COMFORTDELGRO

Our Ref : T 0919 / SHA5276M /WT(st)

Your Ref:

Date 26-Sep-19 CDGE Taxi Claims Dept

59 Loyang Drive 4th Fir Singapore 508969

205 Braddell Road Singapore 579701 Mainline +65 6383 6280

ComfortDelGro Engineering Pte Ltd

Facsimilie +65 6280 9755 www.cdge.com.sg

Completely Anglements No. 18 (April 280)

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 609236

320 Ubi Road 3

Singapore 408649 Senoko

24 Senoko Loop Singapore 758156

Sungei Kadut

7 Sungei Kadut Way Singapore 728791

hun 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 SHA5276M YOUR INSURED GBD3148T ON 17.09.19 AND OTHER

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No: SHA5276M 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 GBD3148T we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair		\$ 3,905.50
6	3 days Loss of Rental @ \$ 112.67 per day	-	\$ 33€ ∂ 0 ∜is⊦
3	Survey Report Fees (Surveyed by M/s LKK)	-	\$ _
4	LTA Search Fees	-	\$ 7.49
5	GIA / Police Report Fees	-	\$ -
6	Towing / Medical / Transporation Fees	•	\$ -
		Sub Total:	\$ 4,251.00

HIRER'S CLAIM

7	3	days Loss of Income @	\$ 80.00 per days	\$ 240.00
			 Total Claims :	\$ 4.491.00

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

- a) Original repair bill:
- b) LTA search slip/s of :

GBD3148T

c) GIA / Police report/s of : SHA5276M

- 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.









COMFORTDELGRO ENGINEERING

A member of **COMFORTDELGRO**

GST REG. NO. M2-8921817-3

TAX INVOICE

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

worksnops
59 Loyang Drive Singapore 508969
883 Sin Ming Drive Singapore 675717
45 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 408649
424 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 72879
501 Yishun Industrial Park A Singapore 7

COMPANY REG. NO.: 1995060481

Page: 1

801.001.2

CHINA TAIPING INSURANCE CO (S)PTR LTD SPRINGLEAF TOWER

3 ANSON ROAD #16-00 SINGAPORE 079909

CONTACT NO: 62222366

VEHCLE NO SHA5276M

NO/DATE

91468667 25.09.2019

MAKE HYUNDAI JOB NO. 305334472

MODEL. I - 40

ODOMETER READING

DATE OF REG 19.11.2015

CHASSIS CODE KMHT.B41.UMGU080538

JOB TYPE

Description: 3P 17.09.19

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt Add GST @ 7.000 %

3,650.00 255.50

Total Invoice amount

3,905.50

: KATHERINETAN 25.09.2019 10:12:37

Issued by : KATHERINETAN 25 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: CT19090430

Date: 25 September 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

17/09/2019 @ 23:45 hrs

ALONG

CANBERRA LINK

INVOLVING

GBD3148T

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 SHA5276M (the "Taxi"). The Taxi was hired to ONG SWEE HENG IC NO SXXXX100D 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.

N ²			and the state of t	(日本の)			
	DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME) FROM TO	DATE	NAME OF DRIVER
	2/9	9	28 39 47	2/3	0/20 16.30		
	5/9	de sa Colonia	781985	236	19-31- 4-50		
		K My Chil			19.30		
	2/8/	The state of the s	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	R	0/20 135H		
	67-60-87	Aradent	The state of the s	3			
	20-08-19	Dercim		1000	10 (5)		
	•	-	2				
,-				7.144			
r. f							
			,				

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING i 40 SHA5276M , GBD3148T

ON 17-Sep-19 23:45

ALONG

CANBERRA LINK

I / We

ONG SWEE HENG

(Hirer) NRIC No.:

S1513100D

and/or

CHAN KHAI WOO

(Relief) NRIC No.: SXXXX640H

Taxi Number

SHA5276M

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

18-Sep-2019

Name of Hirer

ONG SWEE HENG

Hirer NRIC

SXXXX100D

Signature:

Address

134 EDGEDALE PLAINS #14-62

820134

Contact No.

91149238

Name of Relief

CHAN KHAI WOO

Relief NRIC

SXXXX640H

Signature:

San Kha woo.

Address

199B PUNGGOL FIELD 02-415

822199

Contact No.

96317742

Enquire Vehicle Insurance Details

Vehicle No. Incloent Date: Finite - Search Status, insurance Company Code - Insurance Company Name

GBD3148T 17 Sep 2019 / 23:45:00 Successful C01 CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous OK

SUA 5271 m

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 witholding 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

	ACCIDENT STATEMENT	
Date Of Report	18/09/2019 15:20	
Date Of Accident	17/09/2019 23:45	
Exact Location Of Accident	CANBERRA LINK	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA5276M

Insured/Policyholder

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?

If No, Please state action to be taken

NO
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 YE

Policy Number D-18088936MFSH

Cover Note Number

Driver

Name of Driver CHAN KHAI WOO

NRIC No S0022640H
Date Of Birth 21/08/1952
Occupation OUTDOOR
Date Of Driving Pass 21/01/1980

Driving Experience 39 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96317742

Fax Number

Contact Number

EMail Address NOEMAIL

Address 199B 02-415 PUNGGOL FIELD

Postcode 822199

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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] HOUGANG 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 GBD3148T

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

FRT

No. Of Passenger (Including Driver)

	DETAILS OF INJURED PERSON 1
Name	CHAN KHAI WOO
Approximate Age	67
Injuries Sustain	NECK,BACK,LEG
Injured person in which vehicle?	SHA5276M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN	
DESCRIBE CIRCUMSTANCE	Conserta A 6 cts
- I - I - I - I - I - I - I - I - I - I	S. A. M. M. C. M.
	Accorded to the second
	ATTUCKA POWE REPORT
	Attacked poine report Tougoal8/2076
DECLARATION /We declare the foregoing parti	iculars are true in every respect.
praerity of the Control (Con-	i i i i i i i i i i i i i i i i i i i
Policyholder's Signature Date & Time:	Driver's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Name: Loke VVIII (1814)

Date & Time:

CONTRACTOR GIAL PROPERTY.

Page 4 of 19

NRIC/FIN No.:

Sketch Plan Pg. 2





T/20190918/20

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 1 of 3 Report No. T/20190918/2076

REPORT OF	A TRAFFIC	ACCIDENT			
Date/Time Report Made: 18/09/2019 13:03			Vide Report No.:	Station Diary No.: 67	
Informant	's Partice	ilars			
Name of Ir	nformant:		Address:		
CHAN KHAI WOO			APT BLK 199B PUNGGOL FIELD #02-415 SINGAPORE 822199		
ID Type / ID No.:			Contact No.:		
NRIC NO / S0022640H			Home/Office: Mobile: 96317742		
Nationality SINGAPO		EN	Email:		
Sex:	Age:	Date of Birth:	Type of Informant:		
Male 67 21/08/1952			Driver		
Race:			Language:	Institution / School Name:	
Chinese			Mandarin		
Occupation	n:		Driving Licence Information:		
Taxi driver			Class: 3,4	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/09/2019 23:45	Type of Location: Straight Road
Location: Along Road 1 CANBERRA L Straight road	INK			
Weather: Road		Road Surface: Dry	F	Road Speed Limit:
Traffic Flow: Traffic		Traffic Control:	T	raffic Volume:
		Not Controlled	L	ight

Details of Vehicle Involved								
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger		
GBD3148T	Lorry	KIA	K2500 6M/T	Blue	Slightly Damaged	0		
SHA5276M	COMFORT	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1		





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

2 of 3 Report No. T/20190918/2076

CONTINUATION OF REPORT

					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
	4 200				
CHAN KHAI WOO		ID No).	S0022640H	
SHA5276M (COMFORT TAXI)		Contact No.		96317742	
A LIFE CLINIC PTE LTD		Drivin	g	Class: 3,4 Date of Expiry: NIL	
40/00/0040			Date		
Date Treatment 18/09/2019 No. of Days granted Medical Leave 07			18/09	/2010	
	A LIFE CLINIC PTE LTD 18/09/2019	CHAN KHAI WOO SHA5276M (COMFORT TAXI) A LIFE CLINIC PTE LTD 18/09/2019 Date Disc	CHAN KHAI WOO ID No SHA5276M (COMFORT TAXI) Conta A LIFE CLINIC PTE LTD Class Drivin Licence Expiry 18/09/2019 Date Discharge	CHAN KHAI WOO SHA5276M (COMFORT TAXI) A LIFE CLINIC PTE LTD Class of Driving Licence & Expiry Date 18/09/2019 Date Discharge 18/09	

Brief Details.

On 17/09/2019 at about 2345hrs, I was driving my Comfort taxi SHA5276M with a passenger, Pratap Hp:91872699 along Canberra Link going towards Sembawang. While I was driving on the 3rd lane of the straight road on Canberra link, I spotted a cone on the road as such I signal to the right wanting to go to the center lane. After checking all was clear to change lane, I drove to the center lane and continued driving.

Subsequently, I felt a thud a the rear of my taxi. I was shock and I quickly stop the vehicle. I got out and discover a lorry GBD3148T had collided onto the rear of my taxi. I observed that my rear boot and bumper were dented due to the collision. My passenger also stepped out of the taxi and left in another

I observed that the lorry driver was a male Chinese subject. He did not provide his particulars to me. The driver just inform me to report to Insurance for claim. There is no CCTV at the rear of my taxi. This is the first time such incident happened. I suffered injury to my neck, back and leg. I went to A Life Clinic Pte Ltd and received 7 days MC.

Sketch Plan Pg. 4





Report No. T/20190918/2076

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

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: F /	Signature Of Informant:
Sr Staff Sgt ROYSHAM BIN HAJI KAMSANI	
	I Chan May Woo
Signature Of Interpreter:	Date/Time:
Not applicable	18/09/2019 13:03
Officer In Charge Of Case:	Classification Of Case:
TP / AEIT /	State of Sass.
Sr Staff Sgt ONG YONG HOCK	
Contact No.: 65476436	
Authentication Stamp	