

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**  
SH 8535D

**INV. NO/DATE**  
91575857 07.07.2021

**MAKE**  
HYUNDAI

**JOB NO.**  
305475721

**MODEL**  
IONIQ(G3)

**ODOMETER READING**

**DATE OF REG**  
30.09.2020

**DATE/TIME IN**  
28.06.2021 10:00

**CHASSIS CODE**  
KMHC851CVLU189648

Description : 3P 25.06.2021

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0104-2572	GRIP-FRONT DOOR OUTSIDE RH	1	234.80	20.00	187.84
0002	04-01-0104-3913	EMBLEM-BLUE DRIVE RH	1	26.60	20.00	21.28
0003	04-01-0104-0573	PANEL-FENDER RH#	1	588.80	20.00	471.04
0004	28-01-0103-0003	FRT DOOR LOGO SONATA CTPL	1	75.00	0.00	75.00
0005	28-01-9999-2023	APP LOGO REAR DOOR L/R CTPL	1	80.00	0.00	80.00
SUB-TOTAL :						835.16

**JOB NATURE**

0001	PB	PANEL BEATING - SH8535D		600.00		600.00
0002	SP	SPRAYPAINT CHARGE		1,000.00		1,000.00

WHILE TAKING ALL RESPONSIBILITY FOR THE VEHICLE, WE ACCEPT NO LIABILITY FOR DAMAGE TO THE VEHICLE OR ITS CONTENTS. CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON RECEIPT. IF ANY DAMAGE IS NOTED, PLEASE REPORT IT IN WRITING TO THE ADDRESS OF OUR WORKSHOP IMMEDIATELY. THE ABOVE IS FOR INFORMATION ONLY AND DOES NOT CONSTITUTE AN OFFER. PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT. IF THE COMPANY DOES NOT AGREE WITH THE INVOICE, PLEASE CONTACT US WITHIN 14 DAYS OF RECEIPT. THIS COMPANY IS NOT RESPONSIBLE FOR THE CORRECTNESS OF THE INFORMATION PROVIDED. CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd

Head Office:  
205 Braddell Road  
Singapore 579701

Please note that no receipt shall be issued unless requested.

**CUSTOMER'S COPY**

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010012	91575857	2,605.62	

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91575857 07.07.2021

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305475721

**ODOMETER READING**

**DATE/TIME IN**  
28.06.2021 10:00

S/No	Part No.	Qty	Unit Price	%Disc	Net
SUB-TOTAL :					1,600.00

Items total	2,435.16
Add GST @ 7.000 %	170.46
Invoice amount	2,605.62

Issued by : KATHERINETAN 07.07.2021 12:29:05  
Repair type : CLSO/57/57  
Payment Type/Term: /Credit 30 days

WHILST TAKING ALL NECESSARY PRECAUTIONS, WE DO NOT ACCEPT LIABILITY FOR LOSS OF OR DAMAGE TO OR DESTRUCTION OF THE VEHICLE OR ANY OTHER PROPERTY OF THE CUSTOMER OR ANY OTHER PERSONS. THE CUSTOMER SHALL INSPECT THE VEHICLE IMMEDIATELY UPON DELIVERY AND SIGNIFY ANY DISCREPANCY IN GOOD ORDER. INTEREST OF 1% PER MONTH WILL BE CHARGED ON THE BALANCE DUE TO THE COMPANY BY THE CUSTOMER AND NOT WITHIN THE PERIOD OF DEFECT. PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND SIGNIFY ANY DISCREPANCY WITHIN 14 DAYS OF RECEIPT IF THE COMPANY DOES NOT HAVE A RECORD OF THE WORK DONE. THIS IS CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd

Head Office:  
205 Braddell Road  
Singapore 579701

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010012	91575857	2,605.62	

Kindly note that no receipt shall be issued unless requested.

**CUSTOMER'S COPY**

Our Ref: CT0621/SH 8535D/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 25.06.2021 INVOLVING SH 8535D & SLH1430B ALONG KIM KEAT LANE**

We are the authorised repair workshop for Comfort Transportation Pte Ltd , the owner of vehicle No SH 8535D, which was involved in the captioned accident with your insured vehicle No SLH1430B.

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:

**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

**Taxi Owner's Claim :**

1. Cost of Repairs		S\$	2,605.62
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\$      **3,223.19**

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: CT21060360

Date: 07 July 2021



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON            25/06/2021 @ 23:35 hrs  
ALONG                    KIM KEAT LANE  
INVOLVING              SLH1430B

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 **SH8535D** (the "Taxi"). The Taxi was hired to **YIP CHIN CHUEN IC NO SXXXX080I** 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.



**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING** **Hyundai Ioniq SH8535D , SLH1430B** **ON 25-Jun-21 23:35**  
**ALONG** **LIM KEAT LANE**

I / We **YIP CHIN CHUEN** (Hirer) NRIC No.: **SXXXX080I**

and/or (Relief) NRIC No.: **SXXXX080I**

Taxi Number **SH8535D**

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 **26-Jun-2021**

Name of Hirer **YIP CHIN CHUEN**

Hirer NRIC **SXXXX080I**

Signature :



Address **488A TAMPINES AVENUE 9 #10-168**  
**520488**

Contact No. **96743422**


## INSURER ENQUIRY

**Find  
insurer**

Vehicle reg. no.

SLH1430B

Date of Accident

25/06/2021 **Reset****% RESULT & RECEIPT****TP Insurer Enquiry**Insurance ..... **China Taiping Insurance (Sing...**Period of Insurance ..... **25/10/2020 - 24/10/2021**Requested By ..... **Janet Lim Siang Gek (COMFOR...**Requested Date ..... **26/06/2021 11:00****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 ..... 27/06/2021 11:43 (SGT)  
Date of Accident ..... 25/06/2021 23:35 (SGT)  
Exact Location of Accident ..... Kim Keat Link, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SH8535D

### 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) +65-96743422  
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 ..... YIP CHIN CHUEN  
NRIC No ..... SXXXX0801



Date Of Birth	21/11/1954
Occupation	Outdoor
Date Of Driving Pass	30/03/1991
Driving experience	30 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96743422
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLOCK 488A TAMPINES AVENUE 9
Address complement	#10-168
Postcode	520488
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	Side Swipe
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 vehicle 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

ON 25062021 AT ABOUT 2335HRS I WAS DRIVING MY VEHICLE A SH8535D ALONG KIM KEAT LANE TO PICK A PASSENGER. VEHICLE B SLH1430B WHICH WAS ON THE OPPOSITE DIRECTION DROVE VERY CLOSE TO MY VEHICLE BECAUSE THERE WERE CARS PARKED ON HIS LEFT SIDE. VEHICLE B RIGHT SIDE MIRROR THEN HIT MY VEHICLE A LEFT SIDE MIRROR. DUE TO THE IMPACT I LOST CONTROL OF MY STEERING WHEEL AND SIDE SWIPE VEHICLE B RIGHT REAR. VEHICLE B ALSO SWERVED LEFT WHICH CAUSED THE REAR SIDE SWIPE. 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 NOT SUITABLE
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH1430B
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

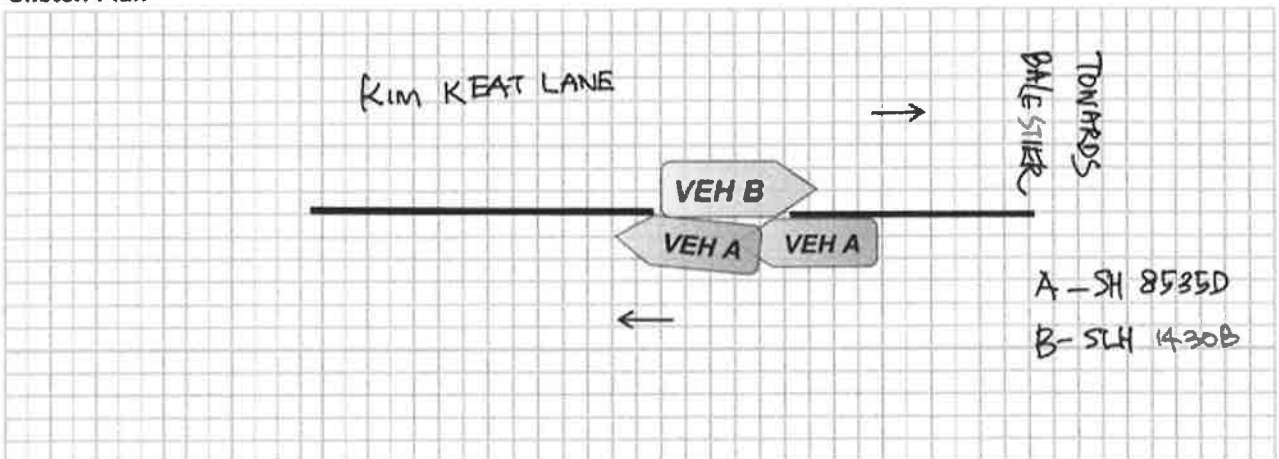
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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


ON 25062021 AT ABOUT 2335HRS I WAS DRIVING MY VEHICLE A SH8535D ALONG KIM KEAT LANE TO PICK A PASSENGER. VEHICLE B SLH1430B WHICH WAS ON THE OPPOSITE DIRECTION DROVE VERY CLOSE TO MY VEHICLE BECAUSE THERE WERE CARS PARKED ON HIS LEFT SIDE. VEHICLE B RIGHT SIDE MIRROR THEN HIT MY VEHICLE A LEFT SIDE MIRROR. DUE TO THE IMPACT I LOST CONTROL OF MY STEERING WHEEL AND SIDE SWIPE VEHICLE B RIGHT REAR. VEHICLE B ALSO SWERVED LEFT WHICH CAUSED THE REAR SIDE SWIPE. NO ONE WAS INJURED

**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 26.06.2021 1032 HRG

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel *Kyran Yong*