

COMFORTDELGRO ENGINEERING

Our Ref : T 0118 / SHC1207D /WT(st)

Your Ref : _____

Date : 62/01/2018

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

CHINA INSURANCE CO LTD
3 ANSON ROAD
#16-00 SPRINGLEAF TOWER
SINGAPORE 079909

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHC1207D YOUR INSURED GBA1860Z
AND OTHER SHD9934E ON 03.01.18

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC1207D 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 GBA1860Z we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,926.00
2	5 days Loss of Rental @ \$ 98.25 per day	\$ 491.25
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transporation Fees	\$ -
Sub Total :		\$ 2,424.74

HIRER'S CLAIM

7	5 days Loss of Income @ \$ 80.00 per days	\$ 400.00
Total Claims :		\$ 2,824.74

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

- a) Original repair bill and photostat photographs : 6 pcs.
- b) LTA search slip/s of : GBA1860Z
- c) GIA / Police report/s of : SHC1207D
- d) Letter of authority from owner / hirer / operator
 - () Traffic Compound () Towing/Medical bill/receipts () Certificate of Insurance
 - () 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
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

Our Ref: CC3/CTI18000423/K1ub3

09 MARCH 2018

M/S ROYAL KNIGHT INTERNATIONAL
192 WATERLOO STREET
#05-01 SKYLINE BUILDING
SINGAPORE 187966

Dear Sir/Madam,

ACCIDENT INVOLVING SHC 1207D / GBA 1860Z / OTHERS ON 03/01/2018

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

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

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 call us if you have further queries.

Yours faithfully,

THIN THIN HLAING
Case Handler
DID: 6841 2360
Fax: 6741 4108
Email: thinthin@lkkauto.com

c.c. *China Taiping Insurance (Singapore) Pte Ltd*
(Motor Claims Dept)

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING SONATA SHC1207D , GBA 1860Z , SHD99... ON 03-Jan-18 17:50
ALONG ECP TOWARDS CHANGI AIRPORT BEFORE PIE EXIT**I / We **NG SENG LYE** (Hirer) NRIC No.: **S0232293E**

and/or (Relief) NRIC No.:

Taxi Number **SHC1207D**

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 **04-Jan-2018**Name of Hirer **NG SENG LYE**
Hirer NRIC **S0232293E**

Signature :

Address **52 LENGKOK BAHRU #05-297
150052**Contact No. **93699380**

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN1613591701

Claim No : SNM18D00086C02/0

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$ 2,600.00

Singapore Dollars Two Thousand and Six Hundred Only

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : SHC 1207D

Insured Vehicle No. : GBA 1860Z

Date of Loss : 03/01/2018

Place of Accident : ECP TOWARDS CHANGI AIRPORT

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : M/S ROYAL KNIGHT INTERNATIONAL

Driver Name : SEAN RUSSELL LIEW SENG CHUAN

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.


Global Sum	:	S\$ 2,600.00
Total	:	S\$ 2,600.00

Claimant Name : COMFORT TRANSPORTATION PTE LTD NRIC No : _____

Signature :

Date :

12.3.18


CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508969

"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"

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

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO(S) PTE L
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHC1207D

MAKE
HYUNDAI

MODEL
SONATA

DATE OF REG
19.04.2012

CHASSIS CODE
KMHET41VMCA822982

INV. NO/DATE
91351098 11.01.2018

JOB NO.
305103898

ODOMETER READING

JOB TYPE

Description : 3P 03.01.18

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,800.00
Add GST @ 7.000 %	126.00
Total Invoice amount	1,926.00

Issued by : CHEWBEELENG 11.01.2018 16:26:44
Repair Type : CLSO/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 KEPT AT OWNERS' RISK.
2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY, ADVISE THE COMPANY OF ANY COMPLAINTS, OTHERWISE, THE VEHICLE 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 DATE) 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.

Our Ref: CT18010073

Date: 11 January 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 03/01/2018 @ 17:50 hrs
ALONG ECP TOWARDS CHANGI AIRPORT BEFORE PIE EXIT
INVOLVING GBA 1860Z, SHD9934E

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 **SHC1207D** (the "Taxi"). The Taxi was hired to **NG SENG LYE IC NO S0232293E** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$98.25** 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.

SHC 1207D

[illegible][illegible]

Enquire Vehicle Insurer**Vehicle No. Incident Date/Time Search Status Insurance Company Code Insurance Company Name**

GBA1860Z 03 Jan 2018 / 17:50:00 Successful

C01

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

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

SHC1207D

Thank you



Goh Cheng Chuan Andrew Cornelius has successfully logged out.

Your last login date and time was 04 Jan 2018, 11:57:11.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

<u>S/No.</u>	<u>Asset Type</u>	<u>Asset ID</u>	<u>Asset Owner ID</u>	<u>Transaction Type</u>	<u>Transaction Amount(\$)</u>	<u>Log Date/Time</u>
1	Vehicle	GBA1860Z	-	18.32 Insurance Enquiry (GIRO Payment)	7.49	04 Jan 2018 / 11:57:31