

Our Ref: CC1022/SHC7172E/KS(st)
Date: 27.01.2023

ATTORNEY GENERAL CHAMBERS
1 UPPER PICKERING STREET
Singapore 058288

Attn : Motor Claims Department

Without Prejudice

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

www.cdge.com.sg

Company Registration No: 199506048W

Dear Sir/Madam

ACCIDENT ON 31.10.2022 INVOLVING SHC7172E & 46274MID ALONG SIMEI ST 3

We are the authorised repair workshop for CityCab Pte Ltd , the owner of vehicle No SHC7172E, which was involved in the captioned accident with your insured vehicle No 46274MID.

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\$	918.00
2. Loss of Rental	5 days x S\$ 110.67	S\$	553.35
3. Survey Report Fee		S\$	0.00
4. LTA Search Fee		S\$	0.00
5. GIA / Police Report Fee		S\$	0.00
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\$	1,871.35
--------	---------------------	------------	-----------------

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 :	

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

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING i 40 SHC7172E , 46274MID
ALONG SIMEI ST 3****ON 31-Oct-22 22:45**I / We **NEO BOCK SENG** (Hirer) NRIC No.: **SXXXX838B**and/or (Relief) NRIC No.: **SXXXX838B**Taxi Number **SHC7172E**

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 **01-Nov-2022**Name of Hirer **NEO BOCK SENG**Hirer NRIC **SXXXX838B**

Signature :

Address **499C TAMPINES AVE 9 #09-268
523499**Contact No. **90039263**

DISCHARGE VOUCHER AND INDEMNITY

Claimant Ref: **SHC7172E**

IOD No: **CY22/MID46274/311022/0038**

I / We, the undersigned **CITYCAB PTE LTD** DO HEREBY AGREE that payment by the Government of the Republic of Singapore as represented by the Ministry of Defence (hereinafter referred to as the "Government") of the sum of **SGD ONE THOUSAND FIVE HUNDRED SIXTY AND CENTS SIXTY EIGHT ONLY (S\$1,560.68)** shall be the full and final settlement of all claims (other than Personal Injury Claims) howsoever arising out of or in connection with the damages caused to my/our vehicle no. **SHC7172E**, in an accident involving Government vehicle no. **MID46274** on **31/10/2022** at/ along **SIMEI ST 3**.

I/ We hereby authorize you to make payment in favour of **COMFORTDELGRO ENGINEERING PTE LTD**.

I/ We agree that the payment is made without any admission of liability on the part of the Government or any agent or servant of the Government, I/We declare that I/We have no further claim whatsoever against the Government or any agent or servant of the Government in respect of the abovementioned incident and hereby give the Government a full and final discharge in respect of any liability or liabilities (Excluding Personal Injury Claims) which may arise out of the aforesaid accident.

I/We also declare that I am/We are the person entitled to receive the above compensation and hereby undertake to indemnify the Government against any claim made or which may be made by any person in connection with this matter.

Date: 06-06-2023

Signature of Claimant (with company stamp if applicable): _____

Name of Claimant: **CITYCAB PTE LTD**
CO. REG. NO. 199502839G

If the Claimant is a Company or Firm, Name and Designation
Of the person signing on behalf of the Company or Firm.

Signature of Witness: _____

Name and Designation of Witness: Catherine Koh

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508969
KAZALI
Claims Executive

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508969

"The contents of this document apply to vehicle damages only.
All personal injuries and damages arising therefrom are excluded.
from the ambit and application of this document"

Please forward your cheque made payable to:
COMFORTDELGRO ENGINEERING PTE LTD

GST REG. NO. M2-8921817-3

TAX INVOICE

8010008

ATTORNEY GENERAL CHAMBERS

1 UPPER PICKERING STREET
SINGAPORE 058288

CONTACT NO:

VEHICLE NO
SHC7172E

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
07.04.2016

CHASSIS CODE
KMHLB41UMGU086979

NO/DATE
93118788 19.01.2023

JOB NO.
305535067

ODOMETER READING

JOB TYPE

Description : 3P 31.10.2022

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	850.00
Add GST @ 8.000 %	68.00
Total Invoice amount	918.00

Issued by : KATHERINETAN 19.01.2023 13:31:14
Repair Type : CFSO/57/57
Payment Type/Term : /Credit 30 days

1. WHILE TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR LOSS OR OTHER INCIDENTS RELATING TO CUSTOMERS' AND VEHICLES ARE DRIVEN AND TESTED BY OWNERS ONLY.

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

3. 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 DATE).

4. 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

ACCOUNT No.

INVOICE No.

AMOUNT

BANK/CHQ No

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

Our Ref: CC22100523



Date: 07 November 2022

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 31/10/2022 @ 22:45 hrs
ALONG SIMEI ST 3
INVOLVING 46274MID

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 **SHC7172E** (the "Taxi"). The Taxi was hired to **NEO BOCK SENG IC NO SXXXX838B** a registered hirer-operator of **CityCab 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 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.

DATE	NAME OF DRIVER	MILEAGE READING				MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		958	249				FROM	TO
28-10-22	N/A	958	249		321.1	1925	0600	
29-10-22	Lax	958	450		900	0800	1730	
29-10-22	N/A	958	863		213.3	1950	2430	
30-10-22	Lax	958	918		255	0800	1635	
30-10-22	N/A	959	116		197.7	2300	0550	
31-10-22	Lax	959	118		201	0800	1639	
31-10-22	N/A	959	404		86.6	2000	0018	
31-10-22					2407.72E	23.40	-	
05-11-22	Y Hardant Repairs				N/A	-	0850	
		</						

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 Actual 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	01/11/2022 10:52 (SGT)
Reported by	Driver
Date of Accident	31/10/2022 22:45 (SGT)
Exact Location of Accident	Simei St 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7172E
-----------------------------------	----------

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) +65-90039263
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
Transmission	Auto
CC	1685

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	VFX/P2419140

DRIVER

Name of Driver	NEO BOCK SENG
NRIC No	SXXXX838B
Date Of Birth	25/07/1963
Occupation	Outdoor

Date Of Driving Pass	02/11/2001
Driving experience	20 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90039263
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	499C TAMPINES AVENUE 9 #09-268
Address complement	-
Postcode	523499
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 - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
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 31/10/2022 AT AROUND 2245HRS, I WAS DRIVING VEHICLE A (SHC7172E) ALONG SIMEI STREET 3. WHILE STATIONARY AT A RED TRAFFIC LIGHT, VEHICLE B (46274MID) SUDDENLY REAR ENDED VEHICLE A. I SUSTAINED NECK AND BACK PAIN AFTER THE ACCIDENT BUT I AM UNSURE IF MY FEMALE PASSENGER SUSTAINED ANY INJURY. THERE WERE NO OTHER VEHICLES INVOLVED IN THE ACCIDENT.

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	46274MID
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	MUHAMMAD ZAIHAN BIN ZAILANI
NRIC No	TXXXX963G
Contact Number	(Phone) +65-89213863
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NEO BOCK SENG
Gender	Male
Phone No	(Phone) +65-90039263
Address	499C TAMPINES AVENUE 9 #09-268
Address Complement	-
Post Code	523499
Approximate Age Years Old	59
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	SHC7172E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' 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;
(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 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 based 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

01/11/2022 1000HRS

Witnessed by Reporting Centre Personnel

**FLASH ACCIDENT
REPORTING OFFICER**
FRO SUFIYAN

**Sketch Plan**

SIMEI STREET 3

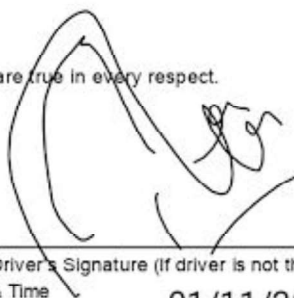
A - SHC7172E
B - 46274MID

Describe Circumstances of the Accident

ON 31/10/2022 AT AROUND 2245HRS, I WAS DRIVING VEHICLE A (SHC7172E) ALONG SIMEI STREET 3. WHILE STATIONARY AT A RED TRAFFIC LIGHT, VEHICLE B (46274MID) SUDDENLY REAR ENDED VEHICLE A. I SUSTAINED NECK AND BACK PAIN AFTER THE ACCIDENT BUT I AM UNSURE IF MY FEMALE PASSENGER SUSTAINED ANY INJURY. THERE WERE NO OTHER VEHICLES INVOLVED IN THE ACCIDENT.

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

01/11/2022 1000HRS

**FLASH ACCIDENT
REPORTING OFFICER**

FRO NAZREEN



Witnessed by Reporting Centre Personnel