

Our Ref : T 1020/ SHD6937S /KS(st)  
Your Ref : 19/20/20/VP05/023787  
Date : 3-Nov-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

**Lonpac Insurance Bhd**

300 Beach Road

#17-04 / 07, The Concourse

Singapore 199555

**WITHOUT PREJUDICE**

**Attn : Motor Claim Department (Mr Gerald Poh)**

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHD6937S YOUR INSURED SLU2070G  
AND OTHER ON 17-Oct-2020**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SHD6937S** 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 : **SLU2070G** we are submitting these claims for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$ 3,263.50
2	4.5 days Loss of Rental @ \$ 110.67 per day	\$ 498.02
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 2.00
5	GIA / Police Report Fees	\$ -
6	Towing Fees	\$ -
<b>Sub Total :</b>		<b>\$ 3,763.52</b>

**HIRER'S CLAIM**

7	4.5 days Loss of Income @ \$ 80.00 per days	\$ 360.00
<b>Total Claims:</b>		<b>\$ 4,123.52</b>

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

- a) Original repair bill :
- b) LTA search slip/s of : SLU2070G
- c) GIA / Police report/s of : SHD6937S
- d) Letter of authority from owner / hirer / operator
  - ( ) PIR ( ) IRAS ( ) Certificate of Insurance ( ) Tow receipt
  - ( ) Photograph/s of Accident Scene (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.

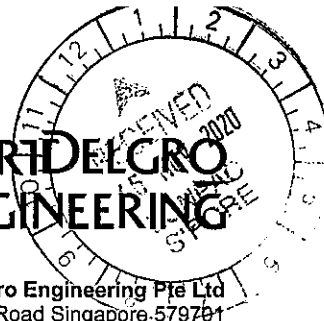
Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the taxi driver.

Yours faithfully  
*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**



**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

A member of COMFORTDELGRO

**GST REG. NO. M2-8921817-3**

**ComfortDelGro Engineering Pte Ltd**

205 Braddell Road Singapore 579701  
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

## Workshops

59 Loyang Drive Singapore 508969  
383 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 609286  
320 Ubi Road 3 Singapore 408649

Singapore 408649  
COMPANY REG. NO.: 199506048W  
Page: 1

# TAX INVOICE

8010042

LONPAC INSURANCE BERHAD  
THE CONCOURSE

300 BEACH ROAD #17-04/07  
SINGAPORE 199555

CONTACT NO: 62507388

VEHICLE NO  
SHD6937S

**MAKE  
HYUNDAI**

MODEL  
T-40

DATE OF REG  
08.10.2015

CHASSIS CODE  
KMHT.B41UMGU078450

NO/DATE

91530049 27.10.2020

**JOB NO.**

305428772

ODOMETER READING

**JOB TYPE**

Description : 3P 17.10.2020

## Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		3,050.00
Add GST @ 7.000 %		213.50

Total Invoice amount	3,263.50
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Issued by : CHEWBEELENG 27.10.2020 10:52:52  
Repair Type : CLSO/57/57  
Payment Type/Term : /Credit 30 days

- [illegible]

**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**

[illegible]

Our Ref: CT20100279

Date: 27 October 2020



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON                      17/10/2020    @   17:45 hrs  
ALONG                                ALONG UPPER EAST COAST RD  
INVOLVING                        SLU2070G

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 **SHD6937S** (the "Taxi"). The Taxi was hired to **TAN SENG HOCK IC NO SXXXX340A** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate \$110.67 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

Philip Chia  
Manager, Fleet Safety

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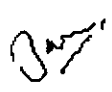
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**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING 1 40 SHD6937S , SLU2070G  
ALONG ALONG UPPER EAST COAST RD****ON 17-Oct-20 17:45****I / We TAN SENG HOCK (Hirer) NRIC No.: SXXXX340A****and/or (Relief) NRIC No.: SXXXX340A****Taxi Number SHD6937S****hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):**

1. To submit my/our claims for damages, costs and expense, including loss of earning  
(Pending successful recovery), 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-Oct-2020****Name of Hirer TAN SENG HOCK****Hirer NRIC SXXXX340A****Signature :****Address 922 TAMPINES STREET 91 #12-207  
520922****Contact No. 82284512**

## Third Party Insurer Enquiry

Our Ref No: GR-20-126481

Date of Request: 19/10/2020

Your Ref No:

Online Purchase

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road  
Singapore 579701

Dear Sir/Madam,

Enquiry Date 19/10/2020  
Enquiry By Catherine Por Moy Juan  
TP Vehicle No. SLU2070G  
Accident Date 17/10/2020

### Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLU2070G	Lonpac Insurance Bhd	27/11/2019-26/11/2020	+65 62507388

Thank You.

SUD 69375

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.

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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-20-126481

Date of Request: 19/10/2020

Your Ref No:

Online Purchase

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road  
Singapore 579701

Dear Sir/Madam,

Enquiry Date 19/10/2020

Enquiry By Catherine Por Moy Juan

P Vehicle No. SLU2070G

Accident Date 17/10/2020

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.




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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

## TP Insurer Enquiry

ENQUIRY DETAILS	
Accident Date	17/10/2020   
NRIC/FIN or Co. Reg. No.	
Vehicle No.	SLU2070G

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]	19/10/2020 10:04	SLU2070G	17/10/2020	Lonpac Insurance Bhd	+65 62507388	27/11/2019- 26/11/2020	<a href="#">Receipt</a>

**Note:**

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



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MCB 62009107 Vehicle Registration No: SHD 69378

Name (as shown in NRIC) : Tan Seng Hock NRIC/FIN/Passport No : \_\_\_\_\_

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore ( )

Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Email Address : \_\_\_\_\_

Date of Accident : 17/10/20 Time of Accident : 1745

Place of Accident : Upper East Coast rd

Insurance Company : First Capital Insurance Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

submit police report

Policyholder / Driver's Signature

Date: 19/10/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:



Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/10/2020 10:45	Vide Report No.:	Station Diary No.: 29
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**Informant's Particulars**

Name of Informant: TAN SENG HOCK			Address: APT BLK 922 TAMPINES STREET 91 #12-207 SINGAPORE 520922	
ID Type / ID No.: NRIC NO / S1087340A			Contact No.: Home/Office: Mobile: 82284512	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 74	Date of Birth: 02/01/1946	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/10/2020 17:45	Type of Location: Straight Road
Location:  UPPER EAST COAST ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6937S	Car	HYUNDAI	I-40	Blue	Slightly Damaged	3
SLU2070G	Car	SUBARU		Gold	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	TAN SENG HOCK		ID No.	S1087340A
Related Vehicle	SHD6937S (Car)		Contact No.	82284512
Hospital/Clinic	TAMPINES MEDILIFE CLINIC		Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	18/10/2020		Date Discharge	18/10/2020
No. of Days granted Medical Leave	03		Degree of Injury	Slight
<b>Driver</b>				
Name	KOH MING JUN		ID No.	S8609580G
Related Vehicle	SLU2070G (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On the 17/10/2020 at about 1745hrs, I was driving along upper east coast road direction with 3 passengers in my vehicle. As I was driving, a vehicle plate number SLU2070G drove out from the a condominium name Breeze by the East and grazed on to my taxi's right portion . No Tp and ambulance at scene. My passengers and the other driver were not injured.

Both of us exchanged particulars and decided to report to our insurance. We have taken pictures of the scene. I then felt slight pain on my neck after the impact and had went to Tampines Medilife clinic and received 3 days of MC. I got CCTV footage of in my vehicle which captured the collision.

I was advised to lodge a police report.



Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 MUHAMMAD FAIZ BIN MUHAMMAD  
FAIZAL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204



SINGAPORE  
POLICE FORCE

Signature Of Informant:

Date/Time:

19/10/2020 10:45

Classification Of Case:

Authentication Stamp

NP168

## 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	19/10/2020 10:09
Date Of Accident	17/10/2020 17:45
Exact Location Of Accident	ALONG UPPER EAST COAST RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6937S
<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	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	TAN SENG HOCK
NRIC No	SXXXX340A
Date Of Birth	02/01/1946
Occupation	OUTDOOR
Date Of Driving Pass	24/01/1963
Driving Experience	57 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82284512
Fax Number	
Contact Number	
Email Address	KOPAK922@GMAIL.COM

Address	922 12-207 TAMPINES STREET 91
Postcode	520922
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 - MAJOR/MINOR RD
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : MALE

#### 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	SLU2070G
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

RHT SIDE

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name TAN SENG HOCK

Approximate Age 74

Injuries Sustain NECK

Injured person in which vehicle? SHD6937S

Were seat belts worn? YES

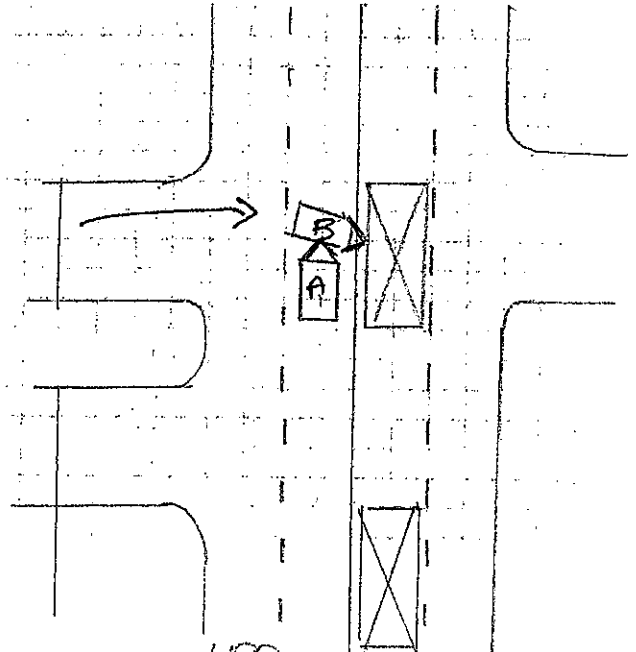
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

*Van*

THE  
TROPIC  
GARDENS



UFP EAST COAST F&D

1. I had slight pain on my neck after the impact and was given 3 days MC.

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

Over

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

Reporting Centre Personnel's Signature  
Name: Olivia Wee  
NRIC/Fin No.: [redacted] 09 OCT 2020



# 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: Olivia Wendy  
NRIC/Fin No.: 19 OCT 2020