

Our Ref: CT1024/SH 7765M/KS(st)  
Date: 29.10.2024

LONPAC INSURANCE BERHAD  
300 BEACH ROAD #17-04/07  
Singapore 199555

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 03.10.2024 INVOLVING SH 7765M & GBK9634E ALONG SIMS PLACE**

We are the authorised repair workshop for Comfort Transportation Pte Ltd , the owner of vehicle No SH 7765M, which was involved in the captioned accident with your insured vehicle No GBK9634E.

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\$	3,433.50
2. Loss of Rental	7 days x S\$ 114.97	S\$	804.79
3. Survey Report Fee		S\$	0.00
4. LTA Search Fee		S\$	0.00
5. GIA / Police Report Fee		S\$	2.18
6. Others		S\$	0.00

**Hirer's Claim :**

1. Loss of Income	7 days x S\$ 80.00	S\$	560.00
2. Others		S\$	0.00

[E&OE]	<b>Total Claims</b>	<b>S\$</b>	<b>4,800.47</b>
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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**

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING  
ALONG**

**TOYOTA PRIUS SH7765M , GBK9634E  
SIMS PLACE**

**ON 03-Oct-24 14:10**

I / We

**TEO AH HUAT**

(Hirer) NRIC No.:

**SXXXX577E**

and/or

(Relief) NRIC No.:

**SXXXX577E**

Taxi Number

**SH7765M**

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

**03-Oct-2024**

Name of Hirer

**TEO AH HUAT**

Hirer NRIC

**SXXXX577E**

Signature :



Address

**53 SIMS PLACE #12-168  
380053**

Contact No.

**91003488**

GST REG. NO. M2-8921817-3

**TAX INVOICE**

COMPANY REG. NO.: 199506048W

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LONPAC INSURANCE BERHAD  
THE CONCOURSE

300 BEACH ROAD #17-04/07  
SINGAPORE 199555

CONTACT NO: 62507388

VEHICLE NO  
SH 7765M

MAKE  
TOYOTA

MODEL  
PRIUS HYBRID(G4)

DATE OF REG  
05.07.2017

CHASSIS CODE  
JTDEB3FU403561136

NO/DATE  
95905269 22.10.2024

JOB NO.  
305605940

ODOMETER READING

JOB TYPE

Description : 3P 03.10.2024

**Invoice for Lump Sum Repair**

Total Lump Sum Repair Amt 3,150.00  
Add GST @ 9.000 % 283.50

Total Invoice amount 3,433.50

Issued by : KATHERINETAN 22.10.2024 14:16:58  
Repair Type : CLS0/57/57  
Payment Type/Term : /Credit 30 days

- 1) WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED OWNERS' RISK.
- 2) 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.
- 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) FOR THE PERIOD OF DEFAULT.
- 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

Kindly note that no receipt shall be issued unless requested.

**CUSTOMER'S COPY**

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.

Our Ref: CT24100048

Date: 22 October 2024



## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON                      03/10/2024    @   14:10 hrs  
ALONG                                SIMS PLACE  
INVOLVING                        GBK9634E

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 **SH7765M** (the "Taxi"). The Taxi was hired to **TEO AH HUAT IC NO SXXXX577E** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$114.97** per day (inclusive of GST).

Please be advised that the Taxi was insured with **MS First Capital Insurance 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

Fleet Insurance Team  
Asset Management

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

[illegible]

# sign

INSURER ENQUIRY

Find  
insurer

Vehicle reg. no.

GBK9634E

Date of Accident

03/10/2024 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance ..... **Lonpac Insurance Bhd**  
Period of Insurance ..... **27/01/2024 - 26/01/2025**  
Requested By ..... **Huang Xiao Yan (COMFORTDEL...**  
Requested Date ..... **03/10/2024 15:51**

Payment details

Request Amount: **S\$2**  
GST Amount: **S\$0.18**  
Total Amount Due (GST Inclusive): **S\$2.18**

General Insurance Association

Records Management Centre  
GST Registration No: **M400017735**