

## Asher Sng (LKKAUTO)

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**From:** Alfred Toh <alfred.toh@sg.cntaiping.com>  
**Sent:** Wednesday, 26 February 2020 4:18 PM  
**To:** Asher Sng (LKKAUTO); Admin A  
**Cc:** Ben Tang; Alfred Toh; Chee So Chow; Hsiao Tong (LKKAUTO); Claims Dept of CTI  
**Subject:** RE: [MANDATE REQUEST] RE: Direct Settlement - Accident Involving SLG4044T (OI: SNM19D205692C02/4(bt) and SHD3361Y (TP : LKK REF - CC3/CTI19022502/Feb3 ) on 28.11.2019

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

LKK REF - CC3/CTI19022502/Feb3  
CTPIS REF - SNM19D2005692C02/4(bt)

Dear Asher

We refer to your email pertaining to the above matter.

Please proceed to resolve the claim at \$7,311.24.

We await your payment advice to enable our Ben to act accordingly.

**Best Regards**

Alfred Toh  
Senior Executive  
Claims Department  
China Taiping Insurance (Singapore) Pte. Ltd.  
3 Anson Road #15-00 Springleaf Tower Singapore 079909  
DID: 65 6389 6183  
Email: [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)  
[alfred.toh@sg.cntaiping.com](mailto:alfred.toh@sg.cntaiping.com)

W: [www.sg.cntaiping.com](http://www.sg.cntaiping.com) | FB: [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/) | WeChat: 太平獅城 TaipingSG

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**From:** Asher Sng (LKKAUTO) <AsherSng@lkkauto.com>  
**Sent:** Wednesday, February 26, 2020 3:30 PM  
**To:** Ben Tang <Ben.Tang@sg.cntaiping.com>  
**Cc:** Alfred Toh <alfred.toh@sg.cntaiping.com>  
**Subject:** [MANDATE REQUEST] RE: Direct Settlement - Accident Involving SLG4044T (OI: SNM19D205692C02/4(bt) and SHD3361Y (TP : LKK REF - CC3/CTI19022502/Feb3 ) on 28.11.2019

Your ref : SNM19D205692C02  
Our ref : CC3/CTI19022502/Feb3n2

Dear Sirs,

We refer to the above matter.

- The said chain collision involved 3 vehicles whereby our insured was the 2nd vehicle.

In accordance to the MCF guideline for chain collision, we have to settle the front vehicle's claim at 100%.

We did clarify with insured the nature of the accident.

We seek your approval to offer repairer " **COMFORTDELGRO ENGINEERING PTE LTD**" at **\$7,311.24 (all-in)**.

The summary is as follows: -

	Amount Claimed	Amount Revised
1. Cost of Repairs (with GST)	\$ 7,915.80	\$ 4,280.00
2. Loss of Rental (26days x \$116.95)	\$ 3,040.70	\$ 2,923.75 (25days x \$116.95)
3. Loss of Income (2days x \$80)	\$ 160.00	\$ 100.00 (2days x \$50)
4. LTA Search Fee	\$ 7.49	\$ 7.49
	<b>Total : \$ 7,311.24</b>	

\*\*TP vehicle in police compound from 28.11.2019 to 16.12.2019 (TP have taken courtesy taxi during the vehicle in workshop repair)

Enclosed here with all the relevant documents for your perusal.

**For your approval please.**

Thank You.

Best Regards,

**Asher Sng** | Case Handler

**LKK Auto Consultants Pte Ltd**

phone: 6841-6051 | email: [asher.sng@lkkauto.com](mailto:asher.sng@lkkauto.com) | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

**From:** Alfred Toh <[alfred.toh@sg.cntaiping.com](mailto:alfred.toh@sg.cntaiping.com)>

**Sent:** Tuesday, 24 December 2019 12:19 PM

**To:** Shu Pei (LKKAuto) <[shupeil@lkkauto.com](mailto:shupeil@lkkauto.com)>; Asher Sng (LKKAuto) <[AsherSng@lkkauto.com](mailto:AsherSng@lkkauto.com)>; Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>

**Cc:** Ben Tang <[Ben.Tang@sg.cntaiping.com](mailto:Ben.Tang@sg.cntaiping.com)>; Alfred Toh <[alfred.toh@sg.cntaiping.com](mailto:alfred.toh@sg.cntaiping.com)>; Chee So Chow <[sochow.chee@sg.cntaiping.com](mailto:sochow.chee@sg.cntaiping.com)>; Claims Dept of CTI <[claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)>

**Subject:** Direct Settlement - Accident Involving SLG4044T (OI: SNM19D205692C02/4(bt) and SHD3361Y (TP : LKK REF - CC3/CTI19022502/Feb3 ) on 28.11.2019

**LKK REF - CC3/CTI19022502/Feb3**

**CTPIS REF - SNM19D205692C02/4(bt)**

Dear Sirs

Attach herewith the SAS report of PC5289X and Insured for your attention and necessary action.

Aside to Ben, please assist to keep track on the matter.

**Best Regards**

**Alfred Toh**  
**Senior Executive**  
**Claims Department**  
**China Taiping Insurance (Singapore) Pte. Ltd.**  
**3 Anson Road #15-00 Springleaf Tower Singapore 079909**  
**Tel (65) 6389 6183**  
**Fax (65) 6224 7478**  
**Email: [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)**  
**[alfred.toh@sg.cntaiping.com](mailto:alfred.toh@sg.cntaiping.com)**  
**Website: [www.sg.cntaiping.com](http://www.sg.cntaiping.com)**

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**From:** Shu Pei (LKKAuto) [<mailto:shupeij@lkkauto.com>]  
**Sent:** Tuesday, 24 December, 2019 11:29 AM  
**To:** Claims Dept of CTI <[claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)>  
**Cc:** Alfred Toh <[alfred.toh@sg.cntaiping.com](mailto:alfred.toh@sg.cntaiping.com)>; Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>; Asher Sng (LKKAuto) <[AsherSng@lkkauto.com](mailto:AsherSng@lkkauto.com)>  
**Subject:** Direct Settlement - Accident Involving SLG4044T (OI: SNM19D205692C02/4(bt) and SHD3361Y (TP : LKK REF - CC3/CTI19022502/Feb3 ) on 28.11.2019

## **WITHOUT PREJUDICE**

Dear Sir / Madam,

We refer to the above matter.

We have inspected TP vehicle SHD 3361Y at M/s ComfortDelGro Engineering Pte Ltd (Loyang) on a WP basis and TP repairer proposed for a direct settlement.

Enclosed for your perusal is:

- TP's GIA report
- Estimated cost of repair
- Preliminary advice

Meanwhile, kindly let us have a copy of your insured's GIA report for our necessary action.

Kindly take note that the case handler in-charge is Asher and she can be contacted at DID: 6841 6051.

Thank you

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: [shupeij@lkkauto.com](mailto:shupeij@lkkauto.com) | fax: 6741-4108



Our Ref : T 1119 / SHD3361Y /WT/CK(st)  
Your Ref :  
Date : 3-Jan-2020

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: 199506048W

**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 SHD3361Y YOUR INSURED SLG4044T  
AND OTHER PC 5289X ON 28.11.19**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHD3361Y 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 SLG4044T we are submitting these claims for your consideration on behalf of the claimants.

**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

**Sungei Kadut**  
7 Sungei Kadut Way  
Singapore 728791

## TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 4,280.00
6	26 days Loss of Rental @ \$ 116.95 per day	\$ 3,040.70
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	\$ -
<b>Sub Total :</b>		<b>\$ 7,328.19</b>

## HIRER'S CLAIM

7	2 days Loss of Income @ \$ 80.00 per days	\$ 160.00
<b>Total Claims :</b>		<b>\$ 7,488.19</b>

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

- a) Original repair bill :
  - b) LTA search slip/s of : SLG4044T
  - c) GIA / Police report/s of : SHD3361Y
  - d) Letter of authority from owner / hirer / operator
- ( ) Traffic Compound ( ) Towing/Medical bill/receipts ( ) Certificate of Insurance  
( ) Tow Fee ( 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  
Catherine Koh

CDGE Claims Department  
Tel : 6214 8733 Fax : 6214 1843 Email : catherinekoh@cdge.com.sg

This is a computer generated letter. No signature is required.



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC3/CTI19022502/Feb3

31 DEC 2019

**TAN SWEE TIEN**  
BLK 513 JELAPANG ROAD  
#04-219  
SINGAPORE 670513

Dear Sir/Madam,

**ACCIDENT INVOLVING SLG 4044T AND SHD 3361Y / OTHERS ON 28/11/2019**

We refer to the above accident where we are acting for China Taiping Insurance (Singapore) Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Pursuant to the above said accident wherein you and/or your authorized driver had amongst other information given us your version of how the accident had occurred, we as the appointed agent of your insurers shall proceed to negotiate for an amicable settlement with third party claimant

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please call us if you have further queries.

Yours faithfully,

Asher  
Case Handler  
DID: 6841 6051  
FAX: 6741 4108  
Email: [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com)

c.c. *China Taiping Insurance (Singapore) Pte Ltd*  
*(Motor Claims Dept)*

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING** I 40 SHD3361Y , SLG4044T , PC5289X **ON 28-Nov-19 14:40**  
**ALONG** TPE TWDS SLE BEFORE JALAN KAYU EXIT

I / We **ARJUN UPADHYA** (Hirer) NRIC No.: **SXXXX140B**

and/or **ONG BOON TECK** (Relief) NRIC No.: **SXXXX507E**

Taxi Number **SHD3361Y**

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 **29-Nov-2019**

Name of Hirer **ARJUN UPADHYA**

Hirer NRIC **SXXXX140B**

Signature :



Address **884 TAMPINES STREET 83 #02-69**  
**520884**

Contact No. **86133141**

Name of Relief **ONG BOON TECK**

Relief NRIC **SXXXX507E**

Signature :



Address **766 BEDOK RESERVOIR VIEW 13-243**  
**470766**

Contact No. **92370467**

e

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3059671901

Claim No : SNM19D205692C02/4

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$7,310.00

DOLLARS SEVEN THOUSAND THREE HUNDRED AND TEN ONLY

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : SHD 3361Y

Insured Vehicle No. : SLG 4044T

Date of Loss : 28/11/2019

Place of Accident : TPE TWDS SLE BEFORE JALAN KAYU EXIT

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : TAN SWEE TIEN

Driver Name : TAN SWEE TIEN

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

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(1) Global Sum	S\$ 7,310.00
	=====
TOTAL . . . . .	S\$ 7,310.00
	=====

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Claimant Name : COMFORT TRANSPORTATION PTE LTD

NRIC No :

Signature :

  
CLAIMS DEPARTMENT  
COMFORTDELGRO ENGINEERING PTE LTD  
33 LOHANG DRIVE  
SINGAPORE 503899

Date :

5/3/2020

Please forward your cheque made payable to:  
COMFORTDELGRO ENGINEERING PTE LTD

The contents of this document apply to vehicle damages only.  
All personal injuries and damages arising therefrom are excluded  
from the ambit and application of this document.



\*A member of COMFORTDELGRO

GST REG. NO. M2-8921817-3

ComfortDelGro Engineering Pte Ltd

205 Brindley Road Singapore 579731  
 Mailing + 65 6385 6260, Facsimile + 65 6385 8755

**Workshops**

58 Loyang Drive Singapore 508956	24 Serangoon Loop Singapore 758105
383 Sin Ming Drive Singapore 575717	7 Sungei Kadut Way Singapore 720781
45 Pandan Road Singapore 602691	501 Yishun Industrial Park A Singapore 768732
320 Lili Road 3 Singapore 426648	

COMPANY REG. NO.: 199506048W  
Page: 1

**TAX INVOICE**

8010012

CHINA TAIPING INSURANCE CO (S)PTX LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO  
8HD3361Y

NO/DATK  
91487274 31.12.2019

MAKE  
HYUNDAI

JOB NO.  
305358030

MCDIKI,  
[-40]

DICHOTOMY READING

DATE OF RRG  
21.07.2016

CHASSIS CODE                      JOB TYPR  
KMHTR41UMGJ092206

Description : TP/3P 28.11.19

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt.	4,000.00
Add GST @ 7.000 %	280.00
Total Invoice amount:	4,280.00

Issued by : KATHERINETAN 02.01.2020 15:09:48  
Repair Type : CISO/57/57  
Payment Type/Term : /Credit 30 days

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**

[illegible]

Our Ref: CT19110726

Date: 02 January 2020



## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	28/11/2019 @ 14:40 hrs
ALONG	TPE TWDS SLE BEFORE JALAN KAYU EXIT
INVOLVING	SLG4044T, PC5289X

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 **SHD3361Y** (the "Taxi"). The Taxi was hired to **ARJUN UPADHYA IC NO SXXXX140B** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$116.95** 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)		DATE	NAME OF DRIVER	MILEAGE
								FROM	TO			
22.11.19	Ony	29	56	48	91	1	271	0720	1855			
22.11	Ony		56	52	14	4	322	1920	700			
23.11.19	Ony	27	56	54	68	8	254	0740	1840			
24/11	Ony		56	58	57		—	—	700			
25.11.19	Ony	23	56	60	65	5	214	0715	1840			
26.11.19	Ony	26	56	63	05	5	239	0715	1800			
26.11.19	Ony		56	66	14	4	309	1920	700			
27.11.19	Ony	23	56	68	31	1	214	0715	1840			
27.11	Ony		56	71	84	4	—	1905	700			
28.11.19	Ony				540	336	14	1400	—			
28.11.19	Richard Lopez						—	—	—			

**Enquire Vehicle Insurance Details**

Vehicle No. Incident Date-Time Search Status Insurance Company Code Insurance Company Name

SLG4044T 28 Nov 2019 / 14:40:00 Successful C01

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

[Previous](#)[OK](#)

SND 33614



## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition			
1. Date: 16/19 Time Received: 1435		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	
2. <input checked="" type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: HANNH Contact No.: 65508570 Vehicle No.: SHD33611 Make / Model / Colour: H/940 Email:		4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks:	
7. Location: TP FOUND		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:		10. Odometer Reading: _____ Fuel Level: <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	
11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested		12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver: STEVEN Licence No.: 109902 Time Dispatch: 1435 Time of Arrival: 1540 Time Completed: 1655	
13. Cash Invoice No.:		Signature of Customer	
<p><b>Cash Invoice Details (if applicable)</b></p> <p>13. Cash Invoice No.:</p>			
<p><b>Customer Acknowledgement</b></p> <p>a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.</p> <p>b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.</p> <p>c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.</p>			
Date: 16/19		Time: 1540	
Name of Attending Staff/Guard		Signature of Attending Staff/Guard	
14. WORKSHOP			



**SINGAPORE  
POLICE FORCE**

Traffic Police  
10 Ubi Avenue 3  
Singapore 408865  
Tel +65 6547 6246  
www.police.gov.sg

Reference: TP/IP/73917/2019

**ANNEX A: LETTER OF AUTHORISATION FOR VEHICLE COLLECTION**

I, Comfort Transportation Pte Ltd of NRIC / FIN / Passport Number:  
\_\_\_\_\_ hereby authorise Comfingero Engineering Pte Ltd of NRIC / FIN / Passport  
Number: \_\_\_\_\_ to collect my vehicle bearing registration number: SH833614 on my  
behalf from Traffic Police.

**LOCATION MAP FOR TRAFFIC VEHICLE POUND**

COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE 575717  
TEL: 6555 1188 FAX: 8462 7742  
CO. REG. NO. 109303521R

(Signature)

COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE 575717  
TEL: 6555 1188 FAX: 8462 7742  
CO. REG. NO. 109303521R

Name : \_\_\_\_\_  
NRIC / FIN No. : S88185869  
Contact Number : 6550 8570 / 6550 8269  
Date : 16/12/19



**NOTE: NRIC, FIN CARD OR PASSPORT MUST BE PRODUCED FOR VERIFICATION  
TOGETHER WITH THE NOTICE FOR VEHICLE COLLECTION.**