

GST REG. NO. M2-8921817-3

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHA2927M

MAKE
TOYOTA

MODEL
PRIUS HYBRID(G4)

DATE OF REG
01.04.2019

CHASSIS CODE
JTDKB3FU703079731

NO/DATE
91570241 16.06.2021

JOB NO.
305472175

ODOMETER READING

JOB TYPE

Description : 3P 04.06.2021

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		1,250.00
Add GST @ 7.000 %		87.50
Total Invoice amount		1,337.50

Issued by : KATHERINETAN 16.06.2021 14:05:10
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

WHILST TAKING ALL RESPONSIBILITY FOR THE CONDITION OF THE VEHICLE, THE CUSTOMER AGREES TO HOLD THE COMPANY HARMLESS FROM ALL CLAIMS, DAMAGES, LOSSES AND EXPENSES, INCLUDING REASONABLE ATTORNEY'S FEES, ARISING OUT OF OR FROM THE USE OF THE VEHICLE, INCLUDING BUT NOT LIMITED TO, THE VEHICLE'S OWNERS RISK. CUSTOMERS SHALL INSPECT THE VEHICLE PRIOR TO THE REPAIR WORK. THE COMPANY SHALL NOT BE RESPONSIBLE FOR ANY DAMAGE TO THE VEHICLE OR ITS CONTENTS, INCLUDING BUT NOT LIMITED TO, THE VEHICLE'S OWNERS RISK. NOTICE IN WRITING TO THE COMPANY BY THE CUSTOMER SHALL BE REQUIRED TO CANCEL OR AMEND THE ORDER. IN GOOD ORDER. INTEREST OF 1% PER MONTH SHALL BE CHARGED ON ANY OUTSTANDING AMOUNTS FROM THE DATE OF INVOICING UNTIL THE DATE OF PAYMENT. THE CUSTOMER SHALL BE RESPONSIBLE FOR THE PAYMENT OF THE INVOICE AMOUNT WITHIN 14 DAYS OF RECEIPT OF THE INVOICE. THE COMPANY SHALL NOT BE RESPONSIBLE FOR THE PAYMENT OF THE INVOICE AMOUNT. PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND SIGNATURE OF THE CUSTOMER. IF THE CUSTOMER FINDS ANY DISCREPANCY, THE CUSTOMER SHALL CONTACT THE COMPANY IMMEDIATELY. THE COMPANY SHALL NOT BE RESPONSIBLE FOR THE PAYMENT OF THE INVOICE AMOUNT. CORRECT AND SIGNED.

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.

Our Ref: CT0621/SHA2927M/CK(st)
Date: 28.06.2021

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

Attn : Motor Claims Department

Dear Sir/Madam

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

Without Prejudice

ACCIDENT ON 04.06.2021 INVOLVING SHA2927M & SKL 686C ALONG ANG MO KIO AVE 1

We are the authorised repair workshop for Comfort Transportation Pte Ltd , the owner of vehicle No SHA2927M, which was involved in the captioned accident with your insured vehicle No SKL 686C.

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\$	1,337.50
2. Loss of Rental	6 days x S\$ 126.47	S\$	758.82
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	6 days x S\$ 80.00	S\$	480.00
2. Others		S\$	0.00

[E&OE] **Total Claims** S\$ **2,578.32**

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

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

Our Ref: CT21060033

Date: 16 June 2021



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 04/06/2021 @ 10:47 hrs
ALONG AMG MO KIO AVE 1
INVOLVING SKL686C

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 **SHA2927M** (the "Taxi"). The Taxi was hired to **HO WEE SHN IC NO SXXXX030A** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$126.47** 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.

OPERATED (TIME)	TO	DATE	NAME OF DRIVER	MILEAGE READING			MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
								FROM	TO
		31/5	d/o	299	278		149	2020	0425
		11/6	G04	299	439		161	0605	1513
		11/6	d/o	299	579		140	1820	0215
		21/6	G04	299	763		184	0602	1533
		21/6	(S) d/o	299	812		48	1535	1840
		21/6	G04	299	969		157	0601	1521
		31/6	(S) d/o	300	019		50	1540	1835
		31/6	G04	300	131		112	0605	1124
		4/6	SNA 2927M	300				1130	1130
		04/06	Accident Repair	Guy					
		09/06	4th WLS Tel: 6214 8355						


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

SKL686C

Date of Accident

04/06/2021 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

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

Period of Insurance **23/11/2020 - 22/11/2021**

Requested By **Por Moy Juan (COMFORTDELG...**

Requested Date **04/06/2021 12:25**

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**

SH A 2927M

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****TOYOTA PRIUS SHA2927M , SKL686C
AMG MO KIO AVE 1****ON 04-Jun-21 10:47**

I / We

HO WEE SHN(Hirer) NRIC No.: **SXXXX030A**

and/or

GOH KIN YONG(Relief) NRIC No.: **SXXXX725B**

Taxi Number

SHA2927M

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

04-Jun-2021

Name of Hirer

HO WEE SHN

Hirer NRIC

SXXXX030A

Signature :



Address

**708 WOODLANDS DRIVE 70 #11-21
730708**

Contact No.

93881062

Name of Relief

GOH KIN YONG

Relief NRIC

SXXXX725B

Signature :



Address

**778 WOODLANDS DRIVE 60 07-106
730778**

Contact No.

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	05/06/2021 17:32 (SGT)
Date of Accident	04/06/2021 10:47 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2927M
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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) +65-92991152
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	GOH KIN YONG
NRIC No	SXXXX725B

Date Of Birth	07/08/1957
Occupation	Outdoor
Date Of Driving Pass	25/06/1977
Driving experience	44 YEARS
Gender	Male
Mobile Number	(Phone) +65-92991152
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 778 WOODLANDS DRIVE 60 #07-106
Address complement	-
Postcode	BLK 778 WOODLANDS DRIVE 60 #07-106
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 - Head to Rear
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

On 06/2021 1048HRS I WAS DRIVING ALONG AMK AVE 1.I NOTICED INFRONT CAR APPLIED BRAKE AND I MANAGED TO SLOW DOWN AND STOP IN TIME.HOWEVER VEH B DID NOT MANAGE TO STOP AND HIT MY TAXI REAR PORTION.NO SERIOUS INJURY BUT I WILL SEEK MEDICAL CHECK UP AS I FEEL PAIN AFTER 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	SKL686C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN WEE BOON



NRIC No	SXXXXX072D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GOH KIN YONG
Address	BLK 778 WOODLANDS DRIVE 60 #07-106
Address Complement	-
Post Code	BLK 778 WOODLANDS DRIVE 60 #07-106
Approximate Age Years Old	-
Injuries Sustained	FEEL PAIN
Injured person in which vehicle?	SHA2927M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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 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) 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")

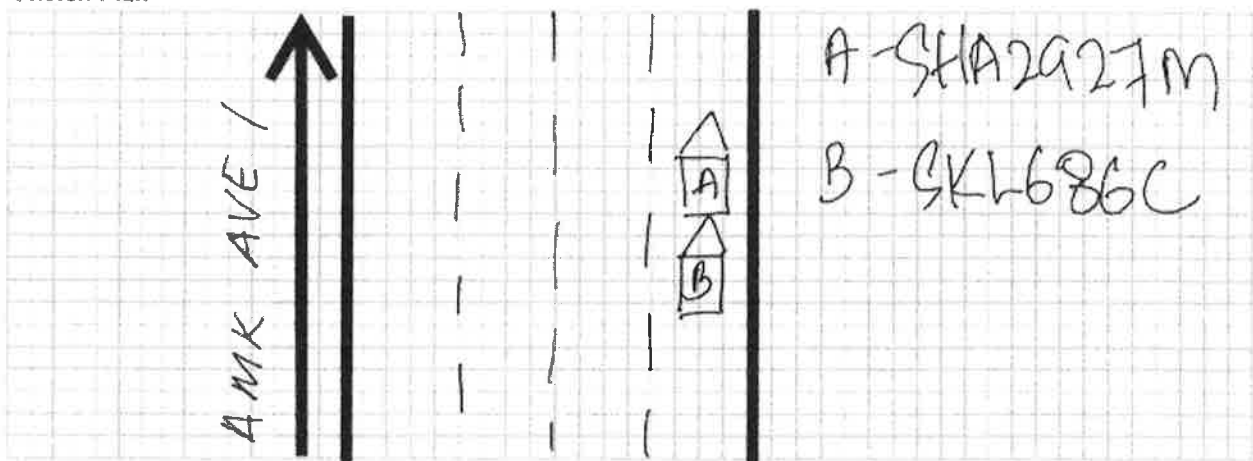
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

04062021 1048HRS I WAS DRIVING ALONG AMK AVE 1.I NOTICED INFRONT CAR APPLIED BRAKE AND I MANAGED TO SLOW DOWN AND STOP IN TIME.HOWEVER VEH B DID NOT MANAGE TO STOP AND HIT MY TAXI REAR PORTION.NO SERIOUS INJURY BUT I WILL SEEK MEDICAL CHECK UP AS I FEEL PAIN AFTER IMPACT.

Declaration

I/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

