

ISO 9001  
OHSAS 18001

## TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO  
SHA5276M

MAKE  
HYUNDAI

MODEL  
T-40

DATE OF REG  
19.11.2015

CHASSIS CODE  
KMHLEB41UMGU080538

NO/DATE  
91468667 25.09.2019

JOB NO.  
305334472

ODOMETER READING

JOB TYPE

Description : 3P 17.09.19

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt.	3,650.00
Add GST @ 7.000 %	255.50
Total Invoice amount.	3,905.50

Issued by : KATHERINE TAN 25.09.2019 10:12:37  
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.

SALES

[illegible][illegible]

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING i 40 SHA5276M , GBD3148T  
ALONG CANBERRA LINK****ON 17-Sep-19 23:45**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 :


Address **199B PUNGGOL FIELD 02-415  
822199**Contact No. **96317742**

**Enquire Vehicle Insurance Details**

Vehicle No. Incident Date/Time 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 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	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

Vehicle Registration Number	SHA5276M
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#### 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?	NO
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	TAXI
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#### 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	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	
EEmail 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	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]	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

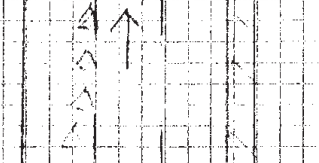
Address

Postcode

### SKETCH PLAN

Canberra  
Link

A RMA 524601  
E: ASD 21481



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached police report.

T/20190918/2076

### DECLARATION

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

Policyholder's Signature \_\_\_\_\_

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20190918/2076

1 of 3

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

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
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**Informant's Particulars**

Name of Informant: CHAN KHAI WOO			Address: APT BLK 199B PUNGGOL FIELD #02-415 SINGAPORE 822199		
ID Type / ID No.: NRIC NO / S0022640H			Contact No.: Home/Office: Mobile: 96317742		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 21/08/1952	Type of Informant: Driver		
Race: Chinese			Language: Mandarin		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: 17/09/2019 23:45	Type of Location: Straight Road
Location: Along Road 1 CANBERRA LINK				
Straight road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**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 TAXI	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20190918/2076

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

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Report No. T/20190918/2076

**CONTINUATION OF REPORT**

<b>Details of Person involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	CHAN KHAI WOO	ID No.	S0022640H
Related Vehicle	SHA5276M (COMFORT TAXI)	Contact No.	96317742
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	18/09/2019	Date Discharge	18/09/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

**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 at 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 taxi.

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.



**SINGAPORE  
POLICE FORCE**



T/20190918/2076

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

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Report No. T/20190918/2076

**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 /  
Sr Staff Sgt ROYSHAM BIN HAJI KAMSANI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt ONG YONG HOCK  
Contact No.: 65476436

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
18/09/2019 13:03

Classification Of Case: