

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

VEHICLE NO
SHC7213X

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
14.07.2016

CHASSIS CODE
KMHLB41UMGU092421

NO/DATE
91583349 03.08.2021

JOB NO.
305479640

ODOMETER READING

JOB TYPE

Description : 3P 22.07.2021

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,400.00
Add GST @ 7.000 %	98.00
Total Invoice amount	1,498.00

Issued by : KATHERINETAN 03.08.2021 16:59:54
Repair Type : CFSO/57/57
Payment Type/Term : /Credit 30 days

WHILE TAKING ALL RESPONSIBILITY FOR THE WORK DONE, THE COMPANY WILL NOT BE RESPONSIBLE FOR ANY DAMAGE TO THE VEHICLE OR ITS CONTENTS. THE CUSTOMER'S RISK.
CUSTOMERS SHALL INSPECT THEIR VEHICLE BEFORE IT IS TAKEN TO THE WORKSHOP. THE COMPANY WILL NOT BE RESPONSIBLE FOR ANY DAMAGE TO THE VEHICLE OR ITS CONTENTS.
IN GOOD ORDER.
INTEREST OF 1% PER MONTH WILL BE CHARGED ON THE OUTSTANDING BALANCE FROM THE DATE OF INVOICE. THE CUSTOMER SHALL BE RESPONSIBLE FOR THE PAYMENT OF THE BALANCE.
PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT. IF THE CUSTOMER DOES NOT FIND THE BALANCE CORRECT, HE SHALL CONTACT THE COMPANY WITHIN 10 DAYS OF RECEIPT.
CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd

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: CC0721/SHC7213X/CK(st)
Date: 05.08.2021



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 22.07.2021 INVOLVING SHC7213X & SJZ3286S ALONG VIVOCITY ENTRANCE

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 CityCab Pte Ltd, the owner of vehicle No SHC7213X, which was involved in the captioned accident with your insured vehicle No SJZ3286S.

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\$	1,498.00
2. Loss of Rental	4 days x S\$ 110.67	S\$	442.68
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	4 days x S\$ 80.00	S\$	320.00
2. Others		S\$	0.00

[E&OE] **Total Claims** S\$ **2,262.68**

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: CC21070331



Date: 30 July 2021

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 22/07/2021 @ 21:35 hrs
ALONG VIVOCITY ENTRANCE
INVOLVING SJZ3286S

We refer to the above-mentioned accident and wish to inform that **CityCab Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHC7213X** (the "Taxi"). The Taxi was hired to **NG SIEW HENG IC NO SXXXX434A** a registered hirer-operator of **CityCab 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 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.

HOURS OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING		MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
FROM	TO						FROM	TO
0125	0126	20/7	Quen	740	938	257.3	1709	0154
0130	0148	21/7	ALLIEN HENG	741	946	205.2	0657	1653
0147	1709	21/7	Quen	741	948	204.6	1705	0045
0145	0128	22/7	ALLIEN HENG	741	953	245.1	0712	1701
0153	1653	23/7	Quen	741	952	188.4	1709	0005
0200	0000	23/7	ALLIEN HENG	742	008	116.0	0705	1022
0158	0003	26/7	SAC + D2X					
0003			Accident Repair (G)cy				1015	
0135							1040	
1700								

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING i 40 SHC7213X , SJZ3286S
ALONG VIVOCITY ENTRANCE****ON 22-Jul-21 21:35**I / We **NG SIEW HENG** (Hirer) NRIC No.: **SXXXX434A**and/or **QUEK KWANG HENG** (Relief) NRIC No.: **SXXXX204H**Taxi Number **SHC7213X**

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 **23-Jul-2021**Name of Hirer **NG SIEW HENG**
Hirer NRIC **SXXXX434A**

Signature :

Address **234 ANG MO KIO AVENUE 3 #02-1...
560234**Contact No. **97386098**Name of Relief **QUEK KWANG HENG**
Relief NRIC **SXXXX204H**

Signature :

Address **259 ANG MO KIO AVENUE 2 10-02
560259**

Contact No.


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

SJZ3286S

Date of Accident

22/07/2021 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

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

Period of Insurance **25/03/2021 - 24/03/2022**

Requested By **Por Moy Juan (COMFORTDELG...**

Requested Date **23/07/2021 11:23**

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**

snec 7213 X

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	23/07/2021 11:36 (SGT)
Date of Accident	22/07/2021 21:35 (SGT)
Exact Location of Accident	1 HarbourFront Walk, Singapore 098585
Additional Location Information	ENTRANCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7213X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-96645627
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/P2419140
Cover Note Number	-

DRIVER

Name of Driver	QUEK KWANG HENG
NRIC No	SXXXX204H

Date Of Birth	24/11/1954
Occupation	Outdoor
Date Of Driving Pass	05/04/1976
Driving experience	45 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96645627
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 259 ANG MO KIO AVENUE 2 #10-02
Address complement	-
Postcode	560259
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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)	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 22/07/2021 AT ABOUT 2135HRS I WAS DRIVING VEHICLE (A) SHC7213X ALONG VIVOCITY ENTRANCE TO PICK UP MY PASSENGER.AS I WAS ENTERING SUDDENLY VEHICLE B SJZ3286S FROM BEHIND COLLIDED ONTO MY VEHICLE REAR.EXCHANGED PARTICULAR AND NO INJURIES.

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	SJZ3286S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number	(Phone) +65-83884622
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	1

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' law yers/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' law yers/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 law yers/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

Handwritten notes on the left:

- A SHC 7213 X
- B SJ2 3286 S

Handwritten notes on the right:

- 2307ms / 102ms
- VEHICLE A
- VEHICLE B
- Witnessed
- Signature

Handwritten note at the bottom:

- TRUCK BLANKET RO

Describe Circumstances of the Accident

ON 22/07/21 AT ABOUT 2135HRS I WAS DRIVING VEHICLE A SHC7213X ALONG VIVOCITY ENTRANCE TO PICK UP MY PASSENGER. AS I WAS ENTERING SUDDENLY VEHICLE B SJZ3286S FROM BEHIND COLLIDED ONTO MY VEHICLE REAR. 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

[Handwritten Signature]

[Handwritten Signature]

23/07/21 / 1020 hrs

[Handwritten Signature]