

10-Sep-2021

24876

PRIVATE & CONFIDENTIAL

To: **Lonpac Insurance Bhd**
300 Beach Road
#17-04 / 07, The Concourse
Singapore 199555



Attn: **Motor Claims Department**

From : ComfortDelGro Engineering Pte Ltd
Sabrina Tan (DID : 6214 8732 / FAX : 6214 1843)
(Add: CDGE Taxi Claims Department, 59 Loyang Drive, 4th Floor, S'pore 508969)

Attached Letters of Claims (WITH ENCLOSURES) are forwarded for your necessary action.
PLEASE ACKNOWLEDGE RECEIPT AND RETURN THE COPY OF THIS LETTER
TO OUR MESSENGER, THANK YOU!

NO.	VEHICLE NO. (OURS)		ACCIDENT DATE	REMARK
1	SHB 6188Y	CTPL	21.08.21	
2				
3				
4				
5				
6				
7				

1 CASE

Kindly acknowledge receipt



Signature/Company's Stamp/Date &
NAME OF RECEIVER

* NOTE: PLS ENSURE THAT THIS ACKNOWLEDGEMENT IS MEANT
FOR YOUR COMPANY. IF NOT, PLS DO NOT ACKNOWLEDGE
BUT RETURN IT TO OUR MESSENGER, THANK YOU!



Our Ref: CT0821/SHB6188Y/KS(st)
Date: 09.09.2021

LONPAC INSURANCE BERHAD
300 BEACH ROAD #17-04/07
Singapore 199555

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Attn : Motor Claims Department

Without Prejudice

Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199506048W

Dear Sir/Madam

ACCIDENT ON 21.08.2021 INVOLVING SHB6188Y & XD 9070H ALONG PASIR RIS ST 13

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 SHB6188Y, which was involved in the captioned accident with your insured vehicle No XD 9070H.

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\$	5,350.00
2. Loss of Rental	6 days x S\$ 114.95	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	6 days x S\$ 80.00	S\$	480.00
2. Others		S\$	0.00

[E&OE] **Total Claims** S\$ **6,521.70**

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

Kazali H S

CDGE Claims Department

DID: 62148736

FAX: 62141843

Email: kazali@cdge.com.sg

This is a computer-generated letter. No signature is required.

A member of

GST REG. NO. M2-8921817-3

TAX INVOICE

8010042

LONPAC INSURANCE BERHAD
THE CONCOURSE

300 BEACH ROAD #17-04/07
SINGAPORE 199555

CONTACT NO: 62507388

VEHICLE NO
SHB6188Y

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
24.03.2016

CHASSIS CODE
KMHLE41UMGU086651

NO/DATE
91591933 02.09.2021

JOB NO.
305483858

ODOMETER READING

JOB TYPE

Description : 3P 21.08.2021

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	5,000.00
Add GST @ 7.000 %	350.00
Total Invoice amount	5,350.00

Issued by : CHEWBEELENG 02.09.2021 09:32:26
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 RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED OWNERS' RISK.
- CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY G NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES 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 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.
- PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCY 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 Ltd
A member of COMFORTDELGRO

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.

LETTER OF UNDERTAKING

(NAF: Rental Lay-off)

(PAF : Rental Lay-off)

**ACCIDENT INVOLVI... i 40 SHB6188Y , XD9070H
ALONG BLK 153 PASIR RIS ST 13****ON 21-Aug-21 10:40**

In consideration of the **Rental Lay-off**
given by Comfort Transportation Pte Ltd (CTPL) & CityCab Pte Ltd (CCPL),

I hereby undertake to CDGE that:

1. I have completely and correctly declared all material circumstances that lead to the abovementioned accident in my "Taxi Accident Report" and that I am not the party contributing to the abovementioned accident (Not At Fault). I undertake that if my accident report is found to be untrue, I shall be fully liable to pay CDGE all expenses, costs and any other incidental costs arising from this accident
2. I will, at any time requested, extend fullest co-operation to CDGE's Claims Department to provide all supporting document for the purpose of claiming against third party. I confirm that all settlement payment by third party shall be made payable to "ComfortDelgro Engineering Pte Ltd".
3. I am fully aware that should the accident claims against third party subsequently becomes not in my favour, I shall not hold CDGE responsible for my LOE. I will within 3 business days from the date of notification return this LOE advance payment back to CDGE. Furthermore, CDGE shall reserves its rights to recover the rental lay-off amount that is given to me by CTPL/CCPL for the period when my taxi is undergoing accident repair.
4. I also undertake that should there be a counter-claim from third party against CTPL/CCPL arising from the abovementioned accident, I shall pay another \$1,000 to CTPL/CCPL for the Third Party Excess (TPE).

Notwithstanding any provisions herein contained, I shall not hold CDGE responsible for costs, expenses and damages whatsoever incurred by me in respect of the said claim howsoever arising but not limited to delays in affecting settlement or in the event CDGE is not successful in effecting settlement for whatever reasons.

This undertaking shall be governed by and construed in accordance with the laws of the Republic of Singapore.

Signature

of Hirer



Name

MOHD NAZRIE BIN ABDUL HAMID

NRIC

SXXXX353G

Date

23-Aug-2021

Contact No.

81892428Attended By: **Ng Nyuk Phin**

SHD6188

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER
				FROM	TO		
13/09/01	M. S. S. S. S.	6115342		0714	2016		
14/09/01	M. S. S. S. S.	6115511		1036	1900		
15/09/01	M. S. S. S. S.	6115710		1056	2330		
16/09/01	M. S. S. S. S.	6115873		0733	1600		
17/09/01	M. S. S. S. S.	6116042		0652	2159		
18/09/01	M. S. S. S. S.	6116254		0659	1958		
19/09/01	M. S. S. S. S.	6116423		0650	2111		
20/09/01	M. S. S. S. S.	6116578		0700	1831		
21/09/01	M. S. S. S. S.	6116809		1010			
22/09/01	Accident Repair			1040	---		
26/09/01	Accident Repair			1040	---		

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING i 40 SHB6188Y , XD9070H
ALONG BLK 153 PASIR RIS ST 13****ON 21-Aug-21 10:40****I / We MOHD NAZRIE BIN AB... (Hirer) NRIC No.: SXXXX353G****and/or (Relief) NRIC No.: SXXXX353G****Taxi Number SHB6188Y****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-Aug-2021**Name of Hirer MOHD NAZRIE BIN ABDUL HAMID****Hirer NRIC SXXXX353G****Signature :****Address 51 FLORA DRIVE #06-05
506862****Contact No. 81892428**


INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

XD9070H

Date of Accident

21/08/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance Lonpac Insurance Bhd

Period of Insurance 02/11/2020 - 01/11/2021

Requested By Por Moy Juan (COMFORTDELG...

Requested Date 23/08/2021 11:04

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

SnB 6188 Y

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 21/08/2021 20:57 (SGT)
Date of Accident 21/08/2021 10:40 (SGT)
Exact Location of Accident 153 Pasir Ris Street 13, Block 153, Singapore 510153
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB6188Y

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) +65-81892428
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 1685

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 MOHD NAZRIE BIN ABDUL HAMID
NRIC No SXXXX353G

Date Of Birth	16/08/1975
Occupation	Outdoor
Date Of Driving Pass	04/12/2017
Driving experience	3 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81892428
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 51 FLORA DRIVE #06-05
Address complement	-
Postcode	506862
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	Collision - Change/cross lane
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 THE 21/08/2021 AT ABOUT 1040HRS, I WAS DRIVING MY VEHICLE (A) SHB6188Y AT BLK 153 PASIR RIS STREET 13. I JUST PICK UP MY PASSENGERS FROM BLK 155 AND I WAS PROCEEDING I NOTICE VEHICLE (B) XD9070H WAS STATIONERY ON THE RIGHT. AS I PROCEED, SUDDENLY VEHICLE B ALSO MOVE OFF AND HIT ONTO THE DRIVER SIDE OF VEHICLE A. I IMMEDIATELY HORN VEHICLE B MULTIPLE TIMES BEFORE HE STOP. THERE IS DAMAGE ON THE RIGHT OF VEHICLE A AND THE WINDOW OF THE DRIVER SIDE BROKE. I SUFFERED CUTS AND SCRATCHES DUE TO THE GLASS OF THE WINDOW.

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	XD9070H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-90376308
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHD NAZRIE BIN ABDUL HAMID
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	CUTS AND SCRATCHES
Injured person in which vehicle?	SHB6188Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

NRIC	: S7524353G	VISIT DATE	: 23 Aug 2021 (12:06)
NAME	: MOHD NAZRIE BIN ABDUL HAMID	VISIT NO	: G07021009790

This is to certify that the above mentioned has been given:

OUTPATIENT SICK LEAVE for 3 days from 23 Aug 2021 to 25 Aug 2021

DOCTOR : Joshua Loh Jian En (M619151)
CLINIC : Loyang Point
ADDRESS : 259 PASIR RIS STREET 21 LEVEL -02-33 LOYANG POINT 510259

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

Printed: 23 Aug 2021, 12:42PM

This certificate is electronically generated. No signature is required.



RafflesConnect

Download RafflesConnect to:

- Teleconsult with our GP Doctor
- Request eQueue before coming to GP clinic
- Book an appointment for GP phone consult
- More features...



Medicine Delivery

Medicine Delivery Service:

- Scan QR Code to request online.

SHB 6188-1

21/8/2021

RafflesMedical

Blk 259 Pasir Ris Street 21

#02-33 Loyang Point

Singapore 510259

Tel: (65) 6585 3333 Fax: (65) 6584 4260

SKETCH PLAN

IMPORTANT NOTICE

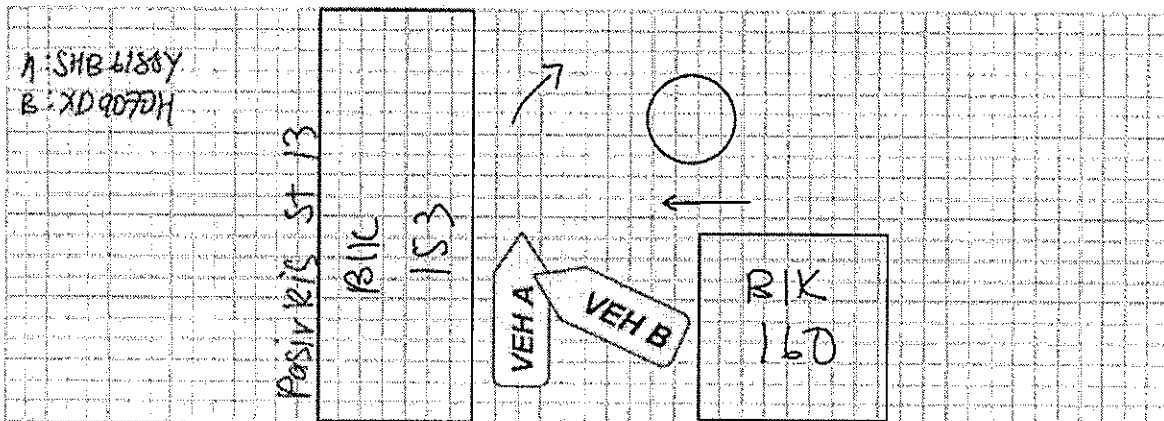
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 THE 21/08/21 AT AROUND 1040HRS, I WAS DRIVING MY VEHICLE A SHB6188Y AT BLK 153 PASIR RIS STREET 13. I JUST PICK UP MY PASSENGERS FROM BLK 155 AND I WAS PROCEEDING I NOTICE VEHICLE B XD9070H WAS STATIONERY ON THE RIGHT. AS I PROCEED, SUDDENLY VEHICLE B ALSO MOVE OFF AND HIT ONTO THE DRIVER SIDE OF VECHICLE A. I IMMEDIATELY HORN VECHICLE B MULTIPLE TIMES BEFORE HE STOP. THERE IS DAMAGE ON THE RIGHT OF VECHICLE A AND THE WINDOW OF THE DRIVER SIDE BROKE. I SUFFERED CUTS AND SCRATCHES DUE TO THE GLASS OF THE WINDOW.

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 21/8/21 1550

Witnessed by Reporting Centre Personnel Signat