

Our Ref : T 0619 / SHC8981E /KS(st)
Your Ref: _____
Date : 1-Jul-19

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

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

WITHOUT PREJUDICE

Attn : Motor Claims Department

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHC8981E YOUR INSURED SLS8303G
AND OTHER _____ ON 23.06.19

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No SHC8981E 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 SLS8303G we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,414.97
2	3 days Loss of Rental @ \$ 116.95 per day	\$ 350.85
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	GIA / LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation	\$ -
Sub Total :		\$ 1,773.31

HIRER'S CLAIM

7	3 days Loss of Income @ \$ 80.00 per days	\$ 240.00
Total Claims :		\$ 2,013.31

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

- a) Original repair bill and photocopies of photographs : 4 pcs.
- b) LTA search slip/s of : SLS8303G
- c) GIA / Police report/s of : SHC8981E
- d) Letter of authority from owner / hirer / operator
- (X) Photograph/s of Accident Scene () Certificate of Insurance
- () Witness statement/s (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
Kazali Hj Selahudin
CDGE Taxi Claims Department
Tel : 6214 8736 Fax : 6214 Email : kazali@cdge.com.sg

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

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

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONG

i 40 SHC8981E , SLS8303G
ALONG AIRPORT BLVD TOWARDS CITY DIRECTION

ON 23-Jun-19 21:20

I / We

LOW JWEE YONG

(Hirer) NRIC No.: SXXXX967E

and/or

(Relief) NRIC No.: SXXXX967E

Taxi Number

SHC8981E

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

24-Jun-2019

Name of Hirer
Hirer NRIC

LOW JWEE YONG
SXXXX967E

Signature :



Address

41A LORONG 101 CHANGI ROAD
426649

Contact No.

94525989

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 1

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY, AIG BUILDING #07-16
SINGAPORE SG 079120

CONTACT NO: 64193000 3225094

VEHICLE NO
SHC8981K

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
21.07.2016

CHASSIS CODE
KMHLB41UMGU091911

INV. NO/DATE
91452014 27.06.2019

JOB NO.
305305765

ODOMETER READING

DATE/TIME IN
24.06.2019 12:45

Description : 3P 23.06.19

S/No Part No.

Qty Unit Price %Disc Net

PART REQUISITION

0001	04-01-0103-0579	I40VC COVER ASSY-RR BUMPER#	1	553.00	20.00	442.40
0002	04-01-0103-0738	I40VC COVER-RR BUMPER LWR#	1	228.00	20.00	182.40
0003	04-01-0103-1150	I40VC PROTECTOR MAT	1	50.00	0.00	50.00
0004	04-01-0101-0111	HYUNDAI BUMPER COVER CLIP REAR	10	2.20	20.00	17.60
SUB-TOTAL :						692.40

JOB NATURE

0001	I.	PANEL BEATING	200.00	200.00
0002	I.	SPRAY PAINTING CHARGE	200.00	200.00
0003	I.	REMOVE/REFIX REVERSE	30.00	30.00

- 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 GIVE 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.
8010004	91452014	1,414.97	

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 2

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY, AIG BUILDING #07-16
SINGAPORE SG 079120

CONTACT NO: 64193000 3225094

VEHICLE NO
SHC8981E

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
21.07.2016

CHASSIS CODE
KMHLB41UMGU091911

INV. NO/DATE
91452014 27.06.2019

JOB NO.
305305765

ODOMETER READING

DATE/TIME IN
24.06.2019 12:45

S/No	Part No.		Qty	Unit Price	%Disc	Net
		SENSOR				
0004	23-01	REAR FENDER ADVERTISEMENT LOGO LH		100.00		100.00
0005	23-01	REAR FENDER ADVERTISEMENT LOGO RH		100.00		100.00
SUB-TOTAL				:		630.00

Items total		1,322.40
Add GST @	7.000 %	92.57
Invoice amount		1,414.97

Issued by : KATHERINETAN 27.06.2019 15:06:45
Repair type : CLSO/57/57
Payment Type/Term: /Credit 30 days

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ComfortDelGro Engineering Pte Ltd
A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

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CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010004	91452014	1,414.97	

Our Ref: CT19060603

Date: 27 June 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON
ALONG
INVOLVING

23/06/2019 @ 21:20 hrs
ALONG AIRPORT BLVD TOWARDS CITY DIRECTION
SLS8303G

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 **SHC8981E** (the "Taxi"). The Taxi was hired to **LOW JWEE YONG IC NO S1198967E** 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 **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

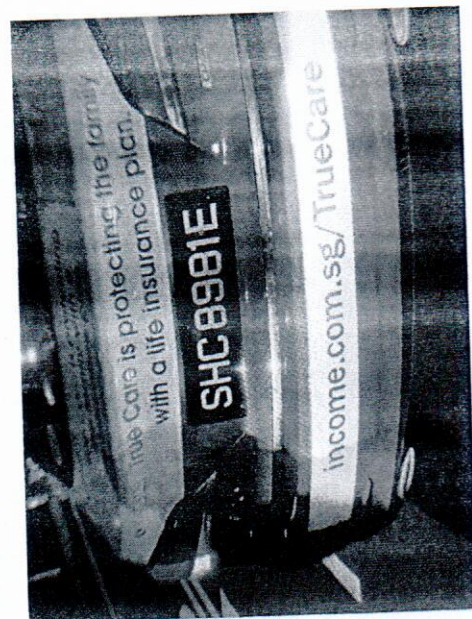
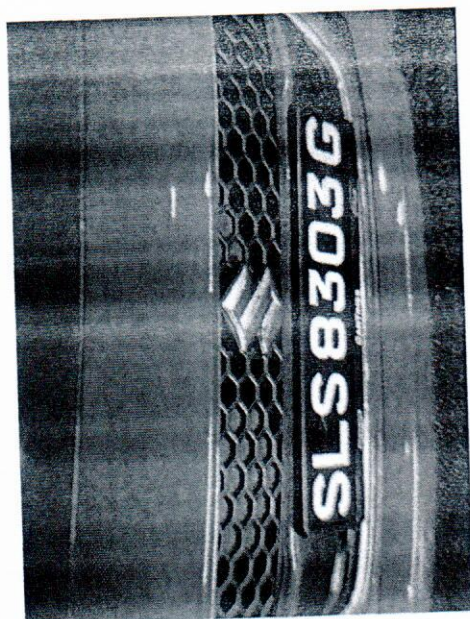
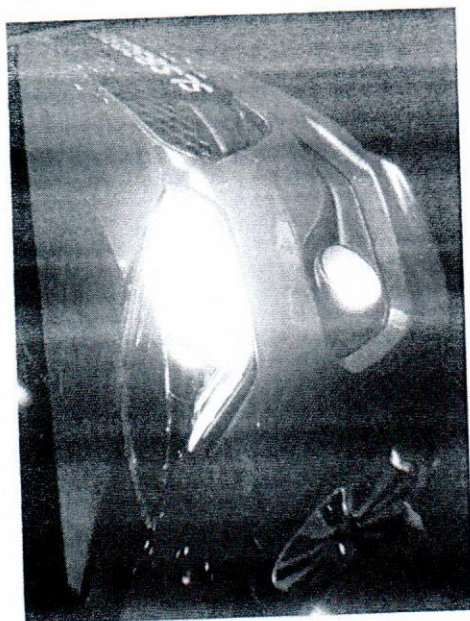
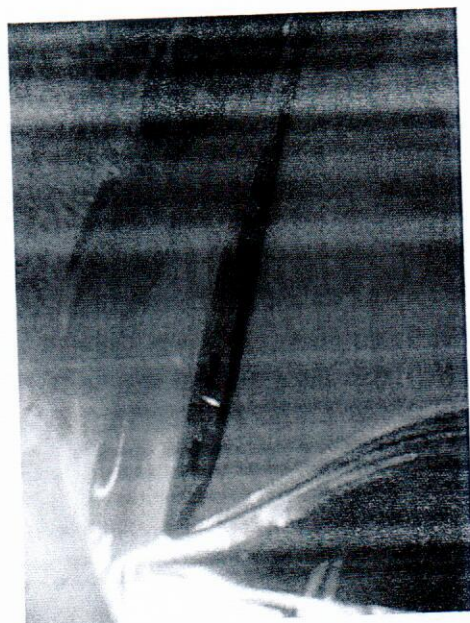
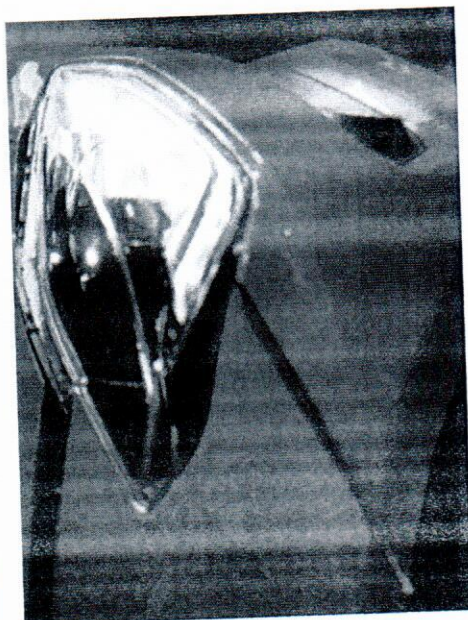
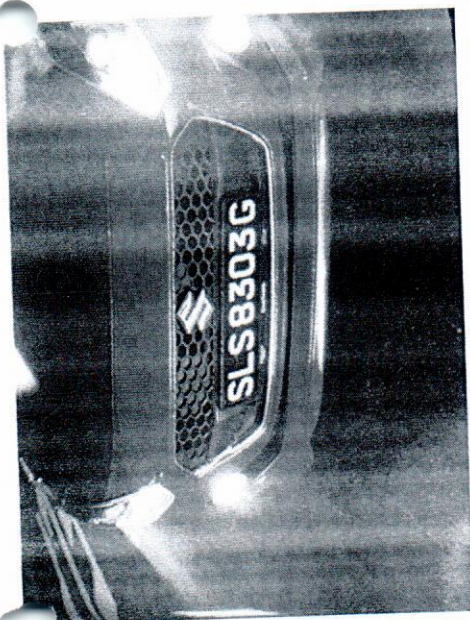
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Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLS8303G	23 Jun 2019 / 21:20:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

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

SUCCESS





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S65SS0020G / GST Reg. No.: M400017735

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 : MC0619081906 Vehicle Registration No: SHC 8981 E

Name (as shown in NRIC) : Low Jwee Yang NRIC/FIN/Passport No : _____

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 23/6/19 Time of Accident : 1204

Place of Accident : Air Blvd

Insurance Company : India International Insurance pte 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:

Submit police report

ry 23/6/19



SINGAPORE
POLICE FORCE



T/20190624/2180

2 of 4

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20190624/2180

CONTINUATION OF REPORT

Driver		ID No.	
Name	LOW JWEE YONG	S1198967E	
Related Vehicle		Contact No.	
SHC8981E (TAXI)		94525989	
Hospital/Clinic		Class of Driving Licence & Expiry Date	
STREET 11 CLINIC		Class: 2B,2A,2,3,4,5 Date of Expiry: NIL	
Date Treatment		Date Discharge	
24/06/2019		NIL	
No. of Days granted Medical Leave		Degree of Injury	
03		Slight	
Driver		ID No.	
Name	TIOH SHU YAN, CASSANDRA	S8733530E	
Related Vehicle		Contact No.	
SLS8303G (Car)		94552572	
Hospital/Clinic		Class of Driving Licence & Expiry Date	
NIL		Class: NIL Date of Expiry: NIL	
Date Treatment		Date Discharge	
NIL		NIL	
No. of Days granted Medical Leave		Degree of Injury	
NIL		NIL	

Brief Details.

On 23/06/2019 at about 2120hrs, I was driving along airport boulevard towards city direction along the middle lane out of the 5 lanes. As I was driving, the front vehicle that was travelling ahead of me suddenly jammed brake and I jammed brake my taxi as well.

I had around 3 passengers on board at that point of time.

Later I felt an impact from the rear of my taxi and found out that one red Suzuki car bearing the registration plate number SLS8303G had collided onto my taxi rear portion with his car front portion.

I then alighted from my taxi and make a check and exchanged particulars with the other driver. There was no injury reported at that time. I then drove off and send my passengers to choa chu kang.

My taxi rear portion suffered slight dent and scratches.

The next day I felt sore and ache at my neck, back and right arm area. I then went to see a doctor for check-up and was given 3 days MC.

I had an in car camera footage that was recording at that point of time. The retrieval can be done through my taxi company, Comfort.



**SINGAPORE
POLICE FORCE**



T/20190624/2180

3 of 4

Police Station, Of Origin:

Changkat NPP

109 Tampines Street 11 #01-261

SINGAPORE 521109

Tel No: 1800-7819999

Report No. T/20190624/2180

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20190624/2180

4 of 4

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20190624/2180

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 ALVIN TAY MING WEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/06/2019 20:33

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication
NP168



SINGAPORE
POLICE FORCE

SIGNATURE