

GST REG. NO. M2-8921817-3

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SHA6575T

INV. NO/DATE
91563793 21.05.2021

MAKE
HYUNDAI

JOB NO.
305466882

MODEL
IONIQ(G3)

ODOMETER READING

DATE OF REG
18.03.2020

DATE/TIME IN
03.05.2021 10:20

CHASSIS CODE
KMHC851CVLU190067

Description : 3P 02.05.2021

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0104-2534	COVER-FR BUMPER#	1	430.90	20.00	344.72
0002	04-01-0104-3813	EMBLEM-BLUE DRIVE LH	1	26.60	20.00	21.28
0003	04-01-0104-0632	MOULDING-FRONT BUMPER LH	1	186.90	20.00	149.52
0004	03-01-0104-2137	CAP ASSY-WHEEL HUB	1	368.50	20.00	294.80
SUB-TOTAL				:		810.32

JOB NATURE

0001	PB	PANEL BEATING	350.00	350.00
0002	SP	SPRAYPAINT CHARGE	500.00	500.00
0003	20-08	ADJUST FRONT WHEEL ALIGNMENT	60.00	60.00

WHILST TAKING ALL REASONABLE PRECAUTIONS, THE COMPANY DOES NOT ACCEPT ANY LIABILITY FOR DAMAGE TO OR LOSS OF OR INJURY TO PERSONS OR PROPERTY OR ANY OTHER LOSS OR DAMAGE OF ANY KIND, INCLUDING BUT NOT LIMITED TO, LOSS OF PROFITS, BUSINESS INTERRUPTION, LOSS OF DATA, LOSS OF REVENUE, LOSS OF REPUTATION, LOSS OF CREDIT, LOSS OF OPPORTUNITY, LOSS OF TIME, LOSS OF CONVENIENCE, LOSS OF COMFORT, LOSS OF SLEEP, LOSS OF REST, LOSS OF HEALTH, LOSS OF LIFE, LOSS OF LIMBS, LOSS OF SIGHT, LOSS OF HEARING, LOSS OF TASTE, LOSS OF SMELL, LOSS OF VOICE, LOSS OF SENSE, LOSS OF FEELING, LOSS OF MOTION, LOSS OF SOUND, LOSS OF LIGHT, LOSS OF HEAT, LOSS OF COLD, LOSS OF WIND, LOSS OF RAIN, LOSS OF SUN, LOSS OF MOON, LOSS OF STARS, LOSS OF PLANETS, LOSS OF GALAXIES, LOSS OF UNIVERSE, LOSS OF EVERYTHING.

PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT. IF YOU FIND ANY ERROR, PLEASE CONTACT THE COMPANY WITHIN 14 DAYS OF RECEIPT. IF YOU DO NOT CONTACT THE COMPANY WITHIN 14 DAYS, YOU WILL BE DEEMED TO HAVE ACCEPTED THE INVOICE AS CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd

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	91563793	1,840.74	

COMPANY REG. NO.: 199506048W
Page: 2

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91563793 21.05.2021

JOB NO.
305466882

ODOMETER READING

DATE/TIME IN
03.05.2021 10:20

S/No	Part No.		Qty	Unit Price	%Disc	Net
SUB-TOTAL :						910.00

Items total		1,720.32
Add GST @	7.000 %	120.42
Invoice amount		1,840.74

Issued by : KATHERINETAN 21.05.2021 10:02:14
Repair type : CLSO/57/57
Payment Type/Term: /Credit 30 days

ComfortDelGro Engineering Pte Ltd

Head Office:
05 Braddell Road
Singapore 579701

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CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010012	91563793	1,840.74	

Our Ref: CT0521/SHA6575T/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 SHA6575T & SLX5232X ALONG BANGKIT RD BLK 248

Workshops

We are the authorised repair workshop for Comfort Transportation Pte Ltd , the owner of vehicle No SHA6575T, which was involved in the captioned accident with your insured vehicle No SLX5232X.

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\$	1,840.74
2. Loss of Rental	4 days x S\$ 125.19	S\$	500.76
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	4 days x S\$ 80.00	S\$	320.00
2. Others		S\$	0.00

[E&OE] **Total Claims** **S\$ 2,663.50**

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: CT21050015

Date: 21 May 2021



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 02/05/2021 @ 14:30 hrs
ALONG 248 BANGKIT RD BLK 248
INVOLVING SLX5232X

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 **SHA6575T** (the "Taxi"). The Taxi was hired to **KENG KIAT LENG IC NO SXXXX382F** 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 **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.

DATE	NAME OF DRIVER	MILEAGE READING							MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER
		1	2	6	1	5	4	FROM		TO			
28 4 21	K C	1	2	6	1	5	4	195	0710	1660			
28 04 21	K W Ho	1	2	6	2	9	5	141 133	1630	2300			
29 4 21	K C	1	2	6	4	9	8	205	0500	1530			
29 04 21	K W Ho	1	2	6	6	9	9	208 191	1620	2330			
30 4 21	K C	1	2	6	9	0	7	210	0516	1540			
30 04 21	K W Ho	1	2	7	0	8	1	174 168	1620	0005			
1 5 21	K C	1	2	7	3	8	8	310	0816	2140			
2 5 21	K C	1	2	7	5	3	9	150	0916	1420			
3 5 21	K C	1	2	7	6	5	7	120	0510	2020			
3/5	Accident Repair							by	1020				
6/5	@ Loyang								1350				

SHA 65757

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING **Hyundai Ioniq SHA6575T , SLX5232X** **ON 02-May-21 14:30**
ALONG **248 BANGKIT RD BLK 248**

I / We **KENG KIAT LENG** (Hirer) NRIC No.: **SXXXX382F**

and/or (Relief) NRIC No.: **SXXXX382F**

Taxi Number **SHA6575T**

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 **KENG KIAT LENG**

Hirer NRIC **SXXXX382F**

Signature :



Address **403 FAJAR ROAD #10-257**
670403

Contact No. **94698291**

INSURER ENQUIRY

Find

insurer

Vehicle reg. no.

SLX5232X

Date of Accident

02/05/2021 日

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance China Taiping Insurance (Sing...

Period of Insurance 29/03/2021 - 28/03/2022

Requested By Por Moy Juan (COMFORTDELG...

Requested Date 03/05/2021 13:03

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**

SNA 68787

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 18:48 (SGT)
Date of Accident	02/05/2021 14:30 (SGT)
Exact Location of Accident	248 Bangkit Rd, Block 248, Singapore 670248
Additional Location Information	
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA6575T
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) +65-94698291
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
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
Transmission	Auto
CC	1598

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	KENG KIAT LENG
NRIC No	SXXXX382F



Date Of Birth	14/03/1955
Occupation	Outdoor
Date Of Driving Pass	23/03/1977
Driving experience	44 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94698291
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 403 FAJAR ROAD #10-257
Address complement	-
Postcode	670403
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
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

ON 02/05/21, AT ABOUT 1430HRS, I WAS DRIVING VEHICLE A SHA6575T AT BLK 248 BANGKIT RD WITH THREE FEMALE PASSENGERS AS I WAS DRIVING STRAIGHT. SUDDENLY VEHICLE B SLX5232X FROM LEFT WHICH WAS TURNING OUT FROM PARKING LOT HIT ONTO MY VEHICLE LEFT FRONT. UNABLE TO EXCHANGE PARTICULARS. NO INJURY.

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	SLX5232X
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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 Authorised Driver.
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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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

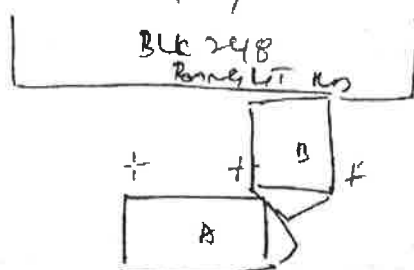
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A SWA 65751
B SLX 5232x

Describe Circumstances of the Accident

ON 02/05/21, I WAS DRIVING ABOUT 14:30 HRS, I WAS DRIVING
 A SHAGBARK AT
 VEHICLE 1 A BLK SUB COMPACT RD WITH THREE FEMALE PASSENGERS AS
 I WAS DRIVING STRAIGHT, SUDDENLY VEHICLE 2 SX5292X FROM
 LEFT WHICH WAS TURNING ON FROM PARKING LOT HIT U- my
 VEHICLE LEFT FRONT. CHARLES D. ENCHARGE PARTICULARS. NO INJURY

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

[Signature]
 02/05/21 / 14:30 HRS

[Signature]
 Brown