

**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**  
**SHC3782X**
**INV. NO/DATE**  
**91589027 27.08.2021**
**MAKE**  
**HYUNDAI**
**JOB NO.**  
**305480944**
**MODEL**  
**IONIQ(G3)**
**ODOMETER READING**
**DATE OF REG**  
**07.11.2019**
**DATE/TIME IN**  
**31.07.2021 08:45**
**CHASSIS CODE**  
**KMHC851CVLU188159**
**Description : 3P 30.07.2021**

S/No	Part No.		Qty	Unit Price	%Disc	Net
<b>PART REQUISITION</b>						
0001	04-01-0104-2468	MOULDING ASSY-W/LINE FRT DOOR RH	1	110.10	20.00	88.08
0002	04-01-0104-2470	MOULDING ASSY-W/LINE RR DOOR RH	1	125.30	20.00	100.24
0003	03-01-0104-2137	CAP ASSY-WHEEL HUB	1	346.40	20.00	277.12
0004	28-01-9999-2023	APP LOGO REAR DOOR L/R CTPL	1	80.00	0.00	80.00
<b>SUB-TOTAL</b>				<b>:</b>		<b>545.44</b>

**JOB NATURE**

0001	PB	PANEL BEATING- SHC3782X	350.00	350.00
0002	SP	SPRAYPAINT CHARGE	500.00	500.00

WHILST TAKING ALL REASONABLE PRECAUTIONS, AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHERS' PROPERTY BELONGING TO CUSTOMERS AND RENTERS AND THEIRS AND THOSE OF OWNERS' RISK.

CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN FIVE DAYS AFTER SUCH DELIVERY, ADVISE THE COMPANY OF ANY DAMAGE TO THE VEHICLE. THE VEHICLE SHALL BE RETURNED TO THE COMPANY IN GOOD ORDER.

INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DUE TO THE CARIS IN RESPECT OF ANY AMOUNT NOT PAID TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT. IF, AFTER 10 DAYS FROM THE EXPIRY OF THE PERIOD OF DEFAULT.

PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY DISCREPANCY OR INCONSISTENCY WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT PRETENDS THE CUSTOMER, THE COMPANY WILL NOT BE RESPONSIBLE FOR CORRECT AND BINDING.

**omfortDelGro 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.
8010012	91589027	1,493.12	

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  
SHC3782X

MAKE  
HYUNDAI

MODEL  
IONIQ(G3)

DATE OF REG  
07.11.2019

CHASSIS CODE  
KMH851CVLU188159

INV. NO/DATE  
91589027 27.08.2021

JOB NO.  
305480944

ODOMETER READING

DATE/TIME IN  
31.07.2021 08:45

S/No	Part No.	Qty	Unit Price	%Disc	Net
SUB-TOTAL :					850.00

Items total	1,395.44
Add GST @ 7.000 %	97.68
Invoice amount	1,493.12

Issued by : KATHERINETAN 27.08.2021 10:35:58  
Repair type : CLSO/57/57  
Payment Type/Term: /Credit 30 days

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 PROVIDED AS IS, ON THE OWNERS' RISK. CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND REPORT WITHIN 3 DAYS FROM THE DELIVERY DATE. NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS OTHERWISE, THE VEHICLE WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER. INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN ADDITION TO ANY FINANCIAL CHARGES, APPLICABLE TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT. IF AFTER 30 DAYS FROM THE DELIVERY DATE THE PERIOD OF DEFAULT, PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY DISCREPANCY OR INCOMPLETENESS WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

omfortDelGro 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.
8010012	91589027	1,493.12	

Our Ref: CT0721/SHC3782X/CK(st)  
Date: 07.09.2021

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 30.07.2021 INVOLVING SHC3782X & SML4622L ALONG PARKWAY PARADE ROAD**

**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 SHC3782X, which was involved in the captioned accident with your insured vehicle No SML4622L.

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\$	1,493.12
2. Loss of Rental	5 days x S\$ 125.19	S\$	625.95
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 days x S\$ 80.00	S\$	400.00
2. Others		S\$	0.00

[E&OE] **Total Claims** **S\$ 2,521.07**

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: CT21070441

Date: 16 August 2021



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON                    30/07/2021    @   20:55 hrs  
ALONG                            PARKWAY PARADE  
INVOLVING                    SML4622L

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 **SHC3782X** (the "Taxi"). The Taxi was hired to **TAN CHENG CHUAN IC NO SXXXX138C** 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 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 SHC3782X , SML4622L** **ON 30-Jul-21 20:55**  
**ALONG** **PARKWAY PARADE**

I / We **TAN CHENG CHUAN** (Hirer) NRIC No.: **SXXXX138C**

and/or **BOK KENG SENG** (Relief) NRIC No.: **SXXXX242E**

Taxi Number **SHC3782X**

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

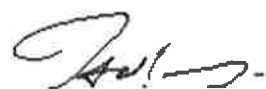
1. To submit my/our claims for damages, costs and expense, including loss of earning (Pending successful recovery), loss of rental, medical fee and legal costs.
2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal 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 **31-Jul-2021**

Name of Hirer **TAN CHENG CHUAN**

Hirer NRIC **SXXXX138C**

Signature :



Address **92B TELOK BLANGAH STREET 31 #...**  
**102092**

Contact No. **92974579**

Name of Relief **BOK KENG SENG**

Relief NRIC **SXXXX242E**

Signature :



Address **77 TELOK BLANGAH DRIVE #08-224**  
**100077**

Contact No.

INSURER ENQUIRY

## Find insurer

Vehicle reg. no.

SML4622L

Date of Accident

30/07/2021



Reset

## % RESULT & RECEIPT

### TP Insurer Enquiry

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

Period of Insurance ..... **23/06/2021 - 22/06/2022**

Requested By ..... **Huang Xiao Yan (COMFORTDEL...**

Requested Date ..... **31/07/2021 11:11**

#### 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**

SAC3782X

## 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	31/07/2021 17:13 (SGT)
Date of Accident	30/07/2021 20:50 (SGT)
Exact Location of Accident	Marine Parade Rd, Parkway Parade, Singapore 449269
Additional Location Information	TAXI PICK UP AND DROP OFF POINT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3782X
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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) +65-96952136
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	BOK KENG SENG
NRIC No	SXXXX242E



Date Of Birth	16/10/1961
Occupation	Outdoor
Date Of Driving Pass	18/05/1984
Driving experience	37 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96952136
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 77 TELOK BLANGAH DRIVE #08-224
Address complement	-
Postcode	100077
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)	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 30/07/2021 AT ABOUT 2050HRS I DROVE MY VEHICLE A SHC3783X TO PARKWAY PARADE TAXI PICK UP AND DROP OFF POINT. AS I WAS DRIVING STRAIGHT PASS VEHICLE B SML4622L WHICH WAS ON MY RIGHT. VEHICLE B WITH HAZARD LIGHTS ON SUDDENLY SWERVED OUT AND SIDE SWIPE HIS VEHICLE B LEFT FRONT ONTO MY VEHICLE A MIDDLE RIGHT SIDE. 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 IS NOT SUITABLE
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML4622L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car



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



**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")

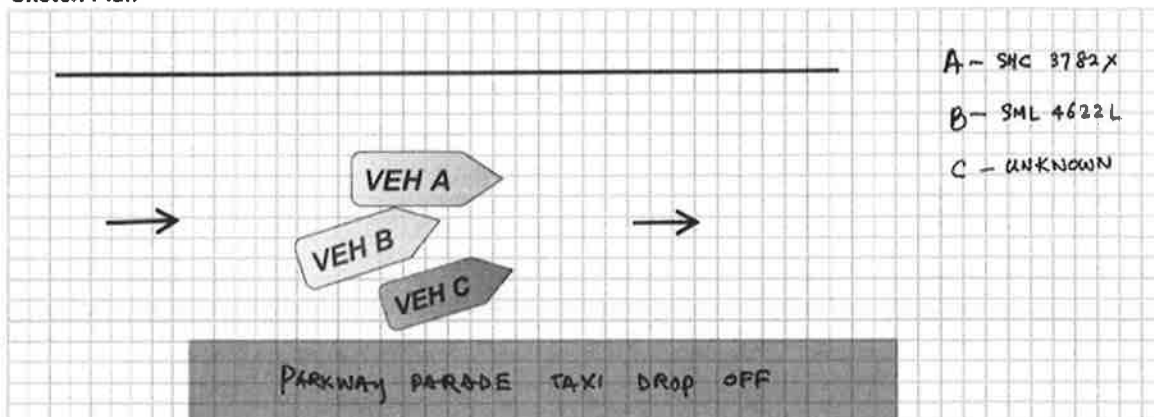
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

Witnessed by Reporting Centre Personnel

**Sketch Plan**


## Describe Circumstances of the Accident


ON 30/07/2021 AT ABOUT 2050HRS I DROVE MY VEHICLE A SHC3783X TO PARKWAY PARADE TAXI PICK UP AND DROP OFF POINT. AS I WAS DRIVING STRAIGHT PASS VEHICLE B SML4622L WHICH WAS ON MY RIGHT. VEHICLE B WITH HAZARD LIGHTS ON SUDDENLY SWERVED OUT AND SIDE SWIPE HIS VEHICLE B LEFT FRONT ONTO MY VEHICLE A MIDDLE RIGHT SIDE.  
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 31-07-2021 1000HRS

  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel Kym Young