

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

Description : 3P 09.07.2020

VEHICLE NO  
SHB2343S

INV. NO/DATE  
91515130 17.07.2020

MAKE  
HYUNDAI

JOB NO.  
305410359

MODEL  
IONIQ(G2)

ODOMETER READING

DATE OF REG  
02.04.2019

DATE/TIME IN  
13.07.2020 09:30

CHASSIS CODE  
KMHC851CVKU140349

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

0001	04-01-0104-2533	IONIQV2-4 MOULDING ASSY-RR BUMPER CTR	1	451.25	25.00	338.44
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SUB-TOTAL : 338.44

### JOB NATURE

0001	L	PANEL BEATING		320.00		320.00
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0002	23-502	SPRAYPAINT ON AFFECTED AREA		200.00		200.00
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0003	L	REMOVE/REFIX REVERSE SENSOR		30.00		30.00
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SUB-TOTAL : 550.00

WHILE TAKING ALL NECESSARY PRECAUTIONS TO PROTECT THE INTERESTS OF THE COMPANY, THE COMPANY'S POLICY IS TO  
RESPECT THE RIGHTS OF THE CUSTOMER AND TO PROVIDE THE BEST SERVICE POSSIBLE. THE COMPANY'S POLICY IS TO  
PROVIDE THE BEST SERVICE POSSIBLE. THE COMPANY'S POLICY IS TO PROVIDE THE BEST SERVICE POSSIBLE. THE COMPANY'S  
POLICY IS TO PROVIDE THE BEST SERVICE POSSIBLE. THE COMPANY'S POLICY IS TO PROVIDE THE BEST SERVICE POSSIBLE.  
CUSTOMERS SHOULD BE AWARE THAT THE COMPANY'S POLICY IS TO PROVIDE THE BEST SERVICE POSSIBLE. THE COMPANY'S  
POLICY IS TO PROVIDE THE BEST SERVICE POSSIBLE. THE COMPANY'S POLICY IS TO PROVIDE THE BEST SERVICE POSSIBLE.  
NOTICE IN WRITING TO THE CUSTOMER OF THE COMPANY'S POLICY IS TO PROVIDE THE BEST SERVICE POSSIBLE. THE COMPANY'S  
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INTEREST OF THE CUSTOMER AND TO PROVIDE THE BEST SERVICE POSSIBLE. THE COMPANY'S POLICY IS TO PROVIDE THE BEST SERVICE POSSIBLE.  
THE COMPANY'S POLICY IS TO PROVIDE THE BEST SERVICE POSSIBLE. THE COMPANY'S POLICY IS TO PROVIDE THE BEST SERVICE POSSIBLE.  
PLEASE EXAMINE THE QUALITY OF THE WORK AND IF YOU ARE NOT SATISFIED, PLEASE CONTACT THE COMPANY'S CUSTOMER SERVICE  
WITHIN 14 DAYS OF RECEIPT OF THE WORK. THE COMPANY'S POLICY IS TO PROVIDE THE BEST SERVICE POSSIBLE. THE COMPANY'S  
POLICY IS TO PROVIDE THE BEST SERVICE POSSIBLE. THE COMPANY'S POLICY IS TO PROVIDE THE BEST SERVICE POSSIBLE.

omfortDelGro Engineering Pte Ltd

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.
8010056	91515130	950.63	

GST REG. NO. M2-8921817-3

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COMPANY REG. NO.: 199506048W  
Page: 2

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

CONTACT NO: 62246633

VEHICLE NO  
SHB2343S

MAKE  
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MODEL  
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DATE OF REG  
02.04.2019

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KMHC851CVKU140349

INV. NO/DATE  
91515130 17.07.2020

JOB NO.  
305410359

ODOMETER READING

DATE/TIME IN  
13.07.2020 09:30

Items total		888.44
Add GST @	7.000 %	62.19
Invoice amount		950.63

Issued by : CHEWBEELENG 17.07.2020 16:07:46  
Repair type : CFSO/57/57  
Payment Type/Term: /Credit 30 days

ComfortDelGro Engineering Pte Ltd  
member of COMFORTDELGRO

Head Office:  
205 Braddell Road  
Singapore 579701

Please note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010056	91515130	950.63	

Our Ref : CC19070109/ SHB2343S /WT/CK(st)

Date : 22 Jul 2020

CDGE Taxi Claims Dept  
59 Loyang Drive 4th Flr  
Singapore 508969

**COMFORTDELGRO**  
**ENGINEERING**

**QBE INSURANCE (INT'L) LTD**

**1 Raffles Quay #29-10**

**South Tower**

**Singapore 048583**

**ComfortDelGro Engineering Pte Ltd**  
205 Braddell Road Singapore 579701

Mainline +65 6383 6280  
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199508048W

Attn : Motor Claims Department

**WITHOUT PREJUDICE**

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHB2343S YOUR INSURED**  
**SJR4386Y AND OTHER ON 9 Jul 2020**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : **SHB2343S** 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 : **SJR4386Y** we are submitting these claims for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$ 950.63
2	2 days Loss of Rental @ \$125.19 per day	\$ 250.38
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>\$ 1,208.50</b>

**HIRER'S CLAIM**

7	2 days Loss of Income @ \$ 80.00 per days	\$ 160.00
<b>Total Claims :</b>		<b>\$ 1,368.50</b>

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

- a) Original repair bill
- b) LTA search slip/s of : **SJR4386Y**
- c) GIA / Police report/s of : **SHB2343S**
- d) Letter of authority from owner / hirer / operator
  - ( ) Witness statement/s ( ) Towing/Medical bill/receipts ( ) Certificate of Insurance
  - ( ) Photocopy/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

*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.

**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

A member of

**COMFORTDELGRO**

Our Ref: CC20070109



Date: 17 July 2020

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	09/07/2020 @ 07:10 hrs
ALONG	ALONG HOUGANG AVE 9 TOWARDS YIO CHU KANG RD
INVOLVING	SJR4386Y

We refer to the above-mentioned accident and wish to inform that **CityCab Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHB2343S** (the "Taxi"). The Taxi was hired to **LEE CHIN TECK IC NO SXXXX972J** a registered hirer-operator of **CityCab 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 **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][illegible]

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING** **Hyundai Ioniq SHB2343S , SJR4386Y** **ON 09-Jul-20 07:10**  
**ALONG** **ALONG HOUGANG AVE 9 TOWARDS YIO CHU KANG RD**

I / We **LEE CHIN TECK** (Hirer) NRIC No.: **SXXXX972J**

and/or (Relief) NRIC No.: **SXXXX972J**

Taxi Number **SHB2343S**

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 **09-Jul-2020**

Name of Hirer **LEE CHIN TECK**

Hirer NRIC **SXXXX972J**

Signature :



Address **171 BISHAN STREET 13 #08-27**  
**570171**

Contact No. **98735349**

## Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJR4386Y	09 Jul 2020 / 07:10:00	Successful	Q01	QBE INSURANCE (SINGAPORE) PTE LTD

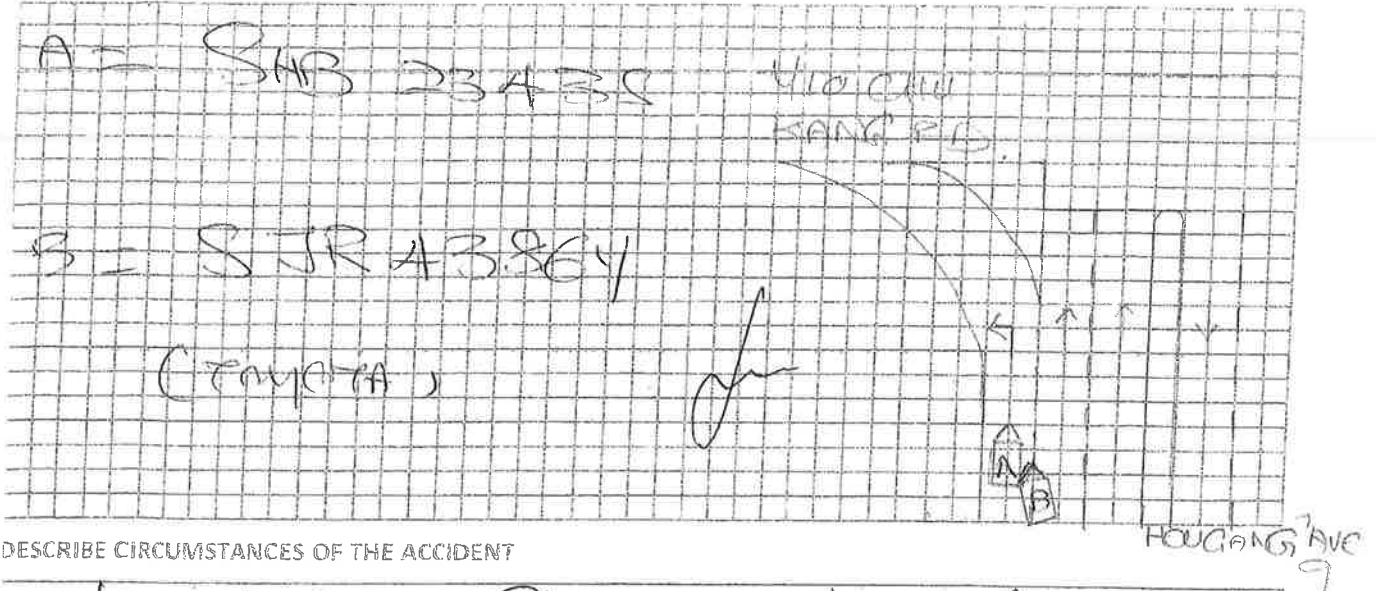
[Previous](#)

[OK](#)

813 23435

# Sketch Plan Pg. 1

SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 9/7/2020 @ 0710 hrs I was driving along Hougang Ave 9 towards Yio Chu Kang Rd direction with 1 passenger on board my taxi.

As I was driving towards the Slip road suddenly there's a slight jerk on my taxi, right rear portion.

I Step out to check and found out a vehicle of SJR 43864 left front had grazed onto my taxi.

No injury at the point of accident

## DECLARATION

We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD  
CO. REG. NO. 19950283007

Policyholder's Signature  
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature  
Name: 09 JUL 2020  
NRIC/FIN No.:



## 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	09/07/2020 11:24
Date Of Accident	09/07/2020 07:10
Exact Location Of Accident	ALONG HOUGANG AVE 9 TOWARDS YIO CHU KANG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2343S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	1XXXXX839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ
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-18088937MFSH
Cover Note Number	

### Driver

Name of Driver	LEE CHIN TECK
NRIC No	SXXXX972J
Date Of Birth	31/03/1964
Occupation	OUTDOOR
Date Of Driving Pass	07/05/1985
Driving Experience	35 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98735349
Fax Number	
Contact Number	
Email Address	L.CHINTECK@YAHOO.COM

Address	171 08-27 BISHAN STREET 13
Postcode	570171
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
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)	2
Passenger 1	NAME: : <input type="text"/>
	GENDER: : MALE

#### 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

SEE ATTACH.

#### 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	SJR4386Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	94590191
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT LEFT

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 2

### 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.
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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.
- (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, investigation, 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.

CITYCAB PTE LTD  
CO. REG. NO. 199502839C

\_\_\_\_\_  
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.:

09 JUL 2020

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