

Our Ref : T 0819/ SHB4201E /WT(st)

Date : 09-Sep-19

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

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 8280
Facsimile +65 6280 0755

www.cdge.com.sg

CDGE Engineering Pte Ltd (Taxi & Auto)

QBE INSURANCE (INT'L) LTD
1 Raffles Quay #29-10
South Tower
Singapore 048583

WITHOUT PREJUDICE

Attn : Motor Claims Department

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHB4201E YOUR INSURED XE 3540C
AND OTHER _____ ON 20.08.19

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHB4201E 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 : XE 3540C we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1 Cost of Repair	\$ 3,156.50
2 <u>4.5</u> days Loss of Rental @ \$ 110.67 per day	\$ 498.02
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 :	\$ 3,662.01

HIRER'S CLAIM

7 <u>4.5</u> days Loss of Income @ \$ 80.00 per days	\$ 360.00
Total Claims :	\$ 4,022.01

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

- a) Original repair bill
- b) LTA search slip/s of : XE 3540C
- c) GIA / Police report/s of : SHB4201E
- d) Letter of authority from owner / hirer / operator
 - () Witness statement/s () Towing/Medical bill/receipts () Certificate of Insurance
 - () Photocopies 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 18 Email : williamtan@cdge.com.sg

A member of

COMFORTDELGRO



ISO 9001
OHSAS 18001

TAX INVOICE

8010056

QBE INSURANCE (INT'L)LTD

1 RAFFLES QUAY SOUTH TOWER #29-10
SINGAPORE 048583

CONTACT NO: 62246633

Description : SP 27.09.2019

VEHICLE NO
SHB4201E

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
16.07.2015

CHASSIS CODE
KMHLB41UMGU075411

NO/DATE
91464705 04.09.201

JOB NO.
305328398

ODOMETER READING

JOB TYPE

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	2,950.00
Add GST @ 7.000 %	206.50
Total Invoice amount	3,156.50

Issued by : CHEWBEELENG 04.09.2019 14:46:10
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

Our Ref: CT19080710

Date: 04 September 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 27/08/2019 @ 15:45 hrs
ALONG SLIP ROAD OF ANG MO KIO AVE 3 TOWARDS CTE
INVOLVING XE3540C

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 **SHB4201E** (the "Taxi"). The Taxi was hired to **QUEK SER TECK IC NO SXXXX464C** 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.

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING 1 40 SHB4201E , XE3540C
ALONG SLIP ROAD OF ANG MO KIO AVE 3 TOWARDS CTE****ON 27-Aug-19 15:45**I / We **QUEK SER TECK** (Hirer) NRIC No.: **S0208464C**and/or **CHEANG KOK KEONG** (Relief) NRIC No.: **SXXXX894B**Taxi Number **SHB4201E**

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 **28-Aug-2019**Name of Hirer **QUEK SER TECK**Hirer NRIC **SXXXX464C**Signature : Address **26 SIN MING INDUSTRIAL EST SEC...
570026**Contact No. **94483836**Name of Relief **CHEANG KOK KEONG**Relief NRIC **SXXXX894B**Signature : Address **26 SECTOR A SIN MING INDUSRIA 09-124
570026**Contact No. **87546479**

Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
XE3540C	27 Aug 2019 / 15:45:00	Successful	Q01	QBE INSURANCE (SINGAPORE) PTE LTD

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

SHB 4201E

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	28/08/2019 11:13
Date Of Accident	27/08/2019 15:45
Exact Location Of Accident	SLIP ROAD OF ANG MO KIO AVE 3 TOWARDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4201E
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	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	CHEANG KOK KEONG
NRIC No	S0131894B
Date Of Birth	19/08/1952
Occupation	OUTDOOR
Date Of Driving Pass	28/06/2011
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87546479
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 26 SIN MING INDUSTRIAL EST SECTOR A #09-124
Postcode	570026
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?	NO
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: : 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

REFER 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	XE3540C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NAGAPPAN RAJANDRAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

LH FRONT

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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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:

Olivia Wendy

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 7-5111-7111

SKETCH PLAN

A = 2003 ADGE
 B = XE 35 HOC
 (HINO)



A signature is written at the bottom right of the page.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AMC. AMC 3

Statement as per attached

DECLARATION

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

Olivia Wendy

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.:

Describe Circumstances of the Accident.

On the 27/08/2019 at about 15:45hrs, I was driving along slip road from Ang Mo Kio Ave 3 towards CTE with 01 female passenger on board my taxi.

As I was driving suddenly there's a jerk on my right rear of my taxi so I slow down to stop.

I step out to check and found out a Lorry of XE3540C left front portion had collided onto my right rear door, right rear and right rear rims of my taxi.


No injury at the point of accident.

Declaration

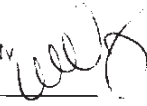
I/We declare the foregoing particulars are true in every respect.

DRIVER'S SIGNATURE AND DATE
27/08/2019

Policyholder's Signature/Date &
Time



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



Witnessed by Reporting
Centre Personnel

27/8/2019