Our Ref:

Dear Sir/Madam

CT0822/SH 6515A/KS(st)

Date:

21.10.2022



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

Attn : Motor Claims Department

Without Prejudice

ComfortDelGro Engineering Pte Ltd 205 Braddell Road Singapore 579701

Mainline +65 6383 6280 Facsimilie +65 6280 9755

www.cdge.com.sg

Company Registration No: 199506048W

# ACCIDENT ON 22.08.2022 INVOLVING SH 6515A & SNB8515C ALONG MBFC TOWER 3 DRIVEWAY

We are the authorised repair workshop for Comfort Transportation Pte Ltd , the owner of vehicle No SH 6515A, which was involved in the captioned accident with your insured vehicle No SNB8515C.

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:

#### 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

320 Ubi Road 3 Singapore 408649

Sungei Kadut 7 Sungei Kadut Way Singapore 728791

#### Taxi Owner's Claim:

1. Cost of Repairs		S\$	1,498.00
2. Loss of Rental	4 days x S\$ 169.74	S\$	678.96
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	4 days x S\$ 80.00	S\$	320.00
2. Others		S\$	0.00

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** 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:

[E&OE]

**Total Claims** 

SŚ

2,504.45

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 Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 6280 9755 Workshops

205 Braddell Road Singapore 579701 59 Loyang Drive Singapore 508969 45 Pandan Road Singapore 609286

383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791 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 Building

64 CECIL STREET #04-00/06-00 SINGAPORE 049711

CONTACT NO: 62238122

VEHCLE NO SH 6515A

**NO/DATE** 92520938 19.10.2022

MAKE

MERCEDES BENZ

JOB NO. 305527387

MODEL E220CDI(E6) ODOMETER READING

DATE OF REG 12.05.2015

CHASSIS CODE WDD2120012B170279

JOB TYPE

Description: 3P 22.08.2022

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt Add GST @ 7.000 %

1,400.00

Total Invoice amount

1,498.00

98.00

Issued by : KATHERINETAN 19.10.2022 13:40:26 Repair Type : CLSO/57/57 Payment Type/Term : /Credit 30 days

ACCOUNT No.

ComfortDelGro Engineering Pte Ltd

Head Office: 205 Braddell Road Singapore 579701

INVOICE No.

**AMOUNT** 

BANK/CHQ No.

Kindly note that no receipt shall be issued unless requested.

**CUSTOMER'S COPY** 

# > Back to OneMotoring

Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time:

22 Aug 2022 / 15:31:18

Receipt Date/Time: 22 Aug 2022 / 15:31:18

# Tax Invoice/Receipt

Receipt No.: ITNET-00000-220822-002677

Previous Receipt No.:

S/N Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SNB8515C As at 22 Aug 2022/09:30:00 Insurance Co: INDIA INT'L INS PTE LTD  Insurance Enquiry - SNB8515C				
Enquiry Fee 20220822153005497434		7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	434922XXXXXX1091	eNETS (	Credit Card	7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

#### THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

SH GSISA

(#2		MILE		1-1	1 1	1
		NAME OF DRIVER		9		
\	DATE					
	HOURS OPERATED (TIME)	340				
The section of the second seco	ILEAGE AVELLED (KM)	90				
	MILEAGE READING				700/1754sserve	
	NAME OF DRIVER	repair				
	DATE DATE				ACCESSOR AND ADMINISTRAÇÃO DE SERVICIO.	

Our Ref: CT22080365

Date: 24 August 2022



# TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

22/08/2022 @ 09:30 hrs

ALONG

MBFC TOWER 3 DRIVEWAY

**INVOLVING** 

SNB8515C

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 SH6515A (the "Taxi"). The Taxi was hired to CHOO SWEE HWA IC NO SXXXX456F a registered hirer-operator of Comfort Transportation Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$169.74 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.

### 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 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 sability 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)

lunderstand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers law yers/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;
- (i) investigating the accident and/or my claims;
- (ii) 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 taw 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 yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

FLASH ACCIDENT

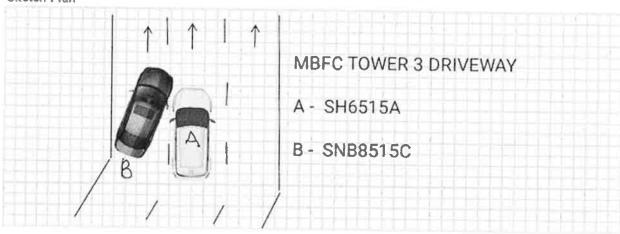
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 21/8/22@1430H

Witnessed by Reporting Centre Personnel

FRO KHAMARA

Sketch Plan



Describe Circumstances of the Accident

ON22/08/2022 AT ABOUT 09:30HRS, I WAS DRIVING VEHICLE A (SH6515A) AT MBFC TOWER 3 DRIVEWAY. AS I TRAVELLING STRAIGHT, VEHICLE B (SNB8515C) FROM STATIONARY MOVING OUT AND COLLIDED ONTO VEHICLE A AT FRONT LEFT SIDE. NOBODY WAS INJURED AT THE TIME OF THE ACCIDENT.

#### Declaration

I/We declare the foregoing particulars are true in every respec

Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Date & Time 23 | & | 22 @ | (+ 30 H)

FLASH ACCIDENT
REPORTING OFFICER
FRO KHAMARAJ

Witnessed by Reporting Centre Personnel



IMPORTANT.NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADI	DENDUM
A)	PARTICULARS OF PERSON MAKING THE AMENI	DMENTS:
	Original Report No: SJDG228M001J	Vehicle Registration No. SH6515A
	Name (as shown to Nuc) Comfort Transportation	Pte Ltd NRIC/FIN/Passport No: 1XXXXXX821R
	(*Vehicle Driver/Vehicle Owner) (*) Plasse dels	te as appropriate
	Address:	Singapore (
	Contact (Tei):	Mobile No.:
	Email Address:	
	Date of Accidents 22/08/2022	Time of Accident: 09:30
	Place of Accidents 12 Marina Blvd.	
	Insurance Company: AXA Insurance Singapo	
13	ADDITIONAL INFORMATION /AMENDMENTS:	
- 0	make the following amendments:	
10	UPDATE THE ACCIDENT TIME	
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Accident report SJ0G228M001J