

COMFORTDELGRO ENGINEERING

Our Ref : T 0819 / SHD6771C /WT(st)

Your Ref :

Date : 09-Sep-19

CDGE Taxi Claims Dept
59 Loyang Drive 4th Flr
Singapore 508969

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Marine +65 6383 6280
Facsimile +65 6290 9755

www.cdge.com.sg

1 Anglin Road, Singapore 119001-660

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 SHD6771C YOUR INSURED GBG 202Z
AND OTHER ON 20.08.19

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHD6771C 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 GBG 202Z we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 5,724.50
6	<u>5</u> days Loss of Rental @ \$ 177.23 per day	\$ 886.15
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 :		\$ 6,618.14

HIRER'S CLAIM

7	<u>5</u> days Loss of Income @ \$ 80.00 per days	\$ 400.00
Total Claims :		\$ 7,018.14

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

- a) Original repair bill :
- b) LTA search slip/s of : GBG 202Z
- c) GIA / Police report/s of : SHD6771C
- 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.

A member of

COMFORTDELGRO



ISO 9001
OHSAS 18001

TAX INVOICE

Workshops

8010012

CHINA TAIPIING INSURANCE CO (S)PTE LTD
SPRINGLAF TOWER

3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHD6771C

MAKE
MERCEDES BENZ

MODEL
E220CDI (K6)

DATE OF REG
08.04.2016

CHASSIS CODE
WDD2120012R317248

NO/DATE
91463631 30.08.2019

JOB NO.
305326220

ODOMETER READING

JOB TYPE

Description : 3P 20.08.2019

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	5,350.00
Add GST @ 7.000 %	374.50
Total Invoice amount	5,724.50

Issued by : KATHIRINTAN 30.08.2019 10:23:26
Repair Type : CISO/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/CHQ N

Our Ref: CT19080469

Date: 28 August 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 20/08/2019 @ 13:05 hrs
ALONG ALONG PASIR RIS DR 1 TOWARDS LOYANG AVE
INVOLVING GBG202Z

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 **SHD6771C** (the "Taxi"). The Taxi was hired to **VOO KHAI CHURN(HU QIJUN) IC NO SXXXX809A** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$177.23** 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.

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING MERCEDES E220 SHD6771C , GBG202Z ON 20-Aug-19 13:05
ALONG ALONG PASIR RIS DR 1 TOWARDS LOYANG AVE BEFORE X-JUNCTION OF ...

I / We **VOO KHAI CHURN(HU ...** (Hirer) NRIC No.: **S7215809A**

and/or **NG THENG WEE** (Relief) NRIC No.: **SXXXX347G**

Taxi Number **SHD6771C**

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 **20-Aug-2019**

Name of Hirer **VOO KHAI CHURN(HU QIJUN)**

Hirer NRIC **SXXXX809A**

Signature :



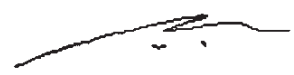
Address **295 PUNGGOL CENTRAL #03-519**
820295

Contact No. **96604772**

Name of Relief **NG THENG WEE**

Relief NRIC **SXXXX347G**

Signature :



Address **677D PUNGGOL DRIVE #09-752**
824677

Contact No. **97397346**

[illegible]

Enquire Vehicle Insurance Details

GBG202Z 20 Aug 2019 / 13:05:00 Successful

C01

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous

OK

54D 6771C

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 : WCD 619139438 Vehicle Registration No: 3ND 6771C

Name (as shown in NRIC) : Ng Theng Wai NRIC/FIN/Passport No : _____

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

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 20/1/19 Time of Accident : 1308

Place of Accident : Passy Rd Pr 1

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:

Video - Yes

Policyholder / Driver's Signature

Date: 29/1/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

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	20/08/2019 15:25
Date Of Accident	20/08/2019 13:05
Exact Location Of Accident	ALONG PASIR RIS DR 1 TOWARDS LOYANG AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6771C
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFTY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	MERC

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	NG THENG WEE
NRIC No	S0756347G
Date Of Birth	09/10/1948
Occupation	OUTDOOR
Date Of Driving Pass	09/10/1969
Driving Experience	49 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97397346
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	677D #09-752 PUNGGOL CENTRAL
Postcode	824677
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	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)	2
Passenger 1	NAME: : - GENDER: : MALE

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

AS PER ATTACH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

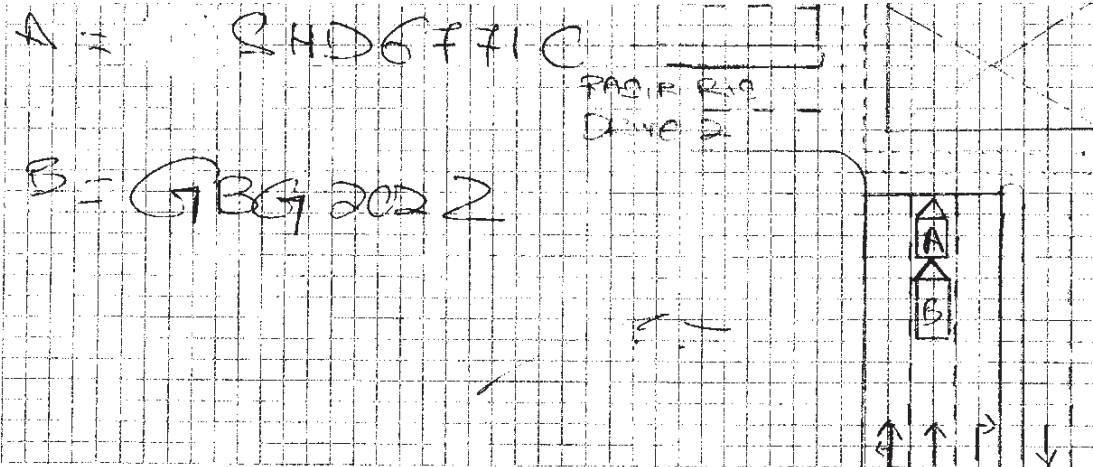
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG202Z
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	NG THENG WEE
Approximate Age	71
Injuries Sustain	GIDDY
Injured person in which vehicle?	SHD6771C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached.

DECLARATION

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

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.:

26 AUG 2019

Describe Circumstances of the Accident.

On the 20/08/2019 @ about 13:05hrs, I was driving along Pasir Ris Dr 1 towards Loyang Ave direction with 01 male passenger on board my taxi.

I slow down and stop at the traffic light X-Junction of Pasir Ris Drive 2 when suddenly there's an impact from behind my taxi. I step out to checked and found out a vehicle of GBG202Z front portion collided onto my rear portion of my taxi.

I felt giddy after the impact and will consult doctor later.

Declaration

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

Policyholder's Signature/Date &
Time

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

Witnessed by Reporting
Centre Personnel

20 AUG 2019