

ISO 9001  
OHSAS 18001

## TAX INVOICE

8010325

EQ INSURANCE COMPANY LIMITED

5 MAXWELL ROAD TOWER BLOCK #17-00  
SINGAPORE 069110

CONTACT NO: 62239433

VEHICLE NO

SHC3173D

MAKE

HYUNDAI

MODEL

I-40

DATE OF REG

22.01.2014

CHASSIS CODE

KMHLB41UMDU043542

NO/DATE

91463685 30.08.2019

JOB NO.

305321179

ODOMETER READING

\_\_\_\_\_

JOB TYPE

Description : 3P 30.07.2019

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt. 1,550.00

Add GST @ 7.000 % 108.50

Total Invoice amount. 1,658.50

Issued by : KATHERINE TAN 30.08.2019 12:04:57

Repair Type : C/SO/57/57

Payment Type/Term : /Credit 30 days

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/CHEQ N

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Our Ref: CT19070778

Date: 02 August 2019



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON 30/07/2019 @ 11:15 hrs  
ALONG T3 DEPARTURE TOWARDS AIRPORT BLVD  
INVOLVING GBF2627Z

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 **SHC3173D** (the "Taxi"). The Taxi was hired to **GOH KOK CHONG IC NO SXXXX286J** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate \$110.67 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  
Manager, Fleet Safety

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

MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)
		FROM	TO				
910719	272	0713	174	L.M.L.C.	912506	243	0708
910719		1750			912506		1835
911053	334		0443		912806	300	
911128	232	0725	175	Accident Repair	8463173D	1240	
911128		18.00					1613
911286	240		55				
911526	238	0740	175				
911764		2210					
911764	256		630				
912021		1230					
912021			4.4				
9112	241						

## Enquire Vehicle Insurance Details

Enquiry Ref	Enquiry Date / Time	Enquiry Status	Enquiry Reference No	Enquiry Description
GBF2627Z	30 Jul 2019 / 11:15:00	Successful	E04	EQ INSURANCE COMPANY LTD

Previous

OK

SH63173P

## LETTER OF AUTHORIZATION

INAP - PAF-

**ACCIDENT INVOLVING** **140 SHC3173D , GBF2627Z**  
**ALONG** **T3 DEPARTURE TOWARDS AIRPORT BLVD**

**ON 30-Jul-19 11:15**

I / We **GOH KOK CHONG** (Hirer) NRIC No.: **S1346286J**

and/or **LIM LOO CHOON** (Relief) NRIC No.: **SXXXX496D**

Taxi Number **SHC3173D**

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 **30-Jul-2019**

Name of Hirer **GOH KOK CHONG**  
Hirer NRIC **SXXXX286J**

Signature :



Address **99 ALJUNIED CRESCENT #07-389**  
**380099**

Contact No. **94563929**

Name of Relief **LIM LOO CHOON**  
Relief NRIC **SXXXX496D**

Signature :



Address **99 ALJUNIED CRESCENT #12-395**  
**380099**

Contact No. **96809500**

## 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	30/07/2019 14:26
Date Of Accident	30/07/2019 11:15
Exact Location Of Accident	T3 DEPARTURE TOWARDS AIRPORT BLVD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3173D
<b>Insured/Policyholder</b>	
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	LIM LOO CHOON(LIN RUCHUN)
NRIC No	S7301496D
Date Of Birth	06/01/1973
Occupation	OUTDOOR
Date Of Driving Pass	31/01/1994
Driving Experience	25 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96809500
Fax Number	
Contact Number	
EEmail Address	LOOCHOON1973@GMAIL.COM

Address	BLK 99 ALJUNIED CRESCENT #12-395
Postcode	380099
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	SIDE SWIPE
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?	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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO ATTACHED

#### 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	GBF2627Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN KEE POA
NRIC/Passport Number	S1443885H



Contact Number

Address

Postcode

Insurance Company Name

EQ INSURANCE COMPANY LTD

Nature Of Damage

WHOLE LEFT SIDE

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

LIM LOO CHOON(LIN RUCHUN)

Approximate Age

46

Injuries Sustain

NECK PAIN

Injured person in which vehicle?

SHC3173D

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

**IMPORTANT NOTICE**

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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. 199303621R

Policyholder's Signature  
Date & Time:

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

Olivia Wendy

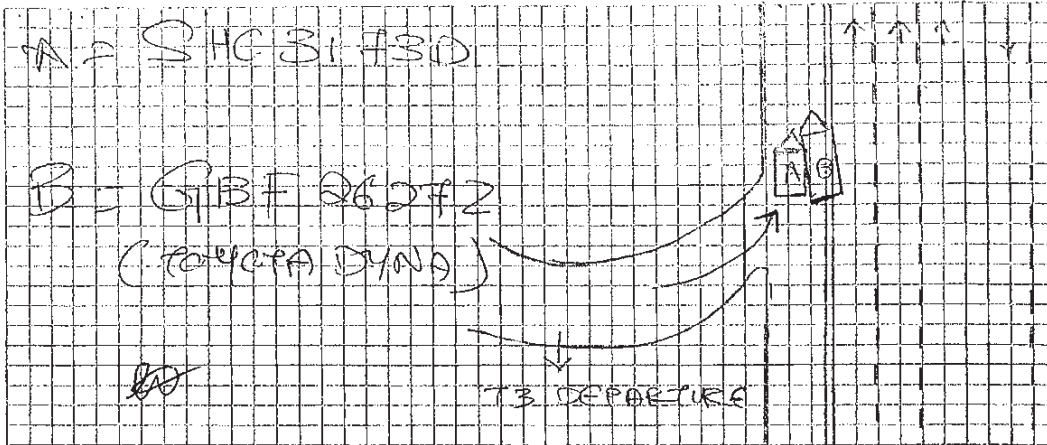
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

30 JUL 2019

GIAMC SketchPlanForm\_V3

1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AIRPORT BLVD

Statement as per attached.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303321R

Policyholder's Signature  
Date & Time:

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

Olivia Wendy

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

GIARMC SketchPlanForm\_V3

30 JUL 2019

Describe Circumstances of the Accident.

On the 30/07/2019 @ about 11:15hrs, I was driving along T3 Departure towards T2 Departure Direction. I stopped at the junction towards Airport Blvd. After I checked the traffic was clear from incoming vehicle, I slowly drive out. Then suddenly there's an impact on my right side of my taxi. The lorry of GBF2627Z had encroached onto my lane on the double white line and hit onto my right wing mirror and right front of my taxi.

02 male and 01 female passenger on board my taxi.

I felt slight neck pain from the impact and will consult doctor later.

## Declaration

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303321R

Policyholder's Signature/Date &  
Time

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

Olivia Wendy.

Witnessed by Reporting  
Centre Personnel

30 JUL 2019