

Our Ref : Your Ref:	T 0318 / SHB6217Y /CI	E	NGINEERING		
Date :	18-Apr-18		CDGE Taxi Claims D		tDelGro Engineering Pte Ltd addell Road Singapore 579701
	ACIFIC INSURANCE PTE	LTD	59 Loyang Drive 4th Singapore 508969	Floor	Mainline +65 6383 6280 Facsimilie +65 6280 9755
CHARTIS B					www.cdge.com.sg
78 Shenton W	Vay				Company Registration No. 199506048W
#07-16					Workshops
Singapore 07		WITHOUT PR	EJUDICE		Braddell 205 Braddell Road Singapore 579701
Dear Sir				40000	Loyang 59 Loyang Drive Singapore 508969
AND OTHER			R INSURED <u>SLA</u> 15.03.18	44900D	Sin Ming 383 Sin Ming Drive Singapore 575717
Vehicle No:	thorised repair workshop for SHB6217Y which was involved and the taxi driver concetheir claims against the party of the vehicle.	olved in the cap erned have req	tioned accident wasted and author	ith your insuized us to a	assist them trom 320 Ubi Road 3 Singapore 408649 Senoko
As the accider	nt was caused by the negliger tting these claim for your cons	nt act of your in	sured driving SLA	A4900D ints.	24 Senoko Loop Singapore 758156 Sungei Kadut
1 Cost of 2 4 3 Survey 4 GIA / L 5 GIA / P 6 Towing	R'S CLAIM Repair days Loss of Rental @ \$ Report Fees (Surveyed by TA Search Fees olice Report Fees / Medical / Transporation	98.25 per d	\$	1,551.50 393.00 - 7.49 - 1,951.99	7 Sungei Kadut Way Singapore 728791 Yishun 501 Yishun Industrial Park A Singapore 768732
HIRER'S CLA	days Loss of Income @_\$	80.00 nerd	avs \$	320.00	
74	_ days Loss of filcome @ _\$		otal Claims : \$	2,271.99	
a) Origina b) LTA se c) GIA / P d) Letter c (X) Ph	herewith the following docum il repair bill and photocopies of arch slip/s of : colice report/s of : of authority from owner / hirer notograph/s of Accident Scene tness statement/s (x	of photographs SLA4900D SHB6217Y / operator	: ertificate of Insuran	9 ce	pcs.

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 Cecilia Lee

Executive

CDGE Claims Department

Tel: 6214 8354 Fax: 6214 1843 Email: cecilialee@sparkcarcare.com

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









LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING

SONATA SHB6217Y , SLA4900D

ON 15-Mar-18 14:15

ALONG

MARINA BLVD TURN TO MARINA VIEW LINK.

I / We

CHOO YEE SING

(Hirer) NRIC No .:

S0232112B

and/or

(Relief) NRIC No .:

Taxi Number

SHB6217Y

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

16-Mar-2018

Name of Hirer

CHOO YEE SING

Hirer NRIC

S0232112B

Signature:



Address

60 MARINE DRIVE #06-64

440060

Contact No.

12345678



A member of COMFORTDELGRO

GST REG. NO. M2-8921817-3

TAX INVOICE

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
59 Pandan Road Singapore 609266
320 Ubi Road 3 Singapore 408649

COMPANY
REG. NO.: 1995060

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

#08-16 78 SHENTON WAY.CHARTIS BUILD SINGAPORE 079120

CONTACT NO: 64193000

3225094

VEHCLE NO SHB6217Y

INV. NO/DATE 91365657 31.03.203

MAKE HYUNDAI

MODEL SONATA

ODOMETER READING

DATE OF REG 28.04.2011

CHASSIS CODE KMHET41VMBA807561

JOB TYPE

Description: 3P 15.03.18

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt Add GST @ 7.000 %

Total Invoice amount

1,551.

Issued by
Repair Type : CHEWBEELENG 02.04.2018 16:39:59
Payment Type/Term : CLSO/57/57 / Credit 30 days

omfortDelGro Engineering Pte Ltd nember of COMFORTDELGRO

ad Office: Braddell Road gapore 579701

ACCOUNT No. INVOICE No. **AMOUNT** BANK/CHQ No.

dly note that no receipt shall be issued unless requested.

STOMER'S COPY

Our Ref: CT18030506

Date: 02 April 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

15/03/2018 @ 14:15 hrs

ALONG

MARINA BLVD TURN TO MARINA VIEW LINK

INVOLVING

SLA4900D

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 SHB6217Y (the "Taxi"). The Taxi was hired to CHOO YEE SING IC NO S0232112B 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 **MS 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 Assistant Manager, Fleet Safety

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

		NAME OF DRIVER											
	1	DAIE											
	HOURS OPERATED	-	0710 00.	000	04;	9	33	0		1			
	HOURS O	FROM	oTil	0734	870 Oct.	028/	/t30	0770	7630	1500	•		
	MILEAGE	(KM)	36.3		346	276	201		-	B		,	
101	MII FAGE READING		214298	214649	366414	215273	215476			7			
CHE	NAME OF DRIVER		Chao	Chie	Cho	Choo	Char	Char	Academ	repart			
	DATE		14/3/18	15/3/18	16 3/8	1713 18	18 2/18	1911391	1913	7.8.3		12.	

THE STATE OF THE PARTY OF THE P

Enquire Vehicle Insurer Vehicle No. Incident Date/Time

Search Status Insurance Company Code Insurance Company Name

SLA4900D 15 Mar 2018 / 14:15:00 Şuccessful

A04

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Previous

SHBORY

