

Our Ref : T 0820 / SHA5730T /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 SHA5730T YOUR INSURED SKN9219Z
AND OTHER _____ ON 26-Aug-2020

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No SHA5730T 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 : SKN9219Z we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	1,219.05
2	3 days Loss of Rental @ \$ 125.19 per day	\$	375.57
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	\$	-
		\$	1,596.62

HIRER'S CLAIM

7	3 days Loss of Income @ \$ 80.00 per days	\$	240.00
	Total Claims :	\$	1,836.62

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

- a) Original repair bill :
- b) LTA search slip/s of : SKN9219Z
- c) GIA / Police report/s of : SHA5730T
- 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

COMPANY REG. NO.: 199506048W
Page: 1

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

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

CONTACT NO: 64193000 3225094

Description : 3P 26.08.2020

VEHICLE NO
SHA5730T

MAKE
HYUNDAI

MODEL
IONIQ(G2)

DATE OF REG
18.04.2019

CHASSIS CODE
KMHC851CVKU141702

INV. NO/DATE
91522395 02.09.2020

JOB NO.
305418859

ODOMETER READING

DATE/TIME IN
26.08.2020 13:35

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0104-2533	MOULDING ASSY-RR BUMPER CTR	1	451.25	20.00	361.00
0002	09-01-9999-0068	HYUNDAI REVERSE SENSOR ASSY*	1	135.70	0.00	135.70
0003	FNPS	NO PLATE(S)	1	25.00	0.00	25.00
SUB-TOTAL			:			521.70

JOB NATURE

0001	PB	PANEL BEATING		320.00		320.00
0002	SP	SPRAYPAINT CHARGE		200.00		200.00
0003	17-01	CHECK ALL LIGHTING		30.00		30.00
0004	L	REMOVE/REFIX REVERSE SENSOR		50.00		50.00

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.
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 THE 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.
8010004	91522395	1,219.05	

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 2

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

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

CONTACT NO: 64193000 3225094

VEHICLE NO
SHA5730T

MAKE
HYUNDAI

MODEL
IONIQ(G2)

DATE OF REG
18.04.2019

CHASSIS CODE
KMHC851CVKU141702

INV. NO/DATE
91522395 02.09.2020

JOB NO.
305418859

ODOMETER READING

DATE/TIME IN
26.08.2020 13:35

S/No	Part No.	Qty	Unit Price	%Disc	Net
0005	L HYUNDAI BUMPER COVER CLIP REAR		17.60		17.60
SUB-TOTAL				:	617.60

Items total	1,139.30
Add GST @ 7.000 %	79.75
Invoice amount	1,219.05

Issued by : KATHERINETAN 02.09.2020 15:49:48
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 NO RESPONSIBILITY FOR GEAR OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS' RISK.
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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.
8010004	91522395	1,219.05	

TAX INVOICE

8010004
AIG ASIA PACIFIC INSURANCE PTE LTD
78 SHENTON WAY, AIG BUILDING #07-16
SINGAPORE SG 079120
CONTACT NO: 64193000 3225094
MODEL IONIQ(G2)
CHASSIS CODE KMHG821GAKU141702
DATE OF REG 18.04.2019
DATE/TIME IN 26.08.2020 13:35
ODOMETER READING
JOB NO 302418829
MAKE HYUNDAI
VEHICLE NO SHA5730T
INV. NO/DATE 91522395 02.09.2020

S/No	Part No.	Qty	Unit Price	Disc	Net
0005	HYUNDAI BUMPER COVER CLIP REAR		17.60		17.60
SUB-TOTAL :					617.60

Invoice amount 1,219.05
Add GST @ 7.000 % 79.75
Items total 1,139.30
Issued by : KATHERINETAN 02.09.2020 15:49:48
Repair type : CL50/57/57
Payment Type/Term: Credit 30 days

Our Ref: CT20080402

Date: 02 September 2020



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	26/08/2020 @ 12:50 hrs
ALONG	HOLLAND RD BEFORE PIERCE RD
INVOLVING	SKN9219Z

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 **SHA5730T** (the "Taxi"). The Taxi was hired to **YIP KWONG HENG IC NO SXXXX373Z** a registered hirer-operator of **Comfort Transportation 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.

SHA57307

DATE	NAME OF DRIVER	MILEAGE READING					MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER
								FROM	TO		
21/8	Y	27	46	57			304	0700	1842		
21/8	K.F. Wong	27	50	12			355	1830	0633		
22/8	Y	27	51	32			170	0700	2112		
22/8	K.F. Wong	27	54	53			324	2130	0720		
24/8	Y	27	59	11			456	0700	1814		
24/8	K.F. Wong	27	63	04			393	1830	0630		
25/8	Y	27	66	26			315	0700	1815		
25/8	K.F. Wong	27	69	16			297	1830	0640		
26/8	Y	27	71	01			185	0700	1914		
26/8/20	Mr. Chan	27	74				W	1335	-		
28/8/20	Mr. Chan	27	74				W	1500	-		

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING **Hyundai Ioniq SHA5730T , SKN9219Z** **ON 26-Aug-20 12:50**
ALONG **HOLLAND RD BEFORE PIERCE RD**

I / We **YIP KWONG HENG** (Hirer) NRIC No.: **SXXXX373Z**

and/or (Relief) NRIC No.: **SXXXX373Z**

Taxi Number **SHA5730T**

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 **26-Aug-2020**

Name of Hirer **YIP KWONG HENG**

Hirer NRIC **SXXXX373Z**

Signature :



Address **129A CANBERRA STREET #08-638**
751129

Contact No. **96740317**

TP Insurer Enquiry

ENQUIRY DETAILS

Accident Date	26/08/2020	◀	📅	▶
NRIC/FIN or Co. Reg. No.				
Vehicle No.	SKN9219Z			

Policy Details

Req. By	Req. Date	Search	Enq. Accident Date	TP Insurer	Tel No.	Period of Insurance	Status	Action
Catherine Por Moy Juan [ComfortDelGro Engineering Pte Ltd]	26/08/2020 14:17	SKN9219Z	26/08/2020	AIG Asia Pacific Insurance Pte. Ltd.	65-6419-3000	30/07/2020-29/07/2021		Receipt

Note:

- All submitted enquiry will be recorded and you can refer back from the History.

54A 57307

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	26/08/2020 14:21
Date Of Accident	26/08/2020 12:50
Exact Location Of Accident	HOLLAND RD BEFORE PIERCE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5730T
Insured/Policyholder	
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	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-18088936MFSH
Cover Note Number	

Driver

Name of Driver	YIP KWONG HENG
NRIC No	SXXXX373Z
Date Of Birth	10/02/1970
Occupation	OUTDOOR
Date Of Driving Pass	12/02/1991
Driving Experience	29 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96740317
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	129A 08-638 CANBERRA STREET
Postcode	751129
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)	2
Passenger 1	NAME: : -
	GENDER: : FEMALE

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

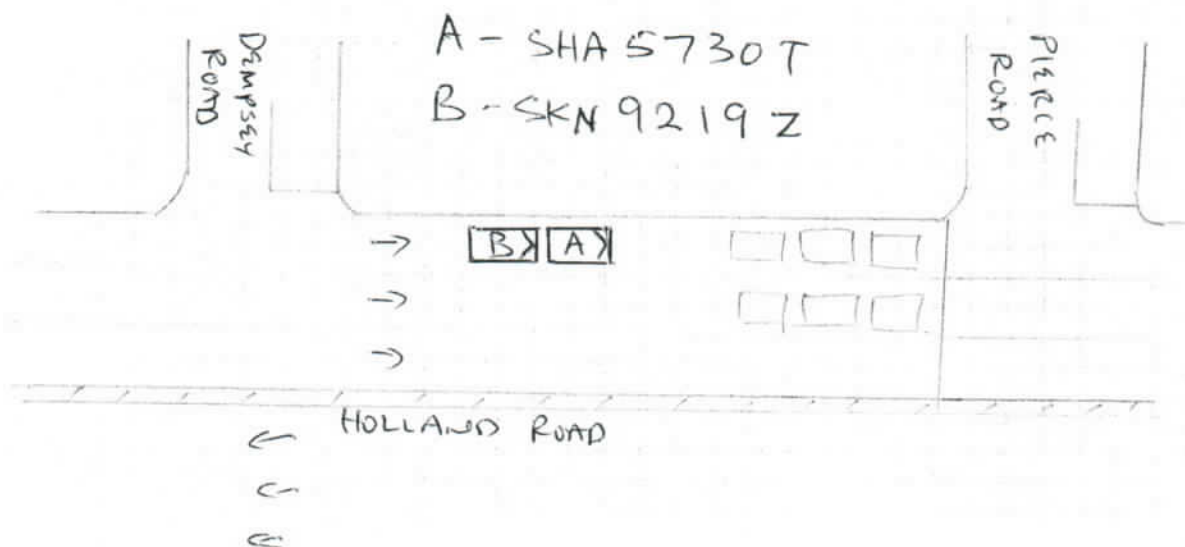
SEE ATTACH.

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	SKN9219Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Statist attached +

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:

26.08.2020
14:00h

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

Describe Circumstances of the Accident.

On 26.08.2020, at about 1250hrs, I stopped my Comfort taxi, SHAS730T, behind many vehicles along Holland Rd due to red lights at the junction with Pierce Rd.

When the lights turned green, the front vehicles moved and just before I could move,

I felt an impact from the rear.

A private car, B, had hit my taxi rear. I have a video recording of the accident impact.

Photos taken after the accident.

Weather was clear and moderate traffic. No injury.

Declaration

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

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

Policyholder's Signature/Date &
Time

Driver's Signature(If driver is not the policyholder)/Date

& Time 26-08-2020

1400m

Larry Ng

Witnessed by Reporting
Centre Personnel