

**GST REG. NO. M2-8921817-3**

## TAX INVOICE

COMPANY REG. NO.: 199506048W  
Page: 1

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO  
SHA5965H

NO/DATE  
91574928 05.07.2021

**MAKE  
TOYOTA**

JOB NO.  
305475584

MODEL  
PRIUS HYBRID(G4)

ODOMETER READING

DATE OF REG  
23.08.2017

CHASSIS CODE                      JOB TYPE  
JTDKB3FU303563508

Description : 3P 25.06.2021

# Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,250.00
Add GST @ 7.000 %	87.50
Total Invoice amount	1,337.50

Issued by : KATHERINETAN 05.07.2021 13:51:06  
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**

[illegible]

Our Ref: CT0621/SHA5965H/CK(st)  
Date: 13.07.2021

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 SHA5965H & SGR2785C ALONG SENGKANG EAST SLIP RD  
TO SENGKANG AVE**

**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 SHA5965H, which was involved in the captioned accident with your insured vehicle No SGR2785C.

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\$	1,337.50
2. Loss of Rental	5.5 days x S\$ 125.40	S\$	689.70
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	5.5 days x S\$ 80.00	S\$	440.00
2. Others		S\$	0.00

[E&OE]      **Total Claims**      S\$      **2,469.20**

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: CT21060356

Date: 05 July 2021



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON                    25/06/2021    @   17:45 hrs  
ALONG                            SENGKANG EAST SLIP RD TO SENGKANG AVE  
INVOLVING                    SGR2785C

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 **SHA5965H** (the "Taxi"). The Taxi was hired to **GOH TENG KIANG IC NO SXXXX615J** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.40** 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.

MILEAGE READING			MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING			MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
				FROM	TO								FROM
001702	182	1630	0110	250621	9	Davidson	8418596871	1925	---	1130			
001904	202	0848	1808	300621	4	Davidson	Repair						
002095	190	0728	1823										
002287	192	0725	1853										
002314	226	0710	1953										
002696	181	0750	1545										
002919	223	1700	0315										
003110	190	0805	1542										
003307	197	1700	0320										
003476	289	0700	1600										
003526	49	1650	1920										

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING TOYOTA PRIUS SHA5965H , SGR2785C ON 25-Jun-21 17:45**  
**ALONG SENGKANG EAST SLIP RD TO SENGKANG AVE**

I / We **GOH TENG KIANG** (Hirer) NRIC No.: **SXXXX615J**

and/or **LIM KHENG HUAT** (Relief) NRIC No.: **SXXXX233A**

Taxi Number **SHA5965H**

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 **GOH TENG KIANG**

Hirer NRIC **SXXXX615J**

Signature :



Address **409 BEDOK NORTH AVENUE 2 #09-...  
460409**

Contact No. **96641864**

Name of Relief **LIM KHENG HUAT**

Relief NRIC **SXXXX233A**

Signature :



Address **135 BEDOK NORTH STREET 2 07-121  
460135**

Contact No.


## INSURER ENQUIRY

Find  
insurer

Vehicle reg. no.

SGR2785C

Date of Accident

25/06/2021 

Reset

## % RESULT &amp; RECEIPT

## TP Insurer Enquiry

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

Period of Insurance ..... 30/10/2020 - 29/10/2021

Requested By ..... Janet Lim Siang Gek (COMFOR...

Requested Date ..... 26/06/2021 10:12

## 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	26/06/2021 17:41 (SGT)
Date of Accident	25/06/2021 17:45 (SGT)
Exact Location of Accident	Sengkang E Rd, Singapore
Additional Location Information	
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5965H
-----------------------------	----------

#### 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) +65-90218475
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	LIM KHENG HUAT
NRIC No	SXXXX233A

Date Of Birth	27/09/1964
Occupation	Indoor
Date Of Driving Pass	27/08/1987
Driving experience	33 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90218475
Alt. Phone Number	
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 135 BEDOK NORTH STREET 2
Address complement	#07-121
Postcode	SINGAPORE 460135
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	No
Was any injured conveyed to hospital by ambulance?	
Was any other vehicle 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
If yes, against whom?	

#### CIRCUMSTANCES OF ACCIDENT

ON 25/06/2021 AT ABOUT 1745HRS I WAS DRIVING MY VEHICLE A (SHA5965H) ON SENGKANG EAST ROAD TURNING LEFT ONTO SENGKANG EAST AVENUE. AT THE SLIP ROAD I STOP MY VEHICLE A TO CHECK ON TRAFFIC. VEHICLE B (SGR2785C) THEN REAR ENDED MY STATIONARY VEHICLE. WE EXCHANGED PARTICULARS AND PROCEEDED. MY FEMALE PASSENGER IS NOT 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	SGR2785C
Vehicle Manufacturer	Toyota



Vehicle Model .....  
Vehicle Variant .....  
Vehicle Colour .....  
Vehicle Category .....  
Name of Driver .....  
NRIC No .....  
Contact Number .....  
Address .....  
Address complement .....  
Postcode .....  
Insurance Company Name .....  
Nature Of Damage .....  
Details of property damaged in accident .....  
No. Of Passenger (Including Driver) .....

Wish  
Private car  
TAN LEA SENG, MICHAEL  
SXXXX488Z  
(Phone) +65-8449953

## 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

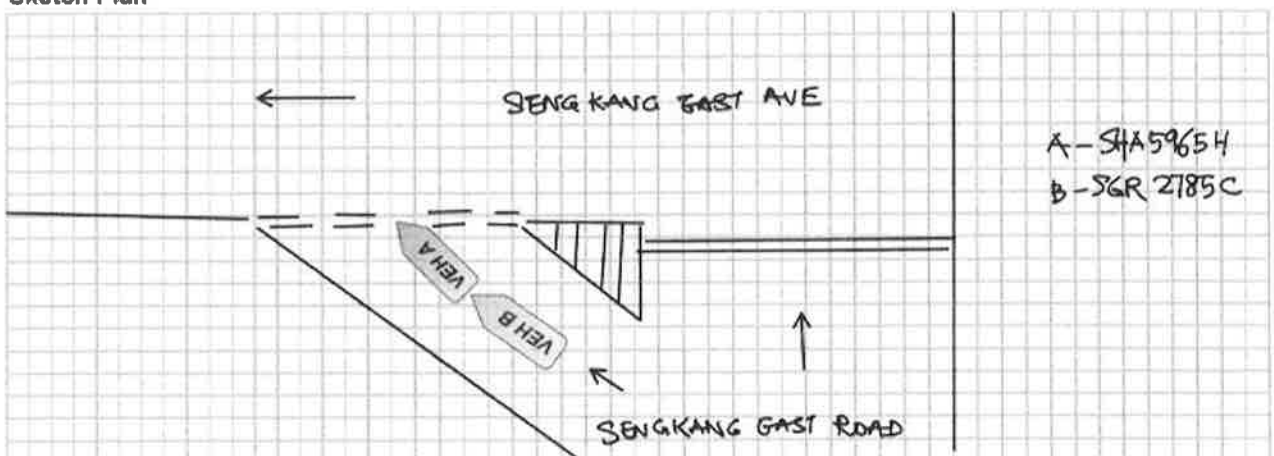
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 26.06.2021 0940HRS

Witnessed by Reporting Centre Personnel Kyran Young

### Sketch Plan



**Describe Circumstances of the Accident**


ON 25062021 AT ABOUT 1745HRS I WAS DRIVING MY VEHICLE A SHA5965H ON SENGKANG EAST ROAD TURNING LEFT ONTO SENGKANG EAST AVENUE. AT THE SLIP ROAD I STOP MY VEHICLE A TO CHECK ON TRAFFIC. VEHICLE B SGR2785C THEN REAR ENDED MY STATIONARY VEHICLE.  
WE EXCHANGED PARTICULARS AND PROCEEDED.  
MY FEMALE PASSENGER IS NOT 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 0945 HRS

  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel Kyeun Yag