

Our Ref : T 0820 / SHC8854P /WT/CK(st)  
Your Ref :  
Date : 3-Sep-2020

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

**COMFORTDELGRO**  
**ENGINEERING**

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

**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 SHC8854P YOUR INSURED SKN4852C**  
**AND OTHER ON 30-Aug-2020**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SHC8854P** 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 : **SKN4852C** we are submitting these claims for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$	942.67
6	2 days Loss of Rental @ \$ 125.19 per day	\$	250.38
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 :		\$	1,200.54

**HIRER'S CLAIM**

7	2 days Loss of Income @ \$ 80.00 per days	\$	160.00
Total Claims :		\$	1,360.54

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

- a) Original repair bill :
- b) LTA search slip/s of : SKN4852C
- c) GIA / Police report/s of : SHC8854P
- 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.

**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

COMPANY REG. NO.: 199506048W  
Page: 1

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO  
SHC8854P

MAKE  
HYUNDAI

MODEL  
IONIQ(G3)

DATE OF REG  
18.03.2020

CHASSIS CODE  
KMH851CVLU190473

INV. NO/DATE  
91522682 04.09.2020

JOB NO.  
305419780

ODOMETER READING

DATE/TIME IN  
31.08.2020 10:00

Description : 3P 30.08.2020

S/No	Part No.		Qty	Unit Price	%Disc	Net
<b>PART REQUISITION</b>						
0001	04-01-0104-2533	IONIQV2-4 MOULDING ASSY-RR BUMPER CTR	1	451.25	20.00	361.00
			<b>SUB-TOTAL</b>	:		<b>361.00</b>

### JOB NATURE

0001	PB	PANEL BEATING		320.00		320.00
0002	SP	SPRAYPAINT CHARGE		200.00		200.00
			<b>SUB-TOTAL</b>	:		<b>520.00</b>

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 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.
8010012	91522682	942.67	

GST REG. NO. MW-9921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W  
Page: 1

8010012  
CHINA TAIPEI INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER  
3 ANSON ROAD #16-00  
SINGAPORE SG 03909  
CONTACT NO: 62232366  
Description : 3P 30.08.2020  
CHASSIS CODE  
KMHG851CVLJ190473  
DATE OF REG  
18.03.2020  
MODEL  
IONIQ(G3)  
MAKE  
HYUNDAI  
VEHICLE NO  
EHG8854P  
JOB NO.  
302419780  
INV. NO\DATE  
91523682 04.09.2020  
ODOMETER READING  
DATE\TIME IN  
31.08.2020 10:00

S\No	Part No.	Qty	Unit Price	#Disc	Net
PART REQUISITION					
0001	04-01-0104-2533	1	451.25	20.00	361.00
IONIQV2-4 Moulding					
ASSY-RR BUMPER CTR					
SUB-TOTAL					361.00
JOB NATURE					
0001	PB		320.00		320.00
PANEL BEATING					
0002	SP		200.00		200.00
SPRAYPAINT CHARGE					
SUB-TOTAL					520.00

ACCOUNT NO.	INVOICE NO.	AMOUNT	REMARKS
8010012	91523682	942.67	



GST REG. NO. M2-8921817-3

## TAX INVOICE

COMPANY REG. NO.: 199506048W  
Page: 2

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO  
SHC8854P

MAKE  
HYUNDAI

MODEL  
IONIQ(G3)

DATE OF REG  
18.03.2020

CHASSIS CODE  
KMHC851CVLU190473

INV. NO/DATE  
91522682 04.09.2020

JOB NO.  
305419780

ODOMETER READING

DATE/TIME IN  
31.08.2020 10:00

Items total	881.00
Add GST @ 7.000 %	61.67
Invoice amount	942.67

Issued by : KATHERINETAN 04.09.2020 15:06:04  
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 CARS 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.
8010012	91522682	942.67	

TAX INVOICE

COMPANY REG. NO.: 199206048W  
Page: 2

8010012  
CHINA TAIPIING INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER  
3 ANSON ROAD #16-00  
SINGAPORE SG 079909  
CONTACT NO: 62222366  
MODEL IONIQ(G3)  
MAKE HYUNDAI  
VEHICLE NO SHC8824P  
DATE OF REG 18.03.2020  
CHASSIS CODE KMHG821CALU190473  
DATE/TIME IN 31.08.2020 10:00  
ODOMETER READING  
JOB NO. 302419780  
INV. NO/DATE 91222682 04.09.2020

Invoice amount 942.67  
Add GST @ 7.000 % 61.67  
Items total 881.00

Issued by : KATHERINETAN 04.09.2020 12:06:04  
Repair type : CLSO/57/57  
Payment type\Term: \Credit 30 days

ACCOUNT NO.	INVOICE NO.	AMOUNT	BANK CHQ NO.
8010012	91222682	942.67	

Committed to the highest quality of service

Head Office  
201 Robinson Road  
Singapore 068901

Customer's Copy

Our Ref: CT20080458

Date: 04 September 2020



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON	30/08/2020 @ 11:10 hrs
ALONG	CTE TO PIE CHANGI BEFORE BRADDELL EXIT
INVOLVING	SKN4852C

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 **SHC8854P** (the "Taxi"). The Taxi was hired to **TAN ENG SIONG IC NO SXXXX087I** 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 **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** **Hyundai Ioniq SHC8854P , SKN4852C** **ON 30-Aug-20 11:10**  
**ALONG** **CTE TO PIE CHANGI BEFORE BRADDELL EXIT**

I / We **TAN ENG SIONG** (Hirer) NRIC No.: **SXXXX087I**

and/or (Relief) NRIC No.: **SXXXX087I**

Taxi Number **SHC8854P**

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 **31-Aug-2020**

Name of Hirer **TAN ENG SIONG**

Hirer NRIC **SXXXX087I**

Signature :



Address **448A SENGKANG WEST WAY #23-3...**  
**791448**

Contact No. **91824848**

DATE	NAME OF DRIVER	MILEAGE READING					MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER
								FROM	TO		
27/8	Far	0531	82				133	0630	1500		
27/8	<del>Far</del>	0533	60				178	45pm	2.1Am		
28/8	Far	0535	89				229	0615	1630		
28/8	Far	0538	63				274	1810	0510		
29/8	Far	0539	77				134	0630	1600		
29/8	Far	0542	65				268	1825	0510		
30/8	Far	0544	94				229	0740	1600		
30/8	Far	0547	91				297	1800	0510		
31/8	Far	0549	01				111	0610	1040		
31/08/2020							SIC 8854P	1000	-		
01/09/2020	Arundel Rep						Far	-	1500		



## Enquire Vehicle Insurance Details

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

SKN4852C 30 Aug 2020 / 11:10:00 Successful

C01

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

[Previous](#)

[OK](#)

SM C 8804 P

## 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	31/08/2020 11:14
Date Of Accident	30/08/2020 11:10
Exact Location Of Accident	CTE TO PIE CHANGI BEFORE BRADDELL EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8854P *
<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	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	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	TAN ENG SIONG
NRIC No	SXXXX087I
Date Of Birth	13/04/1970
Occupation	OUTDOOR
Date Of Driving Pass	19/07/1990
Driving Experience	30 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91824848
Fax Number	
Contact Number	
EMail Address	AMKALVIN@GMAIL.COM

Address	448A #23-311 SENGKANG WEST WAY
Postcode	791448
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	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

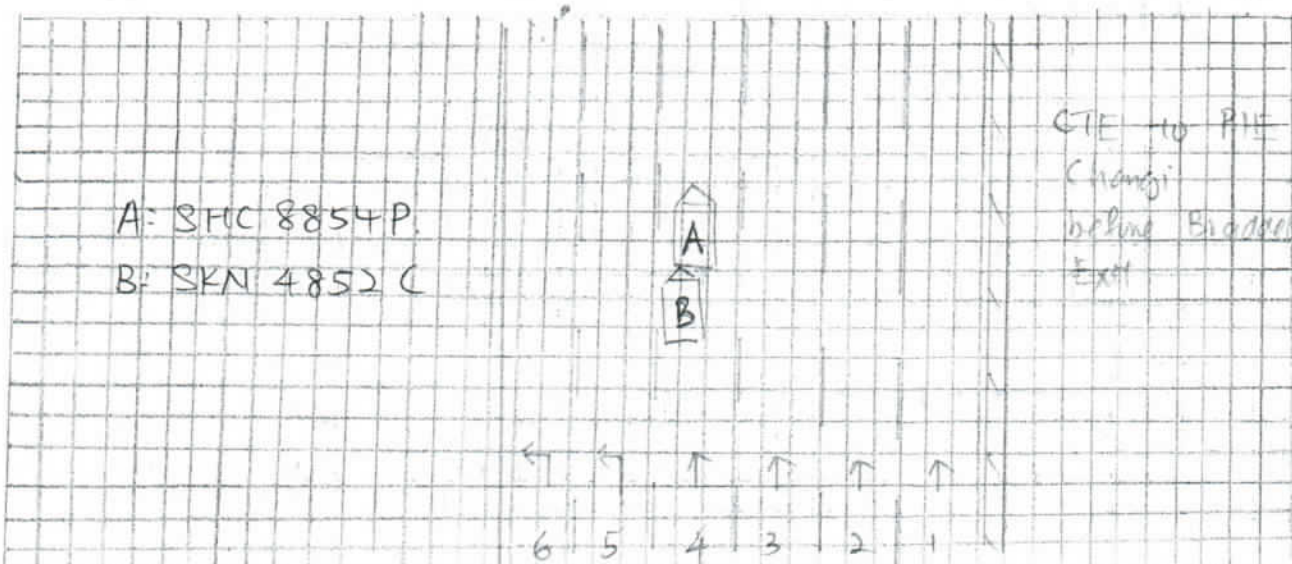
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKN4852C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN
NRIC/Passport Number	

Contact Number	98590493
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	



## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/8/2020 at about 11:10 hrs, I Ven A was driving at above said location with 3 passengers on board. Shortly vehicle in front slow down and stop and I follow suit. A few second later, I felt an impact from behind followed by a jerk. Ven B front portion collided onto the rear left portion of my taxi. Scene photo taken and no injury reported.

## DECLARATION

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

OMFORT 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: Loke Wei Yeng  
NRIC/Fin No.:

**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 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.:

31/8/2020