

Our Ref : T 0217 / SHA 1600L / WT (J)

Date : 08-Mar-17

M/s China Taiping Insurance (Singapore) Pte Ltd
3 ANSON ROAD
#16-00 SPRINGLEAF TOWER
SINGAPORE 079909.

CDGE Taxi Claims Department

59 Loyang Drive

4th floor

Singapore 508969

Fax : 6214 1843

COMFORTDELGRO
ENGINEERING

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

Attn : Motor Claims Department

Dear Sir

ACCIDENT INVOLVING OUR TAXI
SJZ 73J OTHER

WITHOUT PREJUDICE

SHA 1600L

YOUR INSURED

ON 05.02.17

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

Defu
6 Defu Avenue 1
Singapore 539537

Yishun
Yishun Industrial Park A
Singapore 768732

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHA 1600L 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 : SJZ 73J we are submitting this claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

- 1 Cost of Repair
- 2 4 days Loss of Rental @\$ 127.33 per day
- 3 Survey Report Fees (Surveyed by M/s LKK)
- 4 LTA Search Fees
- 5 GIA / Police Report Fees
- 6 Towing / Medical / Transportation Fees

Sub Total :

SS	1129.06
SS	509.32
SS	-
SS	2.00
SS	-
SS	-
SS	1,640.38

HIRER'S CLAIM

- 1 4 days Loss of Income @\$ 80.00 per days

Total Claims

SS	320.00
SS	1,960.38

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

- a) Original repair bill, : SJZ 73J
- b) LTA search slip/s of : SHA 1600L
- c) GIA / Police report/s of : SHA 1600L
- d) Letter of authority from owner / hirer / operator
() Photocopie/s of Accident Scene Photo/s () Traffic Police Result
() Witness statement/s (x) Rental Rate letter (x) Downtime/Mileage record

- pcs

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. This condition shall apply even if medical expenses are claimed.

Please note that, for the time being, we are not making this claim via solicitors provided you treat this letter as our intention to file a claim in court according to the provisions of the Non-Injury Motor Accident Litigation ("NIMA") protocol and further, you agree that if negotiations should breakdown and this claim is referred to solicitors you shall not raise any objection that the NIMA protocol has not been complied with. If you disagree with this condition please reply in writing within the next 2 working days failing which we shall proceed to negotiate with you on the basis that you have acquiesced to the said condition by your conduct.

Yours faithfully

William Tan

Deputy Manager

CDGE Claims Department

Tel : 6214 8737 Fax : 6214 1843 Email : williamtan@cdge.com.sg

A member of

COMFORTDELGRO



COMFORTDELGRO

LETTER OF AUTHORISATION
(NAF / PAF)

ACCIDENT INVOLVING SHA 1600 L X SJZ F3J ON 05/02/2016
ALONG Bruas Basah twos Prinsep St.

I/we Neo Kok Teow (Hirer) NRIC No.: S15798661A

and/or _____ (Relief) NRIC No.: _____

Taxi number SHA 1600 L hereby authorise ComfortDelGro Engineering Pte Ltd (CDGE) :

1. To submit my/our claims for damages, costs and expense, including loss of income, loss or 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 : 6/02/17

Name of Hirer : Neo Kok Teow

Hirer NRIC : S15798661A

Address : _____

Signature : shs

Contact No. : 92334646

Name of Relief : /

Relief NRIC : /

Address : _____

Signature : _____

Contact No. : /

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 1

8010012

CHINA TAIPING INSURANCE CO(S) PTE L
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SHA16001

INV. NO/DATE
91293514 27.02.2017

MAKE
HYUNDAI

JOB NO.
305007144

MODEL
I-40

ODOMETER READING

DATE OF REG
05.01.2017

DATE/TIME IN
06.02.2017 10:50

CHASSIS CODE
KMHLB41UMHU097753

Description : ACC.05.02.17

S/No	Part No.	Qty	Unit Price	%Disc	Net
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PART REQUISITION

0001	04-01-0103-0573	140VC PANEL-FENDER RH#	1	619.00	20.00	495.20
SUB-TOTAL					:	495.20

JOB NATURE

0001	I	PANEL BEATING	200.00		200.00	
0002	23-502	SPRAYPAINT ON AFFECTED AREA	360.00		360.00	
SUB-TOTAL					:	560.00

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 No.
8010012	91293514	1,129.06	

GST REG. NO. M2-8921817-3

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO(S) PTE L
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SHA16001

MAKE
HYUNDAI

MODEL
i-40

DATE OF REG
05.01.2017

CHASSIS (YDK)
KMH1B41UMHJ097753

INV. NO/DATE
91293514 27.02.2017

JOB NO.
305007144

ODOMETER READING

DATE/TIME IN
06.02.2017 10:50

Items total	1,055.20
Add GST @ 7.000 %	73.86
Invoice amount	1,129.06

Issued by : KATHERINE TAN 27.02.2017 11:34:15
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 No.
8010012	91293514	1,129.06	

Our Ref: CT17020169



Date: 14 February 2017

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 05/02/2017 @ 14:10 hrs
ALONG BRAS BASAH RD TWDS PRINSEP ST
INVOLVING SJZ73J

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 **SHA1600L** (the "Taxi"). The Taxi was hired to **NEO KOK TEOW IC NO S1579866A** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$127.33** per day (inclusive of GST).

Please be advised that the Taxi was insured with **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
Executive, Fleet Safety

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

[illegible]

2/6/2017

Invoice



**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

Third Party Insurer Enquiry

Our Ref No: GR-17-016564
Date of Request: 06/02/2017

Your Ref No: Online Purchase

ComfortDelGro Engineering Pte Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date 06/02/2017
Enquiry By ROGER HOW
TP Vehicle No. SJZ73J
Accident Date 05/02/2017

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJZ73J	China Taiping Insurance (Singapore) Pte. Ltd.	30/03/2016-05/06/2017	6389 6111

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.

SHA1600L

2/6/2017

Invoice



**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-17-016564
Date of Request: 06/02/2017

Your Ref No: Online Purchase

ComfortDelGro Engineering Pte Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date: 06/02/2017
Enquiry By: ROGER HOW
TP Vehicle No.: SJZ73J
Accident Date: 05/02/2017

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 ability.
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 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	07/02/2017 10:49
Date Of Accident	05/02/2017 14:10
Exact Location Of Accident	BRAS BASAH RD TWDS PRINSEP ST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1600L
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	I 40

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	First Capital Insurance Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	Yes
Policy Number	D-1572701MFSH
Cover Note Number	

Driver

Name of Driver	NEO KOK TEOW
NRIC No	S1579866A
Date Of Birth	14/05/1963
Occupation	Outdoor
Date Of Driving Pass	19/08/1980
Driving Experience	36 Years And 5 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
Email Address	NEOKOKTEOW@HOTMAIL.COM

Address	405 #11-493 PASIR RIS DRIVE 6
Postcode	510405
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	Side Swipe- Same Direction
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	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?	Yes
If Yes, Please state which Police Station	
Police Station Name [Other]	PARIS RIS NPC
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

PLS 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	SJZ73J
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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 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.
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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

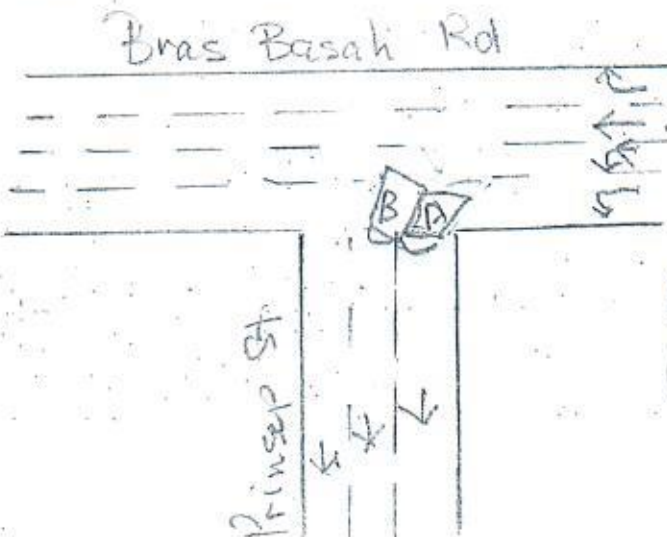
Jackson Heng
Jackson Heng
CSO

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



- (A) SHIA 1600 L
- (B) SJZ 73 J

Describe Circumstances of the Accident

As Per Police Report Attach

← 2017/0205/2051

Declaration

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO REG NO 199303821R

Policyholder's Signature / Date &
Time

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

Jackson Heng
CSG

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20170205/2051

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20170205/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2017 15:33	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars

Name of Informant: NEO KOK TEOW			Address: APT BLK 405 PASIR RIS DRIVE 6 #11-493 SINGAPORE 510405		
ID Type / ID No.: NRIC NO / S1579866A			Contact No.: Home/Office: Mobile: 92334646		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 14/05/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/02/2017 14:10	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 BRAS BASAH ROAD PRINSEP STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Moving vehicles - Side to Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA1600L	TAXI				No Damage	2
SJZ73J	Car					0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20170205/2051

2 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20170205/2051

CONTINUATION OF REPORT

Driver			
Name	NEO KOK TEOW		ID No. S1579866A
Related Vehicle	SHA1600L (TAXI)		Contact No. 92334646
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Unknown		ID No. NIL
Related Vehicle	SJZ73J (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 05/02/2017 at about 1410hours, I was driving my taxi(SHA1600L) at the junction of Bras Basah Rd turning to Prinsep St. I was on the left lane and there was another car (SJZ73J) on the right lane. Both of us wanted to turn left into Prinsep St. As we were too close to each other, I believed that we may have scratched each of our vehicle. We stop at a corner to check on the damages. The other driver took photos of the incident. I was about to take photo of the incident but the driver drove off before I could. I believed that he thought that I have taken picture and that the matter was settled and he drove off.

I did not managed to find out about the damages on his car but there was no damage done to my taxi. I have an in-car camera installed that has captured the incident. No one was injured and no passersby was at scene. No ambulance or traffic police was at scene.



**SINGAPORE
POLICE FORCE**



T/20170205/2051

3 of 3

Report No. T/20170205/2051

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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:

G /
XAVIER LEE ZHENG YI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Sr Staff Sgt ESTHER CHONG
Contact No.: 65476368

Signature Of Informant:

Date/Time:
05/02/2017 15:33

Classification Of Case:

Authentication Stamp
NP168

SN 168

Singapore Police Force

