

COMFORTDELGRO ENGINEERING

Our Ref : CC18040169/ SHC 733H /JW(st)

Your Ref :

Date : 18-Apr-18

EQ Insurance Company Limited
5 Maxwell Road, MND Complex
#17-00 Tower Block
Singapore 069110

CDGE Taxi Claims Dept

59 Loyang Drive 4th Flr
Singapore 508969
ComfortDelGro Engineering Pte Ltd
105 Braddell Road Singapore 579701

Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 189506048W

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 758158

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Yishun
501 Yishun Industrial Park A
Singapore 768732

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHC 733H YOUR INSURED SJH2350R
AND OTHER SDQ8178G ON 07.04.18**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No :
SHC 733H 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 : **SJH2350R**
we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

- 1 Cost of Repair
- 2 6 days Loss of Rental @ \$ 115.00 per day
- 3 Survey Report Fees (Surveyed by M/s LKK)
- 4 LTA / GIA Search Fees
- 5 GIA / Police Report Fees
- 6 Towing / Medical / Transportation Fees

\$ 6,741.00

\$ 690.00

\$ -

\$ 7.49

\$ -

\$ -

Sub Total : \$ 7,438.49

HIRER'S CLAIM

- 7 6 days Loss of Income @ \$ 80.00 per days

\$ 480.00

Total Claims : \$ 7,918.49

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

- a) Original repair bill and photocopies of photographs : 7 pcs.
- b) LTA search slip/s of : SJH2350R
- c) GIA / Police report/s of : SHC 733H
- d) Letter of authority from owner / hirer / operator
- () Witness statement/s () Towing/Medical bill/receipts () Certificate of Insurance
- (X) Photograph/s of Accident Scer (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.

A member of

COMFORTDELGRO





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/EQ118006591/K1pa3

20 APRIL 2018

ROSET LIMOUSINE SERVICES PTE LTD

53 UBI AVE 1

#03-47 PAYA UBI INDUSTRIAL PARK

SINGAPORE 408934

ATTN: THE MANAGEMENT

Dear Sir/Madam,

ACCIDENT INVOLVING SJH 2350R/ SHC 733H/ OTHERS ON 07/04/2018

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 733H against your insurance policy.

Pursuant to the above said accident wherein you and/or your authorized driver had amongst other information given us your version of how the accident had occurred, we as the appointed agent of your insurers shall proceed to negotiate for an amicable settlement with third party claimant.

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.

You are aware that your No-Claim Discount (NCD – if applicable) will be with held for the time being. Pending for final allocation of liability in settlement by our principal EQ INSURANCE COMPANY LIMITED.

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
ALONGi 40 SHC733H , SJH2350R , SDQ8178G ON 07-Apr-18 14:15
AYE TWDS CITY JUST AFTER NORTH BUONA VISTA EXIT

I / We

CHOY WENG KWONG

(Hirer) NRIC No.: S1510200D

and/or

(Relief) NRIC No.:

Taxi Number

SHC733H

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

08-Apr-2018

Name of Hirer
Hirer NRICCHOY WENG KWONG
S1510200D

Signature :



Address

125 RIVERVALE STREET #11-908
540125

Contact No.

96246167

GST REG. NO. M2-8921817-3

TAX INVOICE

8010325

EQ INSURANCE COMPANY LIMITED

#17-00 5 MAXWELL ROAD TOWER BLOCK
SINGAPORE 069110

CONTACT NO: 62239433

VEHICLE NO
SHC 733H

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
10.07.2014

CHASSIS CODE
KMHLB41UMEU057939

INV. NO/DATE
91368085 17.04.2018

JOB NO.
305139658

ODOMETER READING

JOB TYPE

Description : 3P 07.04.2018

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	6,300.00
Add GST @ 7.000 %	441.00
Total Invoice amount	6,741.00

Issued by : CHEWBEELENG 17.04.2018 14:06:00
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 OR 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: CC18040169



Date: 17 April 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	07/04/2018 @ 14:15 hrs
ALONG	AYE TWDS CITY JUST AFTER NORTH BUONA VISTA EXIT
INVOLVING	SJH2350R, SDQ8178G

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 **SHC0733H** (the "Taxi"). The Taxi was hired to **CHOY WENG KWONG IC NO S1510200D** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$115.00** 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.

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJH2350R	07 Apr 2018 / 14:15:00	Successful	E04	EQ INSURANCE COMPANY LTD

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