

**TAX INVOICE**

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY, AIG BUILDING #07-16  
SINGAPORE 079120

CONTACT NO: 64193000 3225094

**VEHICLE NO**  
SHC8869Y**MAKE**  
HYUNDAI**MODEL**  
I-40**DATE OF REG**  
24.03.2016**CHASSIS CODE**  
KMHLB41UMGU086800**NO/DATE**  
91587724 19.08.2021**JOB NO.**  
305475214**ODOMETER READING****JOB TYPE**

Description : 3P 23.06.2021

**Invoice for Lump Sum Repair**

Total Lump Sum Repair Amt		2,500.00
Add GST @ 7.000 %		175.00
Total Invoice amount		2,675.00

Issued by : CHEWBEELENG 19.08.2021 16:01:56  
Repair Type : CLSO/57/57  
Payment Type/Term : /Credit 30 days

**ComfortDelGro Engineering Pte Ltd**  
member of **COMFORTDELGRO**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/SHC8869Y/JW(st)  
Date: 26.08.2021

AIG ASIA PACIFIC INSURANCE PTE LTD  
78 SHENTON WAY.AIG BUILDING #07-16  
Singapore 079120

**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 23.06.2021 INVOLVING SHC8869Y & SMS9250G ALONG SENGKANG GENERAL HOSPITAL**

**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 SHC8869Y, which was involved in the captioned accident with your insured vehicle No SMS9250G.

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\$	2,675.00
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\$ **3,249.01**

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

Jim Wong

CDGE Claims Department

DID: 62148374

FAX: 62141843

Email: jimwong@cdge.com.sg

This is a computer-generated letter. No signature is required.

A member of

Our Ref: CT21060320

Date: 19 August 2021



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON                      23/06/2021    @ 20:15 hrs  
ALONG                              SENGKANG GENERAL HOSPITAL  
INVOLVING                        SMS9250C

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 **SHC8869Y** (the "Taxi"). The Taxi was hired to **TANG SIEW WAI IC NO SXXXX027H** 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.

[illegible]


## INSURER ENQUIRY

**Find  
insurer**

Vehicle reg. no.

SMS9250G

Date of Accident

23/06/2021 **Reset**% **RESULT & RECEIPT**

## TP Insurer Enquiry

Insurance ..... **AIG Asia Pacific Insurance Pte....**Period of Insurance ..... **20/03/2020 - 19/03/2022**Requested By ..... **Janet Lim Siang Gek (COMFOR...**Requested Date ..... **24/06/2021 13:27****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**

## Describe Circumstances of the Accident

ON 23/06/21 AT ABOUT 2015RS I WAS DRIVING VEHICLE A SHC8869Y AT SENGKANG GENERAL HOSPITAL AND ABOUT TO EXIT.I WAS AT RIGHT LANE WHICH WAS HEADING TO WAY OUT(RIGHT TURN ONLY),SUDDENLY VEHICLE B SMS9250G FROM LEFT LANE (LEFT TURN ONLY) SWERVE INTO MY LANE AND HIT ONTO MY VEHICLE FRONT LEFT.EXCHANGED PARTICULAR AND NO INJURIES.

## 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

7/9

24/06/21 / 11:14:23

Balaji

# 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.

*[Handwritten Signature]*

*[Handwritten Signature]*  
Balaji

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan

- A SHC 8868 Y
- B Sns 9200 G

24/06/11 / 1111hrs

