



Our Ref: CT0521/SH 9597T/CK(st)  
Date: 13.07.2021

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

Attn : Motor Claims Department

Dear Sir/Madam

**Without Prejudice**

**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

**ACCIDENT ON 14.05.2021 INVOLVING SH 9597T & YP 3039P ALONG PENJURU ROAD**

We are the authorised repair workshop for Comfort Transportation Pte Ltd , the owner of vehicle No SH 9597T, which was involved in the captioned accident with your insured vehicle No YP 3039P.

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:

**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

**Taxi Owner's Claim :**

1. Cost of Repairs		S\$	3,156.50
2. Loss of Rental	7 days x S\$ 125.40	S\$	877.80
3. Survey Report Fee		S\$	0.00
4. LTA Search Fee		S\$	7.49
5. GIA / Police Report Fee		S\$	0.00
6. Others		S\$	0.00

**Hirer's Claim :**

1. Loss of Income	7 days x S\$ 80.00	S\$	560.00
2. Others		S\$	0.00

[E&OE] **Total Claims** S\$ **4,601.79**

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> [X] Original Repair Bill                                    | <input checked="" type="checkbox"/> [X] Letter of Authority from Owner/Hirer/Operator |
| <input checked="" type="checkbox"/> [X] GIA/Police Report(s)                                    | <input checked="" type="checkbox"/> [X] Rental Rate Letter                            |
| <input checked="" type="checkbox"/> [X] LTA/GIA Search Slip(s)                                  | <input checked="" type="checkbox"/> [X] Downtime/Mileage Record                       |
| <input type="checkbox"/> [ ] Survey Report / Bill   | <input type="checkbox"/> [ ] Witness Statement / Accident Scene Photo(s)              |
| <input type="checkbox"/> [ ] Driver's IC/DL/VL / Road Tax / Log Card / Certificate of Insurance |   |
| <input type="checkbox"/> [ ] 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: CT21050215

Date: 11 June 2021



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON 14/05/2021 @ 08:27 hrs  
ALONG PENJURU RD  
INVOLVING YP3039P

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 **SH9597T** (the "Taxi"). The Taxi was hired to **GOH IT PENG IC NO SXXXX379G** 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.

SH 9597T

**Dr Care** 康仁  
MEDICAL CLINIC 診所

**Dr Care Medical Clinic**

18 Jalan Membina, Tiong Bahru Court #02-11 Singapore 164018

T: +65 8666 5500 W: drcareclinic.sg

## Medical Certificate

**Date : 14 May 2021**

**MC No. : 0000000540**

This is to certify that :

**Name : LOW HOCK SIAH**

**NRIC : S1712799C**

is Unfit for Duty for 2 days

from 14 May 2021 to 15 May 2021 inclusive.



**DR ONG WU CHUAN**

MCR : 60754A

FAMILY PHYSICIAN

MBBS (AUSTRALIA), GDFM (SINGAPORE)

**DR ONG WU CHUAN**

*\*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

JG	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		FROM	TO					FROM	TO
0	255	1810	0550	14/5	Accident		255	0905	
57	79	740	1200	20/5	Repair	LV	79		1200
15	127	1330	1748						
16	201	1810	0550						
21	94	735	1140						
21	110	1430	1743						
21	310	1810	0550						

SH 95877

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING TOYOTA PRIUS SH9597T , YP3039P ON 14-May-21 08:27**  
**ALONG PENJURU RD**

I / We **GOH IT PENG** (Hirer) NRIC No.: **SXXXX379G**

and/or **LOW HOCK SIAH** (Relief) NRIC No.: **SXXXX799C**

Taxi Number **SH9597T**

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 **14-May-2021**

Name of Hirer **GOH IT PENG**

Hirer NRIC **SXXXX379G**

Signature :



Address **10A BOON TIONG ROAD #40-517**  
**160010**

Contact No. **96345901**

Name of Relief **LOW HOCK SIAH**

Relief NRIC **SXXXX799C**

Signature :



Address **2C BOON TIONG ROAD #24-11**  
**166002**

Contact No. **92268691**

## Enquire Vehicle-Related Transaction History

### Transaction History Details

Log Date/Time:	14 May 2021 / 12:45:06	Transaction Amount:	\$7.49
Asset Type:	Vehicle		
Asset ID:	YP3039P		
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)	Channel:	External Agency
User ID:	ECENGCC0 - GOH CHENG CHUAN ANDREW CORNELIUS	Business Transaction Reference No.:	20210514124506201646

Search Date / Time: 14 May 2021 08:27:00  
Insurance Company: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD  
Information displayed is correct as at the log date and time.

[Enquire Related Logs](#)

[Back to List](#)

SN 98977

# 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 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. 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 ..... 14/05/2021 23:04 (SGT)  
Date of Accident ..... 14/05/2021 08:27 (SGT)  
Exact Location of Accident ..... Penjuru Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SH9597T

### 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) +65-92268691  
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  
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 ..... LOW HOCK SIAH  
NRIC No ..... SXXXX799C

Date Of Birth	16/04/1965
Occupation	Outdoor
Date Of Driving Pass	03/06/1983
Driving experience	37 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92268691
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLOCK 2C BOON TIONG ROAD
Address complement	#24-11
Postcode	166002
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	Wet

#### 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)	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

ON 14/05/2021 @ 0827HRS, WHILE I WAS DRIVING MY VEHICLE A SH9597T ALONG PENJURU ROAD AFTER I DROP MY PASSENGER AT 42H PENJURU ROAD I CONTINUE MY TRIP. IN FRONT OF ME A LORRY PARKING ON THE ROAD SIDE SO I TAKING OPPOSITE LANE TO OVERTAKING THIS PARKING LORRY THEN CROSSING BACK TO MY LANE. THERE IS WHEN SUDDENLY VEHICLE B YP3039P MOVE OUT AND HIT MY VEHICLE LEFT SIDE.

#### 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 NOT SUITABLE
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP3039P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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) ..... -

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.
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

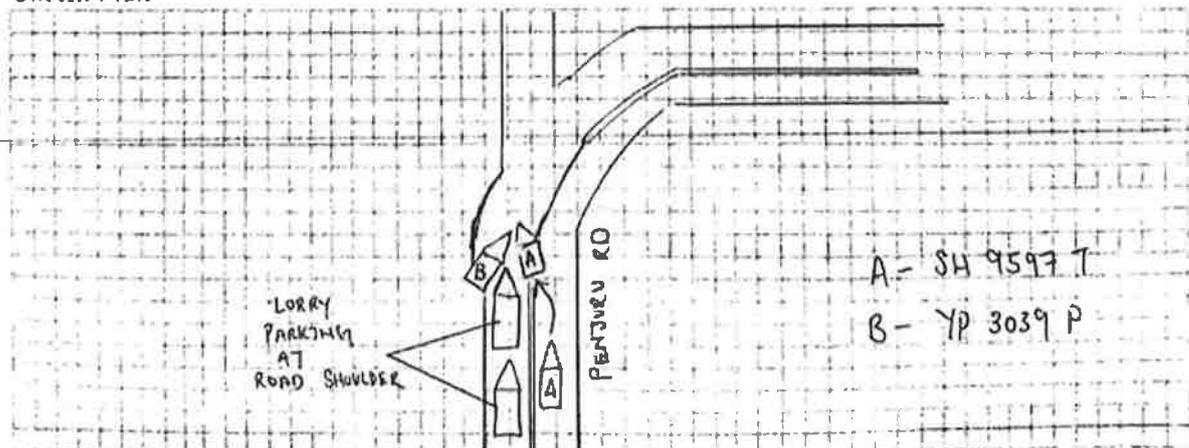
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be based outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time  
 14/06/21 1045 HRD

Witnessed by Reporting Centre Personnel  
 SAYRAN

**Sketch Plan**



**Describe Circumstances of the Accident**

ON 14/05/21 @ 08:00 AM WHILE I WAS DRIVING MY VEHICLE  
 A- SH 959271 ALONG PARKWAY RD AT 1000 J. BECAME A PASSENGER BY  
 THE PASSENGER RD I COLLIDED WITH TRIP - TRUCK OF THE HILL, LARRY  
 PARKWAY OFF THE ROAD SIDE SW 2. TRUCKS OPPOSITE LANE TO  
 OVERTAKING THIS PARKWAY LARRY TRUCK GOING BACK TO MY LANE.  
 TRUCK IS WHEEL SUBSIDARY THIS VEHICLE B- 7P-3939P MOVED OFF  
 AND HIT MY VEHICLE LEFT SIDE.

**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  
 14/05/21 1045 HRS

  
 Witnessed by Reporting Centre Personnel  
 SANYIOM