

# COMFORTDELGRO ENGINEERING

Our Ref : T 0318/ SHD4115K /KS(st)  
Your Ref :  
Date : 13-Mar-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: 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**  
11 Yishun Industrial Park A  
Singapore 768732

## Lonpac Insurance Bhd

300 Beach Road

#17-04 / 07, The Concourse

Singapore 199555

Attn : Motor Claim Department

WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHD4115K YOUR INSURED GBA7174G  
AND OTHER ON 02.03.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SHD4115K** 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 : **GBA7174G** we are submitting these claims for your consideration on behalf of the claimants.

### TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 2,193.50
2	6 days Loss of Rental @ \$ 98.25 per day	\$ 589.50
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	\$ -
<b>Sub Total :</b>		<b>\$ 2,790.49</b>

### HIRER'S CLAIM

7	6 days Loss of Income @ \$ 80.00 per days	\$ 480.00
<b>Total Claims:</b>		<b>\$ 3,270.49</b>

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

- Original repair bill and photostat photographs : 7 pcs.
- LTA search slip/s of : GBA7174G
- GIA / Police report/s of : SHD4115K
- 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  
Kazali Hj Selahudin

Deputy Manager

CDGE Taxi Claims Department

Tel : 6214 8736 Fax: 6214 1843 Email: kazali@cdge.com.sg

This is a computer generated letter. No signature is required.

A member of

**COMFORTDELGRO**



**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING  
ALONG****SONATA SHD4115K , GBA7174G  
TUAS AVE 2 TWDS PIONNER RD.****ON 02-Mar-18 23:50**

I / We

**TAY SOON YEOW**(Hirer) NRIC No.: **S1041988C**

and/or

**NOOR MOHD BIN SHABB...** (Relief) NRIC No.: **S7410138J**

Taxi Number

**SHD4115K**

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

**03-Mar-2018**

Name of Hirer

**TAY SOON YEOW**

Hirer NRIC

**S1041988C**

Signature :



Address

**435 BUKIT PANJANG RING ROAD #0...  
670435**

Contact No.

**90902886**


Name of Relief

**NOOR MOHD BIN SHABBEER AHMED**

Relief NRIC

**S7410138J**

Signature :

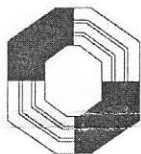


Address

**547C SEGAR RD #06-13  
673547**

Contact No.

**94574187**



# LONPAC INSURANCE BHD

CLAIM NO : 17/18/18/VC00/020449

DATE : 02/07/2018


## DISCHARGE VOUCHER

I/We, COMFORT TRANSPORTATION PTE LTD confirmed acceptance from M/s **LONPAC INSURANCE BHD** and/or the owner GBA 7174G the sum of Singapore Dollars **THREE THOUSAND SIXTEEN AND CENTS THIRTY SEVEN ONLY. (\$3,016.37)** in full and final satisfaction, liquidation and discharge of property claim competent to me/us upon the said M/s **LONPAC INSURANCE BHD** in respect of property claim sustained by me/us whether now or hereafter to become manifest, arising either directly or indirectly from an accident to my vehicle, SHD 4115K on 02 MAR 2018 along/at TUAS AVE 12 TWDS PIONNER RD.

I /We hereby agree to indemnify and keep indemnify (**KOH BROTHERS BUILDING & CIVIL ENGINEERING CONTRACT /LONPAC INSURANCE BHD**) against all claims and any claims whatsoever made by any person/persons on our behalf in respect of the said accident.

I/We further authorize you to pay the above settlement sum directly to M/s **COMFORTDELGRO ENGINEERING PTE LTD.**

I/We hereby acknowledge that this payment is made on a without admission of liability basis and without prejudice to all related claims and in respect of our insured's recovery action.

  
CLAIMS DEPARTMENT  
COMFORTDELGRO ENGINEERING PTE LTD  
59 LOYANG DRIVE  
SINGAPORE 508969  
.....  
Signature of vehicle owner/Date

CLAIMS DEPARTMENT  
COMFORTDELGRO ENGINEERING PTE LTD  
59 LOYANG DRIVE  
SINGAPORE 508969  
.....  
Name of vehicle owner/Date

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

"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"

# 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 24 Senoko Loop Singapore 758156  
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791  
45 Pandan Road Singapore 609286 501 Yishun Industrial Park A Singapore 7687  
320 Ubi Road 3 Singapore 408649

COMPANY REG. NO.: 199506048W  
Page: 1

## TAX INVOICE

8010042

LONPAC INSURANCE BERHAD  
#17-04 / 07 THE CONCOURSE

300 BEACH ROAD  
SINGAPORE 199555

CONTACT NO: 62507388

VEHICLE NO  
SHD4115K

MAKE  
HYUNDAI

MODEL  
SONATA

DATE OF REG  
27.04.2012

CHASSIS CODE  
KMHE741VMCA823611

INV. NO/DATE  
91361683 12.03.2018

JOB NO.  
305121788

ODOMETER READING

JOB TYPE

Description : 3P 02.03.18

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	2,050.00
Add GST @ 7.000 %	143.50
Total Invoice amount	2,193.50

Issued by : KATHERINETAN 12.03.2018 11:57:10  
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 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: CT18030090

Date: 12 March 2018



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON	02/03/2018 @ 23:50 hrs
ALONG	TUAS AVE 2 TWDS PIONNER RD
INVOLVING	GBA7174G

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 **SHD4115K** (the "Taxi"). The Taxi was hired to **TAY SOON YEOW IC NO S1041988C** 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

This is a computer generated letter. No signature is required.

SAD 4115K

LOADING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING				MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		FROM	TO								FROM	TO
294	324	1400	0230	26.2.18.	TAY.	1	6	3	0	4	8	6.00hrs. 21.00hrs.
348	354	6.30hrs	22.00hrs.	27.2.18.	TAY.	1	6	3	0	7	6	6.00hrs. 16.00hrs.
799	350	6.00hrs.	27/2		J. L.	1	6	3	5	8	9	2000 0345
241	241	6.00hrs.	17.00hrs.	28.2.18.	TAY.	1	6	3	8	6	2	6.00hrs. 16.30hrs.
181	239	1740	0135	28/2	J. L.	1	6	4	1	8	7	1705 0420
719	238	16.30hrs.	23.00hrs.	1.3.18.	TAY.	1	6	4	4	2	7	6.00hrs. 16.30hrs.
847	128	8.00hrs.	12.30hrs.	1/3	J. L.	1	6	4	6	6	5	1700 0135
011	163	1640	0050	2.3.18.	TAY.	1	6	4	8	6	2	12.00hrs. 17.00hrs.
335	323	6.10hrs.	17.00hrs.	2/3	J. L.	1	6	5	1	4	5	1705 0520
561	326	9.00hrs.	27.00hrs.	030318	Accident	14						11.00 -
768	106	6.00hrs.	13.00hrs.	080318	Depan							15.30 -

**Enquire Vehicle Insurer**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
GBA7174G	02 Mar 2018 / 23:50:00	Successful	L06	LONPAC INSURANCE BHD

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

SHD415R