

Date : 12-Feb-18

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

Attn : Motor Claims Department

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHA 227M YOUR INSURED GBD 449U
AND OTHER ON 09.01.18

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No :

SHA 227M 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 : **GBD 449U**
we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 835.20
2	<u>3</u> days Loss of Rental @ \$ 125.00 per day	\$ 375.00
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA / GIA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation Fees	\$ -
	Sub Total :	\$ 1,217.69

HIRER'S CLAIM

7 3 days Loss of Income @ \$ 80.00 per days \$ 240.00
Total Claims : \$ 1,457.69

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

- a) Original repair bill and photocopies of photographs : 4 pcs.
- b) LTA search slip/s of : GBD 449U
- c) GIA / Police report/s of : SHA 227M
- d) Letter of authority from owner / hirer / operator
- () Witness statement/s () Towing/Medical bill/receipts () Certificate of Insurance
- (X) Photograph/s of Accident Scer (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.

COMFORT DELGRO
ENGINEERING

CDGE Tax Claims Dept

59 Loyang Drive 4th Flr
Singapore 508969

Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdga.com.sg

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 608286

Ubi
320 Ubi Road 3
Singapore 408849

Senoko
24 Senoko Loop
Singapore 758156

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Yishun
501 Yishun Industrial Park A
Singapore 768732



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/EQ118000650/K1hb3

12 April 2019

HOUGANG OTAH
BEDOK NORTH FACTORY
BLK 3017 BEDOK NORTH STREET 5
#01-05
SINGAPORE 486121

Dear Sir/Madam,

ACCIDENT INVOLVING GBD449U & SHA227M ON 09/01/2018

We refer to the above accident where we are acting for EQ INSURANCE COMPANY LIMITED to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Kindly note that we have reviewed this matter and would like to advise that you and/or your authorized driver may not be absolved from blame for this accident.

If you have evidence/information to proof that we should not settle the third party claim, kindly let us have them in writing within the next 10 days i.e. by 25/04/2019, after we shall proceed with negotiation with Third Party claimant on the **without prejudice basis** and any settlement should not bind any claims whatsoever by you/your driver against the other party's insurer arising from this particular accident.

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,


KHANCHNA
Case Handler
DID: 6841 2360
FAX: 6741 4108
EMAIL: vicalpeh@lkkauto.com

c.c. *EQ INSURANCE COMPANY LIMITED*
(Motor Claims Dept)

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING i 40 SHA227M , GBD449U
ALONG SERANGOON RD B4 BELILIOS RD

ON 09-Jan-18 12:15

I / We PUA CHANG LIONG (Hirer) NRIC No.: S0263154G

and/or (Relief) NRIC No.:

Taxi Number SHA227M

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 09-Jan-2018

Name of Hirer PUA CHANG LIONG
Hirer NRIC S0263154G

Signature :



Address 614 HOUGANG AVENUE 8 #12-420
530614

Contact No. 98240156

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010325	91354239	835.20	

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010325	91354239	835.20	

Our Ref: CC18010238



Date: 16 January 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	09/01/2018 @ 12:15 hrs
ALONG	SERANGOON RD B4 BELILIOS RD
INVOLVING	GBD449U

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 **SHA0227M** (the "Taxi"). The Taxi was hired to **PUA CHANG LIONG IC NO S0263154G** a registered hirer-operator of **CityCab 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 **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
GBD449U	09 Jan 2018 / 12:15:00	Successful	E04	EQ INSURANCE COMPANY LTD

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

SHA 227 W1