# COMFORTDELCRO

Our Ref :T 0819 / SHA1028P /WT(st)	_		INEERING
Your Ref : 03-Sep-19	CDGE Taxi Claims Dept		Engineering Pte Lti ad Singapore 57970
CHINA TAIPING INSURANCE CO LTD	59 Loyang Drive 4th Flr Singapore 508969		enline +65 6383 628 senilie +65 6286 975
3 ANSON ROAD			www.cdge.com.s
#16-00 SPRINGLEAF TOWER		200	and the state of t
SINGAPORE 079909			Workshop
•	HOUT PREJUDICE		<b>Bradde</b> 205 Braddell Roa Singapore 57970
Dear Sir  ACCIDENT INVOLVING OUR TAXI SHA102	8P YOUR INSURED	SKX4270D	<b>Loyang</b> 59 Loyang Drivi Singapore 50896
AND OTHER	ON	26.08.19	Sin Ming 373 Sin Ming Drive Singapore 57571
We are the authorised repair workshop for Comfor Vehicle No: SHA1028P which was involved in vehicle. The vehicle owner and the taxi driver conceassist them in presenting their claims against the parising from the damage to the vehicle.	the captioned accident with erned have requested and	h your insured authorized us to	45 Pandan Road Singapore 60928/ Ub 320 Ub: Road Singapore 40864:
As the accident was caused by the negligent act of	your insured driving SKX4	1270D	Senoko 24 Senoko Loa:
we are submitting these claims for your considerati	on on behalf of the claima	nts.	Singapore 75815
TAXI OWNER'S CLAIM  1 Cost of Repair		\$ 1,103.75	Sungei Kadu 7 Sunge: Kadut Was Singapore 72879
6 2 days Loss of Rental @ \$ 125	.40 per day	\$ 250.80	Tishur Yishur Shun Industriat Park /
3 Survey Report Fees (Surveyed by M/s LKK)		\$ -	Singapore 768732
4 LTA Search Fees		\$ 7.49 \$ -	_ _
5 GIA / Police Report Fees	,		_
6 Towing / Medical / Transporation Fees	<b></b>	\$ -	_
HIRER'S CLAIM	Sub Total :	\$ 1,362.04	-
	.00 per days	\$ 160.00	
days 2033 of moonic @ 00.	Total Claims :		- •
We enclose herewith the following documents to su	upport the claims: -		
Original repair bill and photocopies of photocopies	• •	6	pcs.

LTA search slip/s of : b)

SKX4270D

c) GIA / Police report/s of : SHA1028P

d) Letter of authority from owner / hirer / operator

( ) Traffic Compound ( ) Towing/Medical bill/receipts ( ) Certificate of Insurance

) Photograph/s of Accident Scen (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.





# COMFORTDELGRO ENGINEERING

A member of **COMFORTDELGRO** 

GST REG. NO. M2-8921817-3

TAX INVOICE

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Dilve Singapore 575717
45 Pandan Road Singapore 609286
520 Ubi Road 3 Singapore 408643

COMPANY RKG. NO.: 199506048W Page: 1

801.001.2

CHINA TAIPING INSURANCE CO (S)PTE IND SPRINGLEAF TOWER

3 ANSON ROAD #16-00 SINGAPORE SG 079909

CONTACT NO: 62222366

Description: 3P 26.08.2019

VEHCLE NO SHA1.028P

INV. NO/DATR 91463495 29.08.2019

MAKK TOYOTA JOB NO. 305328091.

MODEL.

PRIUS HYBRID(G4)

ODOMETER READING

DATK OF RKG 29.06.2017

DATR/TIME IN 27.08.2019 08:45

CHASSIS CODE

J'FDKB3FU903560970

S/No	Part No.		Qt.y	Unit Price	%Disc	Net.
PART	REQUISITION		*****			
0001	04-01-0302-2292	PRIG4 COVER PRONT BUMPER	1	499.90	25.00	374.92
0002	04-010302-2297	PRIG4 EMBLEM SIDE PANEL (HYBRID)	1.	53.50	25.00	40.12
0003	04-01-0302-2267	PRIVE BUMPER PIECE	10	2.20	25.00	16.50
			SUB-TOTAL	:		43154
JOB N	IATURE					
0001	L	PANEL BEATING		200.00		200.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA		400.00		400.00
			SUB-TOTAL	:		600.00

ComfortDelGro Engineering Pte Ltd A member of COMFORIDELGRO

Head Office: 205 Braddell Road Singapore 579701

ACCOUNT No. INVOICE No. **AMOUNT** BANK/CHQ N 1,103.75 8010012 91463495

Kindly note that no receipt shall be issued unless requested.

**CUSTOMER'S COPY** 

## **COMFORTDELGRO** ENGINEERING

A member of COMFORTDELGRO

**GST REG. NO. M2-8921817-3** 

TAX INVOICE

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

workshops 59 Loyang Drive Singapore 508969 24 Sennko Loop Singapore 758156 383 Sin Ming Drive Singapore 575717 45 Pandan Road Singapore 609286 75 Sunger Kadul Way Singapore 72879 501 Yishun Industrial Park A Singapore 76 320 Ubi Road 3 Singapore 408649

801.001.2

CHINA TAIPING INSURANCE CO (S)PTE LTD SPRINGLEAF TOWER

3 ANSON ROAD #16-00 SINGAPORE SG 079909

CONTACT NO: 62222366

VKHCLR NO SHA1028P

TNV. NO/DATR 91463495 29.08.2019

MAKK TOYOT'A JOB NO. 305328091

COMPANY REG. NO.: 199506048W Page: 2

PRIUS HYBRID(G4)

ODOMETER READING

DATE OF REG 29.06.2017

DATR/TIME IN 27.08.2019 08:45

CHASSIS CODE JTDKB3EU903560970

Items total

1,031.54

Add GST @

7.000 %

72.21.

Invoice amount

1,103.75

KATHERINETAN 29.08.2019 16:10:01

Issued by : KATHERINETAN 29
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
8010012	91463495	1,103.75	
		,	

Our Ref: CT19080663

Date: 29 August 2019



### TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

26/08/2019 @ 19:15 hrs

ALONG

CAIRNHILL RD X ORCHARD RD

INVOLVING

SKX4270D

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 SHA1028P (the "Taxi"). The Taxi was hired to LIM SENG TOH IC NO SXXXX792C a registered hirer-operator of Comfort Transportation Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$125.40 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 Manager, Fleet Safety

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

NAME OF D	
DATE	
SE HOURS OPERATED (TIME) ED FROM TO	69 071, 1620 305 1713 0479 32 0830 0230 37 0635 W2 442 0845 - 1530
MILEAGE READING TRAVELLED (KM)	326849 269 32774 324 592 327943 306 327943 306 1111 SEMG ELL 3206
SELA 1028P	Softy 1 Repair 2 Repair 2
DATE	26 87 8 9 9 2 5 8 8 9 9 9 9 9 8 9 8 9 9 9 9 9 9 9 9 9

THE STREET STREET, STR

f

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING

TOYOTA PRIUS SHA1028P , SKX4270D

CAIRNHILL RD X ORCHARD RD

I / We

**ALONG** 

LIM SENG TOH

(Hirer) NRIC No.:

S1165792C

ON 26-Aug-19 19:15

and/or

**GOH HOCK HENG** 

(Relief) NRIC No.: SXXXX670F

Taxi Number

**SHA1028P** 

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

27-Aug-2019

Name of Hirer

**LIM SENG TOH** 

Hirer NRIC

SXXXX792C

Signature:

Address

540 HOUGANG AVENUE 8 #10-1229

530540

Contact No.

85907613

Name of Relief

**GOH HOCK HENG** 

Relief NRIC

SXXXX670F

Signature:

Address

475A SERANGOON CRESCENT 03-521

531475

Contact No.

90253223

SKX4270D 26 Aug 2019 / 19:15:00 Successful

OK SHACOLOP

C01

#### 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 witholding 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

	ACCIDENT STATEMENT	
Date Of Report	27/08/2019 10:34	
Date Of Accident	26/08/2019 19:15	
Exact Location Of Accident	CAIRNHILL RD X ORCHARD RD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	

Vehicle Registration Number SHA1028P

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 TOYOTA Model **PRIUS** 

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 **GOH HOCK HENG** 

NRIC No S1809670F Date Of Birth 19/12/1967 Occupation **OUTDOOR** Date Of Driving Pass 20/12/1985

**Driving Experience** 33 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90253223

Fax Number Contact Number

EMail Address FRANKYGOH@YAHOO.COM

BLK 475A UPPER SERANGOON CRESCENT #03-521 Address

531475 Postcode

Was driver an employee of the Insured's Company NO

OTHER - TAXI DRIVER If No, Relationship of the Driver with the Insured

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 DRIZZLING

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

YES

YES

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

**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?

Was there any video captured by Car Camera?

Remarks/ Reasons:

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SKX4270D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver MDM LAU

NRIC/Passport Number

Contact Number 93690100

Address

Postcode

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Insurance Company Name

RIGHT FRT Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

,	Name	GOH HOCK HE
	Approximate Age	52
	Injuries Sustain	PAIN ON BACK
	Injured person in which vehicle?	SHA1028P
	Were seat belts worn?	YES
	Was this injured conveyed to hospital by	NO

ambulance?
Address
Postcode

GOH HOCK HENG
52
PAIN ON BACK, NECK , SHOULDER AND LOWER BACK
SHA1028P
YES

#### Sketch Plan Pg. 1

#### **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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

Lunderstand, 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:
  - 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.

Company and and the company of the c

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Person

R Moorthy

NRIC/FIN No.:

Substitute distribution of specifical

A. A

1

### Sketch Plan Pg. 2

SKETCH PLAN	
	ELLE CLE CARACTE III III III III III III III III III I
	!:::::::::::::::::::::::::::::::::::::
- Cairnh	HKATI HER SK DAZZ
	++1402121604++11++12141111111111111111111111111111
	Though tought
	╪╫┼╃╟╎ <b>╢</b> ╏╃┠ <del>╏╇╬</del> ╢╬╬╃╂╇┼╟╫
	<del></del>
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT
Ch 36/4/19	at about 1915 his when I leh A
was making a	la Plan atting the file to the
	left fern within my lane (left turn + 8 frau
11.11 0 0 1	
Veh D from h	is lane (loft turn only) moved straight
ahead instead	of turning less and collided anto
The left fro	and awar of my morar a wall all
7.1.0	of areas of my morning vehicle.
The Ray 1	
very 13 was a	amaged on the right fort portion.
Lett a pain	1 ad the Beck, Neck, Shoulder and lower
,	
back. I will	be seeing the choctor.
	Beening of Grapher
DECLARATION	
/We declare the foregoing particul	ars are true in every respect.
##PORT ER, who make it is not CO REG. NG, 19530 with	
2230 (NESS) (1977) (SIGNARIO)   1	Mary Later
Policyholder's Signature	Oriver's Signature Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)  Date & Time:  NRIC/FIN No.: