

Our Ref : CC17120246/ SHB3311C /WT(st)

Your Ref :

Date : 21-Dec-17

CDGE Taxi Claims Dept

59 Loyang Drive 4th Flr

Singapore 508969

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 6280

Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No. 199506048W

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

Senoko

24 Senoko Loop
Singapore 758156

Sungei Kadut

7 Sungei Kadut Way
Singapore 728791

Yishun

501 Yishun Industrial Park A
Singapore 768732

AXA Insurance Pte Ltd

8 Shenton Way

#24-01, AXA Tower

Singapore 068811

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHB3311C YOUR INSURED SKV1648D
AND OTHER _____ ON 07.12.17**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : SHB3311C which was involved in the captioned accident with your insured vehicle.

The vehicle owner and the taxi driver concerned have requested and authorized us to assist them in presenting their claims against the party responsible for all applicable matters arising from the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving : SKV1648D we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	2,461.00
2	<u>7</u> days Loss of Rental @ <u>\$ 129.28</u> per day	\$	904.96
3	Survey Report Fees <i>(Surveyed by M/s LKK)</i>	\$	-
4	LTA Search Fees	\$	5.35
5	GIA / Police Report Fees	\$	-
6	Towing / Medical / Transportation Fees	\$	-
Sub Total :		\$	3,371.31

HIRER'S CLAIM

7	<u>7</u> days Loss of Income @ <u>\$ 80.00</u> per days	\$	560.00
Total Claims :		\$	3,931.31

We enclosed herewith the following documents to support the claims: -

- a) Original repair bill and photocopied photographs: 6 pcs.
b) LTA search slip/s of : SKV1648D
c) GIA / Police report/s of : SHB3311C
d) Letter of authority from owner / hirer / operator

(X) Photocopy/s of Accident Scene Photo/s () Certificate of Insurance

() Witness statement/s (x) Rental Rate letter (x) Downtime/Mileage record

Kindly look into the matter and let us hear from you on the settlement of the said 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 faithfully

William Tan

Deputy Manager

CDGE Claims Department

Tel: 6214 8737 Fax: 6214 1843 Email: williamtan@cdge.com.sg

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

A member of

COMFORTDELGRO





Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

29 DECEMBER 2017

LIM HAN NGEE
BLK 357B ADMIRALTY DRIVE
#06-148
SINGAPORE 752357

Dear Sir/ Mdm

OUR REF : CC4/AXA17023454/K1pa3
YOUR REF : GA027778 (SKV 1648D)
ACCIDENT INVOLVING SKV 1648D AND SHB 3311C ALONG/AT CHONG PANG FOOD
CTR CARPARK ON 07/12/2017

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a claim from ComfortDelgro Engineering Pte Ltd, acting on behalf of the owner of SHB 3311C against your motor insurance policy.

Pursuant to the above said accident wherein you and/or your authorized driver had amongst other information given us your version of how the accident had occurred, we as the appointed agent of your insurers shall proceed to negotiate for an amicable settlement with third party claimant.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 10 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to chewht@lkkauto.com within 10 days from the date of this letter **if not provided at our reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent.

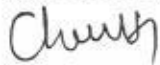
This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6742 3197 or email us at chewht@lkkauto.com.

Please quote the claim reference when you contact us that we can assist you more effectively.

Yours sincerely



Chew Hsiao Tong

Case Handler

DID: 6742 3197

FAX: 6741 4108

EMAIL: chewht@lkkauto.com

Cc *AXA Insurance Pte Ltd*
 (Motor Claims Dept)

LETTER OF AUTHORISATION

(NAF / PAF)

ON 07-Dec-17 14:35

ACCIDENT INVOLVING
ALONGi 40 SHB3311C , SKV1648D
CHONG PANG MARKET OPEN AIR CAR PARK BLK 105

I / We

ENG JENG HWEE

(Hirer) NRIC No.: S8140244B

and/or

(Relief) NRIC No.:

Taxi Number

SHB3311C

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

1. To submit my/our claims for damages, costs and expense, including loss of income, 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

08-Dec-2017

Name of Hirer
Hirer NRICENG JENG HWEE
S8140244B

Signature :



Address

423 ANG MO KIO AVENUE 3 #09-2460
560423

Contact No.

96695027



redefining / insurance

CLAIM REF
INSURED

: S7M005CV
: LIM HAN NGEE

DISCHARGE VOUCHER

We, **ComfortDelgro Engineering Pte Ltd** confirm that by letter of authorisation dated 08.12.2017, we are authorised to and do hereby give this discharge for ourselves and on behalf of CityCab Pte Ltd and the Hirer, Eng Jeng Hwee of vehicle no. SHB 3311C.

Now we **ComfortDelgro Engineering Pte Ltd** for ourselves and the said Hirer and the driver jointly and severally:-

- agree to accept the sum of Singapore Dollars Three Thousand Four Hundred Fifty only (S\$3,450.00) in the aggregate in full and final settlement of all claims of whatever kind including damages for personal injuries and/or damage to property that all and any of us may have against **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no. (SKV 1648D) arising out of an accident with (SHB 3311C) on 07.12.2017.
- declare that **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of the Insured vehicle shall not be liable for any further claim(s) whatsoever or howsoever present or future that any of us may have against **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no. SKV 1648D arising directly/indirectly as a consequence of the accident and hereby give our full and final discharge.
- We hereby declare that I/we am/are the person(s) entitled to receive the above settlement and hereby undertake to indemnify **AXA INSURANCE PTE LTD** against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made in favour of **ComfortDelgro Engineering Pte Ltd** is made without any admission of liability whatsoever on the part of **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no. SKV 1648D.

Dated this 21st day of May 2018

Signed by

(AUTHORISED SIGNATORY)

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508969

Company Stamp

Witness :

Name :

I/C No :

Address :

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508969

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

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"

AXA Insurance Pte Ltd (Company Reg. No. 199903512M)
8 Shenton Way, #24-01 AXA Tower, Singapore 068811
Customer Centre #B1-01
Tel: +65 6880 4888 Fax: +65 6338 2522 Website: www.axa.com.sg

A member of COMFORTDELGRO

GST REG. NO. M2-8921817-3

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 570701

Workshops

COMPANY REG. NO.: 199506048W
Page: 1

TAX INVOICE

8010010

AXA INSURANCE PTE LTD

#24-01 8 SHENTON WAY AXA TOWER
SINGAPORE 068811

CONTACT NO: 63387288

Description : 3P 07.12.17

VEHICLE NO
SHB3311C

MAK
HYUNDAI

MODEL
[-40]

DATE OF REG
30.10.2014

CHASSIS CODE
KMHLB41UMKU061629

INV. NO/DATE
91346956 19.12.2017

JOB NO.
305095821

DIXOMETER READING

JOB TYPE

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt.	2,300.00
Add GST @ 7.000 %	161.00
Total Invoice amount	2,461.00

Issued by : KATHERINETAN 19.12.2017 12:01:49
Repair Type : CFSO/57/57
Payment Type/Term : /Credit 30 days

ComfortDelGro Engineering Pte Ltd
A member of COMFORTDELGRO

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: CC17120246



Date: 20 December 2017

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	07/12/2017 @ 14:35 hrs
ALONG	CHONG PANG MARKET OPEN AIR CAR PARK BLK 105
INVOLVING	SKV1648D

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 **SHB3311C** (the "Taxi"). The Taxi was hired to **ENG JENG HWEE IC NO S8140244B** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$129.28** per day (inclusive of GST).

Please be advised that the Taxi was insured with **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

Christine Tay
Executive, Fleet Safety

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

SHB 3311C

OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
TO	FROM					TO	
937		11/12	ENG	372178	1611	511	939
0212							
818		07.12.17	ACCIDENT	/	14	1610	-
2355		13.12.17	REPAIR		0.7	-	1130
956							
1630							
937							
923							
2015							
941							
2350							

12/8/2017

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SKV1648D	07 Dec 2017 / 14:35:00	Successful	A12	AXA INSURANCE PTE LTD

SHB3311C