

Our Ref : CC20090025/ SHC 111C /WT/CK(st)
Your Ref :
Date : 11-Sep-2020

COMFORTDELGRO
ENGINEERING

CDGE Taxi Claims Dept
59 Loyang Drive 4th Flr
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

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 SHC 111C YOUR INSURED GBK 796E
AND OTHER _____ ON 3 Sep 2020

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : SHC 111C 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 : GBK 796E we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,337.50
2	<u>3</u> days Loss of Rental @ \$ 125.19 per day	\$ 375.57
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation Fees	\$ -
Sub Total :		\$ 1,720.56

HIRER'S CLAIM

7	<u>3</u> days Loss of Income @ \$ 80.00 per days	\$ 240.00
Total Claims :		\$ 1,960.56

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

- a) Original repair bill :
- b) LTA search slip/s of : GBK 796E
- c) GIA / Police report/s of : SHC 111C
- d) Letter of authority from owner / hirer / operator
 - () Photocopies of Accident Scene Photos
 - () Certificate of Insurance
 - () PIR
 - (x) Downtime/Mileage record
 - (x) Rental Rate letter

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

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHC 111C

MAKE
HYUNDAI

MODEL
IONIQ

DATE OF REG
24.02.2017

CHASSIS CODE
KMHC851CVHU022729

NO/DATE
91522986 07.09.2020

JOB NO.
305420387

ODOMETER READING

JOB TYPE

Description : 3P 03.09.2020

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,250.00
Add GST @ 7.000 %	87.50
Total Invoice amount	1,337.50

Issued by : KATHERINETAN 07.09.2020 15:23:42
Repair Type : CFSO/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 LOSS OF 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.

TAX INVOICE

OST REG. NO. 199206048W

VEHICLE NO
SHC 111C
MAKE
HYUNDAI
MODEL
IONIQ
DATE OF REG
24.02.2017
CHASSIS CODE
KMH851GVH0022729
JOB TYPE
ODOMETER READING
JOB NO.
305420387
NO/DATE
91522386 07.09.2020

8010013
CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER
3 ANSON ROAD #18-00
SINGAPORE 079909
CONTACT NO: 62222386

Description : 3P 03.09.2020

Invoice for Lump Sum Repair

Total Invoice amount
1,337.50
Total Lump Sum Repair Amt
1,250.00
Add GST @ 7.000 %
87.50

Issued by : KATHERINETAN 07.09.2020 15:23:42
Repair Type : CPE0157/57
Payment Type/Term : Credit 30 days

ACCOUNT NO	INVOICE NO	AMOUNT	DATE

Customer's Signature
Date

Signature
Date

Our Ref: CC20090025



Date: 07 September 2020

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	03/09/2020 @ 09:10 hrs
ALONG	PUNGGOL FIELD X PUNGGOL ROAD
INVOLVING	GBK796E

We refer to the above-mentioned accident and wish to inform that **CityCab Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHC0111C** (the "Taxi"). The Taxi was hired to **TAY YONG HOCK IC NO SXXXX712C** a registered hirer-operator of **CityCab 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.

MILEAGE F

[illegible]

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****Hyundai Ioniq SHC111C , GBK796E
PUNGGOL FIELD X PUNGGOL ROAD****ON 03-Sep-20 09:10**

I / We

TAY YONG HOCK(Hirer) NRIC No.: **SXXXX712C**

and/or

(Relief) NRIC No.: **SXXXX712C**

Taxi Number

SHC111C

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

03-Sep-2020

Name of Hirer

TAY YONG HOCK

Hirer NRIC

SXXXX712C

Signature :



Address

**326A SUMANG WALK #21-994
821326**

Contact No.

84285955

Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
GBK796E	03 Sep 2020 / 09:10:00	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	03/09/2020 13:11
Date Of Accident	03/09/2020 09:10
Exact Location Of Accident	PUNGGOL FIELD X PUNGGOL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC111C
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	1XXXXX839G
Email Address	FLEETSAFETY@CDGETAXI.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	TAY YONG HOCK
NRIC No	SXXXX712C
Date Of Birth	04/10/1973
Occupation	OUTDOOR
Date Of Driving Pass	06/03/1997
Driving Experience	23 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84285955
Fax Number	
Contact Number	
EMail Address	TAYYONGHOCK73@GMAIL.COM

Address	BLK 326A SUMANG WALK #21-994
Postcode	821326
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?	YES
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	GBK796E
Vehicle Make/Model/Colour	TOYOTA VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HANI
NRIC/Passport Number	
Contact Number	81759139
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAY YONG HOCK
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	SHC111C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

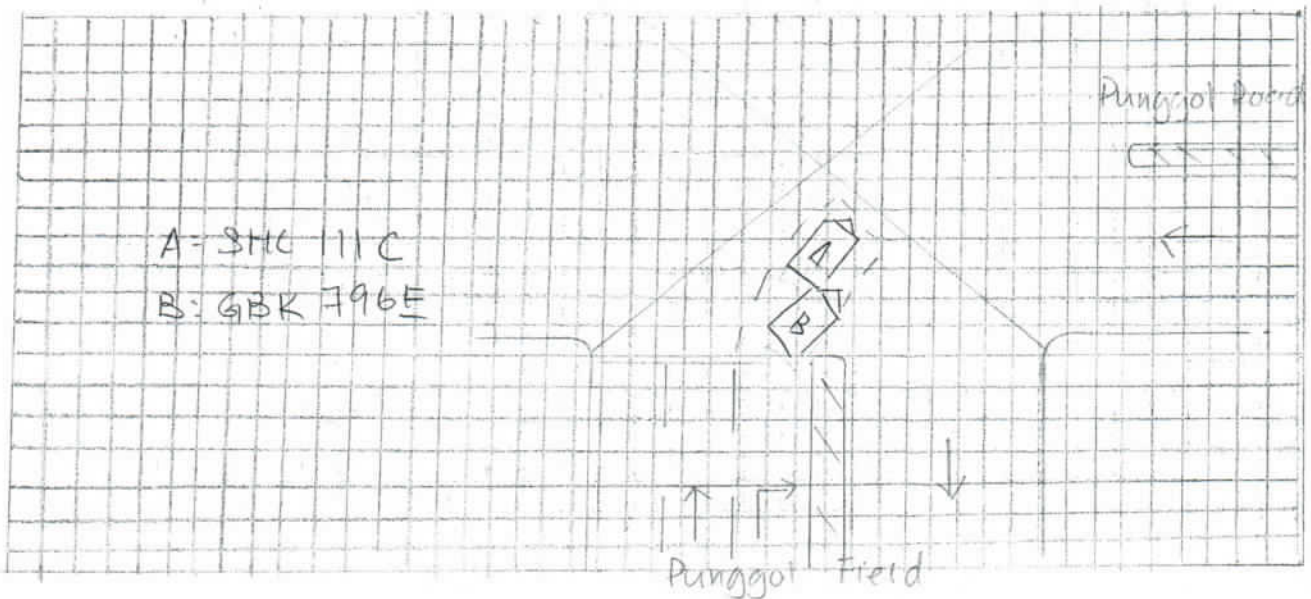
CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:


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

 31/9/2020
Reporting Centre Personnel's Signature
Name:
NRIC/Fin No.: 100101010101010101

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/9/2020 at about 09:10 hrs, I Ven A was stopped inside pocket at above said junction. Suddenly I felt an impact from behind. Ven B made U-turn at behind hit onto the rear right portion of my stationary taxi. No pax inside my taxi. I suffered back pain, will consult doctor later on.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

3/9/2020

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