

Our Ref : T 0418 / SHA2796Z /JW(st)  
Your ref : \_\_\_\_\_  
Date : 25-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

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

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHA2796Z YOUR INSURED SKE8891K  
AND OTHER \_\_\_\_\_ ON 18.04.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHA2796Z 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 SKE8891K we are submitting these claims for your consideration on behalf of the claimants.

## TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 3,543.80
2	<u>3</u> days Loss of Rental @ <u>\$ 117.00</u> per day	\$ 351.00
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transporation Fees	-
Sub Total :		\$ 3,902.29

## HIRER'S CLAIM

7	<u>3</u> days Loss of Income @ <u>\$ 80.00</u> per day	\$ 240.00
Total Claims:		\$ 4,142.29

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

- Original repair bill and photocopies of photographs : 7 pcs.
- LTA search slip/s of : SKE8891K
- GIA / Police report/s of : SHA2796Z
- Letter of authority from owner / hirer / operator
  - ( ) Witness statement/s ( ) Towing/Medical bill/receipts ( ) Certificate of Insurance
  - ( X ) Photograph/s of Accident Scene ( 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.

## 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**  
501 Yishun Industrial Park A  
Singapore 768732

## LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING i 40 SHA2796Z , SKE8891K  
ALONG BOON LAY WAY TWDS TUAS****ON 18-Apr-18 07:00****I / We YUSLIM YANIS BIN RA... (Hirer) NRIC No.: S1749764B****and/or ABU BAKAR BIN MOHD ... (Relief) NRIC No.: S1103799B****Taxi Number SHA2796Z**

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 18-Apr-2018****Name of Hirer YUSLIM YANIS BIN RAMLY  
Hirer NRIC S1749764B**

Signature :

**Address 340 JURONG EAST AVE 1 #08-1662  
600340****Contact No. 96185625****Name of Relief ABU BAKAR BIN MOHD YUSOFF  
Relief NRIC S1103799B**

Signature :

**Address 321 JURONG EAST ST 31 #04-108  
600321****Contact No. 87268639**



GST REG. NO. M2-8921817-3

## TAX INVOICE

COMPANY REG. NO.: 199506048W  
Page: 1

8010325

EQ INSURANCE COMPANY LIMITED

#17-00 5 MAXWELL ROAD TOWER BLOCK  
SINGAPORE SG 069110

CONTACT NO: 62239433

VEHICLE NO  
SHA2796%

INV. NO/DATE  
91369063 23.04.2018

MAKE  
HYUNDAI

JOB NO.  
305143376

MODEL  
I-40

ODOMETER READING

DATE OF REG  
12.05.2016

DATE/TIME IN  
18.04.2018 11:45

CHASSIS CODE  
KMHLB41UMGU090145

Description : 3P 18.04.18

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0103-0574	140VC PANEL,-FENDER LH#	1	619.00	20.00	495.20
0002	28-01-0103-0003	(140)FRT DOOR LOGO SONATA	1	75.00	0.00	75.00
0003	28-01-0103-2013	140V3 APP LOGO REAR DOOR	1	80.00	0.00	80.00
0004	04-01-0103-2322	140V3 BUMPER W LIP & FOG	1	1,052.20	20.00	841.76
SUB-TOTAL				:		1,491.96

### JOB NATURE

0001	L	PANEL BEATING- FRT.	400.00	400.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA	1,000.00	1,000.00
0003	20-00	TUFF COAT ON AFFECTED PARTS.	20.00	20.00
0004	20-05	RENEW ADVERTISEMENT STICKER-	400.00	400.00

- 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.
- 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.
- 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.
- 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.
8010325	91369063	3,543.80	

GST REG. NO. M2-8921817-3

## TAX INVOICE

COMPANY REG. NO.: 199506048W  
Page: 2

8010325

EQ INSURANCE COMPANY LIMITED

#17-00 5 MAXWELL ROAD TOWER BLOCK  
SINGAPORE SG 069110

CONTACT NO: 62239433

VEHICLE NO  
SHA2796%

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
12.05.2016

CHASSIS CODE  
KMHLB41UMGU090145

INV. NO/DATE  
91369063 23.04.2018

JOB NO.  
305143376

ODOMETER READING

DATE/TIME IN  
18.04.2018 11:45

S/No	Part No.	Qty	Unit Price	%Disc	Net
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SUB-TOTAL				:	1,820.00
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Items total	3,311.96
Add GST @ 7.000 %	231.84
Invoice amount	3,543.80

Issued by : KATHERINETAN 23.04.2018 13:45:00  
Repair type : CSO/57/57  
Payment Type/Term: /Credit 30 days

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ComfortDelGro Engineering Pte Ltd

A member of COMFORTDELGRO

Head Office:  
205 Braddell Road  
Singapore 579701

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CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010325	91369063	3,543.80	

Our Ref: CT18040487

Date: 23 April 2018



## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	18/04/2018 @ 07:00 hrs
ALONG	BOON LAY WAY TWDS TUAS
INVOLVING	SKE8891K

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 **SHA2796Z** (the "Taxi"). The Taxi was hired to **YUSLIM YANIS BIN RAMLY IC NO S1749764B** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$117.00** 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.



SHA 2596 Z

DATE	NAME OF DRIVER	MILEAGE READING		MILEAGE TRAVELLED (KM)	HOURS OPERATED (T)		DATE	NAME OF DRIVER	MILEAGE
					FROM	TO			
12.4	yus	2760	28	26	1831	0315			
13.4.2018	Babar	2763	21	1522	0600	1715			
13.4	yus	2766	17	2916	1809	0441			
14.4.2018	Babar	2768	4	267 km	0805	1715			
14.4	yus	2772	39	354	1823	0529			
15.4	yus	2774	44	255	1830	0342			
16.4.2018	Babar	2777	31	236 km	0605	1718			
16.4	yus	2779	33	202	1838	0312			
17.4.2018	Babar	2781	58	225 km	0705	1718			
18.4.2018	Accident	By		109	1045	-			
20.4.2018	Repair	By		007	1100	-			

**Enquire Vehicle Insurer**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SKE8891K	18 Apr 2018 / 07:00:00	Successful	E04	EQ INSURANCE COMPANY LTD

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

SHA 27962



