

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
SHB4473L

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
08.12.2016

CHASSIS CODE
KMHLB41UMHU096746

NO/DATE
91592696 06.09.2021

JOB NO.
305484007

ODOMETER READING

JOB TYPE

Description : 3P 22.08.2021

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	4,350.00
Add GST @ 7.000 %	304.50
Total Invoice amount	4,654.50

Issued by : KATHERINETAN 06.09.2021 10:50:46
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

WHILE TAKING ALL REASONABLE PRECAUTIONS AGAINST THE THEFT OF CUSTOMER VEHICLES, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMER AND VEHICLES ARE DELIVERED TO CUSTOMER AT OWNERS' RISK. CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 14 DAYS OF DELIVERY ADVISE THE COMPANY BY THE CUSTOMER AND NOT LATER ON THE 14TH DATE OF DELIVERY OF ANY DAMAGE TO THE VEHICLE. THE VEHICLE WILL BE DELIVERED TO THE CUSTOMER IN GOOD ORDER. INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAILY BASIS IN RESPECT OF ANY AMOUNT DUE TO THE COMPANY FROM THE PERIOD OF DEFAULT. PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY DEFECT OR DISCREPANCY WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL PROCEED TO REPAIR THE VEHICLE AT THE CUSTOMER'S RISK. THIS INVOICE IS 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: CT0821/SHB4473L/CK(st)
Date: 09.09.2021

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 22.08.2021 INVOLVING SHB4473L & SJM9949S ALONG MARSILING LANE BEF
ADMIRALLY RD**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of vehicle No SHB4473L, which was involved in the captioned accident with your insured vehicle No SJM9949S.

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\$	4,654.50
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\$	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\$ **5,609.85**

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: CT21080342

Date: 03 September 2021



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 22/08/2021 @ 22:20 hrs
ALONG MARSILING LANE BEFORE ADMIRALLY RD
INVOLVING SJM9949S, JLW7215

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 **SHB4473L** (the "Taxi"). The Taxi was hired to **NG AH YEE IC NO SXXXX732D** 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.

[illegible]

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING i 40 SHB4473 L , SJM9949S , JLW7215 ON 22-Aug-21 22:20
ALONG MARSILING LANE BEFORE ADMIRALLY RD

I / We **NG AH YEE** (Hirer) NRIC No.: **SXXXX732D**

and/or **HO SENG KIM** (Relief) NRIC No.: **SXXXX380I**

Taxi Number **SHB4473 L**

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 **NG AH YEE**

Hirer NRIC **SXXXX732D**

Signature :

Address **18B HOLLAND DRIVE #10-449**
273018

Contact No. **81813688**

Name of Relief **HO SENG KIM**

Relief NRIC **SXXXX380I**

Signature :

Address **188 HOLLAND DRIVE #09-455**
273018

Contact No. **90498819**


INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

SJM9949S

Date of Accident

22/08/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **China Taiping Insurance (Sing...**Period of Insurance **21/07/2021 - 20/07/2022**Requested By **Janet Lim Siang Gek (COMFOR...**Requested Date **23/08/2021 14:59**

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 POLICE FORCE



T/20210823/2073

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

RECEIVED
27 AUG 2021

1 of 3

Report No. T/20210823/2073

BY: X/

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/08/2021 16:19		Vide Report No.:		Station Diary No.: 58
Informant's Particulars				
Name of Informant: HO SENG KIM		Address: APT BLK 18B HOLLAND DRIVE #09-455 SINGAPORE 273018		
ID Type / ID No.: NRIC NO / S06973801		Contact No.: Home/Office: Mobile: 90498819		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 70	Date of Birth: 29/11/1950	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 22/08/2021 22:20	Type of Location: Straight Road
Location: MARSILING LANE				
Weather: Drizzling		Road Surface: Wet	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
JLW7215	Motorcycle				Slightly Damaged	0
SHB4473L	Car	HYUNDAI	I40	Blue	Slightly Damaged	0
SJM9949S	Car	HONDA	Stream	Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210823/2073

2 of 3

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20210823/2073

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location, I was driving my taxi bearing the said registration plate number, travelling along Marsiling Lane after alighting a passenger.

When I was at the traffic junction, my vehicle was already in a stationery mode, waiting for the traffic lights to turn green. Suddenly a car from the back collided into my car, causing my car to surge forward and colliding into a Malaysian motorbike.

No one was injured during the accident. We then took photos of the damages and exchanged contact before leaving.

I wish to state that this is the first time such incident happened to me and there is in-car camera installed in my taxi.



**SINGAPORE
POLICE FORCE**



T/20210823/2073

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

Report No. T/20210823/2073

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:

D /

Sgt 2 CLEMENT CHEE WEI JUN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/08/2021 16:19

Officer In Charge Of Case:

TP / AEIT /

Insp BOON YEN KIAN

Contact No.: 65476172

Classification Of Case:

Authentication Stamp

NP168

SINGAPORE
POLICE FORCE

5N 37

SIGNATURE

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	24/08/2021 09:09 (SGT)
Date of Accident	22/08/2021 22:20 (SGT)
Exact Location of Accident	Marsiling Ln, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4473L
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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) +65-90498819
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 SENG KIM
NRIC No	SXXXX380I

Date Of Birth	29/11/1950
Occupation	Outdoor
Date Of Driving Pass	18/06/1969
Driving experience	52 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90498819
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 18B HOLLAND DRIVE #09-455
Address complement	-
Postcode	273018
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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

FOREIGN VEHICLE 1

Vehicle Registration Number	JLW7215
Vehicle Category	Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 22/08/2021 AT ABOUT 2220HRS I WAS DRIVING MY VEHICLE (A) SHB4473L ON THE MOST LEFT LANE OF MARSILING LANE. AT THE ADMIRALTY ROAD CROSS JUNCTION I STOP MY VEHICLE A AT THE RED TRAFFIC LIGHTS. VEHICLE (B) SJM9949S THEN REAR ENDED MY STATIONARY VEHICLE A CAUSING MY VEHICLE A TO SURGE FORWARD AND REAR END VEHICLE (C) MOTORCYCLE JLW7215. VEHICLE C RIDER DID NOT FALL DOWN. HE SAY HE IS NOT INJURED AND AFTER HE TOOK SOME PICTURES HE LEFT THE SCENE WITHOUT EXCHANGING PARTICULARS. I THEN EXCHANGED PARTICULARS WITH VEHICLE B.

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	SJM9949S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91868158
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	JLW7215
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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 willful 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 firms/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 firms/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

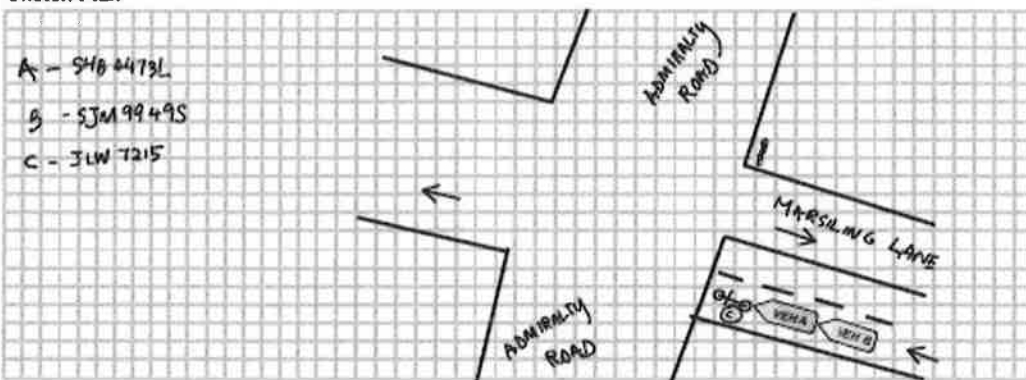
(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel




Describe Circumstances of the Accident

ON 22/08/2021 AT ABOUT 2220HRS I WAS DRIVING MY VEHICLE A SHB4473L ON THE MOST LEFT LANE OF MARSILING LANE. AT THE ADMIRALTY ROAD CROSS JUNCTION I STOP MY VEHICLE A AT THE RED TRAFFIC LIGHTS. VEHICLE B SJM9949S THEN REAR ENDED MY STATIONARY VEHICLE A CAUSING MY VEHICLE A TO SURGE FORWARD AND REAR END VEHICLE C MOTORCYCLE JLW7215. VEHICLE C RIDER DID NOT FALL DOWN. HE SAY HE IS NOT INJURED AND AFTER HE TOOK SOME PICTURES HE LEFT THE SCENE WITHOUT EXCHANGING PARTICULARS. I THEN EXCHANGED PARTICULARS WITH VEHICLE B.


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 25. 08. 2021 14 25 HRS



Witnessed by Reporting Centre Personnel Kyeon Young