

**TAX INVOICE**

8010056

QBE INSURANCE (INT'L)LTD

1 RAFFLES QUAY SOUTH TOWER #29-10  
SINGAPORE 048583

CONTACT NO: 62246633

Description : 3P 13.07.2020

**VEHICLE NO**  
SHC8775J**MAKE**  
HYUNDAI**MODEL**  
I-40**DATE OF REG**  
03.12.2015**CHASSIS CODE**  
KMHLB41UMGU080757**NO/DATE**  
91515315 20.07.2020**JOB NO.**  
305410694**ODOMETER READING****JOB TYPE****Invoice for Lump Sum Repair**

Total Lump Sum Repair Amt	1,600.00
Add GST @ 7.000 %	112.00
<b>Total Invoice amount</b>	<b>1,712.00</b>

Issued by : KATHERINETAN 20.07.2020 11:26:28  
Repair Type : CLSO/57/57  
Payment Type/Term : /Credit 30 days

**ComfortDelGro 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.**


Our Ref : T 0720/ SHC8775J /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: 199506048W

**WITHOUT PREJUDICE**

**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

Attn : Motor Claims Department

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHC8775J YOUR INSURED YN 7127C**  
**AND OTHER \_\_\_\_\_ ON 13 Jul 2020**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC8775J 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 : YN 7127C we are submitting these claims for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$ 1,712.00
2	<u>3</u> days Loss of Rental @ \$ 110.67 per day	\$ 332.01
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transporation Fees	\$ -
Sub Total :		\$ 2,051.50

**HIRER'S CLAIM**

7	<u>3</u> days Loss of Income @ \$ 80.00 per days	\$ 240.00
Total Claims :		\$ 2,291.50

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

- a) Original repair bill
- b) LTA search slip/s of : YN 7127C
- c) GIA / Police report/s of : SHC8775J
- d) Letter of authority from owner / hirer / operator
  - ( ) Witness statement/s ( ) Towing/Medical bill/receipts ( ) Certificate of Insurance
  - ( ) Photocopies 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.

A member of

**COMFORTDELGRO**

Our Ref: CT20070165

Date: 20 July 2020



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON	13/07/2020 @ 15:45 hrs
ALONG	ALONG PUNGGOL CENTRAL RD TOWARDS PUNGGOL RD
INVOLVING	YN7127C

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 **SHC8775J** (the "Taxi"). The Taxi was hired to **TEO KOK HOON IC NO SXXXX122Z** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$110.67** 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.

[illegible]

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING i 40 SHC8775J , YN7127C****ON 13-Jul-20 15:45****ALONG****ALONG PUNGGOL CENTRAL RD TOWARDS PUNGGOL RD**

I / We

**TEO KOK HOON**(Hirer) NRIC No.: **SXXXX122Z**

and/or

(Relief) NRIC No.: **SXXXX122Z**

Taxi Number

**SHC8775J**

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

**13-Jul-2020**

Name of Hirer

**TEO KOK HOON**

Hirer NRIC

**SXXXX122Z**

Signature :



Address

**1 BEDOK SOUTH AVENUE 1 #06-915  
460001**

Contact No.

**97313011**

## Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
YN7127C	13 Jul 2020 / 15:45:00	Successful	Q01	QBE INSURANCE (SINGAPORE) PTE LTD
YN7127C	13 Jul 2020 / 15:45:00	Successful	C05	LIBERTY INS P L

### Disclaimer message:

Your search is displaying 2 records as there is an overlap in the period covered by the insurance policies. You may wish to contact the insurance companies for more information.

Previous

OK

SNC 8775J

13/07/2020 @ 1655hrs

- Spoke to Andrews Lim  
(QBE) 6477 (243). He confirmed  
that vehicle insured by QBE.

@ 1705hrs - Spoke to Ms Haglino (Liberty)  
Veh. not insured with them.  
Last update was August '19

*[Signature]*

## 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	13/07/2020 16:57
Date Of Accident	13/07/2020 15:45
Exact Location Of Accident	ALONG PUNGGOL CENTRAL RD TOWARDS PUNGGOL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8775J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	TEO KOK HOON
NRIC No	SXXXX122Z
Date Of Birth	28/11/1964
Occupation	OUTDOOR
Date Of Driving Pass	29/07/1985
Driving Experience	34 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97313011
Fax Number	
Contact Number	
Email Address	SENSEI_PATRICK64@HOTMAIL.COM

Address	1 06-915 BEDOK SOUTH AVENUE 1
Postcode	460001
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	WET

#### 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

SEE ATTACH.

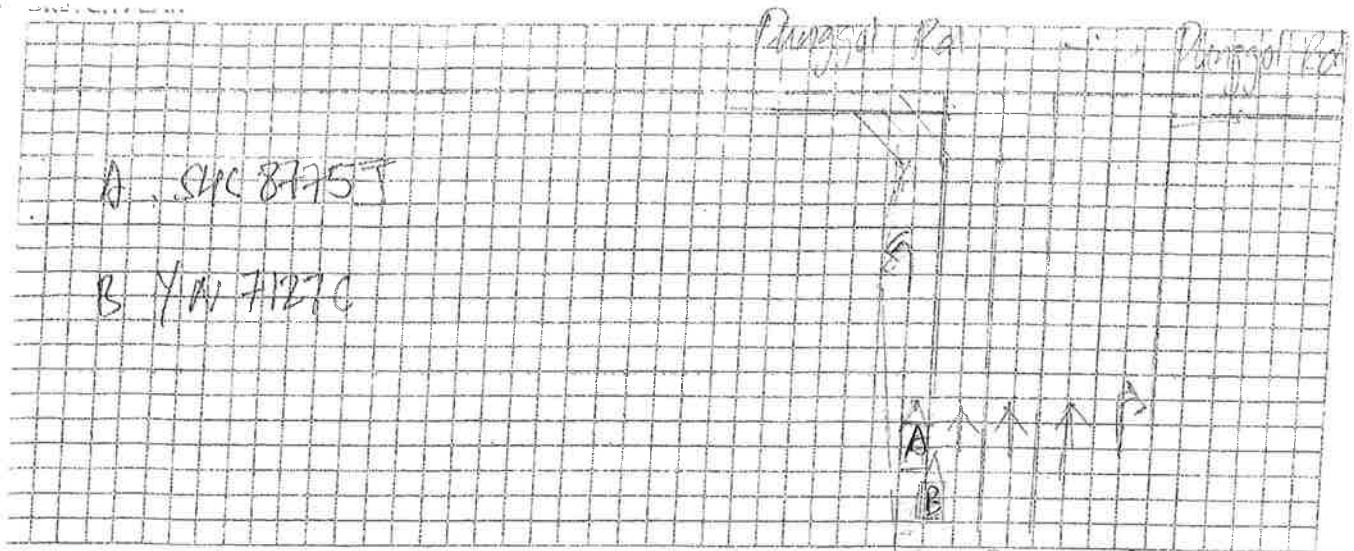
#### Attachment(s)

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	YN7127C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	88938386
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT LEFT
No. Of Passenger (Including Driver)	

# Sketch Plan Pg. 1



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/07/2020 @ about 1545 hr ; was travelling along Punggol Central road towards turn left to Punggol Road with no passenger. While i was travel along extreme left lane , i saw one passenger was flagging my taxi . so i slowly stop at the slip road which turn left to Punggol road . just when i stop , the vehicle B - YN 7127C at my vehicle A - S4C 8775J behind collided onto my rear portion of my vehicle .

No one was injury at that time of accident.

## DECLARATION

I declare the foregoing particulars are true in every respect.

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

Policyholder's Signature  
& Time:

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

Hong Leong Teo [Signature] 13/7/2020  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## 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 insured 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 lodging 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.

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

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: