

Our Ref : CC19090046/ SHB3550D /WT(st)

Your Ref :

Date : 12-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

205 Braddell Road Singapore 579701

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

501 Yishun Industrial Park A
Singapore 768732

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 SHB3550D YOUR INSURED SLJ2959B
AND OTHER _____ ON 03.09.19**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : SHB3550D 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 : SLJ2959B we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,016.50
2	<u>3</u> days Loss of Rental @ \$ 110.67 per day	\$ 332.01
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 :		\$ 1,356.00

HIRER'S CLAIM

7	<u>3</u> days Loss of Income @ \$ 80.00 per days	\$ 240.00
Total Claims :		\$ 1,596.00

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

- a) Original repair bill :
- b) LTA search slip/s of : SLJ2959B
- c) GIA / Police report/s of : SHB3550D
- d) Letter of authority from owner / hirer / operator
 - () Photocopies of Accident Scene Photos () Certificate of Insurance
 - () PIR (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

59 Loyang Drive Singapore 508969 24 Senoko Loop Singapore 758156
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609286 501 Yishun Industrial Park A Singapore 76
320 Ubi Road 3 Singapore 408649

COMPANY REG. NO.: 1995060480

Page: 1

GST REG. NO. M2-8921817-3

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #15-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHE3550D

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
28.05.2015

CHASSIS CODE
KMHLB41UMFU069326

NO/DATE
91465926 10.09.2019

JOB NO.
305329649

ODOMETER READING

JOB TYPE

Description : BP 03.09.2019

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	350.00
Add GST @ 7.000 %	66.50
Total Invoice amount	1,016.50

Issued by : CHEWBEELENG 10.09.2019 16:46:59
Repair Type : CFSO/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 No.

Our Ref: CC19090046



Date: 10 September 2019

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 03/09/2019 @ 10:50 hrs
ALONG ALONG PUNGGOL RD
INVOLVING SLJ2959B

We refer to the above-mentioned accident and wish to inform that **CityCab Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHB3550D** (the "Taxi"). The Taxi was hired to **LEE YEW KAI IC NO SXXXX884A** a registered hirer-operator of **CityCab 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 **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.

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING i 40 SHB3550D , SLJ2959B
ALONG ALONG PUNGGOL RD****ON 03-Sep-19 10:50**

I / We

LEE YEW KAI(Hirer) NRIC No.: **SXXXX884A**

and/or

(Relief) NRIC No.: **SXXXX884A**

Taxi Number

SHB3550D

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

LEE YEW KAI

Hirer NRIC

SXXXX884A

Signature :



Address

**1F CANTONMENT ROAD #31-63
085601**

Contact No.

90066916

Enquire Vehicle Insurance Details

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

SLJ2959B 03 Sep 2019 / 10:50:00 Successful C01 CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous

OK

SLJ2959B

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 14:05
Date Of Accident	03/09/2019 10:50
Exact Location Of Accident	ALONG PUNGGOL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3550D
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD (COMPANY)
Co Reg No	199502839G
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	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	LEE YEW KAI
NRIC No	S1620884A
Date Of Birth	22/05/1963
Occupation	OUTDOOR
Date Of Driving Pass	25/10/1994
Driving Experience	24 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90066916
Fax Number	
Contact Number	
EEmail Address	SANDRASHAM@SINGNET.COM

Address	1F 31-63 CANTONMENT ROAD
Postcode	085601
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?	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)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TAMPINES 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?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ2959B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRT LEFT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LEE YEW KAI
Approximate Age	56
Injuries Sustain	GIDDINESS AND NUMBNESS RIGHT HAND
Injured person in which vehicle?	SHB3550D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

AS per attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


As per Police Report attached

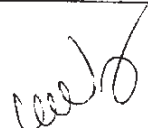
DECLARATION

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

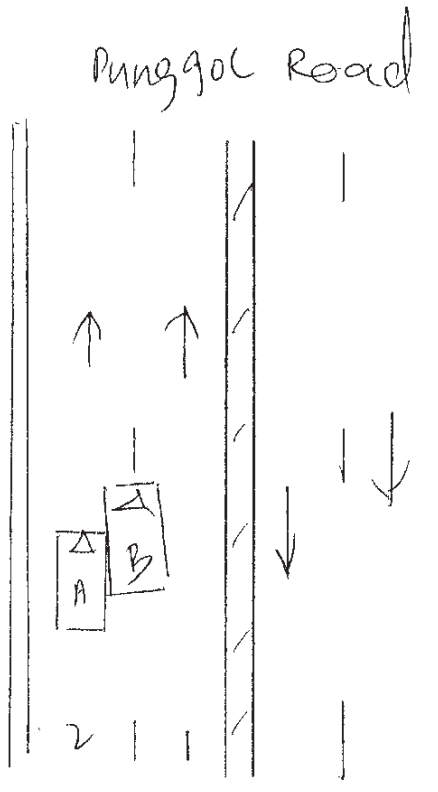
CITYCAB PTE LTD
CO. REG. NO. 199502839G

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.: 903 011 7277

A- SHB-3550-D
B- SLJ-2959-B





**SINGAPORE
POLICE FORCE**



T/20190903/2034

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20190903/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/09/2019 11:53	Vide Report No.:	Station Diary No.: 39
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Informant's Particulars

Name of Informant: LEE YEW KAI			Address: APT BLK 1F CANTONMENT ROAD #31-63 SINGAPORE 085601		
ID Type / ID No.: NRIC NO / S1620884A			Contact No.: Home/Office: Mobile: 90066916		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 22/05/1963	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/09/2019 10:50	Type of Location: Straight Road
Location: Along Road 1 PUNGGOL ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB3550D	TAXI				Slightly Damaged	1
SLJ2959B	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190903/2034

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20190903/2034

CONTINUATION OF REPORT

Driver			
Name	LEE YEOW KAI	ID No.	S1620884A
Related Vehicle	SHB3550D (TAXI)	Contact No.	90066916
Hospital/Clinic	ANSAR CLINIC	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	03/09/2019	Date Discharge	03/09/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 03/09/2019 at about 1050hrs, I was driving my yellow Citycab taxi bearing SHB3550D along the left lane of Punggol Road with one male passenger, heading to TPE. All of a sudden, there was a car bearing SLJ2959B from the right lane beside my tried to overtake and cut into my lane but his left side ended up colliding into my taxi's front right portion.

We stopped and made a check but we both did not exchange particulars and continued on our way.

On the same day at about 1130hrs, I went to Ansar Clinic for giddiness and numbness in my right hand and was given 3 days MC from 3/9/2019 till 5/9/2019.



**SINGAPORE
POLICE FORCE**



T/20190903/2034

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20190903/2034

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:

G /

Sgt 3 MUHAMMAD DANIYAL BIN
BAHARUDDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/09/2019 11:53

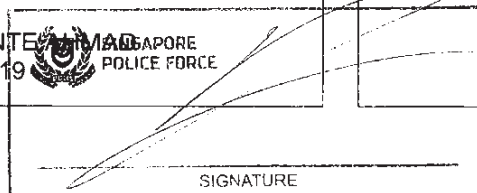
Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTI
Contact No.: 65476219

Classification Of Case:

Authentication Stamp
NP168



SIGNATURE