

Our Ref : T 0819/ SHA4875R /WT(st)

Your Ref :

Date : 03-Sep-19

**AXA Insurance Pte Ltd**  
**8 Shenton Way**  
**#24-01, AXA Tower**  
**Singapore 068811**

**Attn : Motor Claims Department**

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

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701

Mainline : +65 6333 6280  
Facsimile : +65 6280 9755

www.cdge.com.sg

Company Registration No. 1997010074

## 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 608286

**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

**WITHOUT PREJUDICE**

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHA4875R YOUR INSURED SCV4949K**  
**AND OTHER \_\_\_\_\_ ON 25.08.19**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : SHA4875R 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 : SCV4949K we are submitting these claim for your consideration on behalf of the claimants.

### TAXI OWNER'S CLAIM

1	Cost of Repair	\$	941.60
2	<u>3</u> days Loss of Rental @ \$ <u>123.93</u> per day	\$	371.79
3	Survey Report Fees (Surveyed by M/s LKK)	\$	-
4	GIA / LTA Search Fees	\$	7.49
5	GIA / Police Report Fees	\$	-
6	Towing Fees	\$	-
Sub Total :		\$	1,320.88

### HIRER'S CLAIM

7	<u>3</u> days Loss of Income @ \$ <u>80.00</u> per days	\$	240.00
Total Claims:		\$	1,560.88

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

- a) Original repair bill \_\_\_\_\_ pcs
- b) LTA search slip/s of : SCV4949K
- c) GIA / Police report/s of : SHA4875R
- d) Letter of authority from owner / hirer / operator
  - ( ) Photocopies of Accident Scene Photo/s ( ) Towing receipts
  - ( ) Witness statement/s ( x ) Rental Rate letter ( 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

*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.

GST REG. NO. M2-8921817-3

## TAX INVOICE

COMPANY REG. NO.: 199506048W  
 Page: 1

8010010

AXA INSURANCE PTE LTD

8 SHENTON WAY AXA TOWER #24-01  
 SINGAPORE SG 068811

CONTACT NO: 63387288

VEHICLE NO  
 SHA4875R

INV. NO/DATE  
 91463499 29.08.2019

MAKE  
 HYUNDAI

JOB NO.  
 305327945

MODEL  
 I-40

ODOMETER READING

DATE OF REG  
 02.04.2015

DATE/TIME IN  
 26.08.2019 11:45

CHASSIS CODE  
 KMHLE41UMFU067837

Description : 3P 25.08.19

S/No Part No.

Qty Unit Price %Disc Net

### PART REQUISITION

S/No	Part No.	Description	Qty	Unit Price	%Disc	Net
0001	28-01-9999-2023	APP LOGO REAR DOOR L/R CTR	1	80.00	0.00	80.00

SUB-TOTAL : 80.00

### JOB NATURE

S/No	Part No.	Description	Qty	Unit Price	%Disc	Net
0001	I	PANEL BEATING		200.00		200.00

S/No	Part No.	Description	Qty	Unit Price	%Disc	Net
0002	SP	SPRAYPAINT CHARGE		600.00		600.00

SUB-TOTAL : 800.00

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
8010010	91463499	941.60	

## TAX INVOICE

8010010

AXA INSURANCE PTE LTD

8 SHENTON WAY AXA TOWER #24-01  
SINGAPORE SG 068811

CONTACT NO: 63387288

VEHICLE NO  
SHA4875R

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
02.04.2015

CHASSIS CODE  
KMHLB41UMFU067837

INV. NO/DATE  
91463499 29.08.2019

JOB NO.  
305327945

ODOMETER READING

DATE/TIME IN  
26.08.2019 11:45

Items total	880.00
Add GST @ 7.000 %	61.60
Invoice amount	941.60

Issued by : KATHERINETAN 29.08.2019 16:12:02  
Repair type : CLSO/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
8010010	91463499	941.60	

Our Ref: CT19080638

Date: 29 August 2019



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON	25/08/2019 @ 17:20 hrs
ALONG	BEACH RD TWDS LAVENDER ST B4 NEAR FOOD COURT
INVOLVING	SCV4949K

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 **SHA4875R** (the "Taxi"). The Taxi was hired to **TEY TECK PING IC NO SXXXX321G** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$123.93** 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.

[illegible]

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING i 40 SHA4875R , SCV4949K  
ALONG BEACH RD TWDS LAVENDER ST B4 NEAR FOOD COURT**

**ON 25-Aug-19 17:20**

I / We **TEY TECK PING** (Hirer) NRIC No.: **SXXXX321G**

and/or (Relief) NRIC No.: **SXXXX321G**

Taxi Number **SHA4875R**

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 **26-Aug-2019**

Name of Hirer **TEY TECK PING**  
Hirer NRIC **SXXXX321G**

Signature :



Address **409A FERNVALE ROAD #07-46  
791409**

Contact No. **96549483**

## Enquire Vehicle Insurance Details

SCV4949K

25 Aug 2019 / 17:20:00

Successful

A12

AXA INSURANCE PTE LTD

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

SCV4949K

## 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	26/08/2019 15:31
Date Of Accident	25/08/2019 17:20
Exact Location Of Accident	BEACH RD TWDS LAVENDER ST B4 NEAR FOOD COURT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4875R
<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	TEY TECK PING
NRIC No	S1183321G
Date Of Birth	18/07/1956
Occupation	OUTDOOR
Date Of Driving Pass	08/10/1976
Driving Experience	42 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96549483
Fax Number	
Contact Number	
EMail Address	NOEMAIL



Address	409A 07-46 FERNVALE ROAD
Postcode	791409
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	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?	NO
Was any injured conveyed to hospital by ambulance?	
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: : 0
	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

SEE ATTACH.

#### Attachment(s)

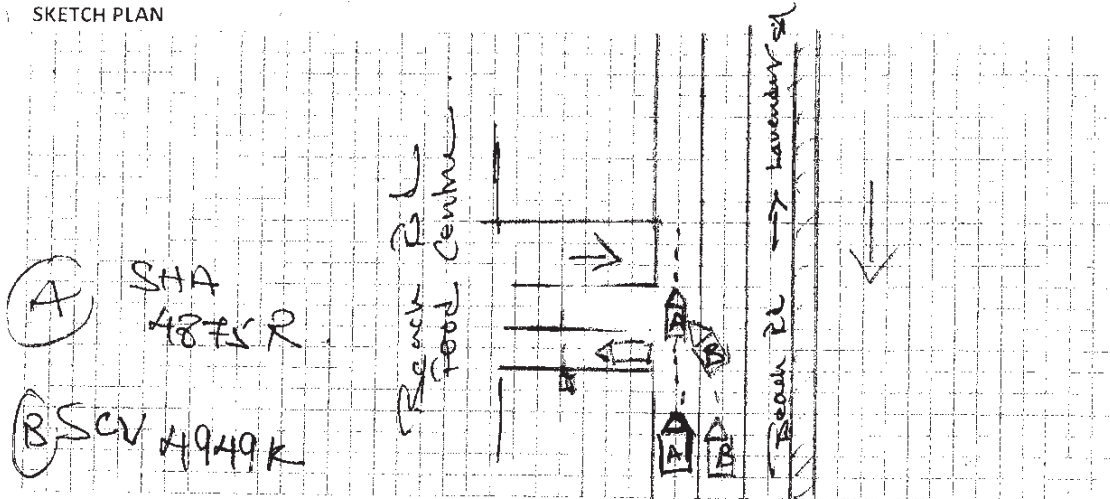
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCV4949K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 25 Aug 2019 @ 17.20h

I, veit (A) was on 3rd lane going straight on the above location. Suddenly veit (B) from 2nd lane cut across to lane one out but veit (A) Regret. Now at the point of accident veit (A) saw a man pass with injury.

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:

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

*Signature* 28/8

**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.
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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.

Policyholder's Signature  
Date & Time:

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

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