

Our Ref: CT0922/SHD3560P/KS(st)
Date: 03.11.2022



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

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Attn : Motor Claims Department

Without Prejudice

Mainline +65 6383 6280
Facsimilie +65 6280 9755

Dear Sir/Madam

www.cdge.com.sg

Company Registration No: 199506048W

**ACCIDENT ON 07.09.2022 INVOLVING SHD3560P & SMP 147Y ALONG CHANGI AIRPORT TI
DEPARTURE**

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 SHD3560P, which was involved in the captioned accident with your insured vehicle No SMP 147Y.

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\$	3,852.00
2. Loss of Rental	4 days x S\$ 125.40	S\$	501.60
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

[E&OE] **Total Claims** S\$ **4,681.09**

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

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

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

VEHICLE NO
SHD3560P

NO/DATE
92620706 02.11.2022

MAKE
TOYOTA

JOB NO.
305529194

MODEL
PRIUS HYBRID(G4)

ODOMETER READING

DATE OF REG
20.09.2016

CHASSIS CODE
JTDKB3FU003530448

JOB TYPE

Description : 3P 07.09.2022

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		3,600.00
Add GST @ 7.000 %		252.00
Total Invoice amount		3,852.00

Issued by : CHEWBEELENG 02.11.2022 13:45:26
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 DRIVEN AND TESTED AT OWNERS' RISK. CUSTOMERS SHALL INSPECT THEIR VEHICLE 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 (IE 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.

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.



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

END 3560P

DA 719122

Print Date/Time : 07 Sep 2022 / 13:13:05

Receipt Date/Time : 07 Sep 2022 / 13:13:05

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220907-001817

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 - SMP147Y				
As at 07 Sep 2022/10:00:00				
Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SMP147Y Enquiry Fee 20220907131135013092	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.

Our Ref: CT22090093

Date: 02 November 2022



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	07/09/2022 @ 10:00 hrs
ALONG	CHANGI AIRPORT TI DEPARTURE
INVOLVING	SMP147Y

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 **SHD3560P** (the "Taxi"). The Taxi was hired to **LEE MUN KUM IC NO SXXXX910H** a registered hirer-operator of **Comfort Transportation 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.

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 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

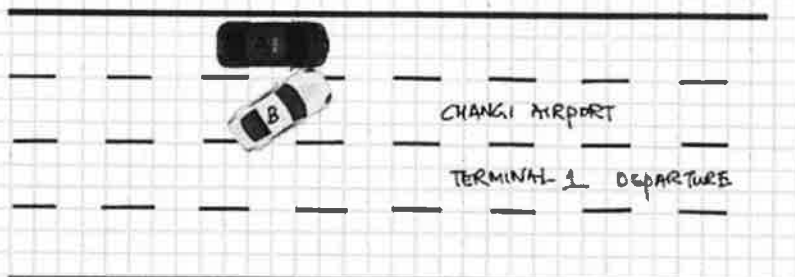
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SHD 3560P

B - SMP 147Y



Describe Circumstances of the Accident

ON 07.09.2022 AT ABOUT 1000HRS I WAS DROVE MY VEHICLE A SHD3560P TO CHANGI AIRPORT TERMINAL 1 DEPARTURE TO DROP OFF PASSENGERS. AS MY VEHICLE A WAS ON THE MOST LEFT LANE SLOWING DOWN, VEHICLE B SMP147Y ON MY RIGHT CUT INTO MY LANE. VEHICLE B LEFT FRONT THEN SIDE SWIPE MY VEHICLE A RIGHT FRONT. MY PASSENGERS ARE NOT INJURED. AS FOR MYSELF I FELT STIFFNESS ON MY NECK. NO PARTICULARS EXCHANGE

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 Personnel

		Licence & Expiry Date	
Date Treatment	07/09/2022	Date Discharge	07/09/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 07.09.2022 at about 10am, I was driving along Changi Airport Terminal 1 departure hall to drop off 2 passengers. I was driving slowly on left side of the lane preparing to stop near door 1. While moving slowly, suddenly a vehicle from the right lane cut through my lane and the said vehicle front left bumper hit on to my front right bumper. The driver told me that it was my fault as I did not give way to him. He refused to give his particulars as he said that it was my fault. He then left the scene. I went to Care Medical Clinic for medical attention as I feel pain on the back of neck and back. I was given 5 days MC due to the accident. My vehicle front right bumper was slightly damage. That's all.