

Our Ref: CT0621/SH 7750E/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
Facsimilie +65 6280 9755

Dear Sir/Madam

www.cdge.com.sg

Company Registration No: 199506048W

ACCIDENT ON 05.06.2021 INVOLVING SH 7750E & SJT6478S ALONG PIE EXIT JLN EUNOS

Workshops

We are the authorised repair workshop for Comfort Transportation Pte Ltd , the owner of vehicle No SH 7750E, which was involved in the captioned accident with your insured vehicle No SJT6478S.

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\$	1,117.56
2. Loss of Rental	4.5 days x S\$ 126.47	S\$	569.12
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	4.5 days x S\$ 80.00	S\$	360.00
2. Others		S\$	0.00

[E&OE] **Total Claims** S\$ **2,048.68**

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

<input checked="" type="checkbox"/> Original Repair Bill	<input checked="" type="checkbox"/> Letter of Authority from Owner/Hirer/Operator
<input checked="" type="checkbox"/> GIA/Police Report(s)	<input checked="" type="checkbox"/> Rental Rate Letter
<input checked="" type="checkbox"/> LTA/GIA Search Slip(s)	<input checked="" type="checkbox"/> 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: CT21060060

Date: 16 June 2021



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 05/06/2021 @ 15:10 hrs
ALONG PIE EXIT JLN EUNOS
INVOLVING SJT6478S, GBJ1899R

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 **SH7750E** (the "Taxi"). The Taxi was hired to **TAN KOK KEOW IC NO SXXXX411G** 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.

DATE	NAME OF DRIVER	MILEAGE READING				MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF
		1	2	3	4		FROM	TO		
2/6	LIMBS	1	1	0	6	33	2	28	0300	
3/6	TRW	1	1	0	9	75	0	715	1820	
3/6	LIMBS	1	1	0	0	60	2	08	0230	
4-6	TRW	1	1	1	2	76	0	77	1830	
4/6	LIMBS	1	1	1	3	79	2	30	0418	
5-6	TRW	1	1	1	6	56	0	725	1800	
5/6	Accident							1815	/	
9/6	Repair							1415	/	

SH 7750E

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING TOYOTA PRIUS SH7750E , SJT6478S , G... ON 05-Jun-21 15:10
ALONG PIE EXIT JLN EUNOS**I / We **TAN KOK KEOW** (Hirer) NRIC No.: **SXXXX411G**and/or (Relief) NRIC No.: **SXXXX411G**Taxi Number **SH7750E**

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 **TAN KOK KEOW**Hirer NRIC **SXXXX411G**

Signature :

Address **221 PENDING ROAD #02-147
670221**Contact No. **82235858**

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SJT6478S

Date of Accident

05/06/2021 🗓

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

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

Period of Insurance **26/10/2020 - 25/10/2021**

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

Requested Date **07/06/2021 10:53**

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**

81770E

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 20:25 (SGT)
Date of Accident	05/06/2021 15:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TOWARDS JALAN EUNOS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7750E
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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) +65-82275858
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	TAN KOK KEOW
NRIC No	SXXXX411G

Date Of Birth	08/04/1966
Occupation	Outdoor
Date Of Driving Pass	01/02/2000
Driving experience	21 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82275858
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 221 PENDING ROAD
Address complement	#02-147
Postcode	SINGAPORE 670221
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	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	Female

DETAILS OF POLICE ACTION

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

CIRCUMSTANCES OF ACCIDENT

ON 05/06/2021 AT ABOUT 1510HRS, I STOPPED MY VEHICLE A (SH7750E) ON THE MOST RIGHT LANE AT THE TRAFFIC LIGHT ON THE SLIP ROAD OF PIE TOWARDS JALAN EUNOS. I FELT AN IMPACT FROM BEHIND. I GO DOWN VEHICLE AND REALISE THAT VEHICLE B (SJT6478S) HIT REAR ENDED MY STATIONARY VEHICLE A. VEHICLE B DRIVER CLAIM THAT VEHICLE C (GBJ1899R) REAR ENDED HIM WHICH CAUSES HIS VEHICLE B TO SURGE FORWARD. I CHECK WITH PASSENGER. 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 NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT6478S
Vehicle Manufacturer	Hyundai

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91827279
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBJ1899R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-96625784
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident

ON 05.06.2021 AT ABOUT 1510 HRS I STOPPED MY
VEH A SKIJSIDE ON THE MOST RIGHT LANE AT THE
TRAFFIC LIGHTS ON THE SLIP ROAD OF DIE TOWARDS
ALAN BUNDS. I FELT AN IMPACT FROM BEHIND I
SOT DOWN VEHICLE AND REALISE THAT VEH B
SJT 6478S HAD REAR ENDED MY STATIONARY VEH A.
VEH B DRIVER CLAIM THAT VEH C GBJ 1899R REAR
ENDED HIM WHICH CAUSE HIS VEH B TO SURGE FORWARD
I CHECK WITH PASSENGER, 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

07.06.2021 1030HRS

Witnessed by Reporting Centre Personnel

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 **reputate 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.

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 inquiries 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.

[Handwritten Signature]

[Handwritten Signature]

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 07-06-2021 1030 HRS

Witnessed by Reporting Centre Personnel

[Handwritten Name]

Sketch Plan

