



GST REG. NO. M2-8921817-3

## TAX INVOICE

COMPANY REG. NO.: 199506048W  
Page: 1

8010012

CHINA TAIPING INSURANCE CO (S) PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO  
SHA1028P

MAKE  
TOYOTA

MODEL  
PRIUS HYBRID(G4)

DATE OF REG  
29.06.2017

CHASSIS CODE  
JTDKR3FU903560970

INV. NO/DATE  
91463495 29.08.2019

JOB NO.  
305328091

ODOMETER READING

DATE/TIME IN  
27.08.2019 08:45

Description : 3P 26.08.2019

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0302-2292	PRIG4 COVER FRONT BUMPER	1	499.90	25.00	374.92
0002	04-01-0302-2297	PRIG4 EMBLEM SIDE PANEL (HYBRID)	1	53.50	25.00	40.12
0003	04-01-0302-2267	PRIVC BUMPER PIECE	10	2.20	25.00	16.50
SUB-TOTAL			:			431.54

### JOB NATURE

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 COMFORTDELGRO

Head Office:  
205 Braddell Road  
Singapore 579701

ACCOUNT No.

INVOICE No.

AMOUNT

BANK/CHQ N

8010012

91463495

1,103.75

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

### Workshops

59 Loyang Drive Singapore 508969  
383 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 609286  
320 Ubi Road 3 Singapore 408649

24 Senoko Loop Singapore 758156  
7 Sungei Kadut Way Singapore 728791  
501 Yishun Industrial Park A Singapore 76

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ODOMETER READING

DATE/TIME IN  
27.08.2019 08:45

Items total		1,031.54
Add GST @	7.000 %	72.21
Invoice amount		1,103.75

Issued by : KATHERINETAN 29.08.2019 16:10:01  
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

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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.

[illegible]

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING  
ALONG****TOYOTA PRIUS SHA1028P , SKX4270D  
CAIRNHILL RD X ORCHARD RD****ON 26-Aug-19 19:15**

I / We

**LIM SENG TOH**(Hirer) NRIC No.: **S1165792C**

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**

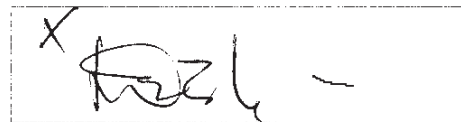
Name of Hirer

**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**

## Enquire Vehicle Insurance Details

SKX4270D 26 Aug 2019 / 19:15:00 Successful C01

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

OK

SHACORP

## 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	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
<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	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



Address	BLK 475A UPPER SERANGOON CRESCENT #03-521
Postcode	531475
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	DRIZZLING
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?	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)	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?	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	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	
Insurance Company Name	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage	RIGHT FRT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	GOH HOCK HENG
Approximate Age	52
Injuries Sustain	PAIN ON BACK, NECK , SHOULDER AND LOWER BACK
Injured person in which vehicle?	SHA1028P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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.
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.
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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:

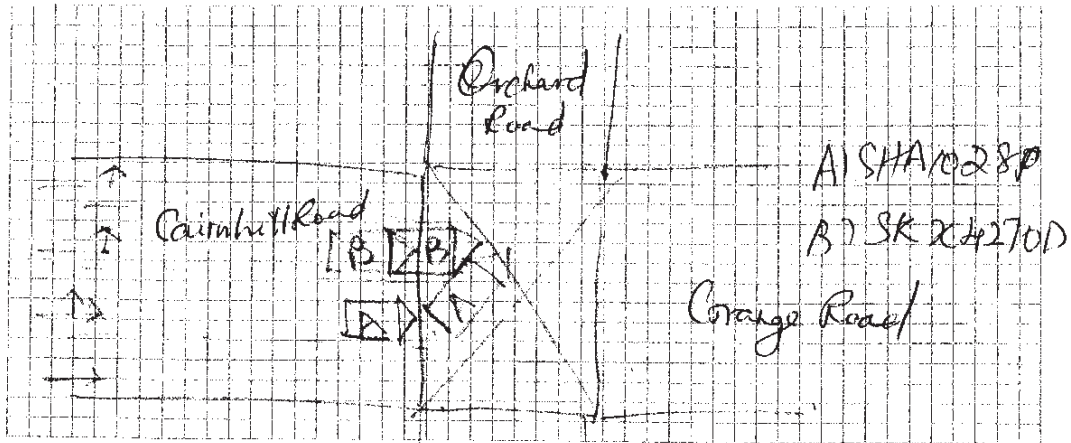
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/8/19 at about 1915hrs when I Veh A was making a left turn within my lane (left turn + straight) Veh B from his lane (left turn only) moved straight ahead instead of turning left and collided into the left front areas of my moving vehicle. Veh B was damaged on the right front portion. I felt a pain at the back, Neck, Shoulder and lower back. I will be seeing the doctor.

DECLARATION

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

CO. REG. NO. 19B330W11

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.: