

Our Ref : T 0919 / SHA7947Y /WT(st)

Your Ref :

Date : 17-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. 199506348W

**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 SHA7947Y YOUR INSURED YN 3851X  
AND OTHER \_\_\_\_\_ ON 02.09.19**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHA7947Y 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 YN 3851X we are submitting these claims for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$ 2,247.00
6	2.5 days Loss of Rental @ \$ 112.67 per day	\$ 281.68
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	\$ -
<b>Sub Total :</b>		<b>\$ 2,536.17</b>

**HIRER'S CLAIM**

7	2.5 days Loss of Income @ \$ 80.00 per days	\$ 200.00
<b>Total Claims :</b>		<b>\$ 2,736.17</b>

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

- a) Original repair bill :
- b) LTA search slip/s of : YN 3851X
- c) GIA / Police report/s of : SHA7947Y
- 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**

500 Yishun Industrial Park A  
Singapore 768732

## TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #12-00  
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO  
SHA7947Y

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
03.09.2015

CHASSIS CODE  
KMHLB41UMGU077266

NO/DATE  
91466020 11.09.201

JOB NO.  
305329643

ODOMETER READING

JOB TYPE

Description : SP 02.09.19

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	2,100.00
Add GST @ 7.000 %	147.00
Total Invoice amount	2,247.00

Issued by : CHEWBEELENG 11.09.2019 10:34:04  
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: CT19090035

Date: 09 September 2019



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON                      02/09/2019    @   16:50 hrs  
ALONG                                91 WHAMPOA DRIVE  
INVOLVING                        YN3851X

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 **SHA7947Y** (the "Taxi"). The Taxi was hired to **GOH SIN CHOON IC NO SXXXX683C** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$112.67** 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.



**Enquire Vehicle Insurance Details**

Vehicle No. Incident Date/Time Search Status Insurance Company Code Insurance Company Name

YN3851X 02 Sep 2019 / 16:50:00 Successful

C01

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

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

SHA 79477

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING i 40 SHA7947Y , YN3851X  
ALONG 91 WHAMPOA DRIVE****ON 02-Sep-19 16:50****I / We GOH SIN CHOON (Hirer) NRIC No.: SXXXX683C****and/or (Relief) NRIC No.: SXXXX683C****Taxi Number SHA7947Y**

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 03-Sep-2019****Name of Hirer GOH SIN CHOON****Hirer NRIC SXXXX683C**

Signature :

**Address 406 YISHUN AVENUE 6 #11-1302  
760406****Contact No. 96577582**

## 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	03/09/2019 09:48
Date Of Accident	02/09/2019 16:50
Exact Location Of Accident	91 WHAMPOA DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7947Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFTY@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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	GOH SIN CHOON
NRIC No	S0162683C
Date Of Birth	16/08/1952
Occupation	OUTDOOR
Date Of Driving Pass	29/11/1973
Driving Experience	45 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96577582
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	406 11-1302 YISHUN AVENUE 6
Postcode	760406
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	YISHUN N NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SEE POLICE REPORT.

#### Attachment(s)

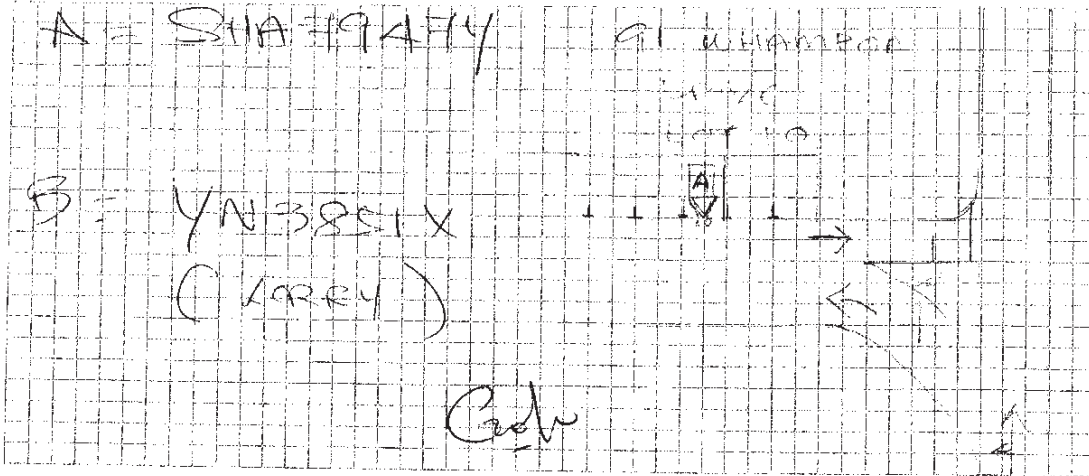
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN3851X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NOT SURE
No. Of Passenger (Including Driver)	



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per Police Report

① TI 2019090212184

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: Olivia Wendy  
NRIC/FIN No.: 03 SEP 2019



**SINGAPORE  
POLICE FORCE**



T/20190902/2184

1 of 3

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20190902/2184

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/09/2019 19:38	Vide Report No.:	Station Diary No.: 261
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**Informant's Particulars**

Name of Informant: GOH SIN CHOON			Address: APT BLK 406 YISHUN AVENUE 6 #11-1302 SINGAPORE 760406	
ID Type / ID No.: NRIC NO / S0162683C			Contact No.: Home/Office: Mobile: 96577582	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 67	Date of Birth: 16/08/1952	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B, 2A, 2, 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/09/2019 16:50	Type of Location: Car Park
Location: Along Road 1 WHAMPOA DRIVE  91 Whampoa Drive, lot 10				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHA7947Y	TAXI				Seriously Damaged	0
YN3851X	Lorry					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20190902/2184

2 of 3

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20190902/2184

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	GOH SIN CHOON	ID No.	S0162683C
Related Vehicle	SHA7947Y (TAXI)	Contact No.	96577582
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 02/09/2019 at about 1550hrs, I had parked my Comfort Taxi (SHA7947Y) at 91 Whampoa Hawker Centre, lot number 10. Everything is intact.

On the same day at about 1645hrs, I went back to my taxi and discovered my left rear passenger door dented and scratched. The door handle had also broken off. One of the stall owner (Yong Tau Ho) at the hawker centre had approached me informing me that he witnessed one white lorry bearing YN3851X had reversed and collided onto my taxi before leaving the scene without leaving any details. The stall owner only managed to take a photo of the lorry leaving the scene.

My taxi is installed with in-car camera however it was not activated as my engine is switched off.



**SINGAPORE  
POLICE FORCE**



T/20190902/2184

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

3 of 3  
Report No. T/20190902/2184

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: L / Sr Staff Sgt LIM JUN LONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/09/2019 19:38
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:

Authentication Stamp  
NP168