

Our Ref: CC0422/SHA 506H/KS(st)
Date: 26.05.2022

INDIA INTERNATIONAL INSURANCE P/L
64 CECIL STREET #04-00/06-00
Singapore 049711

Attn : Motor Claims Department **Without Prejudice**

Dear Sir/Madam

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

www.cdge.com.sg

Company Registration No: 199506048W

**ACCIDENT ON 13.04.2022 INVOLVING SHA 506H & YP 7452C ALONG BRADDELL RD TWDS
BISHAN AFTER WOODLEIGH**

We are the authorised repair workshop for CityCab Pte Ltd , the owner of vehicle No SHA 506H,
which was involved in the captioned accident with your insured vehicle No YP 7452C.

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\$	2,461.00
2. Loss of Rental	7.5 days x S\$ 125.40	S\$	940.50
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	7.5 days x S\$ 80.00	S\$	600.00
2. Others		S\$	0.00

[E&OE]	Total Claims	S\$	4,003.50
--------	---------------------	------------	-----------------

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

Kazali H S

CDGE Claims Department

DID: 62148736

FAX: -

Email: kazali@cdge.com.sg

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

A member of

COMFORTDELGRO

Workshops205 Braddell Road Singapore 579701 383 Sin Ming Drive Singapore 575717
59 Loyang Drive Singapore 508969 7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609286 320 Ubi Road 3 Singapore 408649

COMPANY REG. NO.: 199506048W

Page: 1

GST REG. NO. M2-8921817-3

TAX INVOICE

8010032

INDIA INTERNATIONAL INSURANCE PTE LTD
IOB Building64 CECIL STREET #04-00/06-00
SINGAPORE 049711

CONTACT NO: 62238122

VEHICLE NO
SHA 506HNO/DATE
91675180 12.05.2022MAKE
TOYOTAJOB NO.
305512442MODEL
PRIUS HYBRID(G4)

ODOMETER READING

DATE OF REG
05.09.2017CHASSIS CODE
JTDKB3FU103562809

JOB TYPE

Description : 3P 13.04.2022

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		2,300.00
Add GST @ 7.000 %		161.00
Total Invoice amount		2,461.00

Issued by : CHEWBEELENG 12.05.2022 11:23:59
Repair Type : CFSO/57/57
Payment Type/Term : /Credit 30 days

WHILE TAKING ALL REASONABLE PRECAUTIONS AGAINST THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT WHOLEST RISK.

CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY GIVE NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.

INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR 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 HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS 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.


INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

YP7452C

Date of Accident

13/04/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance Liberty Insurance Pte Ltd

Period of Insurance 29/09/2021 - 28/09/2022

Requested By Por Moy Juan (COMFORTDELG...

Requested Date 14/04/2022 12:43

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**

Sum 0065

RE: SHA506H VS YP7452C THIRD PARTY CLAIM AVS22/0995-TPD-SL

Lim Stewart <lim.stewart@libertyinsurance.com.sg>

Thu 14/4/2022 4:32 PM

To: Chiang Liat Choon <chianglc@cdge.com.sg>

Cc: Work Shop Estimate (SG) <workshoestimate@libertyinsurance.com.sg>; Yee Jeff <yee.jeff@libertyinsurance.com.sg>

CAUTION : This email originated from an external party outside ComfortDelGro. Do not click on links or open attachment unless you know the sender.

WITHOUT PREJUDICE

Our motor policy only covers the Own Damage claim.

Please redirect your property claim to India International Insurance Pte Ltd.

Stewart Lim
Claims Department

Liberty Insurance Pte Ltd
51 Club Street #03-00 Liberty House
Singapore 069428
DID: (65) 6328 0604



PROUD PARTNER

From: Work Shop Estimate (SG) <workshoestimate@libertyinsurance.com.sg>

Sent: Thursday, April 14, 2022 3:09 PM

To: Yee Jeff <yee.jeff@libertyinsurance.com.sg>

Cc: Lim Stewart <lim.stewart@libertyinsurance.com.sg>; Chiang Liat Choon <chianglc@cdge.com.sg>; Work Shop Estimate (SG) <workshoestimate@libertyinsurance.com.sg>

Subject: FW: SHA506H VS YP7452C THIRD PARTY CLAIM AVS22/0995-TPD-SL

Hi Jeff

Please schedule for survey

Regards
Workshop Estimate

From: Chiang Liat Choon <chianglc@cdge.com.sg>

Sent: Thursday, 14 April 2022 1:32 PM

To: Work Shop Estimate (SG) <workshoestimate@libertyinsurance.com.sg>

Subject: SHA506H VS YP7452C THIRD PARTY CLAIM AVS22/0995-TPD-SL

Officer - In - Charge,

Attached herewith repair estimate and GIA.

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING TOYOTA PRIUS SHA506H , YP7452C ON 13-Apr-22 18:35
ALONG BRADDELL RD TWDS BISHAN AFTER WOODLEIGH PARK

I / We **LIM KUAN MENG** (Hirer) NRIC No.: **SXXXX488E**

and/or (Relief) NRIC No.: **SXXXX488E**

Taxi Number **SHA506H**

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 **14-Apr-2022**

Name of Hirer **LIM KUAN MENG**

Hirer NRIC **SXXXX488E**

Signature :



Address

Contact No.

[illegible]

Our Ref: CC22040207



Date: 12 May 2022

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	13/04/2022 @ 18:35 hrs
ALONG	BRADDELL RD TWDS BISHAN AFTER WOODLEIGH PARK
INVOLVING	YP7452C

We refer to the above-mentioned accident and wish to inform that **CityCab Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHA0506H** (the "Taxi"). The Taxi was hired to **LIM KUAN MENG IC NO SXXXX488E** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.40** 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.

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	14/04/2022 12:59 (SGT)
Date of Accident	13/04/2022 18:35 (SGT)
Exact Location of Accident	Braddell Rd, Singapore
Additional Location Information	TOWARDS BISHAN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA506H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXX839G
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-97251853
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1798

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419140
Cover Note Number	-

DRIVER

Name of Driver	LIM KUAN MENG
NRIC No	SXXXX488E



Date Of Birth	19/02/1967
Occupation	Outdoor
Date Of Driving Pass	21/10/1986
Driving experience	25 YEARS AND 6 MONTHS
Gender	
Mobile Number	
Alt. Phone Number	
Email Address	
Address	
Address complement	
Postcode	821421
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	Side Swipe
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 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	MEILING
Gender	Female

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 13/04/2022 AT ABOUT 1835HRS I WAS DRIVING MY VEHICLE A (SHA506H) ALONG BRADDELL ROAD TOWARDS BISHAN. AFTER WOODLEIGH PARK VEHICLE B (YP7452C) FROM MY BEHIND RIGHT SIDE, SIDE SWIPE HIS VEHICLE B FRONT LEFT DOOR STEPS ONTO MY VEHICLE A RIGHT REAR SIDE. NO ONE WAS INJURED. PARTICULARS EXCHANGED

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	YP7452C
Vehicle Manufacturer	-
Vehicle Model	-



Vehicle Variant	.....	-
Vehicle Colour	.....	-
Vehicle Category	.....	- Commercial vehicle
Name of Driver	.....	-
Contact Number	.....	- (Phone) +65-88531650
Address	.....	-
Address complement	.....	-
Postcode	.....	-
Insurance Company Name	.....	-
Nature Of Damage	.....	-
Details of property damaged in accident	.....	-
No. Of Passenger (Including Driver)	.....	- 1

SKETCH PLANIMPORTANT NOTICE

1. Please report promptly 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' 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, 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

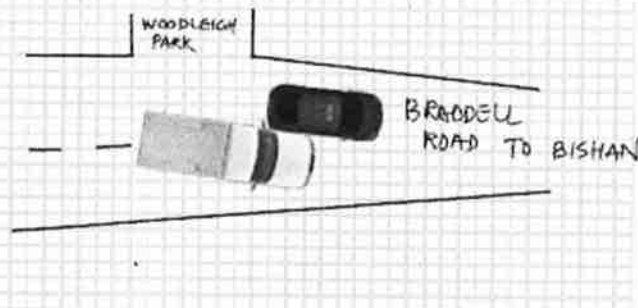
Sketch Plan

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

Witnessed by Reporting Centre Personnel

A-SHA506H

B-YP7452C



Describe Circumstances of the Accident

ON 13/04/2022 AT ABOUT 1835HRS I WAS DRIVING MY VEHICLE A SHA506H ALONG BRADDELL ROAD TOWARDS BISHAN. AFTER WOODLEIGH PARK VEHICLE B YP7452C FROM MY BEHIND RIGHT SIDE, SIDE SWIPE HIS VEHICLE B FRONT LEFT DOOR STEPS ONTO MY VEHICLE A RIGHT REAR SIDE. NO ONE WAS INJURED. PARTICULARS EXCHANGED

Declaration

(We declare the foregoing particulars are true in every respect.)

Policyholders Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

19.04.2022

1220HRS

Hyun Yong