COMFORTDELGRO

Our Ref :	T 1117 / SHD4305S	/CL(st)			E	NGINEEKING
Your Ref: Date :	8-Dec-17	38			Comfor	DelGro Engineering Pte Ltd
Date .	0 000 11	- .0)	CDGE Taxi Cla	ims Dept	20 E 20 E	ddell Road Singapore 579701
	ACIFIC INSURANCE I	PTE LTD	59 Loyang Driv			Mainline +65 6383 6280 Facsimilie +65 6280 9755
CHARTIS B	uliding		Singapore 5089	909		www.cdge.com.sg
78 Shenton V	Vay					Company Registration No. 199506048W
#07-16						Workshops
Singapore 07	9120					Braddell 205 Braddell Road
Attn : Moto	r Claims Department	WITHOUT	PREJUDICE			Singapore 579701
Dear Sir						Loyang 59 Loyang Drive Singapore 508969
ACCIDENT IN AND OTHER	IVOLVING OUR TAXI		OUR INSURED ON 27.11.17	SLA17	<u>19G</u>	Sin Ming 383 Sin Ming Drive Singapore 575717
We are the au	ithorised repair workshop	for Comfort Tr	ansportation Pte	Ltd. the	owner o	f motor Pandar
Vehicle No:	SHD4305S which was	involved in the	captioned accide	nt with	your insu	red vehicle 45 Pandan Road
	wner and the taxi driver co	oncerned have	requested and a	uthorize	d us to a	ssist them Ub
in presenting the damage to	their claims against the pa	arty responsible	e for all applicable	matter	s arising	from 320 Ubi Road 3 Singapore 408649
	nt was caused by the neg	ligent act of you	ur insured driving	SLA17	19G	Senoko 24 Senoko Loop Singapore 758156
we are submit	tting these claim for your	consideration of	on behalf of the cl	aimants		Sungei Kadu
TAXI OWNE				Φ 0	745.00	7 Sungei Kadut Way Singapore 728791
	Repair	e 107.00 m	ar day	\$ 3,	,745.00 485.46	Yishur
2 4.5	days Loss of Rental @ Report Fees	(Surveyed b		\$	400.40	501 Yishun Industrial Park Singapore 76873
300 St. 100 St	TA Search Fees	(Surveyed D	y M/S LICITY	\$	5.35	E
- THE STREET	Police Report Fees			\$		
	/ Medical / Transporation	n		\$	_	
o rouning	, modical management		Sub Total:	\$ 4	,235.81	4
HIRER'S CL			79	1724		K
7 4.5	days Loss of Income @	② \$ 80.00 p		\$	360.00	51
			Total Claims:	\$ 4	,595.81	
We enclosed	herewith the following do	cuments to sur	port the claims: -			
	al repair bill and photocop				4	pcs.
	earch slip/s of :	SLA1719				186
	Police report/s of :	SHD4305	iS			
	of authority from owner / I	hirer / operator				
[유명]	Photograph/s of Accident Sc) Certificate of Ins	urance		
175 THE RESERVE	tness statement/s		/Mileage record			
Kindly look in soon as poss	to the matter and let us h	ear from you o	n the settlement of	of the sa	aid claims	s as
			sala ad the et it ale all	ho with	out proje	dice
Please note to any persor	that it is a condition of any nal injury claim (if any) of	settlement rea the taxi driver.	acned that it shall	be with	out preju	uice

Yours faithfully Cecilia Lee

Executive

CDGE Claims Department

Tel: 6214 8354 Fax: 6214 1843 Email: cecilialee@sparkcarcare.com

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









Asher Sng (LKKAuto)

From:

Asher Sng (LKKAuto)

Sent:

Tuesday, 5 December, 2017 3:02 PM

To:

'MARTINQUEK3@GMAIL.COM'

Subject:

ACCIDENT INVOLVING SLA 1719G AND SHD 4305D ON 27/11/2017



Auto Consultants Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 67414108

Our Ref: CC3/AIG17022696/K1ea3

05 DEC 2017

QUEK KWANG LOCK

Dear Sir/Madam,

ACCIDENT INVOLVING SLA 1719G AND SHD 4305D ON 27/11/2017

We refer to the above accident where we are acting for AIG Asia Pacific Insurance Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please note that your No-Claim Discount (NCD)(if any) will be affected and reduced by 30% (20% for commercial vehicles) upon next renewal due to this Third Party claim. However, if your policy has a NCD protector feature, it will be deemed utilized for this claim and your NCD will be protected.

Please call us if you have further queries.

Yours faithfully,

Asher

Case Handler DID: 6841 6051 FAX: 6741 4108

Email: Ashersng@lkkauto.com

AIG Asia Pacific Insurance Pte Ltd C.C. (Motor Claims Dept)

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING

SONATA SHD4305D , SLA1719G

ON 27-Nov-17 18:30

ALONG

CTE TWDS CITY

(NEAR BRADDELL EXIT 10)

I / We

ONG HENG HUP

(Hirer) NRIC No .:

S0086499D

and/or

(Relief) NRIC No.:

Taxi Number

SHD4305D

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

- To submit my/our claims for damages, costs and expense, including loss of income, loss of rental, medical fee and legal costs.
- 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).
- To sign Discharge Voucher on my/our behalf.
- 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

28-Nov-2017

Name of Hirer

ONG HENG HUP

Hirer NRIC

S0086499D

Signature:



Address

315C YISHUN AVE 9 #06-174

763315

Contact No.

97642502

RELEASE VOUCHER (AIG Asia Pacific - Express Third Party Claim)

"We/I, <u>COMFORTDELGRO ENGINEERING PTE LTD</u> ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte Ltd <u>LKK AUTO CONSULTANTS PTE LTD</u> (name of surveyor) with respect to the amount claimed for <u>SS 4280-00</u> (Global Sum) for vehicle no. <u>SHD 4305D</u> that was damaged pursuant to the accident which occurred on <u>27/11/2017</u> (date) along <u>CTE TWDS CITY</u> (location) involving vehicle no/s <u>SLA 1719G.</u>

This is pursuant to the inspection conducted on 28/11/2017 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner <u>COMFORT TRANSPORTATION</u> <u>PTE LTD</u> ("the third party claimant") of vehicle no. <u>SHD 4305D</u> make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to SHD 4305D (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

Dated this 12 (day) of ______ (month) 20 (year)

CLAIMS DETARTMENT
COMFORTDELGRO EN SINEERING PTE LTD
205 BRADDEL ROAD
SINGAPORE 579701

Signed by appointed surveyor

Signed by "the workshop" (with chop)

"The contents of this document apply to venicle damages only.

All personal injuries and damages arising therefrom are excluded from the ambit and application of this document"

COMFORTDELGRO ENGINEERING PTE LTD



A member of COMFORTDELGRO

GST REG. NO. M2-8921817-3

TAX INVOICE

Workshops

ComfortDelGro Engineering Pte Ltd

COMPANY REG. NO.: 199506048W Page: 1

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

#08-16 78 SHENTON WAY. CHARTIS BUILD

SINGAPORE 079120

CONTACT NO: 64193000

3225094

VEHCLE NO SHD4305D

INV. NO/DATE 91344745 05.12.2017

MAKE HYUNDAI JOB NO. 305093016

MODEL SONATA ODOMETER READING

DATE OF REG 28.06.2012

CHASSIS CODE KMHET41VMCA826553

JOB TYPE

Description: 3P 27.11.17

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt Add GST @ 7.000 %

3,500.00

Total Invoice amount

3,745.00

: CHEWBEELENG 05.12.2017 16:11:04

Issued by : CHEWBEELENG 05. Repair Type : CLSO/57/57 Payment Type/Term : /Credit 30 days

ComfortDelGro Engineering Pte Ltd

A member of COMFORIDELGRO

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: CT17110948

Date: 05 December 2017



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

27/11/2017 @ 18:30 hrs

ALONG

CTE TWDS CITY

INVOLVING

SLA1719G

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 SHD4305D (the "Taxi"). The Taxi was hired to ONG HENG HUP IC NO S0086499D a registered hirer-operator of Comfort Transportation Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$107.88 per day (inclusive of GST).

Please be advised that the Taxi was insured with India International 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

Christine Tay Executive, Fleet Safety

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

100000	L	VATED (TIME)		T) 40007	MILEAGE	HOURS OPERATED (TIME)	RATED (TIME
MILEAGE	HOURS OPERALED (TIME)	(ALED (LIME)	DATE		TRAVELLED	FROM .	TO
AVELLED (KM)	FROM	10			/www		1
120	1030 2350	2350	27-11-17	yeo : 57613 ,	(1)	0930 1/01	1/0/1
) (1411	01/40	27-11-17	ONG Taxilow		1730	1830
7	SPE	1405	= 7	Arcident	Ç	1830	/ [
101	1644	0/10	Z[]]	april LY C	m		3
100	0830						
223	1730	0					
るよな	0826	0491					
3 -	1830						
111	0830	1625					
2000	17/5	1.00					
235	1430	14:30 0/30					

Enquire Vehicle Insurer

Vehicle

No.

Incident

Date/Time

Search Status Insurance

Company Code

Insurance Company Name

SLA1719G

27 Nov 2017 / 18:30:00 Successful A04

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Previous

ОК

Su0 4505 D