

GST REG. NO. M2-8921817-3

**TAX INVOICE**

COMPANY REG. NO.: 199506048W

Page: 1

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY, AIG BUILDING #07-16  
SINGAPORE 079120

CONTACT NO: 64193000 3225094

**VEHICLE NO**  
SHA1029L**MAKE**  
HYUNDAI**MODEL**  
I-40**DATE OF REG**  
12.05.2016**CHASSIS CODE**  
KMHLB41UMGU090026**NO/DATE**  
91594056 09.09.2021**JOB NO.**  
305484953**ODOMETER READING****JOB TYPE**

Description : 3P 29.08.2021

**Invoice for Lump Sum Repair**

Total Lump Sum Repair Amt		1,150.00
Add GST @	7.000 %	80.50
Total Invoice amount		1,230.50

Issued by : KATHERINETAN 09.09.2021 10:55:22  
Repair Type : CLSO/57/57  
Payment Type/Term : /Credit 30 days

WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST THEFT, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO OUR CUSTOMERS AND VEHICLES ARE TO BE USED AT OWNERS' RISK. CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 14 DAYS FROM DELIVERY, ADVISE THE COMPANY BY THE CUSTOMER AND NOT PWD OR THE DATE OF DELIVERY IS 14 DAYS FROM THE DATE OF DELIVERY. THE PERIOD OF DEFAULT. PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY DISCREPANCY OR DISCREPANCY WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL BE DEEMED TO BE 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.

Our Ref: CT0821/SHA1029L/JW(st)  
Date: 10.09.2021



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 29.08.2021 INVOLVING SHA1029L & SGD6181S ALONG WOODLANDS AVE 7 X WOODLANDS AVE 10**

**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 SHA1029L, which was involved in the captioned accident with your insured vehicle No SGD6181S.

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\$	1,230.50
2. Loss of Rental	3 days x S\$ 114.95	S\$	344.85
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	3 days x S\$ 80.00	S\$	240.00
2. Others		S\$	0.00

[E&OE]      **Total Claims**      S\$      **1,822.84**

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



[illegible]

Our Ref: CT21080441

Date: 08 September 2021



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON                    29/08/2021    @   12:30 hrs  
ALONG                            WOODLANDS AVE 7 X WOODLANDS AVE 10  
INVOLVING                    SGD6181S

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 **SHA1029L** (the "Taxi"). The Taxi was hired to **MUHAMMAD HANIFF BIN ABDULLAH IC NO SXXXX679H** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$114.95** 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.

## Enquire Vehicle-Related Transaction History

### Transaction History Details

Log Date/Time:	30 Aug 2021 / 14:46:27		
Asset Type:	Vehicle	Transaction Amount:	\$7.49
Asset ID:	SGD6181S		
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)	Channel:	External Agency
User ID:	ECENGCC0 - GOH CHENG CHUAN ANDREW CORNELIUS	Business Transaction Reference No.:	20210830144627616287

Search Date / Time: 29 Aug 2021 12:30:00  
Insurance Company: AIG ASIA PACIFIC INSURANCE PTE. LTD.  
Information displayed is correct as at the log date and time.

[Enquire Related Logs](#)

[Back to List](#)

# SKETCH PLAN

## IMPORTANT NOTICE

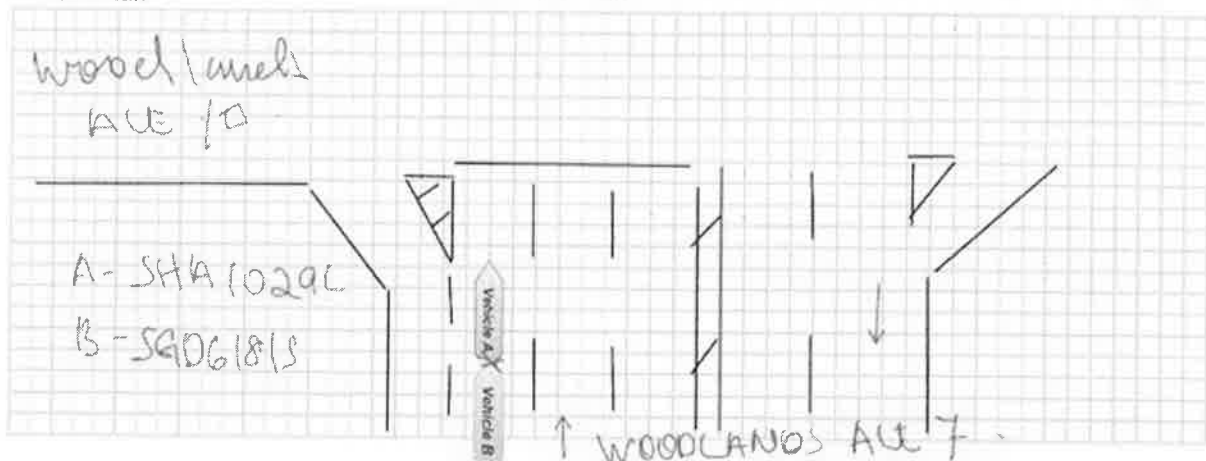
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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' 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 29/08/2021 AT ABOUT 12:30HRS, I WAS DRIVING VEHICLE A ( SHA1029L) ALONG WOODLANDS AVE 7. WHILE STATIONARY DUE TO RED TRAFFIC LIGHT, VEHICLE B ( SGD6181S) COLLIDED ONTO VEHICLE A REAR BUMPER. NOBODY WAS INJURED.

**Declaration**

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

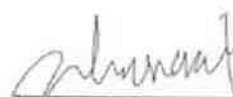


Policyholder's Signature / Date & Time

7/9

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

30/8/2021 - 1020H



Witnessed by Reporting Centre Personnel Khamu Rai