

Our Ref : CC18010359/ SHC 733H /WT(st)

Your Ref :

Date : 24-Jan-18

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. 199506046W

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 SHC 733H YOUR INSURED YN 9912P
AND OTHER ON 12.01.18**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : **SHC 733H** 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 **YN 9912P** we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 2,621.50
2	6.5 days Loss of Rental @ \$ 125.00 per day	\$ 812.50
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation Fees	\$ -
Sub Total :		\$ 3,441.49

HIRER'S CLAIM

7	6.5 days Loss of Income @ \$ 80.00 per days	\$ 520.00
Total Claims :		\$ 3,961.49

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

- Original repair bill and photocopied photographs: 9 pcs.
- LTA search slip/s of : **YN 9912P**
- GIA / Police report/s of : **SHC 733H**
- Letter of authority from owner / hirer / operator
 - (X) Photocopie/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

17 APRIL 2018

FURNITUREMART.SG

04 CFM BUILDING, ANG MO KIO AVE 12
#04-02
SINGAPORE 569498
ATTN: THE MANAGEMENT

Dear Sir/ Mdm

OUR REF : CC4/ASM18001071/K1pa3

YOUR REF : YN 9912P

**ACCIDENT INVOLVING YN 9912P & SHC 733H ALONG/AT MACPHERSON ROAD ON
12/01/2018**

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 COMFORTDELRO ENGINEERING PTE LTD (LOYANG) acting on behalf of the owner of SHC 733H against your motor insurance policy.

Based on the accident report and accident scenario, we are of the opinion that liability is not in our favour. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

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.

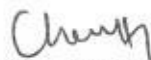
This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

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)

**ACCIDENT INVOLVING
ALONG****i 40 SHC733H , YN 9912P****ON 12-Jan-18 19:00****PIE TOWARDS CHANGI AIRPORT BEFORE KALLANG WAY EXIT**

I / We

CHOY WENG KWONG(Hirer) NRIC No.: **S1510200D**

and/or

(Relief) NRIC No.:

Taxi Number

SHC733H

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

13-Jan-2018

Name of Hirer

CHOY WENG KWONG

Hirer NRIC

S1510200D

Signature :



Address

**125 RIVERVALE STREET #11-908
540125**

Contact No.

96246167



redefining / insurance

CLAIM REF : S8M0075Z
INSURED : MY HOME FURNISHING GALLERY

DISCHARGE VOUCHER

We, **ComfortDelgro Engineering Pte Ltd** confirm that by letter of authorisation dated 13.01.2018, we are authorised to and do hereby give this discharge for ourselves and on behalf of CityCab Pte Ltd and the Hirer, Choy Weng Kwong of vehicle no. SHC 733H.

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 Five Hundred Ninety only (S\$3,590.00)** 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. (YN 9912P) arising out of an accident with (SHC 733H) on 12.01.2018.
- 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. YN 9912P 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. YN 9912P.

Dated this 20 day of November 2018

Signed by _____
(AUTHORISED SIGNATORY)

Company Stamp _____

Witness : _____

Name : _____

I/C No : _____

Address : _____

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 638969

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

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

"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"

TAX INVOICE

8010010

AXA INSURANCE PTE LTD

#24-01 8 SHENTON WAY AXA TOWER
SINGAPORE 068811

CONTACT NO: 63387288

VEHICLE NO
SHC 733H

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
10.07.2014

CHASSIS CODE
KMHLB41UMEU057939

INV. NO/DATE
91353072 23.01.2018

JOB NO.
305106639

ODOMETER READING

JOB TYPE

Description : 3P 12.01.18

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	2,450.00
Add GST @ 7.000 %	171.50
Total Invoice amount	2,621.50

Issued by : CHEWBEELENG 23.01.2018 13:48:44
Repair Type : CFSO/57/57
Payment Type/Term : /Credit 30 days

WHILE TAKING ALL REASONABLE PRECAUTIONS AGAINST THE RISK OF ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CAR OR OTHER PROPERTY DAMAGE TO CUSTOMER'S VEHICLE AND PERSONS AND OTHERS AND THEREBY CUSTOMERS SHALL INSPECT THEIR VEHICLE IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY GIVE NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLE WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER. INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND UNPAID FOR THE PERIOD OF DEFAULT. PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY FOR ANY CORRECTION OR DISCREPANCY WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL BE IN THE POSITION OF CORRECT AND REISSUE.

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: CC18010359



Date: 22 January 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	12/01/2018 @ 19:00 hrs
ALONG	PIE TOWARDS CHANGI AIRPORT B4 KALLANG WAY EXIT
INVOLVING	YN 9912P

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 **SHC0733H** (the "Taxi"). The Taxi was hired to **CHOY WENG KWONG IC NO S1510200D** 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.

Exp.

	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING			MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		FROM	TO			3	7	8		FROM	TO
1	297	7.00am	9.25pm	7/1/18	CHOU	378	68	5	268	7.00am	8.16pm
2	291	7.00am	9.05pm	8/1/18	CHOU	379	03	7	353	7.00am	9.25pm
3	324	7.00am	9.16pm	9/1/18	CHOU	379	32	6	287	7.00am	9.30pm
3	305	7.00am	8.30pm	10/1/18	CHOU	379	65	7	347	7.00am	9.15pm
0	366	7.00am	8.30pm	11/1/18	CHOU	379	95	6	282	7.00am	9.16pm
4	275	7.00am	8.10pm	12/1/18	CHOU	380	28	6	328	7.00am	9.00pm
1	344	7.00am	9.06pm	12/1	Accident				In	2105	—
7	285	6.45am	9.10pm	18/1	repair				Cut	—	1415
2	295	7.00am	9.15pm								
1	349	7.00am	9.30pm								
7	205	7.00am	9.30pm								

SAC 733H

Thank you



Goh Cheng Chuan Andrew Cornelius has successfully logged out.

Your last login date and time was 13 Jan 2018, 09:14:47.

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	YN9912P	-	18.32 Insurance Enquiry (GIRO Payment)	7.49	13 Jan 2018 / 09:15:13

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
YN9912P	12 Jan 2018 / 19:00:00	Successful	A12	AXA INSURANCE PTE LTD

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