

Our Ref : CT1220 / SHA2344U /KS(st)

Your Ref :

Date : 18-Jan-2021

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

**INDIA INTERNATIONAL INSURANCE PTE LTD**  
**64 CECIL STREET #04-00/06-00**  
**IOB BUILDING**  
**SINGAPORE 049711**

Attn : Motor Claims Department

**WITHOUT PREJUDICE**

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHA2344U YOUR INSURED GBG8480J**  
**AND \_\_\_\_\_ ON 20-Dec-2020**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No. SHA2344U 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 : GBG8480J we are submitting these claims for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$ 1,649.30
2	4 days Loss of Rental @ \$ 129.68 per day	\$ 518.72
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing Fee	\$ -
Sub Total :		\$ 2,175.51

**HIRER'S CLAIM**

7	4 days Loss of Income @ \$ 80.00 per days	\$ 320.00
Total Claims:		\$ 2,495.51

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

- a) Original repair bill
- b) LTA search slip/s of : GBG8480J
- c) GIA / Police report/s of : SHA2344U
- d) Letter of authority from owner / hirer / operator
  - ( ) Photocopie/s of Accident Scene Photo/s
  - ( ) Certificate of Insurance
  - ( ) Tow receipt
  - ( 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

*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.

**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**

## TAX INVOICE

8010032

INDIA INTERNATIONAL INSURANCE PTE LTD  
IOB Building

64 CECIL STREET #04-00/06-00  
SINGAPORE SG 049711

CONTACT NO: 62238122

VEHICLE NO  
SHA2344U

MAKE  
TOYOTA

MODEL  
PRIUS HYBRID(G4)

DATE OF REG  
07.01.2019

CHASSIS CODE  
JTDKB3FU703077820

INV. NO/DATE  
91538259 24.12.2020

JOB NO.  
305440214

ODOMETER READING

DATE/TIME IN  
20.12.2020 13:10

Description : 3P 20.12.2020

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0302-2292	PRIG4 COVER FRONT BUMPER	1	499.91	25.00	374.93
0002	04-01-0302-2971	PRIG4 SUPPORT FRONT BUMPER SIDE RH	1	82.30	25.00	61.72
0003	04-01-0302-2934	PRIG4 LINER FRONT FENDER RH	1	198.51	25.00	148.88
SUB-TOTAL				:		585.53

### JOB NATURE

0001	PB	PANEL BEATING	320.00	320.00
0002	SP	SPRAYPAINT CHARGE	400.00	400.00
0003	17-01	CHECK ALL LIGHTING	30.00	30.00
0004	20-00	TUFF COAT ON AFFECTED PARTS.	30.00	30.00

1) 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 IF ANY LOSS OR DAMAGE IS INCURRED, IT IS THE OWNERS' RISK.

2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS MAKE SUCH REPORTS TO THE COMPANY IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLE WILL BE DEEMED TO HAVE BEEN DELIVERED IN GOOD ORDER.

3) 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. AFTER 30 DAYS FROM THE WORKS FOR PERIOD OF DEFAULT.

4) 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 N
8010032	91538259	1,649.30	

GST REG. NO. M2-8921817-3

## TAX INVOICE

COMPANY REG. NO.: 199506048W

Page: 2

8010032

INDIA INTERNATIONAL INSURANCE PTE LTD  
IOB Building

64 CECIL STREET #04-00/06-00  
SINGAPORE SG 049711

CONTACT NO: 62238122

VEHICLE NO  
SHA2344U

INV. NO/DATE  
91538259 24.12.2020

MAKE  
TOYOTA

JOB NO.  
305440214

MODEL  
PRIUS HYBRID(G4)

ODOMETER READING

DATE OF REG  
07.01.2019

DATE/TIME IN  
20.12.2020 13:10

CHASSIS CODE  
JTDKB3FU703077820

S/No	Part No.		Qty	Unit Price	%Disc	Net
0005	20-05	Frt Fender Adv.Sticker RH		100.00		100.00
0006	20-05	TP MERIMEN		11.00		11.00
0007	20-05	FRT FENDER (HYBRID) RH		64.87		64.87
SUB-TOTAL				:		955.87

Items total 1,541.40

Add GST @ 7.000 % 107.90

Invoice amount 1,649.30

Issued by : KATHERINETAN 24.12.2020 09:37:57  
Repair type : CLSO/57/57  
Payment Type/Term: /Credit 30 days

1) WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR LOSS OR DAMAGE TO CUSTOMER'S AND VEHICLES AND DRIVER AND PASSENGER'S OWNERS' RISK.  
2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL RETURN TO THE COMPANY WITHIN 7 DAYS FROM DATE OF DELIVERY A NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLE WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.  
3) INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND REMAINING TO COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICED DATE).  
4) PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERROR OR DISCREPANCY 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 N
8010032	91538259	1,649.30	

Our Ref: CT20120381

Date: 23 December 2020



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON                      20/12/2020    @ 11:45 hrs  
ALONG                              TOA PAYOH LOR 7 BLK 8  
INVOLVING                        GBG8480J

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 **SHA2344U** (the "Taxi"). The Taxi was hired to **LIEW JOON HIAN IC NO SXXXX956C** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$129.68** 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

Philip Chia  
Manager, Fleet Safety

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

[illegible]

(M)

289A 23444

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
				FROM	TO
14/12/20	L.B.W.	290595	189.9	16-20	00-17
15/12/20	J.M.	290776	181.1	6.00	15.34
15/12/20	L.B.W.	290955	178.6	16-10	23-30
16/12/20	J.M.	291070	115.5	8.31	15.48
16/12/20	L.B.W.	291278	208.3	16.05	00-40
17/12/20	J.M.	291425	146.5	8.21	16.47
17/12/20	L.B.W.	291582	157.8	16.55	00.05
18/12/20	J.M.	291816	233.2	6.24	15.38
18/12/20	L.B.W.	292043	227.3	16.00	00-30
19/12/20	J.M.	292209	165.5	7.33	15.33
19/12/20	L.B.W.	292427	217.9	16-15	01-08

MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
	FROM	TO
133.8	16.50	22.48
34.6	22.50	1.45
149.6	8.30	15.52
242.6	16.15	01.35
163.8	8.28	15.45
213.2	16.05	09.45
29.7	1.45	2.25
205.8	7.15	15.3
248.7	16.00	00.10
40.8	0.06	1.53
171.3	8.00	16.20

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING  
ALONG****TOYOTA PRIUS SHA2344U , GBG8480J  
TOA PAYOH LRG 7 BLK 8****ON 20-Dec-20 11:45**

I / We

**LIEW JOON HIAN**(Hirer) NRIC No.: **SXXXX956C**

and/or

**LIEW JIA MING**(Relief) NRIC No.: **SXXXX442C**

Taxi Number

**SHA2344U**

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

**21-Dec-2020**

Name of Hirer

**LIEW JOON HIAN**

Hirer NRIC

**SXXXX956C**

Signature :



Address

**256 KIM KEAT AVENUE #06-150  
310256**

Contact No.

**81856666**

Name of Relief

**LIEW JIA MING**

Relief NRIC

**SXXXX442C**

Signature :



Address

**256 KIM KEAT AVENUE #06-150  
310256**

Contact No.

**81699996**

2

## Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
GBG8480J	20 Dec 2020 / 11:45:00	Successful	I05	INDIA INT'L INS 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 Submission	21/12/2020 13:06 (SGT)
Date of Accident	20/12/2020 11:45 (SGT)
Exact Location of Accident	Lor 7 Toa Payoh, Singapore
Additional Location Information	TOA PAYOH LOR 7 BLK 8
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2344U
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-65508768
Alternative Phone No	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi

### INSURANCE COMPANY

Name of Insurance Company	India International
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	MCOM0015
Cover Note Number	-

### DRIVER

Name of Driver	LIEW JIA MING
NRIC No	SXXXX442C
Date Of Birth	28/11/1984
Occupation	Outdoor

Date Of Driving Pass	06/06/2017
Driving experience	3 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81699996
Alt. Phone Number	-
Email Address	JIAMING006150@GMAIL.COM
Address	256 06-150 KIM KEAT AVENUE
Address complement	-
Postcode	310256
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG8480J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	AZINAH BTE SATIMAH
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-



Nature Of Damage	SLIGHT
Details of property damaged in accident	FRT LEFT
No. Of Passenger (Including Driver)	

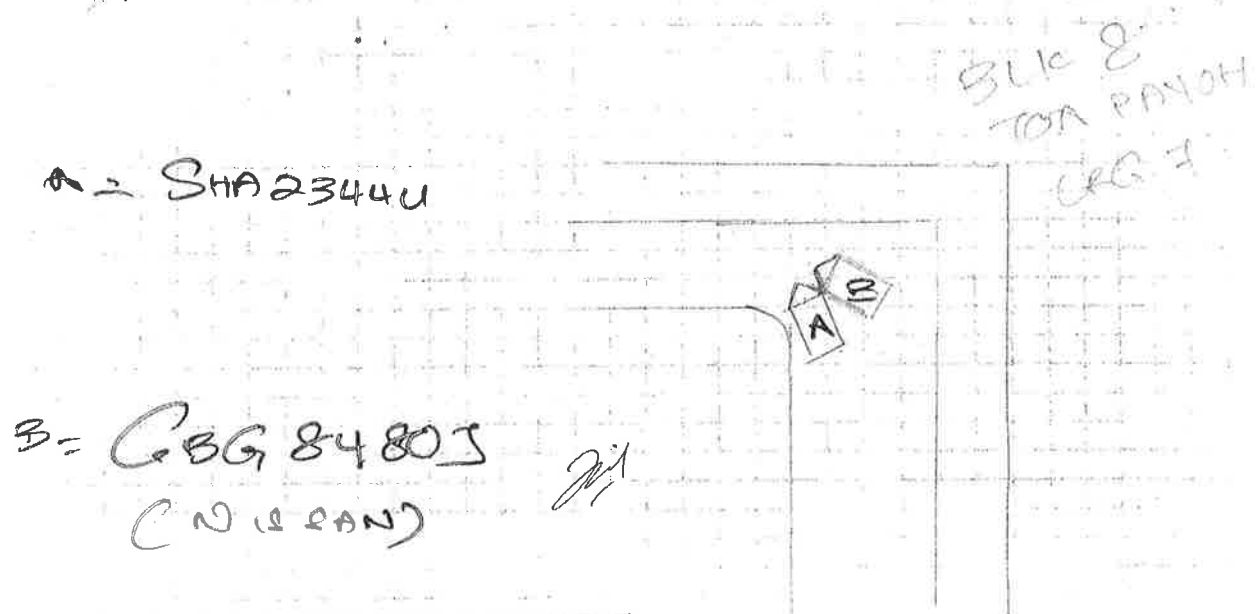
## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	LIEW JIA MING
Address	
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	NECK
Injured person in which vehicle?	SHA2344U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 20/12/2020 @ 1145hrs, I was driving towards Ton Payoh Lrg 7 Blk 8 direction with no passenger on board my taxi.

The front vehicle stop, so I stop as well and slowly moved the the front vehicle parked into the parking lot. While do so, a van of GGG8480J which was stationary on my right side suddenly turning towards my direction.

So I jammed brake to avoid the collision. However the van of GGG 8480J left front portion grazed onto my taxi right front portion.

I Get slight neck pain from the impact and will consult doctor later.

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:

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

21 DEC 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.:

21 DEC 2020

1