

Our Ref : T 1219 / SH 7749K /JW(st)
Your ref : _____
Date : 12-Dec-19

EQ Insurance Company Limited
5 Maxwell Road, MND Complex
#17-00 Tower Block
Singapore 069110

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

WITHOUT PREJUDICE

Attn : Motor Claims Department

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SH 7749K YOUR INSURED SMN1876E
AND OTHER _____ ON 18.12.19**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SH 7749K** 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 **SMN1876E** we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 3,049.50
2	7 days Loss of Rental @ \$ 116.95 per day	\$ 818.65
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 :		\$ 3,875.64

HIRER'S CLAIM

7	7 days Loss of Income @ \$ 80.00 per day	\$ 560.00
Total Claims:		\$ 4,435.64

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

- a) Original repair bill :
- b) LTA search slip/s of : **SMN1876E**
- c) GIA / Police report/s of : **SH 7749K**
- d) Letter of authority from owner / hirer / operator
 - () Witness statement/s () 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

Jim Wong

CDGE Claims Department

Tel : 6214 8374 Fax: 6214 1843 Email : jimwong@cdge.com.sg

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

A member of

COMFORTDELGRO

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

TAX INVOICE

8010325

EQ INSURANCE COMPANY LIMITED

5 MAXWELL ROAD TOWER BLOCK #17-00
SINGAPORE 069110

CONTACT NO: 62239433

Description : 3P 18.12.2019

VEHICLE NO
SH 7749K

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
04.03.2016

CHASSIS CODE
KMHLB41UMGU083538

NO/DATE
91487190 31.12.2019

JOB NO.
305368057

ODOMETER READING

JOB TYPE

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		2,850.00
Add GST @ 7.000 %		199.50
Total Invoice amount		3,049.50

Issued by : CHEWBEELENG 02.01.2020 12:08:21
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

1) WHILE TAKING ALL NECESSARY PRECAUTIONS AGAINST THE RISK OF ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR LOSS OR CORRUPTION OF DATA OR INFORMATION STORED IN THE VEHICLE'S MEMORY OR IN ANY OTHER FORM OF STORAGE.

2) CUSTOMERS SHALL INSPECT THEIR VEHICLE IMMEDIATELY AFTER DELIVERY AND REPORT ANY DAMAGE TO THE COMPANY WITHIN 14 DAYS OF RECEIPT. IF NO DAMAGE IS REPORTED WITHIN 14 DAYS, THE COMPANY SHALL BE RESPONSIBLE FOR ANY DAMAGE TO THE VEHICLE.

3) INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAILY BASIS FROM THE DATE OF RECEIPT OF THE VEHICLE BY THE CUSTOMER AND NOT FROM THE DATE OF DELIVERY OF THE VEHICLE TO THE CUSTOMER.

4) PLEASE EXAMINE THE INVOICE IMMEDIATELY AFTER RECEIPT AND REPORT ANY DISCREPANCY TO THE COMPANY WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT RECEIVE A REPORT WITHIN 14 DAYS, THE COMPANY SHALL BE RESPONSIBLE FOR ANY DISCREPANCY.

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 No.

Our Ref: CT19120425

Date: 30 December 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 18/12/2019 @ 10:10 hrs
ALONG ROCHOR FLYOVER > BEACH RD.
INVOLVING SMN1876E

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 **SH7749K** (the "Taxi"). The Taxi was hired to **TAY CHIN SIAH IC NO SXXXX216J** 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 **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.

[illegible]

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING i 40 SH7749K , SMN1876E
ALONG ROCHOR FLYOVER > BEACH RD.****ON 18-Dec-19 10:10**I / We **TAY CHIN SIAH** (Hirer) NRIC No.: **SXXXX216J**and/or (Relief) NRIC No.: **SXXXX216J**Taxi Number **SH7749K**

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-Dec-2019**Name of Hirer **TAY CHIN SIAH**Hirer NRIC **SXXXX216J**

Signature :

Address **306 CANBERRA ROAD #15-81
750306**Contact No. **91267360**

Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SMN1876E	18 Dec 2019 / 10:10:00	Successful	E04	EQ INSURANCE COMPANY LTD

Previous OK

Enquire Transaction History

Transaction History Details

Log Date/Time:	18 Dec 2019 / 12:07:50		
Asset Type:	Vehicle	Transaction Amount:	\$7.49
Asset ID:	SMN1876E		
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)	Channel:	External Agency
User ID:	ECENGCCO - GOH CHENG CHUAN ANDREW CORNELIUS	Business Transaction Reference No.:	20191218120750647399
Search Date / Time:	18 Dec 2019 10:10:00		
Insurance Company:	EQ INSURANCE COMPANY LTD		
Information displayed is correct as at the log date and time.			

Enquire Related Logs

Back to List

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	18/12/2019 12:18
Date Of Accident	18/12/2019 10:10
Exact Location Of Accident	ROCHOR FLYOVER > BEACH RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7749K
Insured/Policyholder	
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	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
If No, Please state action to be taken	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	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	TAY CHIN SIAH
NRIC No	S1418216J
Date Of Birth	19/03/1960
Occupation	OUTDOOR
Date Of Driving Pass	15/08/1977
Driving Experience	42 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91267360
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 306 CANBERRA ROAD #15-81
Postcode	750306
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 : HEAD TO SIDE

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	SMN1876E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT RH DOOR
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

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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.

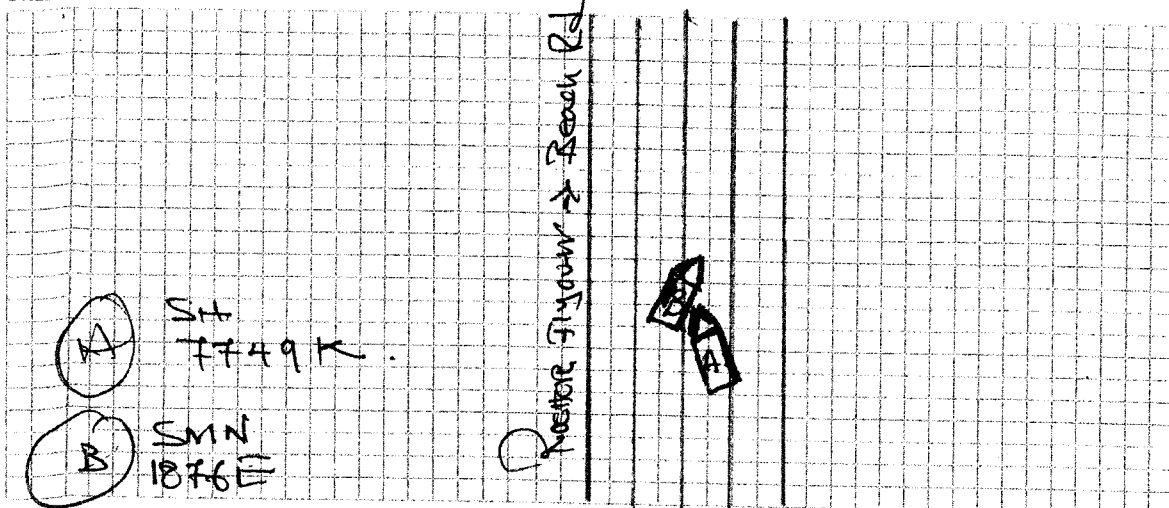
Policyholder's Signature
Date & Time:

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

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

18/12

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 18 Dec 2019 @ 10:05 hr I

veh (A) slowly wanted to move

to 2nd lane I, veh (A), already chg.

so vehicle oncoming from 2nd lane

the next moment I 3/4 on 2nd

lane, veh (B) came from 3rd lane

cut across in front of veh (A) and hit

left front. @ the

point of accident veh (A) No

spare.

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.: