

Our Ref : T 0318 / SHD4255P /WT(st)
 Your Ref : _____
 Date : 04-Apr-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

CHINA INSURANCE CO LTD
3 ANSON ROAD
#16-00 SPRINGLEAF TOWER
SINGAPORE 079909

Attn : Motor Claims Department WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHD4255P YOUR INSURED CB 6337T
 AND OTHER _____ ON 26.03.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHD4255P 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 CB 6337T we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	1,070.00
2	<u>3</u> days Loss of Rental @ \$ <u>107.88</u> per day	\$	323.64
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 :			\$ 1,401.13

HIRER'S CLAIM

7	<u>3</u> days Loss of Income @ \$ <u>80.00</u> per days	\$	240.00
Total Claims :			\$ 1,641.13

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

- a) Original repair bill and photostat photographs : 7 pcs.
- b) LTA search slip/s of : CB 6337T
- c) GIA / Police report/s of : SHD4255P
- d) Letter of authority from owner / hirer / operator
 - () Traffic Compound () Towing/Medical bill/receipts () Certificate of Insurance
 - (X) Photograph/s of Accident Scen (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
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



- 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**
Yishun Industrial Park A
Singapore 768732

Asher Sng (LKKAuto)

From: Asher Sng (LKKAuto)
Sent: Wednesday, 4 April 2018 5:47 PM
To: 'HUPHOECOACH@HOTMAIL.COM'
Subject: ACCIDENT INVOLVING CB 6337TAND SHD 4255P ON 26/03/2018

Our Ref: CC3/CTI18005787/K1ea3

04 APRIL 2018

HH COACH BUS

Dear Sir/Madam,

ACCIDENT INVOLVING CB 6337TAND SHD 4255P ON 26/03/2018

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.

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 call us if you have further queries.

Yours faithfully,

Asher Sng
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
ALONG****SONATA SHD4255P , CB6337T
PUNGGOL RD TWDS PUNGGOL END JETTY.****ON 26-Mar-18 07:15**

I / We

GOH YEOW KHENG

(Hirer) NRIC No.:

S7720143B

and/or

(Relief) NRIC No.:

Taxi Number

SHD4255P

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

26-Mar-2018

Name of Hirer

GOH YEOW KHENG

Hirer NRIC

S7720143B

Signature :



Address

**299 PUNGGOL CENTRAL #02-459
820299**

Contact No.

82223368

e

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMB1SN1608331802 Claim No : SNM18D01627C02
Claimant : COMFORT TRANSPORTATION PTE LTD
Amount : S\$1,472.19
DOLLARS ONE THOUSAND FOUR HUNDRED SEVENTY TWO AND CENTS
NINETEEN 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. : SHD 4255P
Insured Vehicle No. : CB 6337T
Date of Loss : 26/03/2018
Place of Accident : PUNGGOL RD TWDS PUNGGOL END JETTY

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 : HH COACH BUS
Driver Name : LIM YEW KHIANG

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\$	1,070.00
(3) Loss of Use /Rental/Earning	S\$	394.70
(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\$	1,472.19
		=====

Claimant Name : COMFORT TRANSPORTATION PTE LTD NRIC No :

Signature :  Date : 19.4.18
CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508969

(Re-Signed.)

"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

Workshops

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO(S) PTE L
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHD4255P

MAKE
HYUNDAI

MODEL
SONATA

DATE OF REG
24.05.2012

CHASSIS CODE
KMHET41VMCA825166

INV. NO/DATE
91365385 31.03.2018

JOB NO.
305135516

ODOMETER READING

JOB TYPE

Description : 3P 26.03.18

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		1,000.00
Add GST @ 7.000 %		70.00
Total Invoice amount		1,070.00

Issued by : CHEWBEELENG 02.04.2018 10:12:31
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 CONTACT THE COMPANY 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: CT18030829

Date: 02 April 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 26/03/2018 @ 07:15 hrs
ALONG PUNGGOL RD TWDS PUNGGOL END JETTY
INVOLVING CB6337T

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 **SHD4255P** (the "Taxi"). The Taxi was hired to **GOH YEOW KHENG IC NO S7720143B** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$107.88** 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.

SHD 4255P
SHS 49567

DATE	NAME OF DRIVER	MILEAGE READING		MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER
					FROM	TO		
26/3	Accident			1350	1700			
28/3	repair	14						

Enquire Vehicle Insurer

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

CB6337T 26 Mar 2018 / 07:15:00 Successful C01 CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous

OK

SHD4243P