

Our Ref : T 0318 / SHC2753L / JW(st)  
Your ref :  
Date : 07-Mar-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 SHC2753L YOUR INSURED SJW3940C  
AND OTHER ON 02.03.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SHC2753L** 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 **SJW3940C** we are submitting these claims for your consideration on behalf of the claimants.

#### TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 2,782.00
2	4 days Loss of Rental @ \$ 98.25 per day	\$ 393.00
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	\$ -
<b>Sub Total :</b>		<b>\$ 3,182.49</b>

#### HIRER'S CLAIM

7	4 days Loss of Income @ \$ 80.00 per day	\$ 320.00
<b>Total Claims:</b>		<b>\$ 3,502.49</b>

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

- a) Original repair bill and photocopies of photographs : 8 pcs.  
b) LTA search slip/s of : **SJW3940C**  
c) GIA / Police report/s of : **SHC2753L**  
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.

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



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/EQI18004199/K1pa3

04 APRIL 2018

**NG RUI QI STEPHANIE**  
BLK 470B UPPER SERANGOON CRESCENT  
#05-322  
SINGAPORE 532470

Dear Sir/Madam,

**ACCIDENT INVOLVING SJW 3940C AND SHC 2753L ON 02/03/2018**

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, EQ Insurance Company Ltd to deal with the third party claim against your policy.

We have received a claim from SHC 2753L against your insurance policy.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

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 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,

CHEW HSIAO TONG  
Case Handler  
DID: 6742 3197  
FAX: 6741 4108  
EMAIL: chewht@lkkauto.com

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

## LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING  
ALONGSONATA SHC2753L , SKN9418R  
KPE(ECP- CITY)

ON 02-Mar-18 09:15

I / We

LEE AH PEE

(Hirer) NRIC No.: S0324736H

and/or

LIM KOON SENG

(Relief) NRIC No.: S1308694Z

Taxi Number

SHC2753L

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

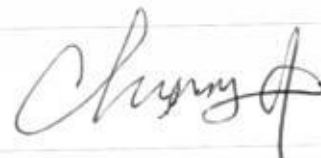
1. To submit my/our claims for damages, costs and expense, including loss of income, loss of rental, medical fee and legal costs.
2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal injuries and medical claims).
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

02-Mar-2018

Name of Hirer  
Hirer NRICLEE AH PEE  
S0324736H

Signature :



Address

477 TAMPINES STREET 43 #04-150  
520477

Contact No.

91406398

Name of Relief  
Relief NRICLIM KOON SENG  
S1308694Z

Signature :



Address

486A TAMPINES AVE 9 #11-112  
520486

Contact No.

97650213

## TAX INVOICE

8010325

EQ INSURANCE COMPANY LIMITED

#17-00 5 MAXWELL ROAD TOWER BLOCK  
SINGAPORE 069110

CONTACT NO: 62239433

VEHICLE NO  
SHC27531

MAKE  
HYUNDAI

MODEL  
SONATA

DATE OF REG  
31.12.2010

CHASSIS CODE  
KMBH41VMAA803254

INV. NO/DATE  
91360966 06.03.2018

JOB NO.  
305121453

ODMETER READING

JOB TYPE

Description : 3P 02.03.18

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	2,600.00
Add GST @ 7.000 %	182.00
<b>Total Invoice amount</b>	<b>2,782.00</b>

Issued by : KATHERINETAN 06.03.2018 17:01:09  
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 GARS 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.

Our Ref: CT18030045



Date: 06 March 2018

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	02/03/2018 @ 09:15 hrs
ALONG	KPE(ECP- CITY)
INVOLVING	SJW3940C

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 **SHC2753L** (the "Taxi"). The Taxi was hired to **LEE AH PEE IC NO S0324736H** 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 **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  
Assistant Manager, Fleet Safety

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SAC 2753 L

Commencing From: 1-3-2018		MILEAGE READING		MILEAGE TRAVELLED (KM)		HOURS OPERATED (TIME)	
DATE	NAME OF DRIVER					FROM	TO
1/3/18	K. S. Lm.	970838	138	0810	1615		
1-3	A p de	971051	213	1650	0400		
2/3/18	K. S. Lm.	971105	54	0815	1045		
2/3/18	Accident	LY	1W	105	—		
5/3/18	Repair	LY	W	—	1345		
				</			

**Enquire Vehicle Insurer**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJW3940C	02 Mar 2018 / 09:15:00	Successful	E04	EQ INSURANCE COMPANY LTD

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

SH(27)53L