

**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  
SHC1613P

**MAKE  
HYUNDAI**

MODEL  
IONIQ(G2)

DATE OF REG  
05.07.2018

CHASSIS CODE  
KMHC851CVJU103494

INV. NO/DATE  
91576540 12.07.2021

JOB NO.  
305474611

ODOMETER READING

DATE/TIME IN  
21.06.2021 10:05

Description : 3P 21.06.2021

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0104-2533	MOULDING ASSY-RR BUMPER CTR	1	451.25	20.00	361.00
0002	04-01-0101-0111	BUMPER COVER CLIP REAR	10	2.20	20.00	17.60
0003	04-01-0104-1150	PROTECTOR MAT	1	50.00	0.00	50.00
0004	FNPS	NUMBER PLATE REAR	1	50.00	0.00	50.00
0005	04-01-0104-2370	LAMP ASSY-REAR FOG	1	201.50	20.00	161.20
SUB-TOTAL				:		639.80

JOB NATURE

0001	PB	PANEL BEATING (SHC1613P)	350.00	350.00
0002	SP	SPRAYPAINT CHARGE	250.00	250.00
0003	L	REMOVE/REFIX REVERSE	30.00	30.00

**ComfortDelGro Engineering Pte Ltd**

Head Office:  
05 Braddell Road  
Singapore 579701

ndly note that no receipt shall be issued unless requested.

**CUSTOMER'S COPY**

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010012	91576540	1,358.69	

COMPANY REG. NO.: 199506048W

Page: 2

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DATE/TIME IN  
21.06.2021 10:05

[illegible]

Items total		1,269.80
Add GST @	7.000 %	88.89
Invoice amount		1,358.69

Issued by : KATHERINETAN 12.07.2021 11:07:29  
Repair type : CLSO/57/57  
Payment Type/Term: /Credit 30 days

**ComfortDelGro Engineering Pte Ltd**

Head Office:  
05 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	91576540	1,358.69	

Our Ref: CT0621/SHC1613P/CK(st)  
Date: 23.07.2021

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 21.06.2021 INVOLVING SHC1613P & SMJ9319R ALONG MACPHERSON RD X  
HOWARD RD**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of vehicle No SHC1613P, which was involved in the captioned accident with your insured vehicle No SMJ9319R.

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\$	1,358.69
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\$ 1,976.26**

**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

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
<input checked="" type="checkbox"/> 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: CT21060256

Date: 12 July 2021



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON	21/06/2021 @ 09:25 hrs
ALONG	MACPHERSON RD X HOWARD RD
INVOLVING	SMJ9319R

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 **SHC1613P** (the "Taxi"). The Taxi was hired to **OH KIAN SENG IC NO SXXXX128A** 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.

JING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		FROM	TO
72	99.6	0630	2030
02	229.4	2120pm	0840am
77	175.3	1610pm	0225am
90	213.2	0440	1300
46	155.2	1540pm	0228am
86	140.5	0430	1145
18	131.8	1700pm	0213am
54	136.0	0430	1040
87	33	1045	1230
52	64.3	2220pm	0252am
22	150.1	0430	1415

SHE 1613P

DATE	NAME OF DRIVER	MILEAGE READING				MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		38	25	7	8		FROM	TO
17-18	OK 63.8km OK 53 1/2 (33.550)	38	25	7	8	175.9	1525pm	0338am
18/6/21	KARU 7	38	26	5	5	77.5	0700	1350
18-19	OK	38	27	8	6	130.8	1945pm	0313am
19/6/21	KARU 16	38	29	7	3	186.9	0600	2030
19-20	OK 667.2km OK 51 1/2 (32.282)	38	31	0	7	133.9	2145pm	0315am
20-21	11816 1/2 (10.142)	38	32	8	4	177.0	1455pm	0345am
21-6-21	Accident	27				W	1005	-
23-6-21	Repair					AWT	1045	-

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING  
ALONG****Hyundai Ioniq SHC1613P , SMJ9319R  
MACPHERSON RD X HOWARD RD****ON 21-Jun-21 09:25**

I / We

**OH KIAN SENG**(Hirer) NRIC No.: **SXXXX128A**

and/or

**V KARUNANITHI**(Relief) NRIC No.: **SXXXX141A**

Taxi Number

**SHC1613P**

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

**21-Jun-2021**

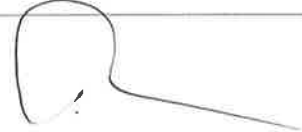
Name of Hirer

**OH KIAN SENG**

Hirer NRIC

**SXXXX128A**

Signature :



Address

**243 YISHUN RING ROAD #09-1143  
760243**

Contact No.

**93875776**


Name of Relief

**V KARUNANITHI**

Relief NRIC

**SXXXX141A**

Signature :



Address

**246 YISHUN AVENUE 9 09-255  
760246**

Contact No.

**93379160**


## INSURER ENQUIRY

Find  
insurer

Vehicle reg. no.

SMJ9319R

Date of Accident

21/06/2021 

Reset

## % RESULT &amp; RECEIPT

## TP Insurer Enquiry

Insurance ..... **China Taiping Insurance (Sing...**Period of Insurance ..... **28/12/2020 - 27/12/2021**Requested By ..... **Janet Lim Siang Gek (COMFOR...**Requested Date ..... **21/06/2021 12:41****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**



## 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	21/06/2021 15:59 (SGT)
Date of Accident	21/06/2021 09:25 (SGT)
Exact Location of Accident	MacPherson Rd, Singapore
Additional Location Information	TOWARDS AIRPORT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1613P
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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) +65-93379160
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	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

#### DRIVER

Name of Driver	V KARUNANITHI
NRIC No	SXXXX141A



Date Of Birth	17/11/1958
Occupation	Outdoor
Date Of Driving Pass	28/01/1982
Driving experience	39 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93379160
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 246 YISHUN AVENUE 9 #09-255
Address complement	-
Postcode	760246
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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)	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 yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON 21062021AT ABOUT 0925HRS I WAS DRIVING MY VEHICLE A SHC1613P ON THE MOST RIGHT LANE OF MACPHERSON ROAD TOWARDS AIRPORT. AT THE TRAFFIC LIGHTS BEFORE HOWARD ROAD I STOP MY VEHICLE A ON RED LIGHT. VEHICLE B SMJ9319R THEN REAR ENDED MY VEHICLE A. DUE TO THE IMPACT MY MALE PASSENGER COMPLAIN NECK STRAIN

#### 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	SMJ9319R
Vehicle Manufacturer	BMW

**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

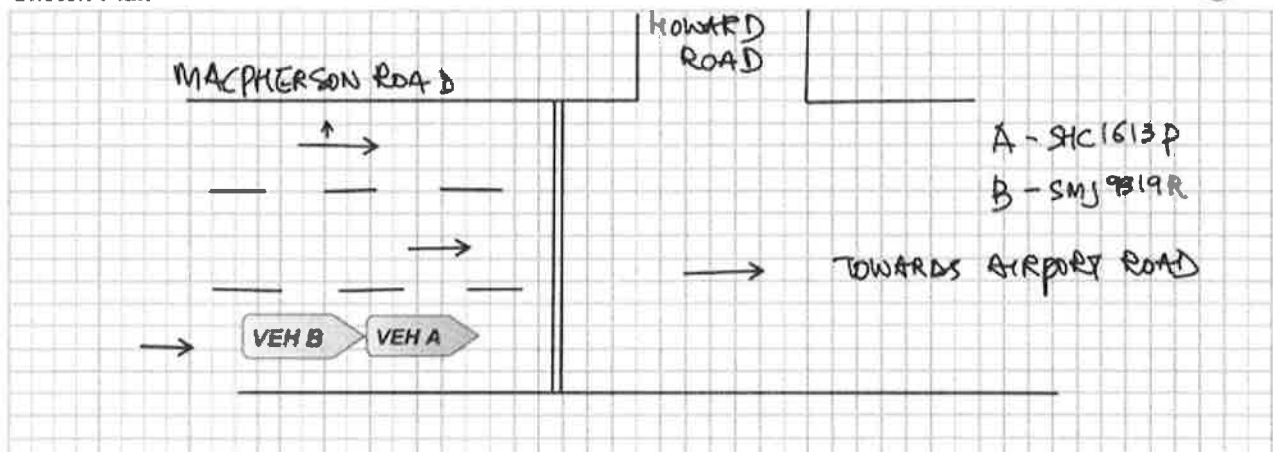
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 21.06.2021

Witnessed by Reporting Centre Personnel

Kym Yong

**Sketch Plan**

**Describe Circumstances of the Accident**

ON 21062021AT ABOUT 0925HRS I WAS DRIVING MY VEHICLE A SHC1613P ON THE MOST RIGHT LANE OF MACPHERSON ROAD TOWARDS AIRPORT. AT THE TRAFFIC LIGHTS BEFORE HOWARD ROAD I STOP MY VEHICLE A ON RED LIGHT. VEHICLE B SMJ9319R THEN REAR ENDED MY VEHICLE A.  
DUE TO THE IMPACT MY MALE PASSENGER COMPLAIN NECK STRAIN

**Declaration**

I/We declare the foregoing particulars are true in every respect.

