

8809/Tlea3

Our Ref : T 0820 / SH 8478K /WT/CK(st)

Your Ref :

Date : 3-Sep-2020

CDGE Taxi Claims Dept
59 Loyang Drive 4th Flr
Singapore 508969**COMFORTDELGRO**
ENGINEERINGComfortDelGro 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 SH 8478K YOUR INSURED XE 2772G
AND OTHER ON 19-Aug-2020

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SH 8478K** 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 : **XE 2772G** we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 2,300.50
6	4 days Loss of Rental @ \$ 125.40 per day	\$ 501.60
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing Fees	\$ -
Sub Total :		\$ 2,809.59

HIRER'S CLAIM

7	4 days Loss of Income @ \$ 80.00 per days	\$ 320.00
Total Claims :		\$ 3,129.59

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

- Original repair bill :
- LTA search slip/s of : XE 2772G
- GIA / Police report/s of : SH 8478K
- 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

TAX INVOICE

8010012
CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER
3 ANSON ROAD #16-00
SINGAPORE 079909
CONTACT NO: 62222366

VEHICLE NO
SH 8478K
NO/DATE
91521717 31.08.2020
MAKE
TOYOTA
JOB NO.
305417760
MODEL
PRIUS HYBRID(G4)
ODOMETER READING
DATE OF REG
29.06.2017
CHASSIS CODE
JTDKB3FU503560920
JOB TYPE

Description : 3P 19.08.2020

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt 2,150.00
Add GST @ 7.000 % 150.50
Total Invoice amount 2,300.50

Issued by : CHEWBEELENG 31.08.2020 09:26:25
Repair Type : CLS0/57/57
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 2 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: CT20080284

Date: 28 August 2020



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 19/08/2020 @ 14:20 hrs
ALONG PIE(AIRPORT) AFT CTE EXIT
INVOLVING XE2772G

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 **SH8478K** (the "Taxi"). The Taxi was hired to **TOH CHIEH KHIAM IC NO SXXXX855I** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.40** 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.

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[illegible][illegible]

LETTER OF AUTHORISATION		
(NAF / PAF)		
ACCIDENT INVOLVING ALONG	TOYOTA PRIUS SH8478K , XE2772G PIE(AIRPORT) AFT CTE EXIT	ON 19-Aug-20 14:20
I / We	TOH CHIEH KHIAM	(Hirer) NRIC No.: SXXXX855I
and/or		(Relief) NRIC No.: SXXXX855I
Taxi Number	SH8478K	
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	19-Aug-2020	
Name of Hirer	TOH CHIEH KHIAM	
Hirer NRIC	SXXXX855I	Signature : 
Address	3 MARINE TERRACE #11-282 440003	
Contact No.	97615296	

Enquire Vehicle Insurance Details

Vehicle No. Incident Date/Time Search Status Insurance Company Code Insurance Company Name

XE2772G	19 Aug 2020 / 14:20:00	Successful	C01	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD ✓
XE2772G	19 Aug 2020 / 14:20:00	Successful	Q01	QBE INSURANCE (SINGAPORE) PTE LTD

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](#)

SH8478K

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	19/08/2020 16:08
Date Of Accident	19/08/2020 14:20
Exact Location Of Accident	PIE(AIRPORT) AFT CTE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SH8478K
Insured/Policyholder	
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	TOYOTA
Model	PRIUS
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	TOH CHIEH KHIAM
NRIC No	SXXXX855I
Date Of Birth	10/05/1955
Occupation	OUTDOOR
Date Of Driving Pass	10/12/1974
Driving Experience	45 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97615296
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 3 MARINE TERRACE #11-282
Postcode	440003
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)	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

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	XE2772G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SHERYL
NRIC/Passport Number	
Contact Number	96187072
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT 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

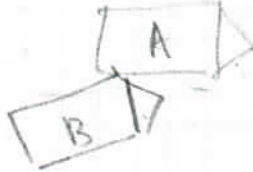
Policyholder's Signature
Date & Time:

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

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

S R Moorthy
CSO

B) XE2772G



On 19/8/20 at about 1420hrs when I Veh A was travelling along Lane 3, Veh B from Lane 2 filtered left and collided onto the right rear portion of my moving vehicle. Veh B was damaged on the left front corner.

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