

Our Ref : T 0919/ SHA7351R /WT(st)

Date : 11-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 9765

www.cdge.com.sg

Company Registration No: 198500487

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 SHA7351R YOUR INSURED SJN9759T
AND OTHER _____ ON 03.09.19

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHA7351R 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 : SJN9759T we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	963.00
2	<u>2</u> days Loss of Rental @ \$ <u>114.95</u> per day	\$	229.90
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 :		\$	1,200.39

HIRER'S CLAIM

7	<u>2</u> days Loss of Income @ \$ <u>80.00</u> per days	\$	160.00
Total Claims :		\$	1,360.39

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

- a) Original repair bill
- b) LTA search slip/s of : SJN9759T
- c) GIA / Police report/s of : SHA7351R
- 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

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

Workshops

TAX INVOICE

801605E

QBE INSURANCE (INT'L)LTD

1 RAFFLES QUAY SOUTH TOWER #29-10
 SINGAPORE 048583

CONTACT NO: 62146633

Description : 3P 03.09.2019

VEHICLE NO
 SHA7551R

NO/DATE
 91466002 11.09.201

MAKE
 HYUNDAI

JOB NO.
 305330280

MODEL
 I-40

ODOMETER READING

DATE OF REG
 05.08.2014

CHASSIS CODE JOB TYPE
 KMHLB41UMEU056192

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		963.00
Add GST @	7.000 %	63.00
Total Invoice amount		963.00

Issued by : CHEWBEILENG 11.09.2019 09:17:26
 Repair Type : OLSO/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: CT19090062

Date: 10 September 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 03/09/2019 @ 19:30 hrs
ALONG CHULIA STREET INFRONT ONE RAFFLES PLACE
INVOLVING SJN9759T

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 **SHA7351R** (the "Taxi"). The Taxi was hired to **QUEK AH WHYE IC NO SXXXX151D** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$114.95** 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.

DATE	NAME OF DRIVER	MILEAGE READING				MILEAGE TRAVELLED (KM)	HOURS OPERATED (H)	
		8	9	2	7		FROM	TO
01/09/19	Phan	89	2	7	3	4	0800	170
02/09	Quok Ah White	89	3	0	7	7	1815	0552
03/09	Quok Ah White	89	3	3	3	6	0620	220
04/09	Quok Ah White	89	3	5	3	7	0710	170
04/09	Quok Ah White	89	3	8	0	9	1815	0552
04/09/19	Quok Ah White	89	3	9	7	2	0640	170
05/09/19	Quok Ah White	89	3	9	7	2	1315	-
	Accident Repair							134

ComfortDelGro Engineering Pte Ltd
 1301 Bedok North Ave 4
 Singapore 48945
 Reg No: 199506048W
 GST Reg. No: M2-8921817-3
 FAX INVOICE

Receipt No: 13656233

Cashier: CHYE HONG

Sales On: 04/09/2019 5:12 am

Higher NRIC No: SXXXXX41311

Vehicle No: SXXXXX41311

Sale Type: Comfort (C)

Item: Diesel

Qty: 1.14

1.14 23.6071

Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJN9759T	03 Sep 2019 / 19:30:00	Successful	Q01	QBE INSURANCE (SINGAPORE) PTE LTD

Previous

OK

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING i 40 SHA7351R , SJN9759T ON 03-Sep-19 19:30
ALONG CHULIA STREET INFRONT ONE RAFFLES PLACE

I / We **QUEK AH WHYE** (Hirer) NRIC No.: **S1558151D**

and/or **LEE CHIN HIN** (Relief) NRIC No.: **SXXXX413H**

Taxi Number **SHA7351R**

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 **04-Sep-2019**

Name of Hirer **QUEK AH WHYE**

Hirer NRIC **SXXXX151D**

Signature :



Address **856F TAMPINES STREET 82 #10-220**
526856

Contact No. **92717093**

Name of Relief **LEE CHIN HIN**

Relief NRIC **SXXXX413H**

Signature :



Address **813 TAMPINES ST 81 #05-548**
520813

Contact No. **91721693**

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	04/09/2019 14:11
Date Of Accident	03/09/2019 19:30
Exact Location Of Accident	CHULIA STREET INFRONT ONE RAFFLES PLACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7351R
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	LEE CHIN HIN
NRIC No	S1254413H
Date Of Birth	13/11/1957
Occupation	OUTDOOR
Date Of Driving Pass	25/08/1978
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91721693
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 813 TAMPINES STREET 81
#05-548

Postcode 520813

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 COLLISION - HEAD TO REAR

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

REFERF 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 SJN9759T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver UNKNOWN

NRIC/Passport Number

Contact Number 92325445

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)



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5. Any false reporting may be referred to the Police for investigation.
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.

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
GIA RECORDS MANAGEMENT CENTRE

Policyholder's Signature
Date & Time:

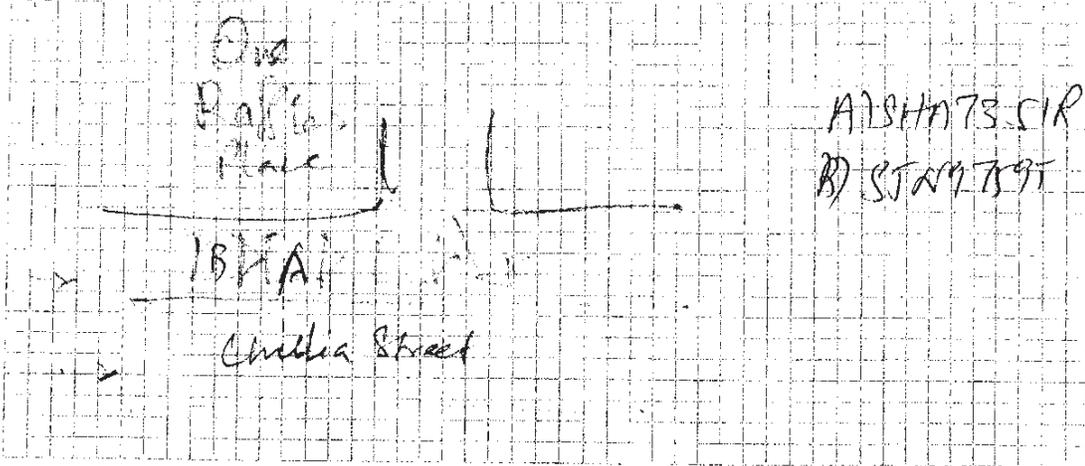
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

APPROVED FOR SIGNATURE



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/9/19 at about 1930hrs when I Veh A slowed down because another vehicle in front stopped. Veh B collided onto the rear of my vehicle. My rear bumper was damaged.

DECLARATION

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

Policyholder's Signature: *[Signature]*

Date & Time:

Driver's Signature: *[Signature]*

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature: *[Signature]*
Name: *[Name]*
NRIC/FIN No.: *[Number]*

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