

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 SG 079120

CONTACT NO: 64193000 3225094

Description : 3P 31.08.2021

VEHICLE NO
SH 7961M

INV. NO/DATE
91594092 09.09.2021

MAKE
HYUNDAI

JOB NO.
305485153

MODEL
IONIQ(G3)

ODOMETER READING
DATE OF REG
30.10.2019

DATE/TIME IN
31.08.2021 15:05

CHASSIS CODE
KMHC851CVLU188677

| S/No | Part No. | | Qty | Unit Price | %Disc | Net |
|-------------------------|-----------------|----------------------------------|-----|------------|-------|----------|
| PART REQUISITION | | | | | | |
| 0001 | 04-01-0104-0573 | PANEL-FENDER RH# | 1 | 588.80 | 20.00 | 471.04 |
| 0002 | 04-01-0104-3913 | EMBLEM-BLUE DRIVE RH | 1 | 26.60 | 20.00 | 21.28 |
| 0003 | 04-01-0104-0592 | PANEL ASSY-FRONT DOOR RH# | 1 | 1,797.20 | 20.00 | 1,437.76 |
| 0004 | 04-01-0104-2468 | MOULDING ASSY-W/LINE FRT DOOR RH | 1 | 110.10 | 20.00 | 88.08 |
| 0005 | 28-01-0103-0003 | FRT DOOR LOGO SONATA CTPL | 1 | 75.00 | 0.00 | 75.00 |
| SUB-TOTAL | | | | : | | 2,093.16 |

JOB NATURE

| | | | | | | |
|------|-------|--------------------|--|----------|--|----------|
| 0001 | PB | PANEL BEATING | | 700.00 | | 700.00 |
| 0002 | SP | SPRAYPAINT CHARGE | | 1,250.00 | | 1,250.00 |
| 0003 | 17-01 | CHECK ALL LIGHTING | | 20.00 | | 20.00 |

WHILST TAKING ALL REASONABLE PRECAUTIONS, WE ACCEPT NO LIABILITY FOR DAMAGE TO OR LOSS OF ANY PROPERTY OR PERSONS OR OTHERS, INCLUDING OUR OWN, ARISING OUT OF THE USE OF OUR SERVICES. CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND RETURN WITHIN 14 DAYS. IF NO COMPLAINT IS MADE WITHIN THIS PERIOD, THE COMPANY SHALL NOT BE RESPONSIBLE FOR ANY DEFECTS. NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS (OTHERWISE THE VEHICLE WILL BE DEEMED TO BE IN GOOD ORDER). INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND UNPAID TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (B) AFTER 30 DAYS FROM THE REPORT OF THE PERIOD OF DEFAULT. PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEED FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS AS CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd

Head Office:
205 Braddell Road
Singapore 579701

Please note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

| ACCOUNT No. | INVOICE No. | AMOUNT | BANK/CHQ No. |
|-------------|-------------|----------|--------------|
| 8010004 | 91594092 | 4,433.18 | |
| | | | |
| | | | |

GST REG. NO. M2-8921817-3
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Page: 2

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78 SHENTON WAY.AIG BUILDING #07-16
SINGAPORE SG 079120

CONTACT NO: 64193000 3225094

VEHICLE NO
SH 7961M

MAKE
HYUNDAI

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DATE OF REG
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CHASSIS CODE
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INV. NO/DATE
91594092 09.09.2021

JOB NO.
305485153

ODOMETER READING
DATE/TIME IN
31.08.2021 15:05

| S/No | Part No. | Qty | Unit Price | %Disc | Net |
|-----------|------------------------------|-----|------------|-------|----------|
| 0004 | 20-00 | | 20.00 | | 20.00 |
| | TUFF COAT ON AFFECTED PARTS. | | | | |
| 0005 | L | | 60.00 | | 60.00 |
| | TRANSFER DOOR PART | | | | |
| SUB-TOTAL | | | : | | 2,050.00 |

| | |
|-------------------|----------|
| Items total | 4,143.16 |
| Add GST @ 7.000 % | 290.02 |
| Invoice amount | 4,433.18 |

Issued by : KATHERINETAN 09.09.2021 12:56:45
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 TO BE KEPT AT CUSTOMERS' RISK.

CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SIGN WITHIN 1 HOUR AFTER DELIVERY TO SIGNIFY THE VEHICLE IS IN GOOD ORDER. NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS CONCERNING THE VEHICLE MUST BE SUBMITTED WITHIN 14 DAYS OF DELIVERY.

INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND UNPAID TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DAY OF PAYMENT OF 10% AT THE 30 DAYS END OF THE PERIOD OF DEFAULT.

PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY DISCREPANCY WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL ASSUME 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. |
|-------------|-------------|----------|--------------|
| 8010004 | 91594092 | 4,433.18 | |
| | | | |
| | | | |

Our Ref: CT0821/SH 7961M/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

Without Prejudice

Dear Sir/Madam

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 31.08.2021 INVOLVING SH 7961M & SMZ3268J ALONG HOLLAND RD

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 SH 7961M, which was involved in the captioned accident with your insured vehicle No SMZ3268J.

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\$ | 4,433.18 |
| 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\$ **5,461.13**

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 |
| <input checked="" type="checkbox"/> 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

Our Ref: CT21080508

Date: 09 September 2021



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 31/08/2021 @ 13:50 hrs
ALONG HOLLAND RD
INVOLVING SMZ3268J

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 **SH7961M** (the "Taxi"). The Taxi was hired to **PHUA BAH CHEE IC NO SXXXX149G** 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.

[illegible]

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SMZ3268J

Date of Accident

31/08/2021



Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **AIG Asia Pacific Insurance Pte....**

Period of Insurance **22/04/2021 - 21/04/2023**

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

Requested Date **31/08/2021 17:22**

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**

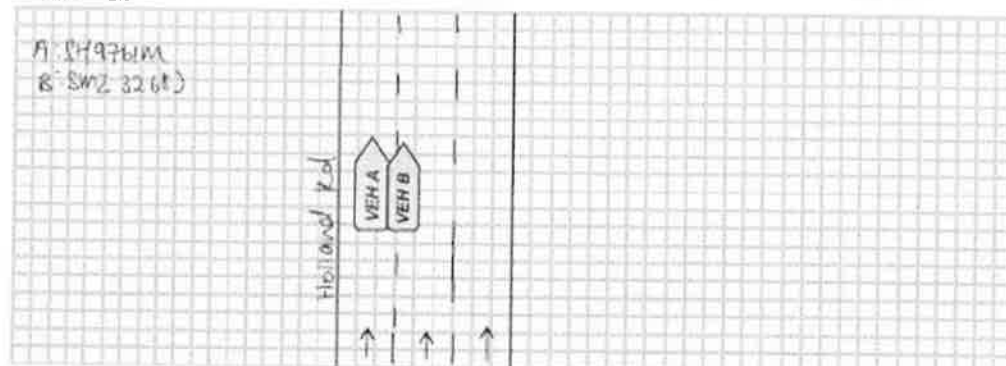
SKETCH PLANIMPORTANT NOTICE

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 31/8/21 1545

Witnessed by Reporting Centre Personnel Sayyaf

Sketch Plan

Describe Circumstances of the Accident

ON THE 31/08/2021 AT AROUND 1350HRS, I WAS DRIVING MY VEHICLE A SH9761M ALONG HOLLAND ROAD NEAR JALAN JELITA. I WAS ON THE LEFT LANE HEADING TO JALAN JELITA TO DROP MY PASSENGER WHEN SUDDENLY VEHICLE B SMZ3268J SIDE SWIPE VEHICLE A. THERE IS DAMAGE ON THE RIGHT OF VEHICLE A. THERE IS NO INJURIES.

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 31/8/21 1545

Witnessed by Reporting Centre Personnel Jalyat