

Our Ref: CT0721/SH 8308T/JW(st)
Date: 04.08.2021

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

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 26.07.2021 INVOLVING SH 8308T & SMF7829U ALONG MARINA BLVD X SHEARES AVE

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of vehicle No SH 8308T, which was involved in the captioned accident with your insured vehicle No SMF7829U.

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\$	2,086.50
2. Loss of Rental	3 days x S\$ 125.40	S\$	376.20
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\$ **2,704.70**

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

COMFORTDELGRO

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

Workshops**GST REG. NO. M2-8921817-3****TAX INVOICE**

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY AIG BUILDING #07-16
SINGAPORE 079120

CONTACT NO: 64193000 3225094

Description : 3P 26.07.2021

VEHICLE NO

SH 8308T

NO/DATE

91583341 03.08.2021

MAKE

TOYOTA

JOB NO.

305480166

MODEL

PRIUS HYBRID(G4)

ODOMETER READING**DATE OF REG**

30.05.2017

CHASSIS CODE

JTDKB3FU803557283

JOB TYPE**Invoice for Lump Sum Repair**

Total Lump Sum Repair Amt	1,950.00
Add GST @ 7.000 %	136.50
Total Invoice amount	2,086.50

Issued by : KATHERINETAN 03.08.2021 16:37:57
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

1) WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS' RISK.

2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY GIVE NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.

3) INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE PERIOD OF DEFAULT.

4) PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

ComfortDelGro Engineering Pte LtdHead 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: CT21070407

Date: 30 July 2021



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 26/07/2021 @ 19:10 hrs
ALONG MARINA BLVD X SHEARES AVE
INVOLVING SMF7829U

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 **SH8308T** (the "Taxi"). The Taxi was hired to **EE TECK HIAN IC NO SXXXX417G** 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 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.

SA 83089

MILEAGE READING	MILEAGE TRAVELLED (KM)		DATE	NAME OF DRIVER	MILEAGE READING		HOURS OPERATED (TIME)		HOURS OPERATED (TIME)	
							FROM	TO	FROM	TO
93853	123		27-7-21	accident			1800	2345	1600	-
94169	376		29-7-21	Repair			0507	1710	1545	-
94332	163						1755	0015		
94523	190						0510	1350		
94662	139						1745	2330		
94798	126						0506	1101		
94924	136						1815	2315		
95237	313						0806	1710		
95389	152						1755	2253		
95645	256						0807	1509		
95673	28						1510	1540		

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****TOYOTA PRIUS SH8308T , SMF7829U
MARINA BLVD X SHEARES AVE****ON 26-Jul-21 19:10**

I / We

EE TECK HIAN(Hirer) NRIC No.: **SXXXX417G**

and/or

WONG KIM CHEW(Relief) NRIC No.: **SXXXX167B**

Taxi Number

SH8308T

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

27-Jul-2021

Name of Hirer

EE TECK HIAN

Hirer NRIC

SXXXX417G

Signature :



Address

**435 BUKIT PANJANG RING ROAD #...
670435**

Contact No.

98761988

Name of Relief

WONG KIM CHEW

Relief NRIC

SXXXX167B

Signature :



Address

**220 PETIR ROAD 03-333
670220**

Contact No.

89338268

INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

SMF7829U

Date of Accident

26/07/2021 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **AIG Asia Pacific Insurance Pte....**Period of Insurance **26/11/2020 - 25/11/2021**Requested By **Janet Lim Siang Gek (COMFOR...**Requested Date **27/07/2021 17:13****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	27/07/2021 19:29 (SGT)
Date of Accident	26/07/2021 19:10 (SGT)
Exact Location of Accident	Marina Blvd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8308T
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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) +65-89338268
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	WONG KIM CHEW
NRIC No	SXXXX167B

Date Of Birth	14/09/1961
Occupation	Outdoor
Date Of Driving Pass	06/10/1981
Driving experience	39 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89338268
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 220 PETIR ROAD #03-333
Address complement	-
Postcode	670220
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	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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

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 26/07/21 AT ABOUT 1910HRS I WAS DRIVING VEHICLE A SH8308T ALONG MARINA BOULEVARD AND WANTED TO TURN LEFT INTO SHEARES AVENUE WITH TWO PASSENGER.I WAS AT THIRD LANE FROM EXTREME RIGHT WHICH CAN GO STRAIGHT AND TURN LEFT.AS I WAS APPROACHING INTERSECTION OF SHEARES AVE, I PROCEED TO TURN LEFT.SUDDENLY VEHICLE B SMF7829U FROM LEFT LANE (TURN LEFT ONLY LANE) SIDE SWIPE MY VEHICLE FRONT LEFT.UNABLE TO EXCHANGE PARTICULAR AND NO INJURIES.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF7829U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-90308663
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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.
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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

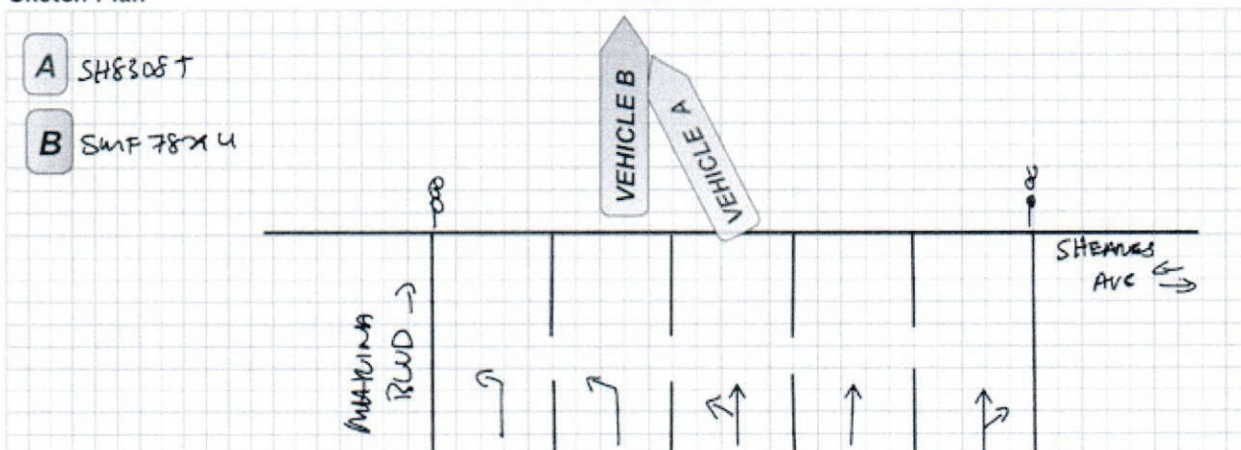
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

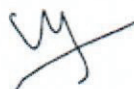


Describe Circumstances of the Accident

ON 26/07/21 AT ABOUT 1910HRS I WAS DRIVING VEHICLE A SH8308T ALONG MARINA BOULEVARD AND WANTED TO TURN LEFT INTO SHEARES AVENUE WITH TWO PASSENGER. I WAS AT THIRD LANE FROM EXTREME RIGHT WHICH CAN GO STRAIGHT AND TURN LEFT. AS I WAS APPROACHING INTERSECTION OF SHEARES AVE, I PROCEED TO TURN LEFT. SUDDENLY VEHICLE B SMF7829U FROM LEFT LANE (TURN LEFT ONLY LANE) SIDE SWIPE MY VEHICLE FRONT LEFT. UNABLE TO EXCHANGE 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