





Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX : (065) 67414108

Our Ref: CC3/CTI18005305/R1ea3

06 SEPT 2018

LOH KOU CHEONG
BLK 1 EUNOS CRESCENT
#09-2529
SINGAPORE 400001

Dear Sir/Madam,

ACCIDENT INVOLVING SGB 3750E AND SHB 3545U ON 18/03/2018

We refer to the above accident where we are acting for China Taiping Insurance (Singapore) Pte Ltd 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 prove that we should not settle the third party claim, kindly let us have them in writing within the next 10 day, 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 call us if you have further queries.

Yours faithfully,

Asher
Case Handler
DID: 6841 6051
FAX: 6741 4108
Email: ashersng@lkkauto.com

c.c. *China Taiping Insurance (Singapore) Pte Ltd*
(Motor Claims Dept)

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING i 40 SHB3545U , SGS3750E
ALONG GEYLANG RD BF LOR 13 GEYLANG

ON 18-Mar-18 21:15

I / We **SEOW HWEE KHIM (XIA... (Hirer) NRIC No.: S7512278J**

and/or **WAN KONG MUN (Relief) NRIC No.: S2559633A**

Taxi Number **SHB3545U**

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 **19-Mar-2018**

Name of Hirer **SEOW HWEE KHIM (XIAO HUIQIN)**

Hirer NRIC **S7512278J**

Signature :



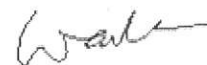
Address **514 CHOA CHU KANG STREET 51 #0...
680514**

Contact No. **96872476**

Name of Relief **WAN KONG MUN**

Relief NRIC **S2559633A**

Signature :



Address **601 CHOA CHU KANG STREET62 08-15
680601**

Contact No. **96223792**

e

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3058651700

Claim No : SNM18D01492C02

Claimant : CITYCAB PTE LTD

Amount : S\$827.55

DOLLARS EIGHT HUNDRED TWENTY SEVEN AND CENTS FIFTY FIVE ONLY

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : SHB 3545U

Insured Vehicle No. : SGB 3750E

Date of Loss : 18/03/2018

Place of Accident : GEYLANG RD BF LOR 13 GEYLANG

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : LOH KOU CHEONG

Driver Name : LOH KOU CHEONG

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.


I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

(1) General Damages	S\$	
(2) Cost of Repair/ Excess	S\$	481.50
(3) Loss of Use/Rental/Earning	S\$	338.56
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$	7.49
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/P.T. Fees	S\$	
(7) Cost including Disbursement	S\$	
	=====	
TOTAL	S\$	827.55
	=====	

Claimant Name : CITYCAB PTE LTD

NRIC No :

Signature :


CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508969

Date :

18-9-18

"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"

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

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO(S) PTE L
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHB3545U

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
17.07.2014

CHASSIS CODE
KMHLB41UMEU058002

INV. NO/DATE
91369689 27.04.2018

JOB NO.
305126423

ODOMETER READING

JOB TYPE

Description : 3P 18.03.2018

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	900.00
Add GST @ 7.000 %	63.00
Total Invoice amount	963.00

Issued by : CHEWBEELENG 27.04.2018 09:37:18
Repair Type : CFSO/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: CC18030599



Date: 10 April 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 18/03/2018 @ 21:15 hrs
ALONG GEYLANG RD BF LOR 13 GEYLANG
INVOLVING SGB3750E

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 **SHB3545U** (the "Taxi"). The Taxi was hired to **SEOW HWEE KHIM (XIAO HUIQIN) IC NO S7512278J** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$119.28** 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.

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
				FROM	TO
12/3/18	John	571786	230	1610	0250
17/3/18	John	572153	379	0830	1435
18/3/18	Wan	572514	362	1440	0230
18/3/18	John	572809	295	0235	1323
19/3/18	Wan	573188	378	1400	0220
19/3/18	Accident	Crash	Loyang	1230	—
23/3/18	Repair	Saw Hume Hume	✓	—	1030

Enquire Vehicle Insurer

Vehicle No. Incident Date/Time Search Status Insurance Company Code Insurance Company Name

SGB3750E 18 Mar 2018 / 21:15:00 Successful C01

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

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