

PTE/GBF8481L/20191109/DS-CL
17/02/2020

M/s AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way
AIG Building, #08-16
Singapore 079120
Attn: Motor Claims Department

WITHOUT PREJUDICE

Dear Sirs

ACCIDENT ON 09/11/2019 INVOLVING GBF8481L & SMH4377R
ALONG CHANGI VILLAGE

We are the authorised repair workshop for the owner of vehicle, GBF8481L, which was involved in the captioned accident with your insured's vehicle. The vehicle owner has requested and authorised us to assist him/her in presenting his claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of your insured, SMH4377R, we are submitting these claims for your consideration on behalf of the owner/driver/claimant.

| | |
|---------------------------------|----------|
| 1. Cost of Repairs | 5,331.78 |
| 2. Car Rental | - |
| 3. 5.0 days Loss of Use @ \$120 | 600.00 |
| 4. Surveyor Fee | - |
| 5. LTA Fee | - |
| 6. TP/GIA Fee | 2.00 |
| 7. Medical | - |
| 8. Others | - |

(E&OE) 5,933.78

We enclose the following documents to support the claims: -

- | | |
|--|---|
| <input checked="" type="checkbox"/> Repair/Excess Bill | <input checked="" type="checkbox"/> Insurance Certificate |
| <input type="checkbox"/> Surveyor Report | <input checked="" type="checkbox"/> Power of Attorney |
| <input type="checkbox"/> Coloured Photographs | <input type="checkbox"/> Car Rental Bill |
| <input checked="" type="checkbox"/> GIA/Police Report(s) | <input type="checkbox"/> Medical Bill |
| <input checked="" type="checkbox"/> GIA/TP Search | <input type="checkbox"/> Witness Statement |
| <input type="checkbox"/> Others: _____ | |

Kindly look into the matter and let us hear from you on the settlement of our client's claim 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 owner/driver/claimant.

Yours faithfully

Cecilia Lee

CDGE Claims Department

59 Loyang Drive S(508969)

DID: 6214 8354 FAX: 6214 1843 Email: cecilialee@sparkcarcare.com



ComfortDelGro Engineering

ComfortDelGro Engineering Pte Ltd

Corporate Office

205 Braddell Road Singapore 579701

Mainline +65 6383 6280

Facsimile +65 6280 9755

Company Registration No: 199506048W

Car Care Centres

Braddell

205 Braddell Road

Singapore 579701

Tel 6214 8110

Loyang

59 Loyang Drive

Singapore 508969

Tel 6214 8300

Pandan

45 Pandan Road

Singapore 609286

Tel 6338 8778

Sin Ming

383 Sin Ming Drive

Singapore 575717

Tel 6553 0400

Sungei Kadut

7 Sungei Kadut Way

Singapore 728791

Tel 6369 7369

Ubi

320 Ubi Road 3

Singapore 408649

Tel 6848 5721

www.SPARKcarcare.com

A member of

COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Corporate Office
205 Braddell Road
Singapore 579701
Mainline + 65 6383 6280
Facsimile + 65 6280 9755
www.cedge.com.sg

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59 Loyang Drive Singapore 508969
45 Pandan Road Singapore 609286
383 Sin Ming Drive Singapore 575717
7 Sungei Kadut Way Singapore 728791
320 Ubi Road 3 Singapore 408649
www.SPARKcarcare.com

Tel: 6383 8110
Tel: 6214 8300
Tel: 6338 8778
Tel: 6553 0400
Tel: 6369 7369
Tel: 6848 5721



ComfortDelGro Engineering

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO: 199506048W

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

SHENTON WAY.AIG BUILDING #07-16 #78
SG 079120

CONTACT NO: 64193000

PO NUMBER: DOA 09.11.2019

VEHICLE NO
GBF8481L

MAKE
NISSAN

MODEL
NV200 1.5 MT

DATE/TIME IN
25.11.2019 14:49

INVOICE NO./DATE
91494225 12.02.2020

JOB NO.
305351632

ODOMETER READING

DATE/TIME OUT
14.12.2019 11:36

| S/NO | DESCRIPTION | QTY | UNIT PRICE (S\$) | DISCOUNT | NET PRICE (S\$) |
|------|---------------------------------------|-------|------------------|----------|-----------------|
| 01 | LHR DOOR | 1 PC | 1,390.50 | NA | 1,390.50 |
| 02 | RHR DOOR | 1 PC | 1,048.50 | NA | 1,048.50 |
| 03 | REAR BUMPER | 1 PC | 562.32 | NA | 562.32 |
| 04 | REAR BUMPER CLIPS | 10 PC | 5.05 | NA | 50.50 |
| 05 | LH TAIL LAMP | 1 PC | 269.47 | NA | 269.47 |
| 06 | EMBLEM | 1 PC | 49.77 | NA | 49.77 |
| 07 | NV 200 WORDING | 1 PC | 71.91 | NA | 71.91 |
| 08 | 6 PAX STICKER (1) & 70KMH STICKER (1) | 1 PC | 30.00 | NA | 30.00 |

- WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED OWNERS' RISK.
- CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY GIVE NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
- INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE PERIOD OF DEFAULT.
- PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

PAGE: 1 OF 2

Check should be crossed and made payable to "ComfortDelGro Engineering Pte Ltd"

ComfortDelGro Engineering Pte Ltd
A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Blk C Ext 1 Level 2
Singapore 579701

Attn: Finance Department

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

| ACCOUNT No. | INVOICE No. | AMOUNT | BANK/CHQ No. |
|-------------|-------------|--------|--------------|
| 8010004 | 91494225 | | |

ComfortDelGro Engineering Pte Ltd

Corporate Office
205 Braddell Road
Singapore 579701
Mainline + 65 6383 6280
Facsimile + 65 6280 9755
www.cdge.com.sg

Car Care Centres
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
45 Pandan Road Singapore 609286
383 Sin Ming Drive Singapore 575717
7 Sungei Kadut Way Singapore 728791
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Tel:6383 8110
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Tel:6553 0400
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Tel:6848 5721



ComfortDelGro Engineering

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GST REG. NO. M2-8921817-3

COMPANY REG. NO: 199506048W

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

SHENTON WAY.AIG BUILDING #07-16 #78
SG 079120

CONTACT NO:64193000

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INVOICE NO./DATE
91494225 12.02.2020

JOB NO.
305351632

ODOMETER READING

DATE/TIME OUT
14.12.2019 11:36

| S/NO | DESCRIPTION | QTY | UNIT PRICE (S\$) | DISCOUNT | NET PRICE (S\$) |
|------|----------------|-------|------------------|----------|-----------------|
| 09 | LABOUR CHARGES | 1 EAC | 1,510.00 | NA | 1,510.00 |

| | | |
|--------------------|--------|----------|
| Total Amount | | 4,982.97 |
| Add GST | 7.00 % | 348.81 |
| Net Amount Payable | | 5,331.78 |

Issued by : DEVMCS04 12.02.2020 13:38:26
Repair Type : CUSO/52/5T
Payment term : /Z030

- WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED OWNERS' RISK.
- CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY GIVE NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
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ComfortDelGro Engineering Pte Ltd should be crossed and made payable to "ComfortDelGro Engineering Pte Ltd"

A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Blk C Ext 1 Level 2
Singapore 579701

Attn: Finance Department

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CUSTOMER'S COPY

| ACCOUNT No. | INVOICE No. | AMOUNT | BANK/CHQ No. |
|-------------|-------------|--------|--------------|
| | | | |
| | | | |
| | | | |



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-19-186261
Date of Request: 12/11/2019

Your Ref No: Online Purchase

ComfortDelGro Engineering Pte Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date 12/11/2019
Enquiry By Tinie
TP Vehicle No. SMH4377R
Account Date 09/11/2019

| DESCRIPTION | AMOUNT (S\$) |
|----------------------------------|--------------|
| TP Insurer Enquiry | 1.87 |
| GST Amount | 0.13 |
| Total Amount Due (GST Inclusive) | 2.00 |

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

GIRO Cash Cheque

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 | 12/11/2019 10:49 |
| Date Of Accident | 09/11/2019 19:30 |
| Exact Location Of Accident | CHANGI VILLAGE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBF8481L |
|-----------------------------|----------|

Insured/Policyholder

| | |
|--------------------------|--|
| Name Of Registered Owner | QIAN XI (FARRER PARK) RESTAURANT PTE LTD |
| Co Reg No | 200105214H |
| Email Address | ZHONG8863@HOTMAIL.COM |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-91780500 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | NISSAN |
| Model | NV200 |
| Exact Purpose for which vehicle was being used at time of accident | WORK PURPOSE |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--------------------------|
| Name of Insurance Company | EQ INSURANCE COMPANY LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMCPHQ19-001631 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | XU YUAN ZHONG |
| Passport No/FIN | G7545955L |
| Date Of Birth | 24/03/1986 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 14/11/2018 |
| Driving Experience | 0 YEAR AND 11 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91780500 |
| Fax Number | |
| Contact Number | |
| Email Address | ZHONG8863@HOTMAIL.COM |

| | |
|---|-------------------------------|
| Address | 149 PASIR RIS GROVE #06-78 |
| Postcode | 518134 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| 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 TO ATTACHMENT

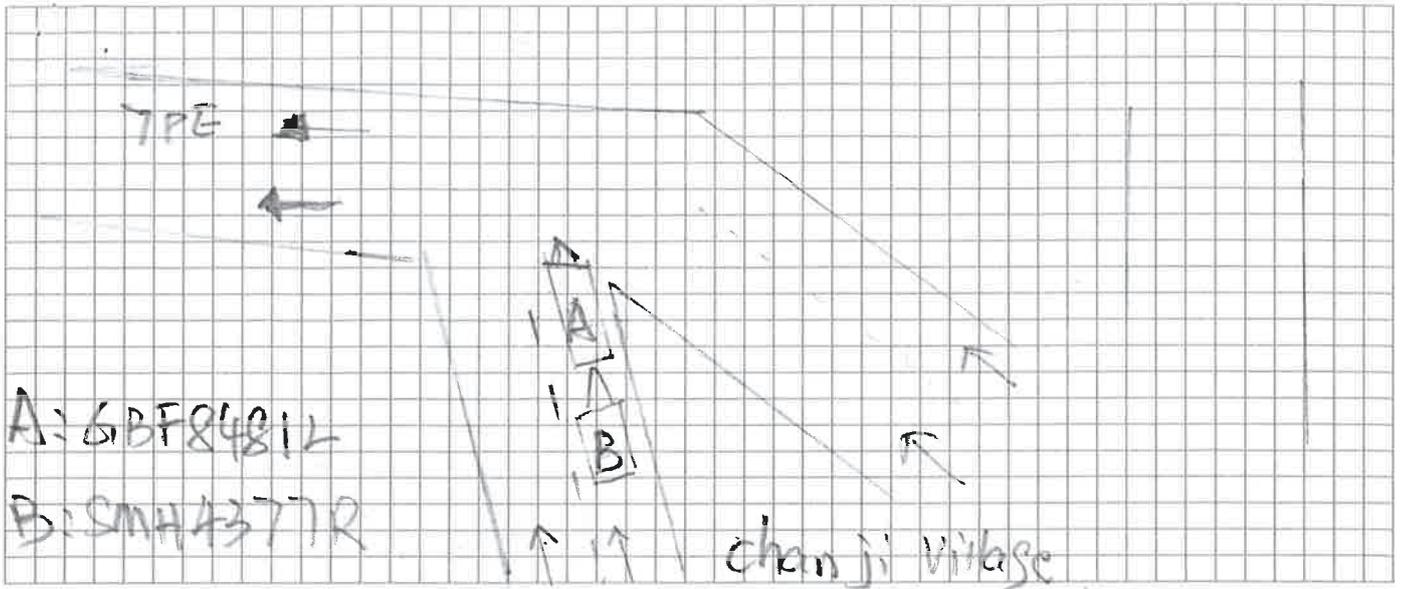
Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-----------------|
| Vehicle Registration Number | SMH4377R |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LEE KHENG CHOOI |
| NRIC/Passport Number | |
| Contact Number | 91701836 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09/11/19 Time: 07:29pm I was travelling from PIE toward to Pasir Ris town. While waiting to filter from PIE (Exit 2) on to TPE our vehicle 6BF8481L was hit from the rear by the vehicle SMH4377R.

DECLARATION

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

COMFORTDELGRO ENGINEERING PTE LTD
 EXTERNAL BUSINESS DIV, UBI BRANCH
 NAME & SIGNATURE: _____
 DESIGNATION: _____ DATE: _____

Policyholder's Signature
 Date & Time: _____



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

[Handwritten signature]

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

SKETCH PLAN

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. 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.



Policyholder's Signature
Date & Time:

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

COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV, UBI BRANCH
NAME & SIGNATURE: _____
DESIGNATION: _____ DATE: _____

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

EQ Insurance Company Limited

5 Maxwell Road, #17-00 Tower Block MND Complex Singapore 069110
 tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg
 reg no. 1978-00490-N



COMMERCIAL VEHICLE PRIVATE (SCH I) SCHEDULE

Page 1 of 7

| | | | | | |
|---------|---------|-----------------|-------------------------------------|----------------------|-----------------|
| Agency | A000342 | Class of Policy | COMMERCIAL VEHICLE PRIVATE (SCH I) | Policy Number | DMCPHQ19-001631 |
| Account | A000342 | Issued on | 21/03/2019 in Singapore | Replacing Policy no. | DMCPHQ18-001696 |
| Client | 0125003 | Acceptance Date | 21/03/2019 | | |

Period of Insurance from 30/03/2019 to 29/03/2020 , both dates inclusive

Insured's Name QIAN-XI (FARRER PARK) RESTAURANT PTE LTD
 Address BLK/HOUSE NO. 44 #NIL
 BEDOK GARDEN
 SINGAPORE 469847

Business/Occupn OTHERS
 Date Purchase UNITED OVERSEAS BANK LIMITED

| | | | | |
|---------|----------------------|-----------|-------------|-----------|
| Premium | Basic Annual Premium | SGD915.89 | Premium Due | SGD915.89 |
| | Premium after NCD | SGD915.89 | Premium GST | SGD64.11 |
| | | | Total Due | SGD980.00 |

| | | | | |
|---|-------------------------------------|--------------|--|----------------------------|
| Risk No. 001 | COMMERCIAL VEHICLE PRIVATE (SCH I) | | | |
| 1. Registration | GBF8481L | Make/Model | NISSAN NV200 1.5 MT ABS AIRBAG 2WD 6DR | |
| Type of Cover | Comprehensive | No. of seats | 2 | Body Type Van |
| Engine No. | K9KC400D056310 | Capacity cc | 0 | Yr of Manuf/Regn 2016/2017 |
| Chassis No. | VSKYBAM20Z0138931 | | | NCB% 15.00 |
| | | Tonnage | 0.73 | Certificate Ref. LCVPI |
| Sum Insured: Market Value at the time of loss | | | SGD0.00 | |
| Section 1 | | | SGD500.00 | |
| YEID-All Claims | Additional | | SGD3,000.00 | |

COMMERCIAL VEHICLE COMPREHENSIVE (Ver. 7)

For information on Motor Claims Framework (MCF), please visit GIA websites
 (www.gia.org.sg/pdfs/Industry/Motor/MCF2010_Brochure.pdf)

The Policy is subject to the following Clauses, Warranties, Memo, Endorsement,
 Exclusions as printed herein and/or attached hereto:-

EXCESS - OWN DAMAGE CLAIMS

We will not pay for the Excess specified in the Policy Schedule or the
 Certificate of Insurance. You will have to pay the Excess for every claim made
 against us for own damage claims to your vehicle under Section 1.

If we have made any payment under Section 1 which includes this Excess, you have
 to refund us the amount of the Excess.

This Excess is in addition to any other excess applicable under this Policy.

Continued on page 2



COMFORTDELGRO ENGINEERING PTE LTD

A member of COMFORT DELGRO

POWER OF ATTORNEY

ACCIDENT INVOLVING (Owner's Vehicle No.) QBF 8481L and (Third Party's Vehicle No.)
SMA 4377R on 09.11.19 along Changi Village

Policy Nos: _____

BY THIS POWER OF ATTORNEY, *I/We, Qian-Xi (Farer Park) Restaurant P/L *NRIC/Passport
No. 20610521417 (Address)* _____

_____ / _____ a company

incorporate in Singapore and having its registered office at (Address)* _____

_____ owner of Vehicle Registered No. _____

_____ hereby irrevocably appoint ComfortDelGro Engineering Pte Ltd (CDGE), a
company incorporated in Singapore and having its registered office at _____

its agents or any person authorized by CDGE to be *my/our Attomey and in *my/our name(s) and on *my/our behalf
to do all or any of the following:

1. To submit, resolve and make any claim(s) (including the commencement of legal proceedings) which *I/we may have against the other *party/parties to the Accident and under the insurance *policy/policies taken up by such *party/parties or alternatively under Insurance Policy No. _____ taken up by *me/us in respect of the cost of repairs, loss of use and at all other costs and expenses, etc. suffered by *me/us arising from the Accident (loss and damage).
2. For the purpose of such claim(s) as aforesaid, to appoint solicitors on *my/our behalf as * my/our Attomey **shall in his absolute discretion, deem fit.**
3. To collect payment(s) due in respect of any such claim(s) for the loss and damage, such payment to be made by way of cheque in favor of ComfortDelGro Engineering Pte Ltd , CDGE and to give a valid receipt and discharge therefor.
4. For any of the purposes aforesaid, **to execute, sign, seal and deliver all documents whatsoever in relation thereto.**
5. Generally **do all such acts as it shall deem necessary for the purpose of settling such claim(s) and**
6. **To agree to any settlement at the absolute discretion of CDGE.**

*I/We hereby declare that all acts, instruments and documents done by virtue of this Power of Attorney on *my/our behalf by the Attorney, its agents or any person authorized by CDGE in that behalf shall be as good valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by *me/us in *my/our own proper person(s) and *I/We hereby ratify and confirm, all acts, instruments and documents done or executed by virtue of the authority and powers hereby conferred.

*I/We hereby further declare that **the powers and authority hereby conferred shall remain irrevocable.**

*I/We further confirm that the acceptance by CDGE of the settlement amount in respect of such constitute the full discharge of my/our claim(s) in respect of such loss and damage.

*IN WITNESS WHEREOF. *I/We have hereunto to set *my/our hand and seal this day _____ of the month of _____, Year Two Thousand - _____ (20____)

Signed, Sealed & Delivered By



Customers Name:
NRIC No.:
Co's rubber Stamp

delete as appropriate. Insurance