.32

JOB NATURE

0001	I	PANEL BEATING	300.00	300.00
0002	L	SPRAY PAINTING CHARGE	400.00	400.00
0003	I	TUFF KOTE	20.00	20.00
0004	20-05	FRT FENDER ADJUSTMENT LOGO RH	100.00	100.00

- 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, IN 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 (IE 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 DISCREPANCY 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.

OFFICE COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010042	91443013	1,919.92	

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 2

8010042

LONFAC INSURANCE BERHAD
THE CONCOURSE

300 BEACH ROAD #17-04/07
SINGAPORE SG 199555

CONTACT NO: 62507388

VEHICLE NO
SHR4473T

INV. NO/DATE
91443013 10.05.2019

MAKE
HYUNDAI

JOB NO.
305292178

MODEL
I-40

DIAGNOSTIC READING

DATE OF WORK
08.12.2016

DATE/TIME IN
02.05.2019 13:20

CHASSIS CODE
KMBLB41UMHU096746

S/No	Part No.	Qty	Unit Price	%Disc	Net
SUB-TOTAL :					820.00

Items total	1,794.32
Add GST @ 7.000 %	125.60
Invoice amount	1,919.92

Issued by : KATHERINETAN 10.05.2019 10:27:16
Repair type : C180/57/57
Payment Type/Term: /Credit 30 days

- WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS' RISK.
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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.

OFFICE COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010042	91443013	1,919.92	

Our Ref: CT19050019

Date: 10 May 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 02/05/2019 @ 11:00 hrs
ALONG NICOLL HIGHWAY TWDS KPE / GUILLEMARD RD.
INVOLVING SKK120Z

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 **SHB4473L** (the "Taxi"). The Taxi was hired to **ONG SU BOON IC NO S1584281D** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate \$112.67 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.

MILEAGE READING			MILEAGE TRAVELLED (KM)		HOURS OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING			MILEAGE TRAVELLED (KM)		HOURS OPERATED (TIME)	
			FROM	TO	FROM	TO			FROM	TO	FROM	TO			
8154	201	4.55	3AM	20/4/19	L. K. Jee	314614	83	4.35pm	9.30pm						
9053	228	4.30pm	4PM	2/5/19	Accident										
9948	190	4.45pm	1.50	3/5/19	Repair										
0319	183	4.40pm	305												
0706	177	4.40pm	265												
1105	211	4.45pm	305												
1577	252	4.35pm	3AM												
2921	95	4.40pm	11.15pm												
3242	165	5pm	2AM												
3990	159	5.35pm	2AM												
4353	172	4.40pm	1.50AM												

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****i 40 SHB4473L , SKK120Z****ON 02-May-19 11:00****NICOLL HIGHWAY TWDS KPE / GUILLEMARD RD.**

I / We

ONG SU BOON

(Hirer) NRIC No.:

S1584281D

and/or

(Relief) NRIC No.:

Taxi Number

SHB4473L

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

02-May-2019

Name of Hirer

ONG SU BOON

Hirer NRIC

S1584281D

Signature :



Address

**55 PIPIT ROAD #10-02
370055**

Contact No.

90296074

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SKK120Z	02 May 2019 / 11:00:00	Successful	L06	LONPAC INSURANCE BHD

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

SHB 4473L

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 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. 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	02/05/2019 14:15
Date Of Accident	02/05/2019 11:00
Exact Location Of Accident	NICOLL HIGHWAY TWDS KPE / GUILLEMARD RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4473L
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	ONG SU BOON
NRIC No	S1584281D
Date Of Birth	11/09/1963
Occupation	OUTDOOR
Date Of Driving Pass	31/05/1985
Driving Experience	33 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90296074
Fax Number	
Contact Number	
EMail Address	ONGSBOON@YAHOO.COM.SG

Address	BLK 55 PIPIT ROAD #10-02
Postcode	370055
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	1

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/20190502/2048 * TYPE OF ACCIDENT :- HIT & RUN

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	SKK120Z
Vehicle Make/Model/Colour	JAGUAR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

LH FRONT

No. Of Passenger (Including Driver)

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. 199303821R

Policyholder's Signature
Date & Time:

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

2/5/19
Jackson Hong
CEO

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

Road work
 (A) SHB 44731
 (A) SKK 120 Z
 Nicoll Highway
 Two
 KPE


Refer Police report attached.

T/20190502/K048

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

Policyholder's Signature
Date & Time:

in every respect.



's Signature

(If the policyholder is not the policyholder)

& Time:

2/5/19
Jackson Heng
CSO

Jackson Heng

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190502/2048

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/20190502/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/05/2019 12:51	Vide Report No.:	Station Diary No.: 43
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Informant's Particulars

Name of Informant: ONG SU BOON			Address: APT BLK 55 PIPIT ROAD #10-02 SINGAPORE 370055	
ID Type / ID No.: NRIC NO / S1584281D			Contact No.:	Mobile: 90296074
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 55	Date of Birth: 11/09/1963	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/05/2019 11:00	Type of Location: Straight Road
Location: Along Road 1 NICOLL HIGHWAY NICOLL HIGHWAY TOWARDS KPE AND GUILLEMARD ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB4473L	Car	HYUNDAI				0
SKK120Z	Car	JAGUAR	I40			0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190502/2048

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

2 of 3

Report No. T/20190502/2048

CONTINUATION OF REPORT

Driver				
Name	ONG SU BOON		ID No.	S1584281D
Related Vehicle	SHB4473L (Car)		Contact No.	90296074
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 02/05/2019 at about 1100hrs, I was driving my vehicle (SHB4473L) along Nicoll Highway. I was driving on lane 3 on the 4 lane road. While driving straight towards Guillemard Road there was road works on lane 4. I was intending to go straight when suddenly I heard and felt a thud sound coming from the right side of my vehicle. There is a vehicle on my right driving on lane 2 when he abruptly squeeze onto my lane wanting to exit and proceed to KPE.

While cutting into my lane, the vehicle hit onto my front right part of my vehicle. After going in front of me, the driver then exited and went to KPE. I followed suit and horn at him however the driver did not stop his vehicle. After some time, I lost sight of the vehicle. I made a check on my vehicle, there are damages to my vehicle. My front right fender, front right bumper and front right wheel cover is damaged.

My vehicle is installed with an in-build car camera. I went to my company to retrieve the footage. That is when I got the plate number of the vehicle (SKK120Z).



SINGAPORE
POLICE FORCE



T/20190502/2048

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

3 of 3

Report No. T/20190502/2048

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 /
Staff Sgt MOHAMED HAZWAN BIN MOHAMED
YASIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SSI GOH GEOK LYE
Contact No.: 65476148

Authentication Stamp
NP168



Signature Of Informant:

Date/Time:
02/05/2019 12:51

Classification Of Case:

SIGNATURE