

COMFORTDELGRO ENGINEERING

Our Ref : T 0819 / SHC1096G /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

Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No. 195663435

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 SHC1096G YOUR INSURED YP 7088X
AND OTHER _____ ON 30.08.19

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC1096G 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 YP 7088X we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,298.64
6	4.5 days Loss of Rental @ \$ 125.19 per day	\$ 563.36
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 :		\$ 1,869.49

HIRER'S CLAIM

7	4.5 days Loss of Income @ \$ 80.00 per days	\$ 360.00
Total Claims :		\$ 2,229.49

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

- a) Original repair bill :
- b) LTA search slip/s of : YP 7088X
- c) GIA / Police report/s of : SHC1096G
- 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.

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 609286

Ubi

320 Ubi Road 3
Singapore 408649

Senoko

24 Senoko Loop
Singapore 758156

Sungei Kadut

7 Sungei Kadut Way
Singapore 728791

Yishun

30 Yishun Industrial Park A
Singapore 768732

A member of

COMFORTDELGRO



ISO 9001
OHSAS 18001

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #15-00
SINGAPORE SG 079909

CONTACT NO: 82222356

VEHICLE NO
SHC1096G

MAKE
HYUNDAI

MODEL
IONIQ(G2)

DATE OF REG
13.09.2018

CHASSIS CODE
KMHC851CVKU107506

INV. NO/DATE
91464720 04.09.2019

JOB NO.
305329183

ODOMETER READING

DATE/TIME IN
30.08.2019 22:13

Description : SP 30.08.2019

S/N# Part No.

Qty Unit Price %Disc Net

PART REQUISITION

S/N#	Part No.	Description	Qty	Unit Price	%Disc	Net
0001	04-01-0104-2538	IONIQV2 MIRROR ASSY-OUTSIDE RR VIEW RH#	1	1,054.60	20.00	843.68

SUB-TOTAL : 843.68

JOB NATURE

S/N#	Part No.	Description	Qty	Unit Price	%Disc	Net
0001	PB	PANEL BEATING		100.00		100.00

0002	23-502	SPRAYPAINT ON AFFECTED AREA		250.00		250.00
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0003	17-01	WIRING CHARGE		20.00		20.00
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SUB-TOTAL : 370.00

ComfortDelGro Engineering Pte Ltd

A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

ACCOUNT No.

INVOICE No.

AMOUNT

BANK/CHQ N

8010012

91464720

1,298.64

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

TAX INVOICE

Workshops

8010012

CHINA TAIPING INSURANCE CO (S) PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 61222366

VEHICLE NO
SHC1096G

MAKE
HYUNDAI

MODEL
IONIQ(G2)

DATE OF REG
13.09.2018

CHASSIS CODE
KMHC851CVKU107506

INV. NO/DATE
91464720 04.09.2019

JOB NO.
305329183

ODOMETER READING

DATE/TIME IN
30.08.2019 22:15

Items total		1,213.66
Add GST @	7.000 %	84.96
Invoice amount		1,298.64

Issued by : CHEWBEELENG 04.09.2019 15:26:51
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

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ N
8010012	91464720	1,298.64	

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

Our Ref: CT19080800

Date: 04 September 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 30/08/2019 @ 18:30 hrs
ALONG STAMFORD RD TWDS FORT CANNING LINK
INVOLVING YP7088X

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 **SHC1096G** (the "Taxi"). The Taxi was hired to **QUEK LEK SENG IC NO SXXXX545Z** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.19** 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.

HOURS OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING					MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
FROM	TO									FROM	TO
00	01.40	28.08.19	Teck	1	67	3	8	2	137	03.20	09.25
02.20	09.05	28.08.19	Quick LS	1	67	8	0	5	423	10.30	01.30
04.45	03.30	29.08.19	Teck	1	67	9	5	0	145	03.20	09.30
08.35	09.10	29.08.19	Quick LS	1	68	4	5	2	502	10.45	02.30
09.40	01.40	30.08.19	Quick LS							10.30	
03.20	09.05	30.08.19	ACCIDENT					/	110	22.15	-
01.20	00.25	03.09.19	Rec-Pair						047	-	12.30
03.20	09.15										
04.40	01.50										
08.20	08.25										
01.40	01.20										

SHC 10969

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING Hyundai Ioniq SHC1096G , YP7088X
ALONG STAMFORD RD TWDS FORT CANNING LINK****ON 30-Aug-19 18:30**

I / We

QUEK LEK SENG(Hirer) NRIC No.: **SXXXX545Z**

and/or

(Relief) NRIC No.: **SXXXX545Z**

Taxi Number

SHC1096G

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

31-Aug-2019

Name of Hirer

QUEK LEK SENG

Hirer NRIC

SXXXX545Z

Signature :



Address

**117 BEDOK RESERVOIR ROAD #07-...
470117**

Contact No.

92307373

Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
YP7088X	30 Aug 2019 / 18:30:00	Successful	C01	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

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

SHC 10966

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	31/08/2019 10:32
Date Of Accident	30/08/2019 18:30
Exact Location Of Accident	STAMFORD RD TWDS FORT CANNING LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1096G
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	IONIQ HYBRID

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	QUEK LEK SENG
NRIC No	S1579545Z
Date Of Birth	28/09/1963
Occupation	OUTDOOR
Date Of Driving Pass	14/12/1983
Driving Experience	35 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92307373
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 117 BEDOK RESERVOIR ROAD #07-60
Postcode	470117
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: : 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

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	YP7088X
Vehicle Make/Model/Colour	ISUZU LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	DOSS
NRIC/Passport Number	
Contact Number	84098478
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

NO DAMAGED

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.

General Insurance Association of Singapore LTD
100 ROBINSON ROAD, #04-01, SINGAPORE 068906

Policyholder's Signature
Date & Time:

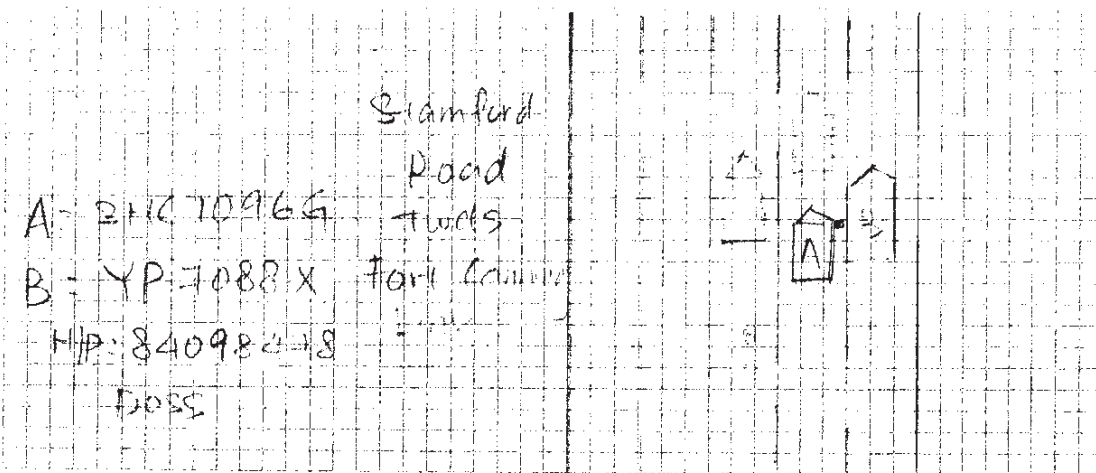
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

General Insurance Association of Singapore LTD



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/8/19 at about 18:30 hrs, my taxi

veh A was stop at above said location

waiting traffic ahead to move forward. Suddenly

veh B come out from right hand side encroached

into my lane and it left portion hit onto

my taxi right wing mirror caused door locking

system failure. 01 male passenger in my

taxi. No injury reported in this accident

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.:

Loke Wei Yeng

31/8/19