

Our Ref : T 1217 / SH 7126H / JW(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

EQ Insurance Company Limited
5 Maxwell Road, MND Complex
#17-00 Tower Block
Singapore 069110

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI SH 7126H YOUR INSURED YP 2400K AND OTHER _____ ON 11.12.17

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SH 7126H 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 YP 2400K we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 3,049.76
2	6 days Loss of Rental @ \$ 125.19 per day	\$ 751.14
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 5.35
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation Fees	-
Sub Total :		\$ 3,806.25

HIRER'S CLAIM

7	6 days Loss of Income @ \$ 80.00 per day	\$ 480.00
Total Claims:		\$ 4,286.25

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

- a) Original repair bill and photocopies of photographs : 6 pcs.
b) LTA search slip/s of : YP 2400K
c) GIA / Police report/s of : SH 7126H
d) Letter of authority from owner / hirer / operator
() Witness statement/s () Towing/Medical bill/receipts () Certificate of Insurance
(X) Photograph/s of Accident Scene (x) Downtime/Mileage record (x) Rental Rate letter

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

Jim Wong

Deputy Manager

CDGE Claims Department

Tel : 6214 8374 Fax: 6214 1843 Email : jimwong@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 **Hyundai Ioniq SH7126H , YP2400K** **ON 11-Dec-17 14:10**
MARSILING IND ESTATE RD 4 BLK 1 IN FRONT -F 01-47 GMF PTE LTD

I / We **TAN YOK CHUE** (Hirer) NRIC No.: **S0079627A**

and/or **TEO HOCK KHEE** (Relief) NRIC No.: **S1689598I**

Taxi Number **SH7126H**

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 **11-Dec-2017**

Name of Hirer **TAN YOK CHUE**
Hirer NRIC **S0079627A**

Signature :



Address **263 TAMPINES STREET 21 #03-138**
520263

Contact No. **93800077**

Name of Relief **TEO HOCK KHEE**
Relief NRIC **S1689598I**

Signature :



Address **207 TAMPINES STREET 21 08-1309**
520207

Contact No. **98342687**

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 1

8010325

EQ INSURANCE COMPANY LIMITED

#17-00 5 MAXWELL ROAD TOWER BLOCK
SINGAPORE SG 069110

CONTACT NO: 62239433

VEHICLE NO
SH 7126H

MAKE
HYUNDAI

MODEL
IONIQ

DATE OF REG
31.01.2017

CHASSIS CODE
KMHC851CVHU017944

INV. NO/DATE
91347259 20.12.2017

JOB NO.
305096886

ODOMETER READING

DATE/TIME IN
11.12.2017 15:30

Description : 3P 11.12.17

S/No	Part No.	Qty	Unit Price	%Disc	Net
PART REQUISITION					
0001	FNPS NO PLATE(S)	1	30.00	0.00	30.00
0002	04-01-0104-2361 IONIQ MOULDING-FRONT BUMP	1	108.50	20.00	86.80
0003	04-01-0104-2292 IONIQ COVER-FR BUMPER	1	490.50	20.00	392.40
0004	04-01-0104-2915 IONIQ LAMP ASSY-HEAD RH	1	1,198.80	20.00	959.04
0005	04-01-0104-2164 IONIQ GRILLE ASSY-RADIATO	1	1,227.50	20.00	982.00
SUB-TOTAL:			:		2,450.24

JOB NATURE

0001	L	PANEL BEATING	200.00	200.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA	180.00	180.00
0003	17-01	CHECK ALL LIGHTING	20.00	20.00

WE HEREBY TARIFF ALL RESPONSIBILITIES PROHIBITING AGAINST THE TRUST OR INCIDENTS INVOLVED. THE COMPANY ACCEPTS NO RESPONSIBILITY FOR LOSS OR OTHER DAMAGES INCURRED BY CUSTOMERS AND JOBBERS ARE ADVISED TO PROCEED AT OWNERS' RISK. CUSTOMERS SHALL INDEMNIFY THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL IN THE EVENT OF SUCH DAMAGE ADVISE NOTICE IN WRITING TO THE COMPANY OR ANY COMPANIES INVOLVED. THE WITHDRAWAL WILL BE DEEMED TO HAVE BEEN ACCEPTED UNLESS OTHERWISE STATED. INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAILY BASIS MADE IN RESPECT OF THIS. HIGHLIGHT DONE AND DELIVERED TO THE COMPANY BY THE CUSTOMER WHO NOTIFIED ON THE DAY DATE OF PRESENT AS APPLICABLE. FROM THE DATE OF THE PERIOD OF DEFECTS. PLEASE EXAMINE THIS NOTICE IMMEDIATELY UPON YOUR VEHICLE AND ADVISE THE COMPANY BY 2017 WITHIN 10 DAYS OF DELIVERY. WITHIN 10 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL DEEM THIS NOTICE AS CORRECT AND DUNABLE.

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.
8010325	91347259	3,049.76	

GST REG. NO. M2-8921817-3

TAX INVOICE

8010325

EQ INSURANCE COMPANY LIMITED

#17-00 5 MAXWELL ROAD TOWER BLOCK
SINGAPORE SG 069110

CONTACT NO: 62239433

VEHICLE NO
SH 7126H

MAKE
HYUNDAI

MODEL
IONIQ

DATE OF REG
31.01.2017

CHASSIS CODE
KMHC851CVHU017944

INV. NO/DATE
91347259 20.12.2017

JOB NO.
305096886

ODOMETER READING

DATE/TIME IN
11.12.2017 15:30

S/No	Part No.	Qty	Unit Price	%Disc	Net
SUB-TOTAL :					400.00

Items total	2,850.24
Add GST @ 7.000 %	199.52
Invoice amount	3,049.76

Issued by : KATHERINETAN 20.12.2017 16:20:40
Repair type : C/SO/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.
8010325	91347259	3,049.76	

Our Ref: CT17120373

Date: 19 December 2017



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	11/12/2017 @ 14:10 hrs
ALONG	MARSILING IND ESTATE RD 4 BLK 1 IN FRONT OF 01-47 GMF PTE LTD
INVOLVING	YP2400K

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 **SH7126H** (the "Taxi"). The Taxi was hired to **TAN YOK CHUE IC NO S0079627A** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.19** 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.

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
YP2400K	11 Dec 2017 / 14:10:00	Successful	E04	EQ INSURANCE COMPANY LTD

[Previous](#)[OK](#)

SH7126 H

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 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 ability.
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 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 Report 11/12/2017 16:59
Date Of Accident 11/12/2017 14:10
Exact Location Of Accident MARSILING IND ESTATE RD 4 BLK 1 IN FRT GMF PTE LTD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH7126H
Insured/Policyholder
Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD
Co Reg No 199303821R
Email Address FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No
Alternative Phone No OFFICE-65508768

Vehicle Particulars

Manufacturer HYUNDAI
Model IONIQ HYBRID

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY TAXI

Vehicle Category

Insurance Company

Name of Insurance Company FIRST CAPITAL INSURANCE LTD
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy YES
Policy Number D-1572701MFSH
Cover Note Number

Driver

Name of Driver TEO HOCK KHEE
NRIC No S1689598I
Date Of Birth 09/04/1965
Occupation OUTDOOR
Date Of Driving Pass 05/09/1996
Driving Experience 21 YEARS AND 3 MONTHS
Gender MALE
Mobile Number
Fax Number
Contact Number
Email Address NOEMAIL

