

Our Ref : T 0919/ SHC2991R /WT(st)

Date : 26-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: 194094842

**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 SHC2991R YOUR INSURED SLN4543H**  
**AND OTHER \_\_\_\_\_ ON 18.09.19**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC2991R 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 : SLN4543H we are submitting these claims for your consideration on behalf of the claimants.

#### TAXI OWNER'S CLAIM

1	Cost of Repair	\$	857.26
2	<u>3</u> days Loss of Rental @ \$ <u>125.19</u> per day	\$	375.57
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 :		\$	1,240.32

#### HIRER'S CLAIM

7	<u>3</u> days Loss of Income @ \$ <u>80.00</u> per days	\$	240.00
Total Claims :		\$	1,480.32

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

- a) Original repair bill
- b) LTA search slip/s of : SLN4543H
- c) GIA / Police report/s of : SHC2991R
- 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

GST REG. NO. M2-8921817-3

## TAX INVOICE

COMPANY REG. NO.: 199506048W  
Page: 1

8010056

QBE INSURANCE (INT'L) LTD

1 RAFFLES QUAY SOUTH TOWER #29-10  
SINGAPORE SG 048583

CONTACT NO: 62246633

VEHICLE NO  
SHC2991R

MAKE  
HYUNDAI

MODEL  
IONIQ(G2)

DATE OF REG  
05.07.2018

CHASSIS CODE  
KMHC851CVJU103511

INV. NO/DATE  
91468121 23.09.2019

JOB NO.  
305334475

ODOMETER READING

DATE/TIME IN  
18.09.2019 15:35

Description : 3P 18.09.19

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0104-0632	TONIQ Moulding-Front Bumper LH	1	186.91	25.00	140.18
0002	04-01-0104-2361	TONIQ Moulding-Front Bumper CTR UPR	1	188.00	25.00	141.00
SUB-TOTAL			:			281.18

### JOB NATURE

0001	PB	PANEL BEATING		320.00		320.00
0002	SP	SPRAYPAINT CHARGE		200.00		200.00
SUB-TOTAL			:			520.00

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
8010056	91468121	857.26	

## TAX INVOICE

8010056

QBE INSURANCE (INT'L.) LTD

1 RAFFLES QUAY SOUTH TOWER #29-10  
SINGAPORE SG 048583

CONTACT NO: 62246633

VEHICLE NO  
SHC2991R

MAKE  
HYUNDAI

MODEL  
TONTQ(G2)

DATE OF REG  
05.07.2018

CHASSIS CODE  
KMHC851CVJ0103511

INV. NO/DATE  
91468121 23.09.2019

JOB NO.  
305334475

ODOMETER READING

DATE/TIME IN  
18.09.2019 15:35

Items total	801.18
Add GST @ 7.000 %	56.08
Invoice amount	857.26

Issued by : KATHERINETAN 23.09.2019 14:19:00  
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
8010056	91468121	857.26	

Our Ref: CT19090433

Date: 23 September 2019



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON 18/09/2019 @ 15:00 hrs  
ALONG UPP CIRCULAR RD TWDS NEW BRIDGE RD  
INVOLVING SLN4543H

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 **SHC2991R** (the "Taxi"). The Taxi was hired to **TAN HOR SENG IC NO SXXXX179H** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.19** 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.

SFC 2991R

EADING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	DATE	NAME OF DRIVER	MILEAGE READING						MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
												FROM	TO
217	264	1845 0530	15/9	Tys	2	2	2	3	0	8	225	0653	1430
499	282	0653 1800	15/9	Sbc	2	2	2	3	4	8	38	2000	0440
792	292	1900 0600	16/9	Tys	2	2	2	6	2	2	274	0645	1750
046	254	0635 1800	16/9	Sbc	2	2	2	9	6	9	347	1900	0605
338	292	1900 0600	17/9	Tys	2	2	3	2	2	1	252	0645	1740
635	297	0640 1825	17/9	Sbc	2	2	3	5	0	1	279	1900	0550
934	299	1900 0545	18/9										
213	279	0650 1910	18/9	Accident							In	1535	—
535	321	1920 0600	20/9	Repair							Out	—	1030
817	282	0645 1755											
083	266	1810 0600											

612

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING Hyundai Ioniq SHC2991R , SLN4543H  
ALONG UPP CIRCULAR TWDS NEW BRIDGE RD****ON 18-Sep-19 15:00**I / We **TAN HOR SENG** (Hirer) NRIC No.: **SXXXX179H**and/or (Relief) NRIC No.: **SXXXX179H**Taxi Number **SHC2991R**

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 **TAN HOR SENG**Hirer NRIC **SXXXX179H**

Signature :

Address **325 ANG MO KIO AVENUE 3 #02-1...  
560325**Contact No. **81218894**

### Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLN4543H	18 Sep 2019 / 15:00:00	Successful	Q01	QBE INSURANCE (SINGAPORE) PTE LTD

Previous

OK

## 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 16:16
Date Of Accident	18/09/2019 15:00
Exact Location Of Accident	UPP CIRCULAR RD TWDS NEW BRIDGE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2991R
<b>Insured/Policyholder</b>	
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	IONIQ HYBRID

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	TAN HOR SENG
NRIC No	S1349179H
Date Of Birth	20/11/1959
Occupation	OUTDOOR
Date Of Driving Pass	09/11/1977
Driving Experience	41 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81218894
Fax Number	
Contact Number	
EEmail Address	NOEMAIL



Address	BLK 325 ANG MO KIO AVENUE 3 #02-1894
Postcode	560325
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)	1

#### 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

REFER ATTACHED \* TYPE OF ACCIDENT :- 3P REVERSED

#### 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	SLN4543H
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

**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**.
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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.

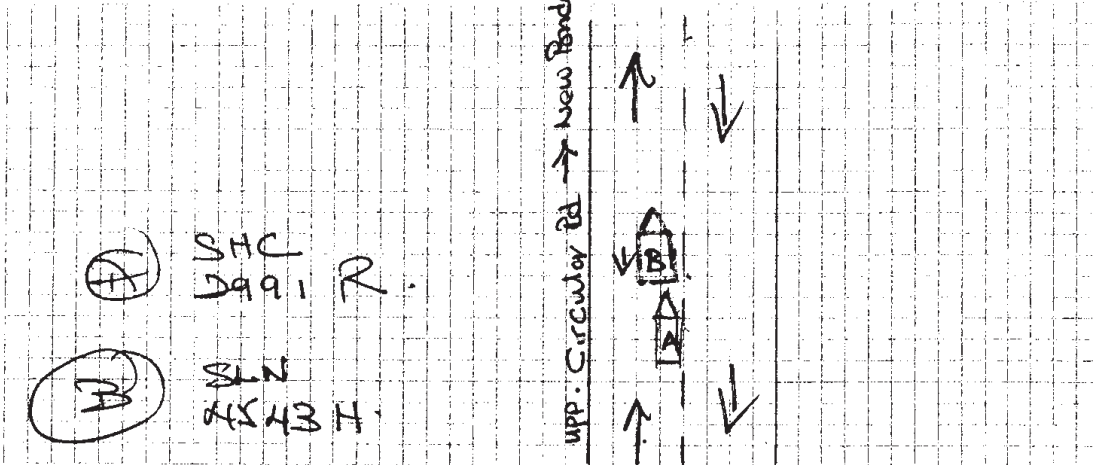
Policyholder's Signature  
Date & Time:

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

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

Reported At: (Date, Time & Location)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18 Sep 2019 @ 12:00 hr I went (A)  
 was driving straight suddenly VEH B from  
 behind Reverse I stop VEH A and  
 turn VEH B keep on Reverse and hit  
 VEH (A) front @ the point of accident  
 VEH A no PAA.

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:  
 NRIC/FIN No.: