

# COMFORTDELGRO ENGINEERING

Our Ref : T1217/ SHA4204C /WT(st)

Your Ref :

Date : 16-Jan-18

**AXA Insurance Pte Ltd**  
8 Shenton Way  
#24-01, AXA Tower  
Singapore 068811

**Attn : Motor Claims Department**

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 508909

**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**  
Yishun Industrial Park A  
Singapore 768732

**WITHOUT PREJUDICE**

Dear Sir

**ACCIDENT INVOLVING OUR TAX SHA4204C YOUR INSURED SHB9535J  
AND OTHER \_\_\_\_\_ ON 29.12.17**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : SHA4204C 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 SHB9535J we are submitting these claim for your consideration on behalf of the claimants.

## TAXI OWNER'S CLAIM

|                    |   |                    |
|--------------------|---|--------------------|
| 1                  | Cost of Repair                            | \$ 942.11          |
| 2                  | 8 days Loss of Rental @ \$ 125.00 per day | \$ 1,000.00        |
| 3                  | Survey Report Fees (Surveyed by M/s LKK)  | \$ -               |
| 4                  | GIA / LTA Search Fee                      | \$ -               |
| 5                  | GIA / Police Report Fees                  | \$ -               |
| 6                  | Towing / Medical / Transportation Fees    | \$ -               |
| <b>Sub Total :</b> |   | <b>\$ 1,942.11</b> |

## HIRER'S CLAIM

|                      |   |                    |
|----------------------|---|--------------------|
| 7                    | 8 days Loss of Income @ \$ 80.00 per days | \$ 640.00          |
| <b>Total Claims:</b> |   | <b>\$ 2,582.11</b> |

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

- Original repair bill and photostat photographs 5 pcs
- LTA search slip/s of : SHB9535J
- GIA / Police report/s of : SHA4204C
- Letter of authority from owner / hirer / operator
  - ( X ) Photocopies of Accident Scene Photo/s ( ) Traffic Compound ( X ) PIR
  - ( ) 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**



**LETTER OF AUTHORISATION**

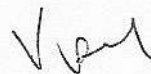
(NAF / PAF)

**ACCIDENT INVOLVING i 40 SHA4204C , SHB9535J  
ALONG TAXI Q TWDS T3 ARRIVAL HALL****ON 29-Dec-17 06:00****I / We VIJAYAKUMARAN S/O ... (Hirer) NRIC No.: S1525385A****and/or WONG WING WAH (HU... (Relief) NRIC No.: S 7634712C****Taxi Number SHA4204C****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 16-Jan-2018****Name of Hirer VIJAYAKUMARAN S/O KANAISAN  
Hirer NRIC S1525385A**

Signature :

**Address 319 CLEMENTI AVENUE 4 #06-75  
120319****Contact No. 90295927****Name of Relief WONG WING WAH (HUANG YONGHUA)  
Relief NRIC S 7634712C**

Signature :

**Address 335 CLEMENTI AVENUE 2 # 06-18  
120335****Contact No. 91011862**

# COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

GST REG. NO. M2-8921817-3

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701  
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

### Workshops

59 Loyang Drive Singapore 508969  
389 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 609286  
320 Ubi Road 3 Singapore 408649

24 Senoko Loop Singapore 758156  
7 Sungei Kadut Way Singapore 728791  
6 Defu Avenue 1 Singapore 539537

## TAX INVOICE

COMPANY REG. NO.: 199506048W

Page: 1

8010010

AXA INSURANCE PTE LTD

#24-01 8 SHENTON WAY AXA TOWER  
SINGAPORE SG 068811

CONTACT NO: 63387288

VEHICLE NO  
SHA4204C

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
22.12.2016

CHASSIS CODE  
KMHLB41UMHU097282

INV. NO/DATE  
91351239 12.01.2018

JOB NO.  
305102258

ODMETER READING

DATE/TIME IN  
29.12.2017 13:45

Description : 3P 29.12.2017

| S/No             | Part No.        |                           | Qty | Unit Price | %Disc | Net    |
|------------------|-----------------|---------------------------|-----|------------|-------|--------|
| PART REQUISITION |                 |                           |     |            |       |        |
| 0001             | 04-01-0103-0579 | I40VC COVER ASSY-RR BUMPR | 1   | 603.60     | 20.00 | 482.88 |
| 0002             | 04-01-0101-0111 | HYUNDAI BUMPER COVER CLIP | 10  | 2.20       | 20.00 | 17.60  |
| SUB-TOTAL        |                 |                           |     | :          |       | 500.48 |

### JOB NATURE

|           |        |                             |        |        |
|-----------|--------|-----------------------------|--------|--------|
| 0001      | L      | PANEL BEATING               | 200.00 | 200.00 |
| 0002      | 23-502 | SPRAYPAINT ON AFFECTED AREA | 180.00 | 180.00 |
| SUB-TOTAL |        |                             | :      | 380.00 |

- 1) WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT 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

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. |
|-------------|-------------|--------|--------------|
| 8010010     | 91351239    | 942.11 |              |
|             |             |        |              |
|             |             |        |              |



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COMPANY REG. NO.: 199506048W  
Page: 2

8010010

AXA INSURANCE PTE LTD

#24-01 8 SHENTON WAY AXA TOWER  
SINGAPORE SG 068811

CONTACT NO: 63387288

VEHICLE NO  
SHA4204C

INV. NO/DATE  
91351239 12.01.2018

MAKE  
HYUNDAI

JOB NO.  
305102258

MODEL  
I-40

ODOMETER READING

DATE OF REG  
22.12.2016

DATE/TIME IN  
29.12.2017 13:45

CHASSIS CODE  
KMHLB41UMHU097282

|                   |        |
|-------------------|--------|
| Items total       | 880.48 |
| Add GST @ 7.000 % | 61.63  |
| Invoice amount    | 942.11 |

Issued by : KATHERINETAN 12.01.2018 14:13:58  
Repair type : CL80/57/57  
Payment Type/Term: /Credit 30 days

- 1) WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS' RISK.
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## ComfortDelGro Engineering Pte Ltd

A member of COMFORTDELGRO

Head Office:  
205 Braddell Road  
Singapore 579701

| ACCOUNT No. | INVOICE No. | AMOUNT | BANK/CHQ No. |
|-------------|-------------|--------|--------------|
| 8010010     | 91351239    | 942.11 |              |
|             |             |        |              |
|             |             |        |              |

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

Our Ref: CT17121011

Date: 10 January 2018



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON                      29/12/2017    @ 06:00 hrs  
ALONG                              TAXI Q TWDS T3 ARRIVAL HALL  
INVOLVING                        SHB9535J

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 **SHA4204C** (the "Taxi"). The Taxi was hired to **VIJAYAKUMARAN S/O KANAISAN IC NO S1525385A** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.00** 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.

[illegible]





### AXA THIRD PARTY DIRECT SETTLEMENT

|                         |                      |                             |
|-------------------------|----------------------|-----------------------------|
| Vehicle No:             | SHB 9535J (Insd veh) | Model: Hyundai I40 (1685cc) |
|                         | SHA 4204C (TP veh)   |                             |
| Date of Accident/ Time: | 29/12/2017           |                             |

|                                   |      |          |                    |
|-----------------------------------|------|----------|--------------------|
| Repair Estimate                   | : \$ | 2,221.19 |                    |
| Final Repair Cost                 | : \$ |          |                    |
| Loss of Use                       | : \$ |          | days at \$ per day |
| Rental (if any)                   | : \$ |          | days at \$ per day |
| LTA / GIA Search Fee              | : \$ |          |                    |
| Others:                           | : \$ |          |                    |
| Final Settlement Sum (Global Sum) | : \$ | 1,640.00 |                    |

Payee Name: ComfortDelGro Engineering Pte Ltd

Is Third Party Workshop GIA Registered? ☒ YES ☐ NO (Kindly indicate below)

|  |                                  |   |
|--|----------------------------------|---|
| A)   | For Non GIA Registered Workshop: | Agreed Liability _____ (%)                                      |
| B)   | For GIA Registered Workshop:     | BOLA Applicable: Yes/ <del>No</del> BOLA Scenario No: <u>27</u> |
|  | BOLA Liability: <u>100</u> (%)   | Assessed Liability (*): _____ (%)                               |
| * Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply. |                                  |   |
| Remarks:   |                                  |   |




#### NOTE:

- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTEASOR IN ANY MANNER WHATSOEVER.
- AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are *not received within 7 days* of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a **full and final settlement** that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

|   |  |  |  |
|---|--|--|--|
| <br><b>AILEEN TAN</b><br>Manager, Claims   |  | <br>Signature of Witness / Workshop stamp (if applicable) |  |
| Signature of workshop representative / Workshop stamp<br>Name of Representative: <b>COMFORTDELGRO ENGINEERING PTE LTD</b><br>Date: <u>20/04/2020</u><br><b>59 LOYANG DRIVE</b><br><b>SINGAPORE 508969</b> |  | Name of Witness:<br>Date: <u>20/04/2020</u><br><b>COMFORTDELGRO ENGINEERING PTE LTD</b><br><b>59 LOYANG DRIVE</b><br><b>SINGAPORE 508969</b>   |  |
| <br>Signature of AXA's surveyor/representative:<br>Name of AXA's surveyor /Representative:<br>Date:                    |  |  |  |

**"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"**

**ACCIDENT INVOLVING SHB 9535J(AXA) AND SHA 4204C ALONG/AT TAXI QUEUE TWDS T3 ARRIVAL HALL ON 29/12/2017**

Hsiao Tong (LKKAuto) <chewht@lkkauto.com>

Thu 13/2/2020 10:54 AM

To: claims@transcab.com.sg <claims@transcab.com.sg>

Cc: transcab\_avaclaims@ava-ins.com <transcab\_avaclaims@ava-ins.com>; Admin A <admin-a@lkkauto.com>

13 Feb 2020

Transcab Taxi  
Singapore

Dear Sir,

**OUR REF : CC4/ASM18000264/K1pb3// S7M006AS**

**YOUR REF : P1680520 (SHB9535J)**

**ACCIDENT INVOLVING SHB 9535J(AXA) AND SHA 4204C ALONG/AT TAXI QUEUE TWDS T3 ARRIVAL HALL ON 29/12/2017**

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 SHA 4204C against your motor insurance policy.

Based on the accident report and accident scenario, liability is not in your favour as it is a head to rear collision. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

We also wish to advise that there is an excess of S\$5,000/- is attached with Third Party Claims. Please be informed that you shall be liable for the excess following any settlement of the third party claim. The applicability of the excess is as follows:

- 1) Any settlement equal to or above the excess, you shall be liable to make the payment of \$5000/-; or
- 2) Any settlement below the excess, you shall be liable for the amount settled.

We shall keep you informed of the third party claim settlement and thereafter kindly let us have the excess payment in your cheque payable to "AXA Insurance Pte Ltd". Please indicate your vehicle registration number and the date of accident on the back of the cheque.

Notwithstanding the excess being applied and/or received by us for the above subject matter, we expressly reserve all our rights under the policy to refund the excess payment in the event that there arises any known policy breach and or exclusion material to coverage.

As Insurers, 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 AXA and acknowledged by AXA.



Your full co-operation in the handling of the claim is required and kindly submit the following 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 our prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to AXA immediately. You may email it to [cst@axa.com.sg](mailto:cst@axa.com.sg) / [chewht@lkkauto.com](mailto:chewht@lkkauto.com) or deliver it by hand to our Customer Care Centre.

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](mailto:chewht@lkkauto.com).

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

Best Regards,

**Hsiao Tong, Chew (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6742-3197 | email: [chewht@lkkauto.com](mailto:chewht@lkkauto.com) | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)