

TAX INVOICE

8010048

NTUC INCOME INSURANCE CO-OP LTD
NTUC TRADE UNION HOUSE

73 BRAS BASAH ROAD #05-01
SINGAPORE 189556

CONTACT NO: 63363322

VEHICLE NO
SHA1862Y

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
13.10.2016

CHASSIS CODE
KMHLB41UMHU095302

NO/DATE
91549542 09.03.2021

JOB NO.
305452741

ODOMETER READING

JOB TYPE

Description : 3P 03.02.2021

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		1,450.00
Add GST @ 7.000 %		101.50
Total Invoice amount		1,551.50

Issued by : CHEWBEELENG 09.03.2021 14:13:41
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

ComfortDelGro Engineering Pte Ltd
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.

Our Ref : CT0221/ SHA1862Y /CK(st)
Your Policy :
Date : 12-Mar-2021

NTUC Income Insurance Cooperative Ltd
73 Bras Basah Road
#05-01 NTUC Trade Union House
Singapore 189556

CDGE Taxi Claims Depart
59 Loyang Drive 4th Floor
Singapore 508969

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

WITHOUT PREJUDICE

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

Attn : Motor Claims Department

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHA1862Y YOUR INSURED GBC3706M
AND OTHER _____ ON 3-Feb-2021

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHA1862Y which was involved in the captioned accident with your insured vehicle. The vehicle owner and the taxi driver concerned have requested and authorized us to assist them in presenting their claims against the party responsible for all applicable matters arising from the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving : GBC3706M we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,551.50
2	<u>2</u> days Loss of Rental @ \$ <u>110.67</u> per day	\$ <u>221.34</u>
3	Survey Report Fees (<i>Surveyed by M/s LKK</i>)	\$ -
4	LTA Search Fees	\$ <u>2.00</u>
5	GIA / Police Report Fees	\$ -
6	Towing Fees	\$ -
Sub Total :		\$ <u>1,774.84</u>

HIRER'S CLAIM

7	<u>0</u> days Loss of Income @ \$ <u>80.00</u> per day	\$ -
Total Claims :		\$ <u>1,774.84</u>

We enclose herewith the following documents to support the claims: -

- a) Original repair bill : _____
- b) LTA search slip/s of : GBC3706M
- c) GIA / Police report/s of : SHA1862Y
- d) Letter of authority from owner / hirer / operator
 - (x) Rental Rate letter () Certificate of Insurance (X) Downtime/Mileage record
 - () Hirer's Income Tax () Tow Chit () PIR

Kindly look into the matter and let us hear from you on the settlement of the said 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 faithfully

Catherine Koh

CDGE Claims Department

Tel : 6214 8733 Fax : 6214 1843 Email : catherinekoh@cdge.com.sg

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

Our Ref: CT21020054

Date: 09 March 2021



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 03/02/2021 @ 19:25 hrs
ALONG BT TIMAH RD TWDS WOODLANDS
INVOLVING GBC3706M

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 **SHA1862Y** (the "Taxi"). The Taxi was hired to **ZAINALABIDIN B TAHAR IC NO SXXXX337B** 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 Singapore 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.

NAME OF DRIVER

DATE

HOURS OPERATED (TIME)

MILEAGE TRAVELLED (KM)

MILEAGE READING

NAME OF DRIVER
SHA1862Y

DATE

FROM

TO

2240

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Accident?

Repair?

D.D. Sandalwood

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LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING i 40 SHA1862Y , GBC3706M
ALONG BT TIMAH RD TWDS WOODLANDS****ON 03-Feb-21 19:25**I / We **ZAINALABIDIN B TAHAR** (Hirer) NRIC No.: **SXXXX337B**and/or (Relief) NRIC No.: **SXXXX337B**Taxi Number **SHA1862Y**

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 **04-Feb-2021**Name of Hirer **ZAINALABIDIN B TAHAR**Hirer NRIC **SXXXX337B**

Signature :

Address **543 CHOA CHU KANG STREET 52 #...
680543**Contact No. **94521767**

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

GBC3706M

Date of Accident

03/02/2021



Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance NTUC

Period of Insurance 28/02/2020 - 27/02/2021

Requested By Huang Xiao Yan (COMFORTDEL...

Requested Date 04/02/2021 13:47

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**

SHA18627



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	04/02/2021 16:06 (SGT)
Date of Accident	03/02/2021 19:25 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1862Y
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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) +65-94521767
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

INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

DRIVER

Name of Driver	ZAINALABIDIN BIN TAHAR
NRIC No	SXXXX337B
Date Of Birth	16/02/1960
Occupation	Outdoor

Date Of Driving Pass	14/11/1983
Driving experience	37 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94521767
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 543 CHOA CHU KANG STREET 52 #03-72
Address complement	-
Postcode	680543
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material 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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 3/2/2021 @ 0725PM, I WAS DRIVING ALONG BUKIT TIMAH ROAD ONBOARD ME VEHICLE SHA1862Y, I WAS ON THE 4TH LANE BEFORE I ENTER THE CHEVRON MARKING AS I DROVE INTO THE SPLIT ROAD A VEHICLE NUMBER GBC3706M COLLIDED ONTO MY RIGHT SIDE OF THE VEHICLE. THERE'S 1 PAX ONBOARD. BOTH DRIVER ALIGHTED AND TOOK PICTURES OF VEHICLES. THE OTHER DRIVER REFUSED TO EXCHANGE ID. NO INJURY SUSTAINED FOR BOTH THE PASSENGER AND MYSELF.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC3706M
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

IMPORTANT NOTICE

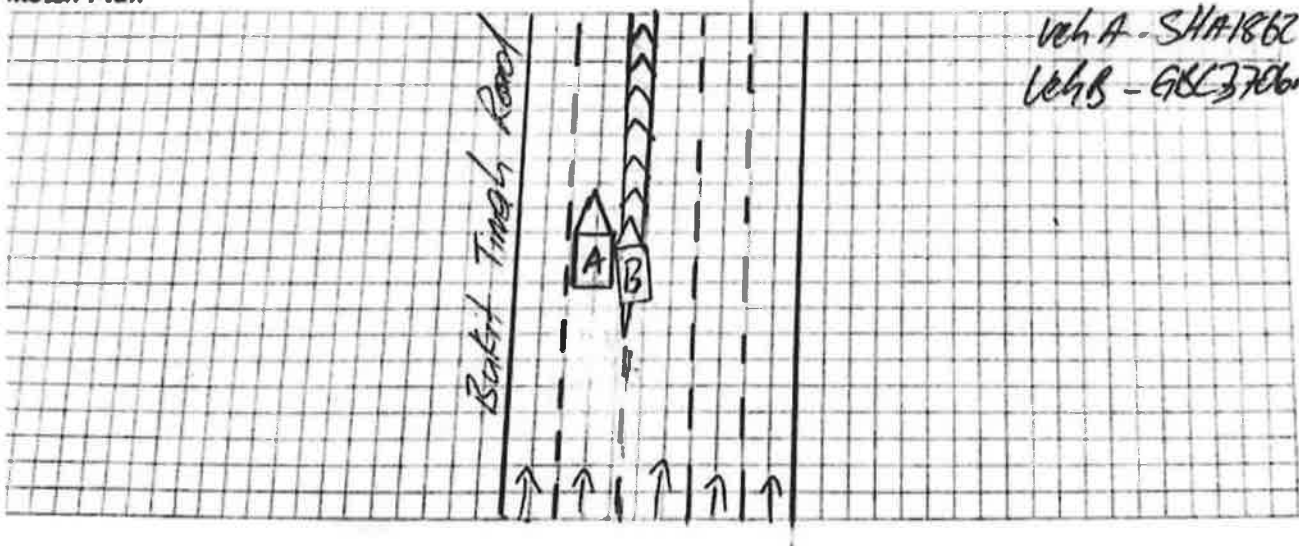
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 3/2/21 @ 7:15pm I was driving along Baiti Timah Road onboard my vehicle SH018624. I was on the 4th line before I enter the chavon marking as I drove into the split road a vehicle no G8C3706M collided onto my right side of the vehicle There's 1 pax onboard. Both driver alighted and took pictures of vehicles. the other driver refused to exchange id. for No injury sustained for both. the passenger and myself.

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

Witnessed by Reporting Centre Personne

[Signature]

4/2/21

@ 11:45a

[Signature]