

**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

VEHICLE NO  
SHD4677E

**MAKE  
HYUNDAI**

MODEL  
IONIQ(G3)

DATE OF REG  
16.01.2020

CHASSIS CODE  
KMHC851CVLU189707

INV. NO/DATE  
91570243 16.06.2021

**JOB NO.**  
305472470

ODOMETER READING

DATE/TIME IN  
07.06.2021 13:30

Description : 3P 05.06.2021

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0104-0578	COVER-FR BUMPER#	1	430.90	20.00	344.72
0002	04-01-0104-0574	PANEL-FENDER LH#	1	588.80	20.00	471.04
0003	04-01-0104-3813	EMBLEM-BLUE DRIVE LH	1	26.60	20.00	21.28
0004	03-01-0104-2137	CAP ASSY-WHEEL HUB	1	346.40	20.00	277.12
SUB-TOTAL				:		1,114.16

### JOB NATURE

0001	PB	PANEL BEATING	600.00	600.00
0002	SP	SPRAYPAINT CHARGE	500.00	500.00
0003	20-00	TUFF COAT ON AFFECTED PARTS.	40.00	40.00

**ComfortDelGro Engineering Pte Ltd**

Head Office:

05 Braddell Road  
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

**CUSTOMER'S COPY**

[illegible]

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ODOMETER READING

DATE/TIME IN  
07.06.2021 13:30

S/No	Part No.	Qty	Unit Price	%Disc	Net
SUB-TOTAL :					1,140.00

Items total	2,254.16
Add GST @ 7.000 %	157.79
Invoice amount	2,411.95

Issued by : KATHERINETAN 16.06.2021 14:12:17  
Repair type : CLSO/57/57  
Payment Type/Term: /Credit 30 days

WHILST TAKING ALL REASONABLE PRECAUTIONS, THE COMPANY DOES NOT ACCEPT ANY LIABILITY FOR CARE OR OTHER DAMAGE TO THE VEHICLE OR ITS CONTENTS. THE VEHICLE IS TO BE USED IN A MANNER CONSISTENT WITH THE OWNER'S RISK. CUSTOMERS SHALL INSPECT THE VEHICLE IMMEDIATELY AFTER RECEIVING IT AND SIGNIFY IN WRITING TO THE COMPANY IF ANY DEFECTS OR DAMAGE ARE NOTED. THE VEHICLE IS TO BE USED IN A MANNER CONSISTENT WITH THE OWNER'S RISK. INTEREST OF 1% PER MONTH WILL BE CHARGED ON A NEW FINANCE AGREEMENT. PLEASE EXAMINE THIS INVOICE IMMEDIATELY AFTER RECEIVING IT AND SIGNIFY IN WRITING TO THE COMPANY IF ANY DEFECTS OR DAMAGE ARE NOTED. WITHIN 14 DAYS OF RECEIPT IF THE COMPANY AGREES TO THE INVOICE. 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	91570243	2,411.95	

Our Ref: CT0621/SHD4677E/CK(st)  
Date: 28.06.2021

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 05.06.2021 INVOLVING SHD4677E & GW 5566Y ALONG SENGKANG WEST RD BLK 457A**

**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

We are the authorised repair workshop for Comfort Transportation Pte Ltd , the owner of vehicle No SHD4677E, which was involved in the captioned accident with your insured vehicle No GW 5566Y.

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\$	2,411.95
2. Loss of Rental	3 days x S\$ 125.19	S\$	375.57
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	3 days x S\$ 80.00	S\$	240.00
2. Others		S\$	0.00

[E&OE] **Total Claims** S\$ **3,029.52**

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                       |
| [X] 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: CT21060082

Date: 16 June 2021



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON                      05/06/2021    @ 15:00 hrs  
ALONG                                SENGKANG WEST RD BLK 457A  
INVOLVING                        GW5566Y

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 **SHD4677E** (the "Taxi"). The Taxi was hired to **AHMAD BIN YUSOFF IC NO SXXXX631F** 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.



INSURER ENQUIRY

**Find**

**insurer**

**Vehicle reg. no.**

GW5566Y

**Date of Accident**

05/06/2021 日

**Reset**

**% RESULT & RECEIPT**

**TP Insurer Enquiry**

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

Period of Insurance ..... **10/03/2021 - 09/03/2022**

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

Requested Date ..... **07/06/2021 14:58**

**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**

810 4677E

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING Hyundai Ioniq SHD4677E , GW5566Y  
ALONG SENGKANG WEST RD BLK 457A****ON 05-Jun-21 15:00**I / We **AHMAD BIN YUSOFF** (Hirer) NRIC No.: **SXXXX631F**and/or (Relief) NRIC No.: **SXXXX631F**Taxi Number **SHD4677E**

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 **07-Jun-2021**Name of Hirer **AHMAD BIN YUSOFF**Hirer NRIC **SXXXX631F**

Signature :

Address **441C FERNVALE ROAD #02-325  
793441**Contact No. **98448134**



## 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	07/06/2021 17:41 (SGT)
Date of Accident	05/06/2021 15:00 (SGT)
Exact Location of Accident	457a Sengkang W Way, Singapore 792451
Additional Location Information	CAR PARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4677E
-----------------------------	----------

#### 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) +65-98448134
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	1580

#### INSURANCE COMPANY

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

#### DRIVER

Name of Driver	AHMAD BIN YUSOFF
NRIC No	SXXXX631F





Date Of Birth	04/11/1968
Occupation	Outdoor
Date Of Driving Pass	22/05/1996
Driving experience	25 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98448134
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 441C FERNVALE ROAD #02-325
Address complement	-
Postcode	793441
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	UNKNOWN
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If  , against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON 05.06.2021 AT ABOUT 1500HRS, I WAS DROPPING MY PASSENGER AT BLK 457A SENGKANG WEST CAR PARK. I STOPPED MY VEHICLE A SHD4677E TO LET PASSENGER ALIGHT WHEN VEHICLE B GW5566Y REVERSED FROM THE PARKING LOT ON MY LEFT AND COLLIDED ONTO MY VEHICLE A FRONT LEFT SIDE. NO ONE WAS INJURED.

#### 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	GW5566Y
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SEAH YANG CHEW
NRIC No	SXXXX317Z
Contact Number	(Phone) +65-91707973
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.
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.

## E. 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

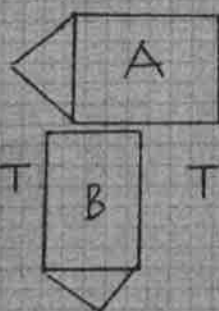
Sketch Plan

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

07-06-2021 0350HRS

Witnessed by Reporting Centre Personnel

Ng Yung



A - SHD 4677E

B - GW5566Y

B/K 457A SENGKANG  
WEST CARPARK

## Describe Circumstances of the Accident

ON 05.06.2021 AT ABOUT 1500 HRS I WAS DROPPING  
MY PASSENGER AT BK 457A SENGKANG WEST CARPARK.  
I STOPPED MY VEH A SHD 4677E TO LET PASSENGER  
ALIGHT WHEN VEH B GW 5566Y REVERSED FROM THE  
PARKING LOT ON MY LEFT AND COLLIDED ONTO MY VEH A  
FRONT LEFT SIDE.

NO ONE WAS INJURED

## 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

07.06.2021 1500 HRS

Kaya Long