

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
SHC8454K

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
09.06.2016

CHASSIS CODE
KMHLB41UMGU091331

NO/DATE
91595153 16.09.2021

JOB NO.
305483731

ODOMETER READING

JOB TYPE

Description : 3P 19.08.2021

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		3,700.00
Add GST @ 7.000 %		259.00
Total Invoice amount		3,959.00

Issued by : CHEWBEELENG 16.09.2021 10:20:23
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

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: CT0821/SHC8454K/CK(st)
Date: 20.09.2021

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 19.08.2021 INVOLVING SHC8454K & XD 7353E ALONG BUKIT BATOK RD

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of vehicle No SHC8454K, which was involved in the captioned accident with your insured vehicle No XD 7353E.

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\$	3,959.00
2. Loss of Rental	5 days x S\$ 110.67	S\$	553.35
3. Survey Report Fee		S\$	0.00
4. LTA Search Fee		S\$	7.49
5. GIA / Police Report Fee		S\$	0.00
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\$ 4,919.84**

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

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: CT21080284

Date: 16 September 2021



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 19/08/2021 @ 17:05 hrs
ALONG BUKIT BATOK RD
INVOLVING XD7353E

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 **SHC8454K** (the "Taxi"). The Taxi was hired to **HO CHWEE KIM IC NO SXXXX071E** a registered hirer-operator of **Comfort Transportation 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.

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER
				FROM	TO		
12/08/2024	H.O. C. K.	655642		0633	1957		
13/08/21	H.O. C. K.	655810		0636	7050		
14/08/21	H.O. C. K.	655956		0636	1225		
15/08/21	H.O. C. K.	7					
16/08/21	H.O. C. K.	656251		0635	2003		
17/08/21	H.O. C. K.	656565		0636	1936		
18/08/21	H.O. C. K.	656853		0633	1955		
19/08/21	H.O. C. K.	657184		0636	1942		
20/08/21	H.O. C. K.			0635			
20/8/21	7		SHC 84546	1070	-		
21/8/21	7			-	1700		
22/8/21	7	Standard Repair					

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING i 40 SHC8454K , XD7353E
ALONG BUKIT BATOK RD**

ON 19-Aug-21 17:05

I / We **HO CHWEE KIM** (Hirer) NRIC No.: **SXXXX071E**

and/or (Relief) NRIC No.: **SXXXX071E**

Taxi Number **SHC8454K**

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 **20-Aug-2021**

Name of Hirer **HO CHWEE KIM**

Hirer NRIC **SXXXX071E**

Signature :



Address **157 JALAN TECK WHYE #08-121
680157**

Contact No. **96172904**

Enquire Vehicle-Related Transaction History

Transaction History Details

Log Date/Time:	20 Aug 2021 / 11:32:30	Transaction Amount:	\$7.49
Asset Type:	Vehicle		
Asset ID:	XD7353E		
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)	Channel:	External Agency
User ID:	ECENGCC0 - GOH CHENG CHUAN ANDREW CORNELIUS	Business Transaction Reference No.:	20210820113230059070

Search Date / Time: 19 Aug 2021 17:05:00
Insurance Company: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
Information displayed is correct as at the log date and time.

Enquire Related Logs

OK

5/11/2021



Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/08/2021 15:27		Vide Report No.:		Station Diary No.: 74
Informant's Particulars				
Name of Informant: HO CHWEE KIM		Address: APT BLK 157 JALAN TECK WHYE #08-121 SINGAPORE 680157		
ID Type / ID No.: NRIC NO / S1369071E		Contact No.: Home/Office: Mobile: 96172904		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 62	Date of Birth: 08/04/1959	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/08/2021 17:05	Type of Location: Straight Road
Location: 19 BUKIT BATOK ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8454K	Car				Slightly Damaged	1
XD7353E	Lorry				No Damage	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20210823/2061

CONTINUATION OF REPORT

Driver			
Name	HO CHWEE KIM	ID No.	S1369071E
Related Vehicle	SHC8454K (Car)	Contact No.	96172904
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	23/08/2021	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Ganesan Saravanan	ID No.	F8178299R
Related Vehicle	XD7353E (Lorry)	Contact No.	87748035
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 20/08/2021 at about 1704hrs, I was driving my car (SHC8454K) along Bukit Batok Road toward Choa Chu Kang sending my passenger to his destination. While proceeding, I was approaching a traffic light and the traffic light became amber. I slowly came to a stop as the traffic light became red. I then felt an impact at the rear of my car (SHC8454K) which causes my car (SHC8454K) to move forward about 1 car length away. I came out of my car (SHC8454K) and discovered this vehicle (XD7353E) front hit onto my car (SHC8454K) rear. Both of us ensure nobody were injured and exchanged particulars. Both parties then took photo of the scene and left the scene. No police nor ambulance were at scene and no government property damage.

After the accident, I felt that my body was in pain hence I went to see a doctor at Our Family Physician Clinic & Surgery and I was issued a 5 days medical certificate by the doctor. I had in car camera which recorded the accident. I wish to states that my passenger left after the accident happened as he was rushing. I am lodging this report for insurance claims and record purposes.



Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20210823/2061

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

J /

Sgt 2 SOO AU EN

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

23/08/2021 15:27

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No: 65476414

Authentication Stamp

NP168

SIGNATURE

Classification Of Case:



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 20/08/2021 14:09 (SGT)
Date of Accident 19/08/2021 17:04 (SGT)
Exact Location of Accident Bukit Batok Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8454K

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) +65-96172904
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/P2419138
Cover Note Number -

DRIVER

Name of Driver HO CHWEE KIM
NRIC No SXXXX071E



Date Of Birth	08/04/1959
Occupation	Outdoor
Date Of Driving Pass	25/01/1979
Driving experience	42 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96172904
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 157 JALAN TECK WHYE #08-121
Address complement	-
Postcode	680157
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 - 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE 19082021 AT ABOUT 1704 HOURS, VEHICLE A (SHC8454K) WAS COMING TO A STOP UPON SEEING THE TRAFFIC LIGHT IS IN AMBER WHEN VEHICLE B (XD7353E) REAR ENDED VEHICLE A AS VEHICLE B COULD NOT BRAKE IN TIME. DRIVER OF VEHICLE A SUFFERED DULL PAIN TO HEAD AND NECK AS HE HIT THE HEADREST FROM THE IMPACT.

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	XD7353E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	GANESAN SARAVANAN
Passport No/FIN	FXXXX299R
Contact Number	(Phone) +65-87748035
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HO CHWEE KIM
Gender	Male
Phone No	(Phone) +65-96172904
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY PAIN - 5 DAYS MC
Injured person in which vehicle?	SHC8454K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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

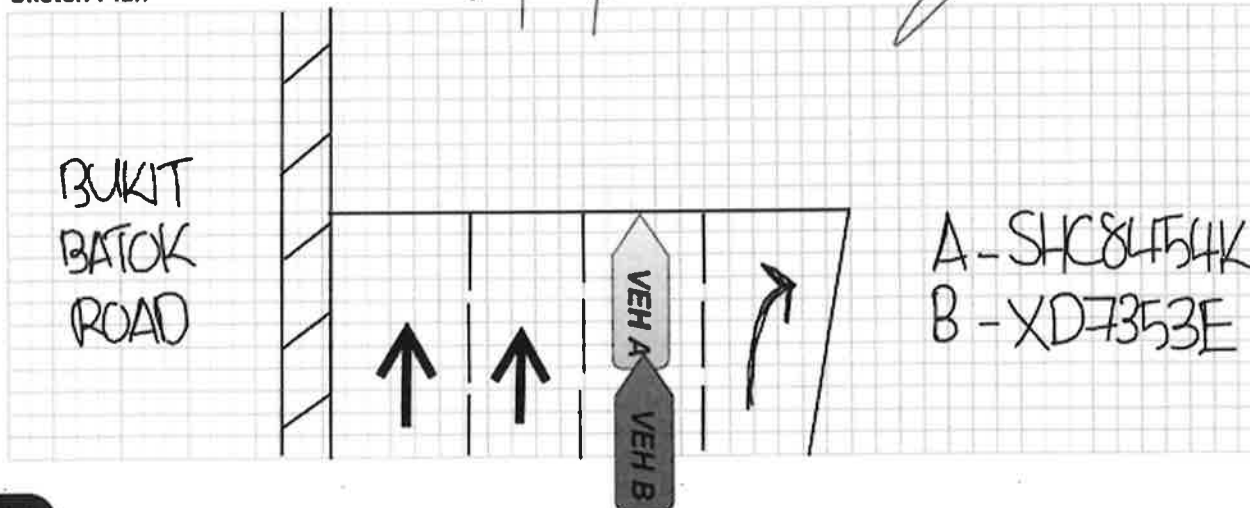
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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 19082021 AT ABOUT 1704 HOURS, VEHICLE A (SHC8454K) WAS COMING TO A STOP UPON SEEING THE TRAFFIC LIGHT IS IN AMBER WHEN VEHICLE B (XD7353E) REAR ENDED VEHICLE A AS VEHICLE B COULD NOT BRAKE IN TIME. DRIVER OF VEHICLE A SUFFERED DULL PAIN TO HEAD AND NECK AS HE HIT THE HEADREST FROM THE IMPACT.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

7/9

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

[Signature]
20/08/21 1040

Witnessed by Reporting Centre
Personnel

[Signature]