

8406/71203

**COMFORTDELGRO**  
**ENGINEERING**

Our Ref : T 0820 / SHA7500C /WT/CK(st)

Your Ref :

Date : 1-Sep-2020

CDGE Taxi Claims Dept  
59 Loyang Drive 4th Flr  
Singapore 508969ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701Mainline +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 SHA7500C YOUR INSURED SJR2116Z**  
**AND OTHER \_\_\_\_\_ ON 5-Aug-2020**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHA7500C 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 : SJR2116Z we are submitting these claims for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$	1,819.00
6	<u>2</u> days Loss of Rental @ \$ <u>169.74</u> per day	\$	339.48
3	Survey Report Fees (Surveyed by M/s LKK)	\$	-
4	LTA Search Fees	\$	7.49
5	GIA / Police Report Fees	\$	-
6	Towing Fees	\$	-
<b>Sub Total :</b>		\$	2,165.97

**HIRER'S CLAIM**

7	<u>2</u> days Loss of Income @ \$ <u>80.00</u> per days	\$	160.00
<b>Total Claims :</b>		\$	2,325.97

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

- a) Original repair bill :
- b) LTA search slip/s of : SJR2116Z
- c) GIA / Police report/s of : SHA7500C
- d) Letter of authority from owner / hirer / operator
  - ( ) Traffic Compound ( ) Towing/Medical bill/receipts ( ) Certificate of Insurance
  - ( ) PIR ( x ) Rental Rate letter ( x ) Downtime/Mileage record

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****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

GST REG. NO. M2-8921817-3

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO  
SHA7500C

MAKE  
MERCEDES BENZ

MODEL  
E220CDI (E6)

DATE OF REG  
13.05.2015

CHASSIS CODE  
WDD2120012B171350

NO/DATE  
91521451 28.08.2020

JOB NO.  
305416120

ODOMETER READING

JOB TYPE

Description : 3P 05.08.2020

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		1,700.00
Add GST @ 7.000 %		119.00
Total Invoice amount		1,819.00

Issued by : KATHERINETAN 28.08.2020 11:21:41  
Repair Type : CLSO/57/57  
Payment Type/Term : /Credit 30 days

- 1) WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS' RISK.
- 2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY GIVE NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
- 3) INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE PERIOD OF DEFAULT.
- 4) PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

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: CT20080068

Date: 28 August 2020



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON	05/08/2020 @ 17:15 hrs
ALONG	ALONG YIO CHU KANG LINK , OPP BLK 214 SERANGOON AVE 4
INVOLVING	SJR2116Z

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 **SHA7500C** (the "Taxi"). The Taxi was hired to **LOW LOONG HOON IC NO SXXXX357B** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$169.74** 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.



	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		FROM	TO
9	210.6	1800	0215
6	156.8	0130	0730
9	53.1	1700	2210
2	242.7	0300	1110
3	180.8	0100	0920
6	192.8	1030	1920
5	261.9	0200	1230
8	223.9	0200	1015
6	279.3	1800	0400
1	253.4	1900	0200
1	99.8	0320	0600

DATE	NAME OF DRIVER	MILEAGE READING					MILEAGE TRAVELLED (KM)	HOURS OPERATED	
		9	0	8	3	4		FROM	TO
11/08/2020	Alvin Low	9	0	8	3	4	230.9	0330	1145
12/08/2020	Alvin Low	9	0	8	4	3	90.9	1730	2115
12/08/2020	Alvin Low	9	0	8	5	9	154.7	0430	0845
12/8	Accident						In	0850	—
13/8	Repair						Out	—	1530

S4A 7500C

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING** **MERCEDES E220 SHA7500C , SJR2116Z** **ON 05-Aug-20 17:15**  
**ALONG** **ALONG YIO CHU KANG LINK , OPP BLK 214 SERANGOON AVE 4**

I / We **LOW LOONG HOON** (Hirer) NRIC No.: **SXXXX357B**

and/or **HUA DEKUN FABIAN** (Relief) NRIC No.: **SXXXX059E**

Taxi Number **SHA7500C**

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 **06-Aug-2020**

Name of Hirer **LOW LOONG HOON**

Hirer NRIC **SXXXX357B**

Signature :



Address **655 YISHUN AVENUE 4 #10-411**  
**760655**

Contact No. **96262087**

Name of Relief **HUA DEKUN FABIAN**

Relief NRIC **SXXXX059E**

Signature :



Address **603A PUNGGOL ROAD #05-700**  
**821603**

Contact No. **96929703**

Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJR2116Z	05 Aug 2020 / 17:15:00	Successful	C01	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous OK

## 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	06/08/2020 10:36
Date Of Accident	05/08/2020 17:15
Exact Location Of Accident	ALONG YIO CHU KANG LINKOPP B/214 SERANGOON AVE 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7500C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E220
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	HUA DEKUN FABIAN
NRIC No	SXXXX059E
Date Of Birth	27/04/1981
Occupation	OUTDOOR
Date Of Driving Pass	07/03/2001
Driving Experience	19 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96929703
Fax Number	
Contact Number	
EMail Address	NAIBAF57@YAHOO.COM



Address	BLK 603A PUNGGOL ROAD #05-700
Postcode	821603
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?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT NO: S/D REF: 96

#### 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	SJR2116Z
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WANG SOON FOOK
NRIC/Passport Number	FXXXX290T
Contact Number	
Address	
Postcode	



Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

# **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:

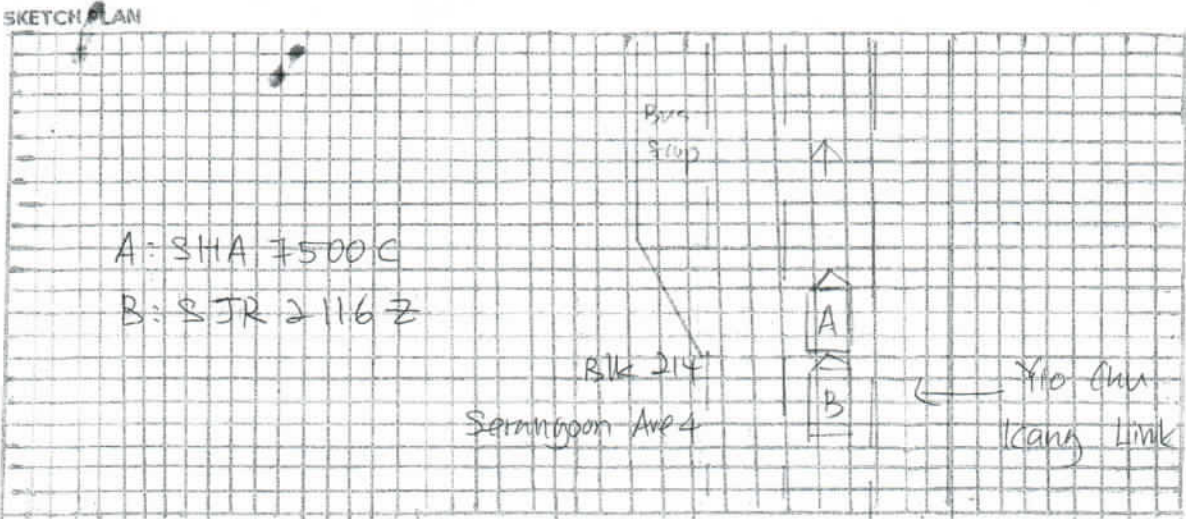
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information setout in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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)
  - (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.

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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached Annex E

DECLARATION

I/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:

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

6/8/2020

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Hua Dekun Fabian,

NRIC S8112059E, has reported to the Police a non-injury traffic accident

which occurred at Yio Chu Kang Link, opposite of Blk 214 Serangoon Avenue 4  
on 05/08/2020 at 1715hrs pm involving the following  
vehicles:

SHA7500C and SJR2116Z. On 05/08/2020 at about 1715hrs, the person mentioned above  
was in the taxi SHA7500C with no passenger and was driving along the location  
mentioned above. Mr Hua was waiting at the traffic light on lane 2 when driver of  
SJR2116Z whom had 3 passengers hit onto the rear of SHA7500C. There was no one  
injured and both parties exchanged particulars.

- 2 If this accident was reported to the Police within 24 hours of its occurrence,  
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT3 Krishnan

Date: 05/08/2020 Time: 2130hrs

S/D Ref: 96

Police Post/Unit: Punggol NPC

Original – to be issued to informant  
Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002

  
Punggol NPC  
21A Tebing Lane  
S (828837)  
Tel: 1800-604-9999