

Our Ref : T 0619 / SHC8456E /WT(st)

Your Ref :

Date : 26-Jun-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

CHINA TAIPING INSURANCE CO LTD
3 ANSON ROAD
#16-00 SPRINGLEAF TOWER
SINGAPORE 079909

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHC8456E YOUR INSURED GBB1398L
AND OTHER _____ ON 17.06.19

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC8456E 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 GBB1398L we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	3,745.00
6	<u>4</u> days Loss of Rental @ \$ <u>116.95</u> per day	\$	467.80
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 :		\$	4,220.29

HIRER'S CLAIM

7	<u>4</u> days Loss of Income @ \$ <u>80.00</u> per days	\$	320.00
Total Claims :		\$	4,540.29

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 : GBB1398L
- c) GIA / Police report/s of : SHC8456E
- d) Letter of authority from owner / hirer / operator
 - () Traffic Compound () Towing/Medical bill/receipts () Certificate of Insurance
 - () 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

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.

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

Our Ref: CT19060458

Date: 24 June 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 17/06/2019 @ 16:50 hrs
ALONG T JUNC OF LORONG H TELOK KURAU AND TELOK
LURAU RD
INVOLVING GBB1398L

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 **SHC8456E** (the "Taxi"). The Taxi was hired to **SEAH CHONG HUP IC NO S1308060G** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$116.95** 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.

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING i 40 SHC8456E , GBB1398L ON 17-Jun-19 16:50
ALONG T JUNCTION OF LORONG H TELOK KURAU AND TELOK LURAU RD**I / We **SEAH CHONG HUP** (Hirer) NRIC No.: **SXXXX060G**and/or (Relief) NRIC No.: **SXXXX060G**Taxi Number **SHC8456E**

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 **18-Jun-2019**Name of Hirer **SEAH CHONG HUP**
Hirer NRIC **SXXXX060G**

Signature :

Address **505 WOODLANDS DRIVE 14 #06-68
730505**Contact No. **81828083**

Enquire Vehicle Insurance Details**Vehicle No. Incident Date/Time Search Status Insurance Company Code Insurance Company Name**

GBB1398L	17 Jun 2019 / 16:50:00	Successful	C01	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD ✓
GBB1398L	17 Jun 2019 / 16:50:00	Successful	I05	INDIA INT'L INS PTE LTD

Disclaimer message:

Your search is displaying 2 records as there is an overlap in the period covered by the insurance policies. You may wish to contact the insurance companies for more information.

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

SNC 8486 T2

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	18/06/2019 16:33
Date Of Accident	17/06/2019 16:50
Exact Location Of Accident	T JUNC OF LORONG H TELOK KURAU AND TELOK LURAU RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8456E
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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	SEAH CHONG HUP
NRIC No	S1308060G
Date Of Birth	18/08/1958
Occupation	OUTDOOR
Date Of Driving Pass	28/09/1978
Driving Experience	40 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81828083
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	505 06-68 WOODLANDS DRIVE 14
Postcode	730505
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	WET

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?	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 [OTHER]	PASIR RIS NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

see police report.

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	GBB1398L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SEAH CHONG HUP
Approximate Age	61
Injuries Sustain	BACK, SHOULDER
Injured person in which vehicle?	SHC8456E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



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

CONTINUATION OF REPORT

Driver			
Name	SEAH CHONG HUP	ID No.	S1308060G
Related Vehicle	SHC8456E (Car)	Contact No.	81828083
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	18/06/2019	Date Discharge	18/06/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 17/06/2019 at about 4.50pm, I was driving along Telok Kurau Road and wanting to turn in to Lorong H Telok Kurau. As I have already signaled to turn right, there was a van bearing plate number GBB1398L. Suddenly the van collided on to my vehicle. I got down and take photos of the incident. TP and ambulance at scene. Paramedics made a check on me however I was not conveyed to hospital. No injuries on the other driver. There were dents on the rear bumper of my vehicle due to the collision from the van. I asked the driver how it happened, he told me that he tried to brake however there was not enough time for him to brake. I did not manage to take the driver particulars. TP officer informed me that my vehicle has to be towed away.

On the 18/6/2019, I felt pain on the back and my shoulder and had gone to Mount Alvernia Hospital. I got x-rayed with regards to my back and neck. I had gotten MC for 5 days due to the pain. I am lodging this report for my taxi company Comfort.



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/20190618/2101

CONTINUATION OF REPORT

Sketch Plan

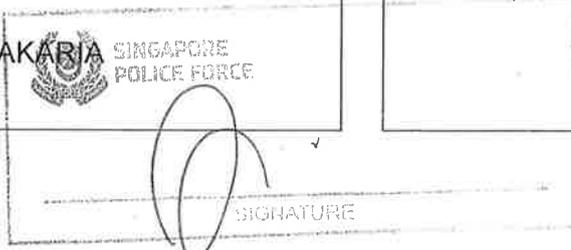
Informant is not able to provide sketch plan

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 / Sgt 2 MUHAMMAD FAIZ BIN MUHAMMAD FAIZAL	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact No.: 65476433	

Signature Of Informant:
Date/Time: 18/06/2019 15:27
Classification Of Case:

Authentication Stamp
NP168



GST REG. NO. M2-8921817-3

TAX INVOICE

8010012

CHINA TAIPTING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHC8456K

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
03.12.2015

CHASSIS CODE
KMHTB41UMGH080655

NO/DATE
91451130 24.06.2019

JOB NO.
305304487

ODIOMETER READING

JOB TYPE

Description : 3P 17.06.2019

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	3,500.00
Add GST @ 7.000 %	245.00
Total Invoice amount	3,745.00

Issued by : KATHERINE TAN 24.06.2019 14:53:17
Repair Type : CT.S0/57/57
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 KEPT AT OWNERS RISK.
- CUSTOMERS SHALL INSPECT THEIR VEHICLE IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY, NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS OTHERWISE, THE VEHICLE WILL BE DEEMED TO HAVE BEEN KEPT 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 COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (E.G. AFTER 30 DAYS FROM THE INVOICE FOR 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.

OFFICE COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ N