

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

Description : 3P 15.06.2021

VEHICLE NO
SHD6744G

**MAKE
HYUNDAI**

MODEL
I-40

DATE OF REG
30.06.2016

CHASSIS CODE
KMHLB41UMGU091822

NO/DATE
91581581 28.07.2021

JOB NO.
305474798

ODOMETER READING

JOB TYPE

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,650.00
Add GST @ 7.000 %	115.50
Total Invoice amount	1,765.50

Issued by : KATHERINETAN 28.07.2021 09:22:31
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.

Our Ref: CT0621/SHD6744G/CK(st)
Date: 12.08.2021

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 15.06.2021 INVOLVING SHD6744G & SGM4946T ALONG TOA PAYOH LOR 1

Workshops

We are the authorised repair workshop for Comfort Transportation Pte Ltd , the owner of vehicle No SHD6744G, which was involved in the captioned accident with your insured vehicle No SGM4946T.

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\$	1,765.50
2. Loss of Rental	3 days x S\$ 110.67	S\$	332.01
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\$ 2,339.51**

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

Our Ref: CT21060184

Date: 09 July 2021



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 15/06/2021 @ 11:15 hrs
ALONG TOA PAYOH BLK 126
INVOLVING SGM4946T

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 **SHD6744G** (the "Taxi"). The Taxi was hired to **TEO BUK CHUANG IC NO SXXXX126H** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$110.67** 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.

Ident Report

READING		MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
			FROM	TO
56	2	184	845	845
9	88	194	800	800
1	2	133	1740	0100
3	10	191	850	850
4	5	141	1740	0125
6	58	207	900	900
3	5	177	1740	0145
0	08	173	845	845
2	52	243	1740	0330
4	2	230	94	10 ³⁰
5	1	68	9am	11 ⁴⁵ am

545 6745

[illegible]

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING i 40 SHD6744G , SGM4946T
ALONG TOA PAYOH BLK 126****ON 15-Jun-21 11:15****I / We TEO BUK CHUANG (Hirer) NRIC No.: SXXXX126H****and/or (Relief) NRIC No.: SXXXX126H****Taxi Number SHD6744G****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 TEO BUK CHUANG****Hirer NRIC SXXXX126H****Signature :****Address 299A COMPASSVALE STREET #17-1...
541299****Contact No. 94375995**

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SGM4946T

Date of Accident

15/06/2021



Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance China Taiping Insurance (Sing...

Period of Insurance 20/10/2020 - 19/10/2021

Requested By Huang Xiao Yan (COMFORTDEL...

Requested Date 21/06/2021 14:10

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**

SHD6744G

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	18/06/2021 17:26 (SGT)
Date of Accident	15/06/2021 11:15 (SGT)
Exact Location of Accident	126 Lor 1 Toa Payoh, Block 126, Singapore 310126
Additional Location Information	PARKING LOT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6744G
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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) +65-94375995
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
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	1685

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	TEO BUK CHUANG
NRIC No	SXXXX126H

Date Of Birth	02/09/1959
Occupation	Outdoor
Date Of Driving Pass	10/09/1980
Driving experience	40 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94375995
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 299A COMPASSVALE STREET #17-134
Address complement	-
Postcode	541299
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	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

15062021 1115HRS I WAS DRIVING ALONG THE PARKING LOTS SUDDENLY VEH B CAME OUT FROM THE PARKING LOT AND HIT ONTO MY TAXI FRONT LEFT PORTION.NO INJURY INVOLVE BUT MY TAXI SUSTAIN DAMAGES.

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	SGM4946T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

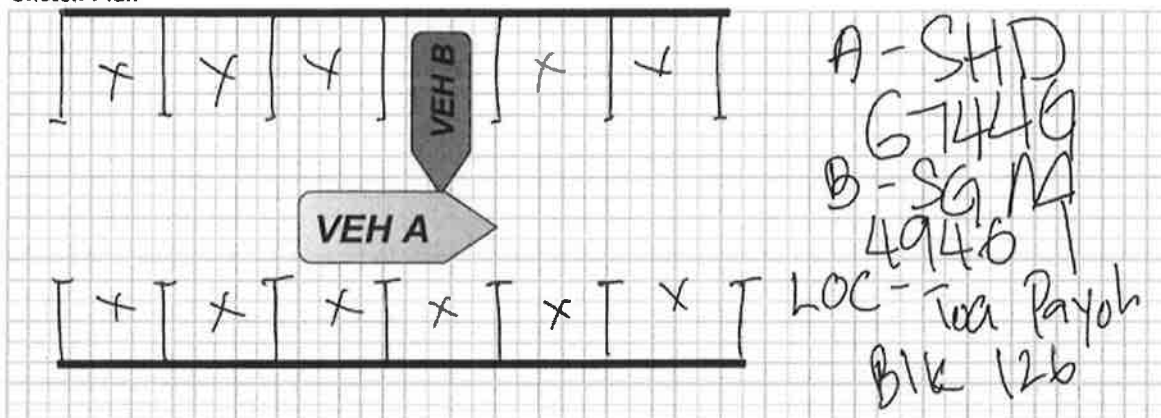
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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

15062021 1115HRS I WAS DRIVING ALONG THE PARKING LOTS
SUDDENLY VEH B CAME OUT FROM THE PARKING LOT AND HIT ONTO
MY TAXI FRONT LEFT PORTION.NO INJURY INVOLVE BUT MY TAXI
SUSTAIN DAMAGES.

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