

Our Ref : T 0820 / SHA1914G /KS(st)  
Your Ref:  
Date : 7-Sep-2020

**COMFORTDELGRO**  
**ENGINEERING**

**AIG ASIA PACIFIC INSURANCE PTE LTD**  
**AIG Building**

**78 Shenton Way**

**#07-16**

**Singapore 079120**

**Attn : Motor Claims Department**

Dear Sir

**WITHOUT PREJUDICE**

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

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

**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

**ACCIDENT INVOLVING OUR TAXI SHA1914G YOUR INSURED SKT2951G**  
**AND OTHER \_\_\_\_\_ ON 13-Aug-2020**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No **SHA1914G** 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 : **SKT2951G** we are submitting these claim for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

|   |                                                   |    |          |
|---|---------------------------------------------------|----|----------|
| 1 | Cost of Repair                                    | \$ | 1,605.00 |
| 2 | <u>5</u> days Loss of Rental @ \$ 114.95 per day  | \$ | 574.75   |
| 3 | Survey Report Fees ( <i>Surveyed by M/s LKK</i> ) | \$ | -        |
| 4 | GIA / LTA Search Fees                             | \$ | 2.00     |
| 5 | GIA / Police Report Fees                          | \$ | -        |
| 6 | Towing Fee                                        | \$ | -        |
|   |                                                   | \$ | 2,181.75 |

**HIRER'S CLAIM**

|   |                                                  |    |          |
|---|--------------------------------------------------|----|----------|
| 7 | <u>5</u> days Loss of Income @ \$ 80.00 per days | \$ | 400.00   |
|   | <b>Total Claims :</b>                            | \$ | 2,581.75 |

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

- a) Original repair bill :
- b) LTA search slip/s of : SKT2951G
- c) GIA / Police report/s of : SHA1914G
- d) Letter of authority from owner / hirer / operator
  - ( ) Photograph/s of Accident Scene ( ) Certificate of Insurance
  - ( ) Witness statement/s ( ) PIR ( 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  
*Kazali Hj Selahudin*  
CDGE Taxi Claims Department  
Tel : 6214 8736 Fax : 6214 1843 Email : kazali@cdge.com.sg

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

A member of

**COMFORTDELGRO**

GST REG. NO. M2-8921817-3

**TAX INVOICE**

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701  
Mainline + 65 6383 6280 Facsimile + 65 6280 9755**Workshops**59 Loyang Drive Singapore 508969 24 Senoko Loop Singapore 758156  
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791  
45 Pandan Road Singapore 609286 501 Yishun Industrial Park A Singapore 761  
320 Ubi Road 3 Singapore 408649COMPANY REG. NO.: 199506048  
Page: 1

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY, AIG BUILDING #07-16  
SINGAPORE 079120

CONTACT NO: 64193000 3225094

VEHICLE NO  
SHA1914GMAKE  
HYUNDAIMODEL  
I-40DATE OF REG  
17.03.2016CHASSIS CODE  
KMHLB41UMGU085594NO/DATE  
91521797 31.08.2020JOB NO.  
305416534

ODOMETER READING

JOB TYPE

Description : 3P 13.08.2020

**Invoice for Lump Sum Repair**

|                           |  |          |
|---------------------------|--|----------|
| Total Lump Sum Repair Amt |  | 1,500.00 |
| Add GST @ 7.000 %         |  | 105.00   |
| Total Invoice amount      |  | 1,605.00 |

Issued by : KATHERINETAN 31.08.2020 13:57:53  
Repair Type : CLSO/57/57  
Payment Type/Term : /Credit 30 days

WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED OWNERS' RISK.

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.

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.

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, THIS 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. |
|-------------|-------------|--------|--------------|
|             |             |        |              |
|             |             |        |              |
|             |             |        |              |
|             |             |        |              |

TAX INVOICE

COMPANY REG. NO.: 19920048  
Page: 1

VEHICLE NO: SH1914G  
MAKE: HYUNDAI  
MODEL: I-40  
DATE OF REG: 17.03.2018  
CHASSIS CODE: KMH1B41UMG085524  
JOB TYPE: ODOMETER READING  
JOB NO: 302416234  
NO/DATE: 91521797 31.08.2020

8010004  
AIG ASIA PACIFIC INSURANCE PTE LTD  
78 SHENTON WAY, AIG BUILDING #07-16  
SINGAPORE 079120  
CONTACT NO: 64193000 3252094

Description : 3P 13.08.2020

Invoice for Lump Sum Repair

Total Invoice amount  
Add GST @ 7.000 %  
Total Lump Sum Repair Amt 1,500.00  
1,605.00

Issued by : KATHERINETAN 31.08.2020 13:27:23  
Repair Type : CLS0/57/57  
Payment Type/Term : Credit 30 days

AMOUNT NO. INVOICE NO. AMOUNT

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Customer to pay the bill

10000000000000000000

10000000000000000000

10000000000000000000

Our Ref: CT20080192

Date: 25 August 2020



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

|             |                        |
|-------------|------------------------|
| ACCIDENT ON | 13/08/2020 @ 09:10 hrs |
| ALONG       | AROOZOO AVE            |
| INVOLVING   | SKT2951G               |

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 **SHA1914G** (the "Taxi"). The Taxi was hired to **QUEK SER YEOW ALBERT IC NO SXXXX472I** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$114.95** 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.





**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING i 40 SHA1914G , SKT2951G  
ALONG AROOZOO AVE****ON 13-Aug-20 09:10**I / We **QUEK SER YEOW ALBERT** (Hirer) NRIC No.: **SXXXX472I**and/or (Relief) NRIC No.: **SXXXX472I**Taxi Number **SHA1914G**

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-Aug-2020**Name of Hirer **QUEK SER YEOW ALBERT**Hirer NRIC **SXXXX472I**

Signature :

Address **561 ANG MO KIO AVE 10 #08-1806  
560561**Contact No. **98635771**

## Third Party Insurer Enquiry

Our Ref No: GR-20-094370

Date of Request: 13/08/2020

Your Ref No:

Online Purchase

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road  
Singapore 579701

Dear Sir/Madam,

Enquiry Date 13/08/2020

Enquiry By Huang XiaoYan

TP Vehicle No. SKT2951G

Accident Date 13/08/2020

SHA1914G

### Enquiry Result

| TP Vehicle No. | Insurer                              | Period of Insurance   | Insurer Tel. No. |
|----------------|--------------------------------------|-----------------------|------------------|
| SKT2951G       | AIG Asia Pacific Insurance Pte. Ltd. | 29/05/2020-28/05/2021 | 65-6419-3000     |

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.



RECORDS MANAGEMENT CENTRE

**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-20-094370

Date of Request: 13/08/2020

Your Ref No: Online Purchase

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road  
Singapore 579701

Dear Sir/Madam,

Enquiry Date 13/08/2020  
Enquiry By Huang XiaoYan  
TP Vehicle No. SKT2951G  
Accident Date 13/08/2020

| 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 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             | 13/08/2020 16:01 |
| Date Of Accident           | 13/08/2020 09:10 |
| Exact Location Of Accident | AROOZOO AVE      |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                                |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHA1914G                       |
| <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       | QUEK SER YEOW ALBERT  |
| NRIC No              | SXXXX472I             |
| Date Of Birth        | 02/04/1962            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 02/04/1962            |
| Driving Experience   | 58 YEARS AND 4 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-98635771  |
| Fax Number           |                       |
| Contact Number       |                       |
| Email Address        | ALBERTQSY@YSHOO.COM   |

|                                                     |                                    |
|-----------------------------------------------------|------------------------------------|
| Address                                             | BLK 561 ANG MO KIO AVE 10 #08-1806 |
| Postcode                                            | 560561                             |
| 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 | DRIZZLING  |
| 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

PLS REFER TO 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         | SKT2951G                             |
| Vehicle Make/Model/Colour           |                                      |
| Details Of Properties               |                                      |
| Vehicle Category                    | PRIVATE CAR                          |
| Name of Driver                      | WEE KUEI KOON                        |
| NRIC/Passport Number                |                                      |
| Contact Number                      |                                      |
| Address                             |                                      |
| Postcode                            |                                      |
| Insurance Company Name              | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Nature Of Damage                    | WHOLE LEFT SIDE                      |
| 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 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)
  - (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. 199303321R

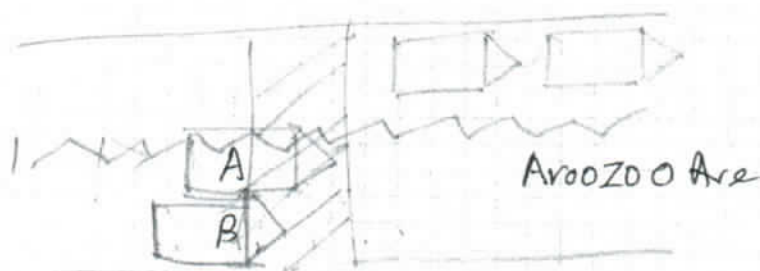
Policyholder's Signature  
Date & Time:

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

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



## SKETCH PLAN



A) SHA 1914G

B) SKT 2951G

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/8/20 at about 0910h when I Veh A was travelling along the 2 laned one-way driveway of which the left lanes were filled with illegal stopping of vehicles. When I was already travelling ahead of Veh B and slowed down and moved to clear the road hump, Veh B squeezed through by the side and grazed the whole right side of my stationary vehicle.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303921R

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.: