

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

Description : 3P 02.05.2021

VEHICLE NO
SHD3440C

INV. NO/DATE
91565256 27.05.2021

MAKE
TOYOTA

JOB NO.
305466701

MODEL
PRIUS HYBRID(G4)

ODOMETER READING

DATE OF REG
30.05.2017

DATE/TIME IN
03.05.2021 08:35

CHASSIS CODE
JTDKB3FUX03557611

| S/No | Part No. | | Qty | Unit Price | %Disc | Net |
|------------------|-----------------|----------------------------------|-----|------------|-------|-------|
| PART REQUISITION | | | | | | |
| 0001 | 28-01-0302-2017 | FUEL TANK LID (PETROL ONLY) CTPL | 1 | 15.00 | 0.00 | 15.00 |
| 0002 | 28-01-9999-2023 | APP LOGO REAR DOOR L/R CTPL | 1 | 80.00 | 0.00 | 80.00 |
| SUB-TOTAL | | | | | | 95.00 |

JOB NATURE

| | | | | | | |
|------|----|---------------------------------|--|--------|--|--------|
| 0001 | PB | PANEL BEATING | | 350.00 | | 350.00 |
| 0002 | SP | SPRAYPAINT CHARGE | | 500.00 | | 500.00 |
| 0003 | L | REAR FENDER ADVERTISEMENT LH | | 100.00 | | 100.00 |
| 0004 | L | REAR DOOR ADVERTISEMENT LOGO LH | | 100.00 | | 100.00 |

omfortDelGro Engineering Pte Ltd
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 | 91565256 | 1,225.15 | |
| | | | |
| | | | |

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
SHD3440C

MAKE
TOYOTA

MODEL
PRIUS HYBRID(G4)

DATE OF REG
30.05.2017

CHASSIS CODE
JTDKB3FUX03557611

INV. NO/DATE
91565256 27.05.2021

JOB NO.
305466701

ODOMETER READING

DATE/TIME IN
03.05.2021 08:35

| S/No | Part No. | Qty | Unit Price | %Disc | Net |
|-------------|----------|-----|------------|-------|----------|
| SUB-TOTAL : | | | | | 1,050.00 |

| | |
|-------------------|----------|
| Items total | 1,145.00 |
| Add GST @ 7.000 % | 80.15 |
| Invoice amount | 1,225.15 |

Issued by : CHEWBEELENG 27.05.2021 12:34:08
Repair type : CLS0/57/57
Payment Type/Term: /Credit 30 days

omfortDelGro Engineering Pte Ltd
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 | 91565256 | 1,225.15 | |
| | | | |
| | | | |

Our Ref: CT0521/SHD3440C/CK(st)
Date: 18.06.2021

CHINA TAIPING INSURANCE CO (S)PTE L
3 ANSON ROAD #16-00
Singapore 079909

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Attn : Motor Claims Department

Without Prejudice

Mainline +65 6383 6280
Facsimile +65 6280 9755

Dear Sir/Madam

www.cdge.com.sg

Company Registration No: 199506048W

ACCIDENT ON 02.05.2021 INVOLVING SHD3440C & SGU7795A ALONG MASJID AN-NAHDHAH

Workshops

We are the authorised repair workshop for Comfort Transportation Pte Ltd , the owner of vehicle No SHD3440C, which was involved in the captioned accident with your insured vehicle No SGU7795A.

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

The vehicle owner and the taxi hirer/driver concerned have requested and authorised us to assist them in presenting their claims against the party responsible for all applicable matters arising from the damage of the vehicle.

As the accident was caused by the negligent act of your insured driver, we are submitting these claims for your consideration on behalf of the claimants:

Taxi Owner's Claim :

| | | | |
|----------------------------|---------------------|-----|----------|
| 1. Cost of Repairs | | S\$ | 1,225.15 |
| 2. Loss of Rental | 2 days x S\$ 125.40 | S\$ | 250.80 |
| 3. Survey Report Fee | | S\$ | 0.00 |
| 4. LTA Search Fee | | S\$ | 0.00 |
| 5. GIA / Police Report Fee | | S\$ | 2.00 |
| 6. Others | | S\$ | 0.00 |

Hirer's Claim :

| | | | |
|-------------------|--------------------|-----|--------|
| 1. Loss of Income | 2 days x S\$ 80.00 | S\$ | 160.00 |
| 2. Others | | S\$ | 0.00 |

[E&OE] **Total Claims** S\$ **1,637.95**

A copy each of the following supporting documents marked [X] is enclosed:

| | |
|--|---|
| [X] Original Repair Bill | [X] Letter of Authority from Owner/Hirer/Operator |
| [X] GIA/Police Report(s) | [X] Rental Rate Letter |
| [X] LTA/GIA Search Slip(s) | [X] Downtime/Mileage Record |
| [] Survey Report / Bill | [] Witness Statement / Accident Scene Photo(s) |
| [] Driver's IC/DL/VL / Road Tax / Log Card / Certificate of Insurance | |
| [] Tow Chit / PIR / Hirer's IRAS / Others : | |

Kindly look into the matter and let us hear from you on the settlement of our clients' 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 sincerely

Catherine Koh

CDGE Claims Department

DID: 62148733

FAX: 62141843

Email: catherinekoh@cdge.com.sg

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

A member of

Our Ref: CT21050005

Date: 27 May 2021



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 02/05/2021 @ 15:39 hrs
ALONG MASJID AN-NAHDHAH
INVOLVING SGU7795A

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 **SHD3440C** (the "Taxi"). The Taxi was hired to **TOH KEE CHUAN IC NO SXXXX674B** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.40** per day (inclusive of GST).

Please be advised that the Taxi was insured with **AXA Insurance Singapore 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]

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SGU7795A

Date of Accident

02/05/2021



Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **China Taiping Insurance (Sing...**

Period of Insurance **25/11/2020 - 24/11/2021**

Requested By **Huang Xiao Yan (COMFORTDEL...**

Requested Date **03/05/2021 09:45**

Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

SHD3440C

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING **TOYOTA PRIUS SHD3440C , SGU7795A** **ON 02-May-21 15:39**
ALONG **MASJID AN-NAHDHAH**

I / We **TOH KEE CHUAN** (Hirer) NRIC No.: **SXXXX674B**

and/or **SIEOW YEW AIK** (Relief) NRIC No.: **SXXXX747F**

Taxi Number **SHD3440C**

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 **03-May-2021**

Name of Hirer **TOH KEE CHUAN**

Hirer NRIC **SXXXX674B**

Signature :




Address **108 ANG MO KIO AVENUE 4 #11-96**
560108

Contact No. **96378336**

Name of Relief **SIEOW YEW AIK**

Relief NRIC **SXXXX747F**

Signature :



Address **119 ANG MO KIO AVENUE 3 08-1805**
560119

Contact No. **97891278**

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 | 02/05/2021 19:04 (SGT) |
| Date of Accident | 02/05/2021 15:39 (SGT) |
| Exact Location of Accident | 9A Bishan Street 14, Singapore 579786 |
| Additional Location Information | Masjid An-Nahdhah |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHD3440C |
|-----------------------------|----------|

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) +65-97891278 |
| Alternative Phone No | (Office) +65-65508768 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Prius |
| Variant | - |
| Actual 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 |
| Transmission | Auto |
| CC | 1798 |

INSURANCE COMPANY

| | |
|---------------------------|-----------------------|
| Name of Insurance Company | AXA Insurance Pte Ltd |
| Type of Coverage | ThirdPartyFireTheft |
| Fleet Policy | Yes |
| Policy Number | VFX/P2419138 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | SIEOW YEW AIK |
| NRIC No | SXXXX747F |

| | |
|--|--------------------------------------|
| Date Of Birth | 26/05/1965 |
| Occupation | Outdoor |
| Date Of Driving Pass | 01/09/1988 |
| Driving experience | 32 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97891278 |
| Alt. Phone Number | |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | BLK 119 ANG MO KIO AVENUE 3 #08-1805 |
| Address complement | |
| Postcode | 560119 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| 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 | Collision - Major/Minor Rd |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 5 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|----------------------|
| Name | HUSSAIN SM MOZAZZAIN |
| Gender | Male |

PASSENGER 2

| | |
|--------|----------|
| Name | MR MITHU |
| Gender | Male |

PASSENGER 3

| | |
|--------|--------|
| Name | WIFE |
| Gender | Female |

PASSENGER 4

| | |
|--------|--------|
| Name | KID |
| Gender | Female |

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

I DROP OFF MY PASSENGER AT MASJID AN-NAHDHAH. BEFORE MY PASSENGER ABLE TO ALIGHT, VEHICLE B WAS REVERSING FROM STATIONARY AND COLLIDED ONTO MY TAXI. NO INJURY AND MINOR DAMAGES ONLY. VEHICLE B OFFERING MUTUAL SETTLEMENT BUT I STILL HAVE PASSENGER ONBOARD DURING THE IMPACT.

ATTACHMENT(S)

| | |
|---|----------------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | FILE IS NOT SUITABLE |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|--|
| Vehicle Registration Number | SGU7795A |
| Vehicle Manufacturer | Kia |
| Vehicle Model | |
| Vehicle Variant | |
| Vehicle Colour | |
| Vehicle Category | Private car |
| Name of Driver | SYED ABDUL KADER MARICAR SYED MUHAMMAD ALI MARICAR |
| NRIC No | SXXXX197G |
| Contact Number | |
| Address | |
| Address complement | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| Details of property damaged in accident | |
| No. Of Passenger (Including Driver) | |

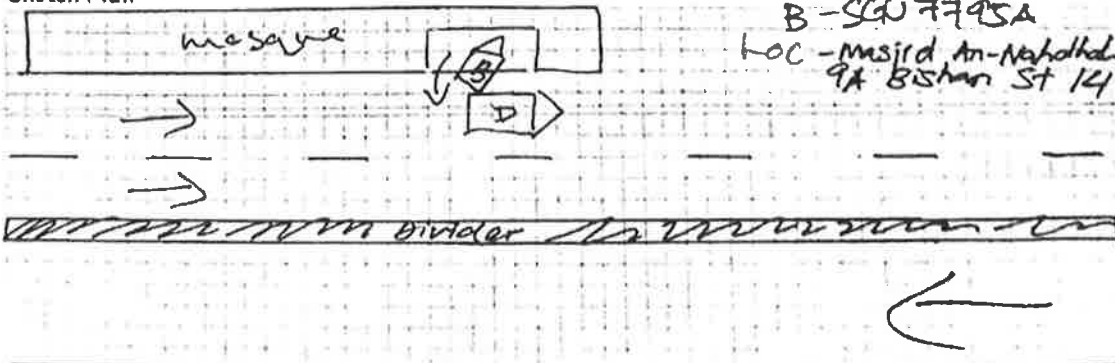
SKETCH PLAN**IMPORTANT NOTICE**

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 Authorized Driver.
 3. Information provided must be as truthful and accurate as possible. Any willful 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) of:
- (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.

Policyholder's Signature / Date & Time

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

Witnessed by Personnel

Sketch Plan

Describe Circumstances of the Accident

~~My~~
 I drop-off my passenger at Masjid An-Nahdhal. Before my passenger able to alight vehicle B reversing from stationary and collided into my taxi. No injury and minor damaged only. Vehicle B offering mutual settlement but I still have passenger onboard during the impact.

Dear

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
 Personnel *ad bisham*
26/11 17100