

COMFORTDELGRO ENGINEERING

Our Ref : T 0418/ SHA3905L /WT(st)

Your Ref :

Date : 18-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: 199501048W

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

AXA Insurance Pte Ltd
8 Shenton Way
#24-01, AXA Tower
Singapore 068811

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHA3905U YOUR INSURED SHC5434M
AND OTHER _____ ON 08.04.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : SHA3905L 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 SHC5434M we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 588.50
2	<u>4</u> days Loss of Rental @ \$ 117.28 per day	\$ 469.12
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	GIA / LTA Search Fee	\$ -
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation Fees	\$ -
Sub Total :		\$ 1,057.62

HIRER'S CLAIM

7	<u>4</u> days Loss of Income @ \$ 80.00 per days	\$ 320.00
Total Claims:		\$ 1,377.62

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

- a) Original repair bill and photocopies of photographs 6 pcs
- b) LTA search slip/s of : SHC5434M
- c) GIA / Police report/s of : SHA3905U
- d) Letter of authority from owner / hirer / operator
- (X) Photocopies of Accident Scene Photo/s () Traffic Compound () PIR
- () Witness statement/s (x) Rental Rate letter (x) Downtime/Mileage record

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



Asher Sng (LKKAUTO)

From: Asher Sng (LKKAUTO)
Sent: Thursday, 26 April 2018 12:30 PM
To: claims@transcab.com.sg
Cc: carrisalee@ava-ins.com; icewong@ava-ins.com; ireneng@ava-ins.com; foonghon@ava-ins.com
Subject: ACCIDENT INVOLVING SHC 5434M & SHA 3905U ALONG/AT AIRPORT BOULEVARD T3 TAXI QUEUE ON 08/04/2018

26 APRIL 2018

Transcab Taxi
Singapore

Dear Sir,

OUR REF : CC4/AXA18006674/K1ea3
YOUR REF : P1680520 (SHC 5434M)
ACCIDENT INVOLVING SHC 5434M & SHA 3905U ALONG/AT AIRPORT BOULEVARD T3 TAXI
QUEUE ON 08/04/2018

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

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.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy. We also wish to advise that there is an excess of **S\$5000.00** attached with Third Party Claims.

As Insurers, AXA shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter. Your intent must be formally expressed to AXA and acknowledged by AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following to cst@axa.com.sg **if not provided at our reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim.

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons

in connection with this accident, please forward it to us immediately. You may email it to cst@axa.com.sg or deliver it by hand to our Customer Care Centre.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), we shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact our Claims Service Team at 1800-880 4888 at our operating hours 9:00am to 5:30pm or cst@axa.com.sg. Please quote our claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Best Regards,

Asher Sng | Case Handler

LKK Auto Consultants

phone: 6841-6051 | email: ashersng@lkkauto.com |

fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-

25 | S(408933)

This is a computer generated letter and no signature is required.

cc Motor Claims Department
AXA Insurance Pte Ltd

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING **i 40 SHA3905U , SHC5434M**
ALONG **TERMINAL 3 TAXI QUEUE**

ON 08-Apr-18 06:15

I / We

HAN YEN TOON(Hirer) NRIC No.: **S1162071Z**

and/or

LIM THIAN HOON(Relief) NRIC No.: **S1420096G**

Taxi Number

SHA3905U

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

09-Apr-2018Name of Hirer
Hirer NRIC**HAN YEN TOON**
S1162071Z

Signature :



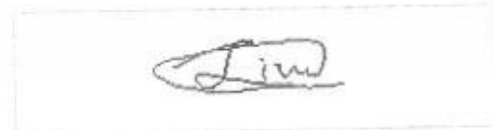
Address

244 YISHUN RING ROAD #03-1133
760244

Contact No.

97875683Name of Relief
Relief NRIC**LIM THIAN HOON**
S1420096G

Signature :



Address

718 YISHUN STREET 71 07-231
760718

Contact No.

98354592



redefining / insurance

CLAIM REF : C0472942
INSURED : TRANS-CAB SERVICES PTE LTD

DISCHARGE VOUCHER

We, COMFORTDELGRO ENGINEERING PTE LTD confirm that by letter of authorisation dated 09.04.2018, we are authorised to and do hereby give this discharge for ourselves and on behalf of COMFORT TRANSPORTATION PTE LTD and the Hirer, HAN YEN TOON of vehicle no. SHA 3905U.

Now we COMFORTDELGRO ENGINEERING PTE LTD for ourselves and the said Hirer and the driver jointly and severally:-

- a) agree to accept the sum of Singapore Dollars ONE THOUSAND ONE HUNDRED SEVENTY THREE AND CENTS NINETY EIGHT ONLY. (S\$1,173.98) in the aggregate in full and final settlement of all claims of whatever kind including damages for personal injuries and/or damage to property that all and any of us may have against **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no. SHC 5434M arising out of an accident with SHA 3905U on 08/04/2018.
- b) declare that **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of the Insured vehicle shall not be liable for any further claim(s) whatsoever or howsoever present or future that any of us may have against **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no. SHC 5434M arising directly/indirectly as a consequence of the accident and hereby give our full and final discharge.
- c) We hereby declare that I/we am/are the person(s) entitled to receive the above settlement and hereby undertake to indemnify **AXA INSURANCE PTE LTD** against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made in favour of COMFORTDELGRO ENGINEERING PTE LTD is made without any admission of liability whatsoever on the part of **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no. SHC 5434M.

Dated this 18th day of May 2018

Signed by _____

(AUTHORISED SIGNATORY)

COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508969

Company Stamp _____

Witness : _____

Name : _____

I/C No : _____

Address : _____

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508969

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"

TAX INVOICE

8010010

AXA INSURANCE PTE LTD

#24-01 8 SHENTON WAY AXA TOWER
SINGAPORE 068811

CONTACT NO: 63387288

VEHICLE NO
SHA3905U

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
03.01.2014

CHASSIS CODE
KMHLB41UMDU043359

INV. NO/DATE
91368088 17.04.2018

JOB NO.
305140227

ODOMETER READING

JOB TYPE

Description : 3P 08.04.2018

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	550.00
Add GST @ 7.000 %	38.50
Total Invoice amount	588.50

Issued by : CHEWBEELING 17.04.2018 14:25:55
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 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 INVOICED FOR THE PERIOD OF DEFAULT).
- 4) PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCY 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: CT18040221

Date: 17 April 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	08/04/2018 @ 06:15 hrs
ALONG	TERMINAL 3 TAXI QUEUE
INVOLVING	SHC5434M

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 **SHA3905U** (the "Taxi"). The Taxi was hired to **HAN YEN TOON IC NO S1162071Z** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$117.28** 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

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READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		NAME OF DRIVER	DATE
		FROM	TO			FROM	TO		
264	269	0600	1400	31.3.18	1400	1800	2350	SHAH39054	
465	201	1705	0000	1/4/18	141	0800	1200	Jalred	
321	356	0600	1640	2/4/18	319	0600	1640	Han	
057	236	1705	0010	3/4/18	266	05.00	16.10	Han	
347	290	0600	1650	4/4/18	268	04.56	15.34	Lim	
570	223	1705	0020	4/18	274	05.20	15.18	Lim	
372	322	0600	1955	4/18	330	05.20	15.45	Lim	
114	242	1705	0030	4/18	305	05.15	17.07	Lim	
385	241	0900	1635	4/18	208	05.25	12.49	Lim	
590	235	1705	0040	9/4/18	10yang	1505	—	Accident	
950	360	0600	1902	12/4/18	—	—	1730	Repair	